

## **SOCIAL HEALTH PROMOTION: HARMFUL HEALTH PRACTICES**

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### **Introduction**

Social health is a component of the general health status that has been neglected or underrated compared to other dimensions of health. A look at the health education curricular of our tertiary institutions shows that only little provision is made for social health. Yet, it is common knowledge that the health problems generated from human behaviour (i.e. what we do or what we fail to do) far outweighs those arising from pathogenic health problems these days. When one thinks of the health risks of prostitution, the health problems emanating from neglected orphans and vulnerable children or poor interpersonal relationships, one has no option but to appreciate the importance of good social health.

Social health has to do with the quality of the child's interpersonal interactions, that is, getting along with significant others in the home, school and neighbourhood, as well as parental concern about these relationships (Eisen, Ware, Donald & Brook, 1979). Therefore, social

health deals with how an individual interacts with other people in the community and the consequences or benefits of such interaction relative to the wellbeing of that individual. The concept of health promotion emphasizes the role of individuals, groups and organizations as active agents in shaping health practices and policies to optimize both individual wellness and collective wellbeing (United States Department of Health and Human Services, 1991). Social health promotion therefore encourages practices and policies developed by individuals and groups to enhance social relationships in various settings.

Although, the impact of social relationships on general health is well recognized, many of our actions tend to jeopardize this important component of our health status. Some of these actions or harmful health practices include prostitution, neglect of orphans and vulnerable children and poor interpersonal relationships. This paper examines the causes and health risk of prostitution, the care of orphans and vulnerable children, and health interpersonal relationships. Practical recommendations are proffered on ways to address these social problems that will lead to enhanced social health.

## **Prostitution**

Prostitution has been described by many as the oldest profession, and it has long been recognized as a public health issue. It is also referred to as commercial sex.

Alexander (1998) gave a legal definition of prostitution as “the provision of sexual services or performances by one person, the ‘prostitute’ or ‘sex worker’, for which a second person, a ‘client’ provides money or other markers of economic value”.

From this definition, it is clear that prostitution is an occupation or trade involving exchange of sexual services for economic compensation. The practice involves both genders but it is more common in women than men. According to Weber, Biovin, Blais, Haley and Roy (2004), prostitution is a common occurrence among the street youths.

- \* In the United States, prevalence of runaway and homeless youths who have been involved in prostitution was estimated to range from 10% to 50% in the early 90s.
- \* In Canada, the range was from 12% to 32% in the late 90s.
- \* Both boys and girls were reported to be involved in youth prostitution and majority of this population comprised 14 to 17 year-old-girls.

### **Causes of Prostitution**

There are many reasons why women engage in prostitution, and these include the following:

- \* Poverty
- \* Unemployment
- \* Social circumstances (e.g. members of minority groups in big cities who are discriminated against in job opportunities).
- \* Lack of parental care
- \* Desire to live above one's economic means
- \* Broken homes
- \* Drug abuse and addiction
- \* Homelessness
- \* Peer group influence

### **Health Risks of Prostitution**

One of the greatest dangers of prostitution is liability to ill health. The commercial sex worker is exposed to many health problems which also place the society at large at risk (Burnet, Lucas, Ilgen, Frayne, Mayo & Weitlanj, 2008; Alexander, 1998, Young, Boyd & Hubbell, 2000). Some of these problems include:

- \* Sexually transmitted diseases, e.g. gonorrhoea, syphilis, HIV / AIDS, etc.
- \* Violence from clients, police etc.
- \* Injuries e.g. repetitive stress injuries
- \* Other infections e.g. skin problems,

respiratory diseases etc.

- \* Alcohol and drug abuse
- \* Allergies e.g. vaginal irritation associated with certain condoms.
- \* Posttraumatic stress disorder (PTSD).

Posttraumatic stress disorder can result when people have experienced "extreme traumatic stressors involving direct personal experience of an event that involves actual or threatened death or serious injury; or other threats to one's personal integrity; or witnessing an event that involves death, injury or a threat to the physical integrity of another person; or learning about unexpected or violent death; serious harm or threat of death or injury experienced by a family member or other close associate (American Psychiatric Association, 1994).

Although, violence and HIV are the most serious hazards to prostitutes in terms of mortality risk, they are not necessarily perceived as the most worrisome on a day-to-day basis (Alexander, 1998).

There are research findings showing drug abuse, homelessness and peer influence as strong causes of prostitution. In a study involving 203 African American women with a history of Crack (Cocaine) smoking, Young et al (2000) reported among others, that prostituting women were more likely to report

using drugs to increase their feelings of confidence, sense of control and feelings of closeness to others and to decrease feelings of guilt and sexual distress.

