

Sociocultural Determinants of Public Health

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Abstract: The article discusses public health in terms of national security, and socio-cultural aspects that influence its promotion. A complex socio-philosophical methodology underlies the findings analysis of social and medical surveys, national health-promoting lifestyle programs, television advertising content. The logically based approach of historical and philosophical parallelism allows discerning the path and outcome of current Ukrainians' attitude toward health promotion. The study looks at several socio-cultural stages in the evolution of personal health attitudes as a moral concern and the foundation for public health promotion: the social transformations that the paternalistic model of medicine underwent, and the correlation between the individual and public health attitudes. The research of the personal health attitudes of Ukrainians demonstrates its deep embedment in religion and ideology. The current surveys have proved the emergence of a new tendency related to personal health – the recognition of health's significance as a means of achieving productive wellbeing grounded on individual efforts regardless of governmental paternalism.

Keywords: healthcare, personal/public health promotion, sociocultural data, Christianity, Soviet ideology, State paternalism, national security

INTRODUCTION

The premise that health ensures society's future sustainable progress underlies the social importance of public health as an unconditional value that defines the ability of a social system to reproduce and its efficacy. Constitution of Ukraine (art. III) considers health to be the

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most important societal value. Hence, socio-philosophical tools, theory, and methodology of public health research, risks identification of public health reproduction, and current sociocultural trends analysis - all contribute to the new semantics of medical philosophy. Discussion of the public health phenomenon lays the groundwork of the State's national security. Nowadays public health analytics as an intellectual tradition is actively taking shape in medical humanities; therefore the need of adopting a value-based approach to personal health issues is gaining in importance (Vetkov 2016; Boichuk 2017; Sztankovszky and Iorga 2015). However, the analysis of the Ukrainian national mentality, the study of the public health issues as a component of the State's national security remains relevant and little researched.

METHODS

Given the broadness of the health concept and, consequently, the diversity of its definitions (Boichuk 2017; Hofmann 2021), we should first consider its methodological interpretation. While institutional health is the product of socially mediated activities undertaken by the State, personal health can be viewed as a process of constant seeking of balance by an individual. The success of a society depends on the balance of these interrelated components. Nikolai M. Amosov (1987, 21) put it succinctly: "Health for the sake of health is not necessary; it is valuable as a mandatory precondition of successful effort, through which happiness is reached".

The current structural and functional changes in medicine are obvious enough to realize that social, anthropological, psychological as well as health issues considerations cannot be provided without the comprehension of the socio-historical transformations in health care. The crisis affecting virtually all spheres of life in Ukraine and aggravated with the war has dramatically impacted the country's public health. This in turn brings us back to national security issues since the ideology of personal health attitudes promotion should become an absolute priority of the State. And if the official agenda is clear and incorporates global approaches to the national health promotion, the cause of systemic failures in the domestic field may be related to the peculiarities of national personal health attitudes and the lack of attention to its specificity on the part of the State. Resort to the sociocultural analysis of public health reveals that Ukrainian culture has developed under the existential concept of being. And, since Ukrainians "think with their hearts," the analysis of personal health

attitudes is deeply rooted in historically succeeding one another religion and ideology.

In setting out the ways of personal health promotion, we are viewing it as a specific socially based behavioral model, which according to Kemerov (2001, 24) has its own structural and functional scheme, namely: "...in the history of the genus, as well as in the history of the individual, before becoming a natural norm for the individual, schemes of behavior have to undergo a long process of adaptation through communication and collective effort of people." The scientist further discusses the emergence of conditional "behavioral schemes" that can either subordinate or orient people's conduct (Ibid.). Based on this concept of social patterns of behavior, it appears possible to identify several models of Ukrainian attitudes to personal health: disease is a struggle; in a healthy body, a healthy spirit; illness is a sin; everyone's health is everyone's wealth; the money follows the patient; help yourself; everyone's health is the wealth of the country.

