

بِناَمِ خدا

- ارائہ دهنده :دکتر محمدی
- استاد راهنما :سرکار خانم دکتر صیامی

عوامل (تعیین کننده های) اجتماعی موثر بر سلامت

- در چند سال گذشته سیر تحولات سلامتی در دنیا و در ایران باعث توجه هر چه بیشتر به مقوله‌های اجتماعی سلامت شده است.
- مشکلاتی نظیر بی سوادۃ، بیکاری، فقر، اعتیاد و رفتارهای پرخطر بیش از هر عامل دیگری به سلامتی انسان ها و جوامع آسیب وارد می نماید

- مباحث جدیدی چون سرمایه اجتماعی و شبکه‌های اجتماعی که بطور روزمره با آنها روبرو می‌شویم در حیطه دانش پزشکی قبلی قرار ندارند.
- از طرفی اگر بخواهیم برای سلامت جامعه اقدام مؤثری انجام دهیم بدون توجه به ریشه‌های اصلی آن اقداماتمان گذرا و علامتی خواهند بود.

- بدون شک بخش مهمي از مشکل HIV، و قسمتي قابل توجه از ریشه اعتياد، دارای زمینه‌هاي اجتماعي و اقتصادي است.
- مداخله در این‌گونه مسائل، نیازمند ابزارهاي جديدي براي درک درست پدیده‌هايي از این قبیل و به خصوص مداخله‌هاي بين‌بخشي است

• عواملی چون:

• میزان درآمد

• سطح تحصیلات

• شغل

• تغذیه

• طبقه اجتماعی

• نقش بسزایی در تعیین سطح سلامت افراد دارند

ارتقاء سطح سلامت و توزیع عادلانه آن

- توزیع عادلانه سلامت بین
 - فقیر و غنی
 - شهرنشین و حاشیه نشین
 - بیکار و شاغل
 - بی سواد و با سواد
- مقدور نخواهد بود مگر با مداخله در سطح تعیین کننده های اجتماعی سلامت
- عدالت اجتماعی است که می تواند عدالت در سلامت را به ارمغان آورد

Causes of the causes

- بجای مبارزه با معلول یا علل واسطه ای باید با علت العلل بیماری ها مبارزه کرد
- همه می دانند که گروههای محرومتر و فقیر تر عمر کوتاه تری دارند
- مثلاً امید به زندگی مردان در یکی از محرومترین نواحی گلاسکو در بریتانیا 54 سال است ، درحالیکه در بهرمندترین نقطه همان شهر 82 سال است
- در بسیاری از کشورها افراد بیکار سلامت روان نامناسب تر داشته و قد کودکان این گروه از کودکان هم سن که پدر شاغل دارد کوتاه تر است

Causes of the causes

- شواهد علمی نشان می دهد که بیشترین بار بیماریها و قسمت اعظم نابرابری های سلامت از عوامل اجتماعی ناشی می شود
- در طول تاریخ کاهش های اساسی در مرگ و میر ناشی از بیماریهای عفونی مثل سل، قبل از توسعه درمان های طبی موثر و تحت تأثیر بهبود شرایط اجتماعی-اقتصادی رخ داده است

- سلامتی: رفاه کامل جسمی، روانی و **اجتماعی** و نه فقط نبود بیماری
- استراتژی سلامت برای همه HFA و مراقبت های بهداشتی اولیه PHC توجه به عوامل اجتماعی سلامت دارد
- فعالیت های بهداشتی نه به عنوان یک مداخله کوتاه مدت و مستقل، بلکه باید به عنوان بخشی از فرآیند بهبود شرایط زندگی در نظر گرفته شود

نخستین کنفرانس بین المللی ارتقاء سلامت در اوتتاوا ۱۹۸۶

- منشور اوتتاوا: 8 عامل موثر و کلیدی پیش نیاز سلامت را تعیین کرد:
 - صلح، سرپناه، آموزش، مواد غذایی، درآمد، اکوسیستم دارای ثبات، منابع پایدار، عدالت اجتماعی و برابری
- نتیجه: بدون کاهش فقر، بهبود تغذیه، امکان تحصیل، توانمند سازی زنان و اصلاح شرایط زندگی در حاشیه نشینان دستیابی به اهداف سلامت مقدور نمی باشد

چگونه عوامل تعیین کننده اجتماعی سلامت را بهبود بخشیم؟

- تلاش برای کاهش لایه های اجتماعی (باز توزیع ثروت)
- تلاش برای پیشگیری از عوامل آسیب رسان اجتماعی به سلامت
- تلاش برای کاهش آسیب پذیری مردم محروم نسبت به شرایط آسیب رسان سلامت (بهبود شرایط)
- کاهش پیامدهای نابرابر بیماری و جلوگیری از بدتر شدن شرایط اقتصادی و اجتماعی محرومان بیمار (بیمه)

- **Systematic review**

- A systematic review is a comprehensive summary of all available evidence that meets predefined eligibility criteria to address a specific clinical question or range of questions. It is based upon a rigorous process that incorporates

