



Becoming a Health Statistic

This Factsheet will look at how health is measured and whether health statistics are an accurate reflection of the health of the British population.

How is health measured?

The main ways used to measure the extent of health and illness are morbidity and mortality.

Key Terms: *Morbidity is the extent of disease while Mortality is death. Statistics on the causes of death are collected from death statistics.*

How accurate are morbidity figures?

Morbidity statistics are collected from sources such as:

1. The number of consultations with GPs
2. Absence from work
3. Self-reported illness studies

Activity: *Before reading further, think about why these ways of collecting data on illness rates may not give an accurate picture of illness rates.*

Although these are useful ways to collect data they may not provide accurate statistics for a number of reasons:

The number of consultations with GPs

- Whether a person visits the GP when they are ill – individuals do not always visit the GP.
- The diagnostic skills of the GP – how does the doctor classify an illness, and are people really ill?
- People persuading the doctor they are ill – health statistics are simply a record of doctors' judgements and decision making.
- Doctors may diagnose illnesses incorrectly, reflecting how patients describe their symptoms and the state of the doctor's knowledge.
- Private medicine operates to make a profit, and therefore is perhaps more likely to diagnose symptoms as a disease.



Absence from work

- Are individuals really ill or are they absent from work for other reasons?
- Are people telling the truth about their absence from work?

Self-reported illness studies

- How honest are people when they report their own illnesses?

All the previously mentioned points indicate that perhaps morbidity figures are not an accurate indication of all illness rates. You may have woken up in the morning not feeling very well. Despite telling your parents this, it may have been difficult to persuade them that you are too ill to go to school. We may only be believed when you produce some real evidence, such as vomiting or a rash. Your parents may also be less supportive if you are ill because you have been drinking and you have a hangover. Is having a hangover considered as being ill? Would you go and visit the doctor for a hangover?

Activity: *How does this example show the problems of measuring illness?*

Activity: *What factors do you consider when deciding whether you are ill? How do you decide when you are ill enough to seek medical attention from a doctor? Do your reasons differ from others in your class?*

From carrying out this activity, you will see what counts as health and illness varies between individuals, between different social groups within a single society (e.g. men and women) and between societies. Views of acceptable standards of health are likely to differ widely between the people of poor African countries and those of Britain.



Even in Britain, views of health change over time. Mental illness was once seen as a sign of witchcraft, and a matter dealt with by the church rather than doctors.

Sociologists have suggested that culture, age, gender and social class are important factors when measuring health and illness.

Activity: *How does this illustrate the problems of the accuracy of health statistics?*

Cultural differences

Different social groups have different ideas of what constitutes illness. Krause 1989 studied Hindu and Sikh Punjabis living in Bedford, and focused on their illness called 'sinking heart', which is characterised by chest pains. According to Krause, this illness is caused by emotional experiences, particularly public shame of some sort. No such illness exists in other mainstream cultures in Britain.

Age differences

Older people tend to accept as 'normal' a range of pains and physical limitations which younger people would define as symptoms of some illness or disability. As we age, we gradually redefine health and accept greater levels of physical discomfort.

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Blaxter (1990) found that elderly people may define good health as being able to do their daily tasks without too many aches and pains whereas young people may define good health as the ability to take part in sports. Looking at this example of age, some elderly people may not visit the doctor if they have a pain in their shoulder but a young person may visit a doctor if it affects their ability to play tennis. In this situation, the young person may become a health statistic, whereas the elderly person won't.

Gender

According to Graham (2002), men have fewer consultations with the doctor than women and appear to have lower levels of illness. This is partly due to the fact that men are less likely to define themselves as ill or needing medical attention. The idea of 'masculinity' includes the belief that a man should be tough and put off going to the doctor.

According to the Adult Psychiatric Morbidity Survey 2014, one adult in six (17.0%) has a common mental disorder (e.g. depression, anxiety, phobia, obsessive compulsive disorder and panic disorder). One woman in five has a common Mental Disorder (20.7%) compared with about one man in eight (13.2%). Is this because women have these illnesses more than men or because women are more likely to see a doctor with the symptoms? If this is the case, women are more likely to appear in health statistics more than men.

