



Health, Safety and Security vs Quality of Life in Developing World: A Sociological Appraisal

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Abstract

The three variables of health, safety and security are highly related with each other. The positive relationship of the three causes the increase in quality of life. The developed world started improving/ reforming the above- mentioned variables earlier. That is why they reached higher quality of life much earlier than the developing world. Education, science, and technology are the factors impacting and improving health, safety and security in general. In other words, quality of life to a large extent ensures and promotes the social health of the citizens. While social health being a relative process, at the same time, the nations that invested in social, economic, welfare and other similar sectors, have higher social health than other societies. One of the principal goals of social health is to achieve a higher quality of life according to the variables concerned. Field findings suggest that African women in particular experience higher levels of mental distress than men, more due to social infrastructure, more childbirth, less medical facilities, etc. African women, in case of non-education and early marriage, start their childbearing very soon, and the process continues very long, leaving them in high poverty, early mortality and conditions like that.

Keywords: Social health of the citizens; Age; Sex; Marital status; Education; Science; Technology; Sociology

Introduction

Sociologically speaking, all the countries around the world are in different safety and security positions. Such various statuses originate from different medical facilities, doctors, nurses, hospitals, laboratories, and the like. In such countries we can observe poor health rates such as high mortality rates, high birth rates, lower life expectancy, and many more. Such health indicators are widely observable in many developing countries, leaving them with extensive poverty which transfers to the next generations as well. All such conditions leave them in poor quality of life. Many countries in developing world are in poor security conditions, and dissatisfactory insurance system as compared with the developed world. Sociology needs to observe all such problems at micro and macro levels. Developing world also needs to invest on social work through which to find the emerging problems and prescribe solutions for them. However, such variables have various effects on men and women in their life cycle culturally and in different dimensions. Similarly, factors such as age, gender and marital status widely play role in this transformation. Employment status and educational level are considered as determinants of economic and

financial status affecting people's lifestyles. As predicted, the global population will surpass 10 billion by the year 2050. Such people will highly face health and security problems by then [1]. Seizure disorder as a safety issue confronts some people at the age 60 and over [2] (Table 1). Achieving health and social security for citizens within countries is one of the most important issues in sociology and social work today. Indicators such as age, gender, marital status, academic achievement, employment status, environmental framework and space, etc., themselves make differences in terms of mental health and social health between citizens. Likewise, urban life, employment, literacy and education, marital life and the like, create new expectations and intellectual forms among citizens; That is, conditions that require the use of social services and support of this kind. Social security itself leads to social health. In such circumstances, and in an environment of health and social security, citizens make better use of their capacities and abilities. They will be more productive as well as more effective in their communities. Thus, the creation of social security itself provides the general context for social and even economic development in a given society.

Table 1: Some Population Indicators of Selected Countries 2021.

Country	Birth per 1000 Population	Mortality per 1000 Population	Infant Mortality Rate
India	20	6	32
Pakistan	28	6	60
Sri Lanka	14	6	9
Indonesia	16	7	21
Japan	7	11	1.8
Korea South	5	6	2.7
China	8	7	9
Brazil	13	7	12
Peru	17	8	15
Cuba	9	10	4.9
USA	11	10	5.4
South Africa	19	12	24
Chad	47	10	79
Kenya	27	5	30

Method of Research

Methodology used in the present article is of qualitative type. In that, various paradigms have been used to find out about the facts regarding pandemics during the history. Qualitative research usually studies people, events or areas in their natural settings. In finding facts for the research, the researcher engaged in careful data collection and thoughtful analysis of what was relevant. In the documentary research applied for the present research, printed and written materials were widely regarded. The research was performed as a qualitative library-type in which the researcher had to refer to the relevant and related sources. In the current research, various documents were thoroughly investigated, and the needful inferences were made. The data fed by the investigator in the present article is hopefully reliable. Though literature on pandemics is very limited, yet the author tried to investigate many different resources in order to elicit the necessary information to build up the text.