RESULTS AND DISCUSSION

Considering the concept of health and disease in the pre-Christian period of Ukrainian culture development, many researchers draw attention to the metaphorization of disease as a struggle. They note that the language failed to detect negative manifestations of the disease like weakness, but rather reinforced the motivation to overcome it. Thus the word [boljen] derives from the root [bol'] that means 'big' and is found in many old words. This root used to emphasize the enhanced status of a person or phenomenon it described: [bol'stvo] – 'superiority, advantage' (Kolesov 1986, 94). Kolesov notes that [bol'ti] – 'be unwell' – expressed the urge to action.

In turn, Filatov characterizes the concepts of health and disease as model words-activators: distinctive mental constructs that demonstrate the ethnopsychological explicitness of the Slavic worldview. The psychologist suggests that the original notions of the disease evolved from the "activation model" according to which the disease appeared as activation of reserves and a way to recovery (Filatov 2008, 27–28). And, whereas the multidimensionality of Christianity's influence on the ancient Slavs has been repeatedly addressed (Rybakov 1989; Likhachev 1988), the issues that influenced the establishment of personal health attitudes in the setting of religious dogmatism and emergence of State paternalism in medicine need further investigation.

On a personal level, a good Christian understood the importance of actively caring for the soul's receptacle: the body. Many health-conscious behavior practices like strict observance of fasts and visits to the baths to maintain bodily purity originated here. In the religious worldview, the disease appeared to be a sin that destroyed both man and the genus. To this, personal health was alienated from the individual and its achievement was within the competence of the Almighty. The Church instilled the belief that the occurrence of diseases depended on supernatural forces. Spiritual forgiveness was declared the only way to recovery, yet it was practically unattainable for sinful at their core people. Any external attempts to improve one's health were regarded as a defiance of God's power. Given Krymsky's definition of spirituality as a way of life, a constant "value home-building of personality", perpetual laboring on the creation of one's inner world, which partially frees an individual from the influence of the context (Krymsky 2002), and taking into account the assertion of individualism over collectivism as the key attribute of the Ukrainian national mentality stated by historian Kostomarov (2002, 122), we could infer that the concept of divine goodness added to the simple ideological nature of the Ukrainians. Morality, self-care, and spiritual self-improvement provided for spiritual and physical purity.

On the institutional level of just emerging public healthcare, the humanistic ideals of monastic medicine paved the way for the future moral and ethical code of medical professionals. As the first State religion, Christianity advocated "principles of charity and benevolence toward the weak and needy". Ordinary generosity appeared "an act of selflessness" (Likhachev 1988, 255). Monastery chronicles described monastic healing practices and medical ethics code: a healer should be a model of humanity, down to self-sacrifice; do the most menial activities for the sick; be tolerant and cordial; do everything in his power to heal the sick and not to care for personal enrichment and professional vanity (*The Paterik of the Kievan Caves Monastery*). Thus, in the State's complete contempt for public health as a national value and under the pressure of religious dogmas, it was the healers-monks who were entrusted with personal health; while the resort to secular doctors was unaffordable, and to witchdoctors a sinful misdoing, God's help and monastic medicine were the only hope. In other words, paternal relationships bonded monks as helpers and the sick. Thereafter paternalism rooted in public healthcare in the territories of present Ukraine.

Zemstvo medicine became the first attempt to establish a public health system. Introduced after the abolition of serfdom in the mid-19th century, it became an effective innovation, well adapted to the needs of rural communities. Zemstvo medicine incorporated both the principles of humanism and the paternalistic model of the physician-patient interaction from monastic medicine. The emerging system of healthcare was remarkable for its principles: publicity, attention to disease prevention, the collegiality of management, free and rational medical care, availability (Kogan 1965, 84–88). Zemstvo doctors served as both cultural ambassadors and medical providers, facing the ordinary people's ignorance in health issues. Through arduous work, physicians gradually built trust in scientific medicine. And again in the person of the Zemstvo doctor, people sought understanding and protection.