Activity: Why are women more likely to visit a doctor than men?

Social class differences

Research by Blaxter showed that working class people were far more likely to accept higher levels of 'illness' than middle class people. Blaxter refers to working class people as 'fatalistic' – they accept poor health as one of the characteristics of being poor. Working class individuals are less likely to visit a doctor than middle class people, and therefore middle class individuals are more likely to appear in health statistics than working class individuals. Whether a person defines themselves as ill or not depends on a range of social factors. Whether they define themselves as ill will determine whether they seek medical help or not.

Activity: Make a list of the reasons why working class individuals are less likely than middle class individuals to visit the doctor.

Eisenberg (1977) has suggested that we should make a distinction between illness and disease. Illness is an individual's subjective experience of symptoms of ill health, whereas diseases are clinical conditions defined by medical professionals. It is therefore possible to have an illness without a disease and a disease without an illness. Therefore, there is no simple definition of health, illness and disease. Sociologists use the following definitions:

Health is probably easiest to define as 'being able to function normally within a usual everyday routine'.

Illness refers to the subjective feeling of being unwell. A person's own recognition of lack of well-being. It is possible to have a disease and not feel ill, and to feel ill and not have a disease.

Disease often refers to a biological or mental condition, such as high blood pressure, usually involving medically diagnosed symptoms.

Activity: Think of some people who you consider to be very healthy. Explain why you think they are healthy. Is it because they never appear to be ill, they seem physically fit, they seem fit for their age, etc?

Now write your own definitions for:

Health
Illness
Disease

Interactionists refer to the subjective influences on health, and how the way we define health and illness is partly dependent on our own experiences and perceptions of illness, rather than simply physical symptoms. Some of us can put up with pain more than others, some feel no pain, and we all have different ideas about what counts as feeling unwell.

This means that health is a relative concept, which will vary according to age, lifestyle, personal circumstances, culture and the environment in which the live.

Therefore, what counts as health and illness can be considered as a social construction - a result of individual, social and cultural interpretations and perceptions.

Becoming a health statistic

Become a health statistic, therefore, is not as simple as it might seem.



Stage 1 – Individuals must first recognise they have a problem and report it. Not everyone will report their symptoms. If they choose to ignore their symptoms, they don't become a health statistic.

Stage 2 – Individuals must define their problem as serious enough to take to a doctor.

Stage 3 – They must actually go to the doctors.

Stage 4 – Patients, in their interactions with the doctor, must persuade the doctor that they have medical or mental conditions capable of being labelled as an illness requiring treatment. It is only when they are labelled by the doctor as ill that they become a health statistic.

How accurate are mortality figures?

It is a legal requirement to register a death but the causes of death on death certificates will depend on the doctor's interpretation of what the cause of death is, and analysis of these statistics will depend on the level of explanation provided.

Activity: How accurate do you think the recording of deaths are?

Health statistics, both morbidity and mortality rates need to be treated with considerable care.

Exam Focus:

You could be asked definition questions, for example:

What is meant by 'illness is socially constructed?'

Try to use examples when answering these questions!

Another type of question could be a question with an item:

What counts as health and illness varies between individuals, between different social groups and between societies. There is no simple definition of illness because, as interactionist sociologists suggest, for pain or discomfort to count as a disease it is necessary for someone to diagnose or label it as such. There are also subjective influences on health, and how people perceive and experience illness will affect how they react to symptoms.

Applying material from the item and your knowledge, evaluate sociological contributions to our understanding of what is meant by health and illness.

To answer this question, you must:

- Use the item and specifically refer to the item in your answer.
- Use your wider knowledge (e.g. information from this Factsheet).
- Evaluate different sociological contributions to our understanding of what is meant by health and illness. Don't just outline and explain the contributions – be evaluative.
- Think about the different ways you could evaluate different sociological contributions to our understanding of what is meant by health and illness.