Social Health of Citizens

Socio-demographic variables such as age, gender, social and economic indicators and living conditions themselves affect the health and even mental health of citizens [3,4]. If the mentioned variables grow and continue to the desired level, the social health of the citizens in a society will be provided as much as possible. Because developing countries have paid less attention to their socio-demographic and economic indicators and variables in principle, today these types of societies face many irregularities and unfavorable conditions; That is, a situation that has endangered the social and mental health of citizens. Therefore, and as far as the issue of quality of life is concerned, this scientific field can to a large extent ensure and promote the social health of citizens. Such variables play an important role in the health and quality of life of citizens [5,6]. That is, health variables, age and gender, how

the economic base and the like each play a role in how the social health of citizens. Creating the mentioned fields requires sufficient investment, necessary predictions, training of men and women, establishment of support centers and the like. In this way, the quality of life of the elderly in any society can be improved. Improving the quality of life of its citizens will also have a positive effect on the social health of future generations. Therefore, prioritizing these indicators will lead to more guarantees for citizens.

These variables have different effects on men and women in their life cycle in different dimensions and according to cultural conditions. The result of addressing these issues and their application in the lives of men and women, provides them with social health at different stages of life. It is also worth noting that developing societies need to take effective steps to achieve social health indicators. While social health is a relative process, at the same time developed societies that have earlier invested in various social, economic, welfare, health and similar sectors, have higher social health than other societies. Thus, the nature of the structure and extent of socio-demographic health itself plays a central role in the positive performance of citizens [7,8]. This means that demographic factors, the welfare and health of citizens, the facilities available and the like, have an effective and positive role in how the social functioning of citizens in any society. Therefore, by creating social health in a society, the level of productivity and quality of life in that society can also be improved. One of the main goals of social health is to achieve a higher quality of life according to its variables.

Age, sex and marital status

Age, gender, and marital status generally determine social maps, hierarchical structure, and network of relationships [9]. Therefore, according to the mentioned variables, the planning system should take the necessary measures according to the needs. In many developing societies, gender affects health. In such societies, as in

many African countries, women are responsible for many of the plans for educating children, for counseling, for working on the farm, and so on; That is, a set of maps that harm women's health. Hence, these societies need to change many laws and adopt new norms; In such a way that they approach a kind of legal equality between the two sexes. Under such circumstances, more health can be created for women. While men have more leisure, and that in itself affects their longer life expectancy, such conditions must be created so that women have as much leisure and comfort as men. Such a trend ultimately helps to increase women's life expectancy. In order to achieve this and achieve greater health among women, raising the average age of marriage, reducing the number of children, spacing between children and the like, is generally recommended. Developed societies and countries that have taken such action sooner or later have subsequently achieved greater life expectancy among women, and subsequently provided greater health and social security for their citizens.

In contrast, women in such situations need more social services, more social assistance and other support. Many women today, especially in less developed societies, do not have adequate counseling and social work services. As a result, in many cases, their health is endangered, and they have a low quality of life. Today, many international human rights organizations are increasingly seeking to develop women's rights in order to improve their quality of life. This situation also provides more guarantees for future generations. Evidence of this claim is witnessed by industrial societies, including Japan; That is, a society in which the life expectancy of women has increased to 86 years in 2012, and that in itself creates a better situation for future generations of that society as far as their health and safety are concerned. Scientific findings suggest that African women in particular experience higher levels of mental distress than men [10]. Gender differences in less developed countries have left such a situation. Under such circumstances, for example in African society, women generally begin their married life at a young age, and naturally have children from an early age. This process causes them many physical and mental problems following early marriages. Men, on the other hand, generally have fewer illnesses and disabilities than women. On the other hand, it has been proven that the event of marriage has a positive effect on mental health, health and well-being [11-13], and in the absence or delay, Social services and counseling should be provided in a timely manner. While developing societies are changing rapidly, and in which marriage has been delayed by a variety of factors, such situations require counseling services and the like; In such a way that the behavioral patterns and social norms of young people can be influenced. On the other hand, social relations such as marriage, civil partnerships and the like have a serious relationship with socio-mental health and social cohesion among citizens [4]. Higher socio-psychological health of its citizens leads to healthier relationships in the family and marital life. Therefore, the relevant devices must always provide the necessary platforms to establish such relationships. Social welfare organizations play an important role in this movement.

Education and employment

Education level and employment status are considered as determinants of economic and financial status, and it also affects people's lifestyles [14,10]. Therefore, modern societies should always provide education and employment opportunities for different age groups; It is a process that helps to improve the economic situation of people in their future lives. In this way, more social health can be achieved. In other words, in the absence of educational and employment needs, their social health is endangered in various forms. At the same time, some believe that social inequalities resulting from socio-economic differences are sometimes seen in the form of differences in mental health [12]. In order to achieve social health, strengthening mental health among citizens in a desired society has a high priority. Therefore, by minimizing socio-economic differences, mental health can be generalized as much as possible in a given society. Thus, while social order is achieved, various functions are also performed in a timely manner and in place by individuals in the community. In this way, while achieving social health, the quality of life also improves more than at any time in the past.