- ●Systematic identification of studies that have evaluated the specific research question(s)
- Critical appraisal of the studies
- Meta-analyses (not always performed)
- Presentation of key findings
- Explicit discussion of the limitations of the evidence and the review

- Systematic reviews contrast with traditional "narrative" reviews and textbook chapters. Such reviews generally do not exhaustively review the literature, lack transparency in the selection and interpretation of supporting evidence, generally do not provide a quantitative synthesis of the data, and are more likely to be biased

- ●Several steps are essential for conducting a systematic review or meta-analysis. These include:

- ●

- Formulating research questions
- Developing a protocol
- Searching for the evidence
- Assessing the quality of studies

- •Summarizing and displaying results
- - Exploring reasons for heterogeneity across studies

- ●When reading and interpreting a systematic review, the reader should appraise the methodologic quality, assess for potential sources of bias, and consider the extent to which the findings are applicable to their specific question. The value of a systematic review's conclusions may be limited by the quality and applicability of the individual studies included in the review.

Is AIDS related to social determinants of health in • Iran? A systematic review

Auteurs: •

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- Introduction

- The number of people with AIDS has reached 36.9 million worldwide (1). Although many scientific advances have been improved in the field of AIDS diagnosis, the disease has not been fully controlled in all countries since the spread of AIDS in the Middle East, North Africa, Eastern Europe and Central Asia is rising and still a serious threat to humanity (2).

- Methods

- All descriptive studies were reviewed in Persian or English conducted in Iran to examine the relationship between social factors and AIDS. Since the number of articles in this area was limited, no time limit was applied for selecting articles. All the evaluation steps of the papers for inclusion in the study were conducted separately by the two independent researchers and in cases where there was a controversy between the selections of articles by the two evaluators, all three authors of the reviewer decided on that paper. The final decision was made based on the agreement of three evaluators.

- Search strategy

- The selection process of the articles included several steps. First, social determinant of health, socio-economic status, demographic factors, combined with the terms Iran, HIV, AIDS in English-language search bases of EMBASE, Web of Science (Clarivate Analytics), PubMed, Scopus and Iranian search database including Iran-Doc, IranMedex, SID and Magiran were systematically searched. All English and Persian articles were reviewed without limitation in the time.