During the Soviet period of Ukrainian history, paternalism in medicine peaked. Medical services were supplied through a hierarchical system of State organizations strictly grouped under the Ministry of Health and funded from the national budget. The primary premise of Soviet health care, “everyone's health is everyone's wealth,” prioritized the State's efforts for public health promotion over individual activities to the greatest extent feasible. And despite its apparent progressivism for that time, Soviet healthcare excessive centralization resulted in a ‘collectivization’ of personal health. Moreover, the State fostered a consumer mindset by seizing control of personal health promotion and developing a robust system of benefits and guarantees for the sick. Being unwell, and so reliant on the State, became more advantageous than being healthy, no matter how paradoxical that may sound. These societal standards are still so deeply ingrained in the minds of Ukrainians that modern medical consumers regularly forget that socialism ceased to stop and that the country is now following the laws of capitalism, which promotes quite different attitudes to personal health promotion.

Nowadays, Ukraine is still recovering its natural individuality: national mentality has been actively detaching from the collectivist paradigm of socialism and shifting toward Western pragmatism and capitalism. All of this contributes to the country's independent development. And whereas State paternalism is already a thing of the past, and the Ukrainian healthcare model is also decentralizing and transitioning to partial self-sufficiency, it continues to live in the minds of Ukrainians. However, since physician-patient interaction has

become increasingly commercial, the physician is no longer a ‘padre’, but a medical service provider. In other words, in the conditions of the latest Ukrainian history, medicine balances between Western pragmatism and Ukrainian spirituality.

The findings of sociological and medical surveys corroborate this conclusion and reveal contemporary personal health attitudes and trends toward their change. The large-scale sociological study “30 Years of Independence: Achievements and Problems on the Road to the Formation, which Ukrainians Celebrate, and What they Hope for in the Future (July–August 2021)” objectively demonstrated that Ukrainians are not ready to take responsibility for personal health as the State has always been the central subject of social life and the source of all benefits for them. When questioned whether the majority of the population would be able to live without the permanent care of the State, only 24 % believed so, and 65 % maintained that the majority of the population would be unable to do that. Assessing the role of the State in the category of “Paternalism and Individualism,” a large percentage of respondents (38%) considered that the State should be fully responsible for providing citizens with everything they need. Another 8% failed to say for sure. Nonetheless, more than half of the respondents (54%) claimed that the State should establish equitable ‘rules of the game’ in life, with the individual deciding how to use these opportunities (Razumkov Center, 2021). Thus, there is a certain return to the ‘activation model’ of ancient times.

Findings of the poll “Health Index, Ukraine 2019: Results of a Countrywide Survey” demonstrate that self-medication is the most common practice in the event of illness, with nearly half (45.4 %) of surveyed people opting for it. Of these: 31.7% prefer self-medication with pharmacological drugs, another 13.7% turn to folk remedies (Barska et al. 2020, 23). The presumption that the ailment will go away by itself (29.3%), fear of long waiting lists at the doctor (18.0%), and the cost of treatment (17.7%) are mentioned as the common reasons for not going to the doctor. And while the first question falls within the realm of human subjective worldviews, the second two are to be decided at the level of the institutions of power.

Nowadays the crash in the Ukraine healthcare system, as well as global healthcare, in the face of the COVID-19 pandemic, demonstrated that the paternalistic approach in medicine is likely to change. Amid the crisis of the capitalist system, the weaker States are going to be forced to leave the ‘social package’, including both

medicine and education, in private hands. Consequently, citizens will have to take more responsibility in their health promotion since health is gaining in importance as a personal resource for achieving life's benefits. The reliance attitude "The State owes ME" is going to be replaced by "I owe MYSELF."

Analytical data prove the given prognosis. While the tendency to delegate responsibility for one's health to external conditions remains consistent in the mass Ukrainian consciousness, the necessity to strengthen personal responsibility is progressively growing in light of new economic conditions. At present, this trend is already more common among young Ukrainians, those with a high level of financial security and sound health (Barska 2020, 14). Thus, in the Ukrainian mentality, the attitude toward health, which has evolved within collectivist coexistence, is being taken up by the individual and personal co-being principles, which means that the objective value of health is becoming a priority not only of individuals but the State as well. Thereby the physician-patient interaction pattern may well change in State healthcare.