Weber et al. (2004) conducted a prospective study involving 330 female Canadian Street youths aged 14 to 25 years. Of this sample, 148 girls reported no history of involvement in prostitution at baseline and were followed prospectively to estimate the incidence and predictors of prostitution. Thirty three (11.1 %) out of the 148 girls became involved in prostitution over the course of the study (mean following = 2.4 years). The findings indicated having a sex partner was an independent predictor of initiation into prostitution after controlling for being a street girl at age 15 years or younger, using drug (heroin) more than twice a week and injection drug use.

### **Care of Orphans and Vulnerable Children**

The definitions of orphans and vulnerable children (OVC) vary from country to country but Smart (2003) gave a general definition: "an orphan is a child under 18 years who has lost a mother (maternal orphan), father (paternal orphan) or both (double orphan) or a primary care giver." Vulnerable children are those under 18 years who are exposed to conditions that do not permit

fulfillment of fundamental right for their harmonious development e.g. street children, children in foster care, children with disabilities, working children, children who are sexually exploited or abused, children in households headed by children, children of single mothers, children affected/infected by HI V / AIDS, -refugee orphans and displaced children.

Most of the orphans and vulnerable children find themselves in such situations due to many factors like war, violence, diseases, particularly AIDS. Since its discovery in 1981, HIV/AIDS has resulted in more orphans than any other factor.

- \* In 2004, 13 to 18 million children worldwide were orphaned by AIDS (UNAIDS, 2004).
- \* South Africa is experiencing one of the world's most severe HIV/AIDS epidemics with 30% of pregnant women HIV-positive (Department of Health, 2005). This figure is predicted to rise to 2.3 million by 2020 (Actuarial Society of South Africa, 2005).

### **Addressing the needs of OVC**

Smart (2003) summarizes some practical ways to address the needs of OVC as follows:

- \* Enacting laws that protect the right of children

- \* Devising national HIV / AIDS strategies that include an explicit focus on OVC
- \* Situational analysis and needs assessment
- \* There should be a mechanism for defining and identifying the most vulnerable children
- \* State support for OVC, in terms of provision for education, health, food security, etc.
- \* There should be an emphasis on education.

*Instrumental:* Help, aid or assistance with tangible needs such as groceries phoning, paying bills, and so on.

*Appraisal:* Help in decision-making, giving appropriate feedback or counseling.

*Information:* Provision of advice or information in the service of particular needs.

### ***Social Influence***

Proximity of two individuals on social networks can result in interpersonal influence between the two e.g. cigarette smoking by peers.

### ***Social Engagement***

Promoting social participation and engagement e.g. attending social functions, group reaction, church attendance, to mention a few.

### ***Person-to-person contact***

Restricting or promoting exposure to disease agents. This can be health-promoting or health-damaging.

There are several theories that aid our understanding of the influence of interpersonal relationships on health. Two of the earliest theories commonly referred to are those of Emile Durkheim and John Bowlby (Berkman et al., 2000).

Emile Durkheim, a sociologist proposed the social integration and suicide theory. The underlying reason for suicide

## **Health Interpersonal Relationship**

It is widely recognized that social relationships and affiliations have strong effects on physical and mental health. Social networks can provide pathways through which social relationships may impact health and these include social support, social influence, social engagement, and person-to-person contact (Berkman, Glass, Brissette & Seeman, 2000).

### ***Social Support***

This may be emotional, instrumental, appraisal and informational.

*Emotional:* Love, caring, sympathy and understanding from others especially confidants or intimate others.

according to her relates, for the most part, to the level of social integration of the group. She went further to state that suicide is triggered by the erosion of the society's capacity for integration. Aside from suicide, Durkheim theories can be extended to other major health outcomes ranging from violence and homicides to cardiovascular diseases.

John Bowlby, a British Psychoanalyst formulated the attachment theory. Bowlby proposed theories suggesting that the environment, especially in early childhood, played a critical role in the genesis of neurosis. He believed that the separation of infants from their mothers was unhealthy. He also proposed that there is a universal human need to form close affectionate bonds. The attachment theory contends that the attached figure e.g. the mother, creates a secure base from which an infant or toddler can explore and prosper. These intimate bonds created in childhood, form secure base for solid attachment in adulthood, and provide prototypes for later social relations. Primary attachment promotes a sense of security and self-esteem that ultimately provides the basis on which the individual will form lasting, secure and loving relationships in adult life. The significance of this theory rests on the need for sound interpersonal relationship from childhood to foster not only emotional and

cognitive development but also promotion of health.

In conclusion, the practice of prostitution, high prevalence of OVC and poor interpersonal relationships seriously undermine our social health. These harmful health practices appear to be on the increase in our society presently, and unless something urgent is done to check this ugly trend, our health status will continue to be in jeopardy.

Nigeria already has a lot of problems to contend with, social health problems, in addition to the general health problems is a serious threat to our development. Emphasis on moral instruction and maintenance of discipline in our schools, parental care, provision of job opportunities, restraint, to mention a few will help to reduce prostitution and OVC among our youth; provision of avenues for social interactions in both schools and the wider society can foster healthy interpersonal relationships and ultimately promote better social health.

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