Education, on the other hand, is positively related to mental health [15]. At the same time, research conducted by citizens of African societies suggests that immigration-based employment, usually by men, disrupts family cohesion, disrupts the health and safety of families, and ultimately leads to separate men from their wives and children [16]. One of the employment problems that affects the quality of life of citizens and families, and in some cases impairs their mental health, is the migration that takes place by men to achieve employment and income. This is the case today in many African countries, Latin America and parts of Asia; That is, a phenomenon that needs more monitoring and solutions. While immigration solves a problem in order to earn a living, it also brings with it many problems and challenges; That is, what primarily affects families.

Urban and rural housing

Research shows profound cultural differences as well as socio-economic differences in urban and rural areas [17]. Such differences themselves greatly affect many immigrants and job seekers. However, such differences are less visible in the points of origin (place of birth). Facing these cultural, social, and economic differences has a negative impact on lifestyles, as well as many citizen interactions. Therefore, urban and rural planners should always keep these weaknesses in mind. In this way, many possible social anomalies can be prevented by considering the possible weaknesses. The differences between urban and rural areas, especially in developing societies, are such that, based on findings from Chinese society, urban poor people report a higher standard of living than their rural counterparts [19]. As a result, more and more citizens are migrating from smaller, rural areas to urban areas to achieve greater health and social security; Just because they have a higher quality of life. Similarly, urban services are different from

smaller and rural areas in terms of quantity and quality, and in some cases they are of higher quality.

Therefore, human settlement is related to socio-economic factors that determine living conditions and quality of life. Hypothesis Therefore, developing countries and societies today are faced with the settlement and settlement of more non-indigenous populations; That is, a scenario that requires in-depth and continuous study. Likewise, the growing urban areas, which are facing an increasing number of citizens, themselves need more investment, wider service delivery, and so on. Otherwise, society will face many unforeseen challenges and problems. In other words, community support in these areas should be used as much as possible. It has also been shown that people living in poverty experience lower levels of happiness [13]. For this reason, in order to achieve a happier and more prosperous life, for example, many villagers in South Africa go to urban areas [10]; In a way, while it has expanded urbanization uncontrollably, it has placed a heavy burden on municipalities. Therefore, creating a logical balance between urban and rural areas eliminates or ineffective many of the above challenges.

Discuss

Social, economic and demographic variables in general macro affect the health and social security of citizens. How the economic situation, high population growth, appropriate social contexts, healthy families and the like, each in turn affects the health and safety of citizens in a society. Also, factors such as age, gender, marital status, employment status, level of education, environmental environment (urban or rural), and in general mental health each in turn affect health and social security. This connection or influence also affects the quality of family life. Therefore, in order to achieve greater family health, these factors must always be implemented in some way [19]. Because in less developed societies, urban areas bring more social health, population density in these areas is generally higher. This means that urban facilities and related services generally play a role as attractions, and as a result, cities become more densely populated. In general, the higher quality of life in cities has led to more people migrating from rural to urban areas in recent decades. It is also worth mentioning that the mentioned transformation itself causes many possible damages such as environmental pollution, transportation, and the like. Research shows that married citizens have better mental and social health than divorced, divorced, and widowed people [3]. Therefore, according to this hypothesis, the ground for marriage should always be provided for eligible age groups in order to provide them with mental and social health. This in itself improves the quality of psychological and social life [20].

Conclusion

From the viewpoint of sociology, the three variables of health, safety and security while being affected by quality of life, at the same time affect quality of life. Human settlement while being related to

socio-economic factors that determine living conditions and quality of life from the old time, higher quality of life is currently absorbing more people today to have access to medical facilities, and more health security. While the older industrial countries reached higher quality of life some 200 years back, or more, developing world countries have started that since 1950. The countries are now highly attempting to raise their educational standards, enter more science, technology, medical knowledge, production and consumption of medicines and many more to access higher quality of life. Accessing such goals have given them the chance to have longer longevity. Higher quality of life has caused more standards to appear. In this way, many citizens of the developing world are nowadays living such as the citizens of the developed world.

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