American cardiologist and medical writer, Eric Topol notes that the instructions doctors receive about their actions strongly underlie sustained paternalism. In medicine, professional guidelines are of particular importance as they set standards of opinion and assessment in case of professional malpractice. Medical guidelines are issued by professional organizations and are often accompanied by a disclaimer that they are not dogma and that the unique situation of each patient is to be considered. However, in the courtroom, this is usually irrelevant, so medical professionals wishing to avoid litigation strictly follow the instructions (Topol 2016, 42). The Institute of Medicine rigidly retains paternalism in physician-patient interaction, rejecting any non-professional self care-knowledge. When the hallmark of modern healthcare is evidence-based medicine, why listen to the voice of a patient? No access to personal medical data results in "colonization of the patient" (Frank 2013, 7–11) like the mass prescription of statins to the majority of heart patients (Walley 2004). All these institutional traits of modern medicine emphasize one aspect: we are facing mass medicine, not an individual one. In our opinion, equal access to personal case histories may reduce medical governance and promote co-responsibility for one's treatment. As previously stated, self-responsibility is growing, but until the information is equally accessible, medicine will continue to exercise a paternalistic rather

than a partnership model in the physician-patient interaction. The introduction of new healthcare ethics and communication patterns will take not just a shift within the medical community culture, but also technological improvements. Yet the current reality of global reformatting shows the role of the State is only strengthening, hence social programs on public health promotion should be prioritized by the State.

The current National Security Strategy of Ukraine identifies health issues as one of the main realms of foreign and domestic policies. And it is already a great social achievement after many years of ‘no care’. The State undertakes serious obligations like early diagnosis, quality comprehensive treatment, rehabilitation from the first days of illness, palliative care, development of transplantation, appropriate drug supply, implementation of standards of accessible and quality medical services, the establishment of an effective system of biosafety and biological protection. However, at the same time, the citizens’ efforts are ill-defined and confined just to a health-promoting lifestyle (“National Security Strategy 2020”). In other words, the State declares a high-quality program to boost national healthcare but excludes from the program the ones who are the focus of the effort: the citizens.

The concept of the human as an object of treatment technology, rather than as a subject who shapes and is accountable for one’s health, continues to dominate legislative papers. The above statistics clearly show that ordinary Ukrainians do not fully comprehend the instrumental value of health for professional and personal self-fulfillment. Indeed, as a result of the commercialization of healthcare and in the absence of a national procurement for healthy lifestyle ideology establishment, Ukrainian athletes, who should be its ambassadors, used to promote the exact opposite. The fact that the Klitschko brothers, world-famous athletes, sold beer in Ukraine and promoted fitness clubs in Germany adds to the absurdity of the situation (Youtube 2011; 2012). Noteworthy that, even though celebrities have become more selective in their product endorsements choice, social advertising encouraging a healthy lifestyle, rather than commercial brands linked with it, has never made a permanent appearance in the media.

The “Healthy Ukraine National Program” launched by President Zelensky in August 2021 appears to be a promising attempt of the State to address the problem. The key point of the program is to enable everyone to stay fit, thereby improving the health of the nation. In his

video address to the nation, President Zelensky claimed that his concept is simple and clear: the State is to provide the individual with a health-promoting 'basic package'. The package covers development of beneficial habits, prevention practices, proper nutrition awareness, and free facilities for physical activity. The idea is to involve Ukrainians in sports since their childhood, to instill health-promoting lifestyle habits which they will follow throughout their lives. The construction of sports grounds with open access in residential areas guarantees that Ukrainians may exercise regularly regardless of their income. And because everyone works out, it should become trendy.

Thus, historical materials, present socio-analytical and medical surveys demonstrate that the social schemes of attitude toward personal health follow a cyclic pattern: from the activation model (disease is a struggle) to the passive paternalistic model (disease is a sin; everyone's health is everyone's wealth). Currently, we are witnessing the revival of the activation model ('help yourself') triggered by the State paternalism decline and the commercial factor strengthening in the physician-patient interaction ('money follows the patient'). The analysis of personal health attitudes is mostly founded on religion and ideology, which emerged and eventually replaced one another in the course of historical and cultural development of Ukraine. The data have also proven the emergence of a new tradition related to personal health: the recognition of health's significance as a means of achieving a full-fledged life scenario, which demands significant individual efforts regardless of governmental actions. Sociological surveys confirm the awareness of modern Ukrainians of the value of individual health. The increasing level of motivation to promote and take responsibility for their own health is indicative of high level of spirituality, which is based on the principles of humanism, the purposeful and axiological meanings of life, perceiving oneself as a spiritual and physical system harmonized with the biosocial and personal aspects. At the institutional level, there has been a transition from announcing State guarantees of medical aid toward generating State procurement for the establishment of a health-promoting lifestyle. As a result, it appears possible to talk about emerging harmonization in the INDIVIDUAL- INSTITUTIONAL health attitudes, which undeniably promotes Ukraine's national security. Fostering a culture of public health through personal health-promoting lifestyle attitudes means inculcating the personal and social

ideals of harmonious human life and activating the social scheme ‘health of all is the wealth of the country’.

CONCLUDING REMARKS

Tragically for Ukraine, domestic contradictions are worsening at a time when the development strategies of many countries already imply a shift to an innovative development path. The renewal of national healthcare systems is considered to be the most important factor in global competition, involving massive investment in human capital, while modern Ukrainian medicine, with the tacit consent of the State, fails to demonstrate strong interest in a person’s health promotion. The transition to market relations in medicine means that the more sick people there are, the more money a united medical-pharmaceutical complex, in collaboration with insurance corporations, may make. Therefore, progressive mankind is seriously considering a shift to post-capitalist social and cohabitation alternatives, where fairness and adaptive wealth redistribution will be more crucial than ever before. And health as wealth is generated and sustained not only inside the institutional framework but also via the transmission of cultural experience from generation to generation. Through education and parenting, we may provide the health-promoting lifestyle concept as the foundation of public health in the context of our own State’s progressive growth.

REFERENCES:

- Amosov, Nikolai M. 1987. *Razdum'ya o zdorov'e / Meditations on Health*. Moscow: Fizkul'tura i sport.
- Barska, Yu., Zakhozha V., Sakhno Yu., Semyhina T., Stepurko T., Kharchenko N. 2020. *Health Index, Ukraine – 2019: Results of the National Survey*, edited by V. Odrynskiy. Kyiv. <http://health-index.com.ua/HI%20Report%202019%20eng.pdf> [accessed: 26.03.2022].
- Boichuk, Yuriy D. 2017. “Suchasni Pidkhody do Rozuminnia Sutnosti Zdorovya Liudyny ta Sumizhnykh z Nym Ponyat” / “Approaches to Understanding the Essence of Personal Health and Related Notions”. In Yuriy D. Boichuk (Ed.), *Zahalna teoriia zdorovia ta zdorovyazberezhennya: kolektivna monohrafiya*, pp. 5–16. Kharkiv: Vyd. Rozhko.
- Filatov, Filipp R. 2008. “Predstavleniya o Zdorov'e i Bolezni v Drevnerusskoi Yazykovoii Kul'ture” / “Perceptions of Health and Disease in the Old Russian Language Culture”. *Kul'turno-istoricheskaya psikhologiya*, 4(1): 27–36.
- Frank, Arthur W. 2013. *The Wounded Storyteller: Body, Illness and Ethics*. Chicago and London : The University of Chicago Press.
- Hofmann, Byørn. 2021. “How to Draw the Line between Health and Disease? Start with Suffering”. *Health Care Anal.* 29(2): 127–143.

- Kemerov, Vyacheslav E. 2001. *Vvedenie v Sotsial'nuyu Filosofiyu / Introduction to Social Philosophy*. Moscow: Akademicheskii Proekt.
- Kogan, S.S. 1965. "K Stoletiyu Zemskoi Meditsiny na Ukraine" / "The Centenary of Zemstvo Medicine in Ukraine". In P. I. Kal'yu (Ed.), *Ocherki istorii russkoi obshchestvennoi meditsiny (K stoletiyu zemskoi meditsiny)*. *Sbornik statei*, pp. 84–88. Moscow: Meditsina.
- Kolesov, Vladimir V. 1986. *Mir Cheloveka v Slove Drevnei Rusi / The World of Man in the Ancient Russian Words*. Leningrad: Izdatel'stvo LGU.
- Kostomarov, Mykola. 2002. "Knyhy Bytiia Ukrainskoho Narodu" / "Books of the Ukrainian People Being". In H. Demydenko (Ed.), *Istoriia vchen pro pravo i derzhavu*, pp. 644–664. Kharkiv: Lehas.
- Krymskii, Sergey B. 2002. "Printsipy Dukhovnosti XXI Stoletiya" / "Principles of the Spirituality of the 21st Century". Interview by Igor' Sindyukov. *Gazeta Den'*, November 15, 2002. <https://day.kyiv.ua/ru/article/obshchestvo/sergey-krymskiy-principiy-duhovnosti-hhi-stoletiya> [accessed: 14.02.2022].
- Likhachev, Dmitrii S. 1988. "Kreshchenie Rusi i Gosudarstvo Rus'" / "Baptism of Rus' and the State of Rus'". *Novyi mir*, 6: 249–258. http://mmedia.nsu.ru/culture/DATA/obj2069/FILE_PDF.pdf [accessed: 26.03.2022].
- "National Security Strategy of Ukraine, 2020: Individual's Security is State's Security". Decree of the President of Ukraine 392, Official Newsletter of Ukraine 75 (2020): 127.
- Razumkov Center. 2021. "30 Rokiv Nezalezhnosti: Yaki Zdobutky i Problemy Zrostantia Bachat Ukraintsi y na Shcho Spodivaiutsia u Maibutnomu (lypen-serpen 2021r.)" / "30 Years of Independence: Achievements and Problems on the Road of Formation, which Ukrainians Celebrate, and What they Hope for in the Future (July–August 2021)". National Survey. Kyev. <https://razumkov.org.ua/napriamky/sotsiologichni-doslidzhennia/30-rokiv-nezalezhnosti-i-aki-zdobutky-i-problemy-zrostantia-bachat-ukraintsi-i-na-shcho-spodivaiutsia-u-maibutnomu> [accessed: 26.03.2022].
- Rybakov, Boris. 1989. *Kievan Rus*. Translated from Russian by Sergei Sossinsky. Moscow: Progress Publishers.
- Sztankovszky, Laszlo-Zoltan, and Iorga, Magdalena. 2015. "Ethical Practices in Drug Prescribing: A Comparative Study between Doctors and Pharmacists' Opinion about Drug Prescribing in Romania". *Agathos: An International Review of the Humanities and Social Sciences*, 6(2): 136–149.
- The Paterik of the Kievan Caves Monastery*. [1989] 2011. Translated by Muriel Heppell. Cambridge, MA: Harvard University Press.
- Topol, Eric. 2016. *Budushchee Meditsiny. Vashe Zdorov'e v Vashikh Rukakh / Patient Will See You Now: The Future of Medicine is in Your Hands*. Translated by Mariya Zhukova. Moscow: Al'pina Non-Fikshn.
- Vetkov, Nikolai. 2020. "Zdorov'e Cheloveka kak Tsennost' i eho Opredelyayushchie Faktory" / "Human Health as a Value and its Determinants". *Nauka*, 5(11): 126–142.
- Walley, Tom, Folino-Gallo, Pietro, Schwabe, Ulrich, van Ganse, Eric, & EuroMedStat Group. 2004. "Variations and Increase in Use of Statins across Europe: Data From Administrative Databases". *BMJ* (Clinical research),

328(7436): 385–386. <https://doi.org/10.1136/bmj.328.7436.385> [accessed: 26.03.2022].

Youtube. 2011. “Brat’ya Klichko v Reklame Nemetskoi Seti FitnessKlubov” / “Klitschko Brothers in Advertising the German Fitness Clubs Chain. <https://youtu.be/izfY3Ioin6k> [accessed: 26.03.2022].

Youtube. 2012. “Klitschko v Reklame Piva” / “The Klichko in Beer Commercial”. <https://www.youtube.com/watch?v=mw4wvc7k8pc> [accessed: 26.03.2022].

“Zelensky Announces the Launch of Healthy Ukraine National Program”. <https://en.interfax.com.ua/news/general/751412.html> [accessed: 26.03.2022].