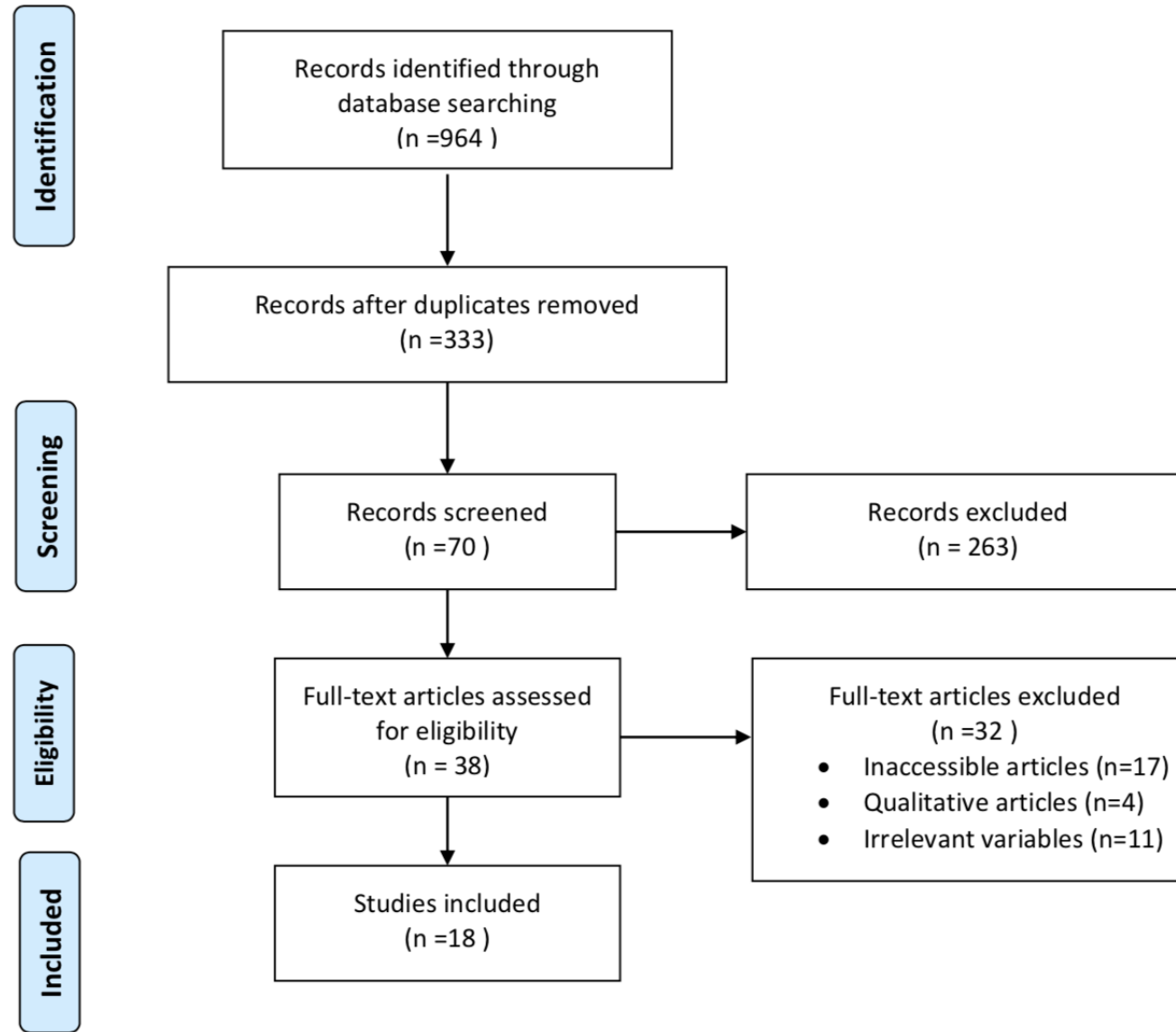


Figure 1. The process of final article selection.

- Data extraction

- The data from the articles based on the time and place of the study, the studied community, and the studied social determinants in the article, and the determination of the relationship between these factors and the incidence and control of the disease, were categorized and extracted (online Supplementary file 1, Table S1).

- Results

- Of 964 articles obtained from search databases, 631 articles were due to the repeatability of the study, 263 articles due to inadequate relevance of title and abstract, and 32 articles in the full article review phase due to the inappropriate relation between variables, the research community and the method of work and 18 articles in the stage of evaluation of the quality assessment were excluded from the study. In total, after completing the review process, 18 articles were selected to enter the study

Table 1. Quality assessment of final studies included in this systematic review

First author	Title and abstract	Introduction	Methods	Results	Discussion	Total score
Rezazadeh et al	1	2	7	5	3	18
Bagheri et al	1	1	4	5	3	14
Rahmani et al	1	2	5	4	2	15
Etemad et al	1	2	7	5	4	19
Behmanesh et al	1	2	8	5	4	20
Masoodi et al	1	2	4	3	2	12
Lotfi et al	1	2	8	5	4	20
Assari et al	1	2	4	5	4	16
Rezaeian et al	1	2	4	5	3	15
Shokoohi et al	1	2	8	5	4	20
Ramezani et al	1	2	7	5	4	19
Navadeh et al	1	2	8	5	4	20
Noorozi et al	1	2	7	5	4	19
Shoshtari et al	1	2	7	5	4	19
Zandmomen et al	1	2	8	5	4	20
Haseli et al	1	2	4	4	3	14
Noroozi et al	1	2	7	5	3	18
Alinaghi et al	1	2	6	5	4	18

Table 2. Summary results of studies

Author	Purpose	Result
Rezazade et al (16)	Family characteristics of people with high-risk sexual behaviors	Residential situations, job, living conditions, parents' living status, history of abuse by family members and intimacy in the family had a significant negative relationship with risky sexual behaviors.
Bagheri et al (28)	Risk Factors in Patients with HIV	AIDS was related to gender, unemployment, education, unsafe sex, imprisonment and injection.
Rahmani et al (17)	Risk factors for HIV infection in homeless people	HIV infection in homeless people was related to gender, education, marital status, imprisonment, history of drug use, family characteristics (relationship with family and friends, family support).
Etemad et al (18)	Knowledge and attitude of people with positive HIV	People with negative HIV had a higher level of education than those with positive HIV. Unemployment rates and lower income levels were higher in positive HIV.
Behmanesh et al (29)	Association between QOL with HIV	Finding revealed a positive correlation between income, education, social support and QOL.
Masoodi et al (30)	Social support in people with HIV/ AIDS	Social support is effective in the use of condom in sexual relations.
Lotfi et al (19)	Condom use among women at risk of HIV	Condom use can be predicted using knowledge, attitude and social support variables.
Assari et al (20)	Syringe sharing among IDUs	Syringe sharing in the past 6 months was lower among IDUs who were male.
Rezaeian et al (21)	SDH and female self-reported HIV testing	Knowledge of HIV, household wealth, education and job was associated with self-report HIV testing.
Shokoohi et al (22)	Prevalence of HIV testing	HIV testing site had a significantly higher chance of having a recent HIV test result.
Ramezani et al (23)	HIV and STIs Knowledge and risk factors	Accesses to satellite, internet and HIV knowledge are related with pre/extra Marital sex
Navade et al (24)	Prevalence of HIV among prisoners	There were significant associations between HIV prevalence with drug injection and tattooing.
Noroozi et al (25)	Dual HIV risk among people who inject drug	Regular visit to needle, syringe programs (NSPs) reduced odd of Dual HIV risk (HDR) to half.
Shoshtari et al (31)	Disclosure of HIV status among PLWH	Gender and functional support variable are significant predictors for disclosure.
Zand Momen et al (32)	HIV risk behavior in HIV+ patients in Tehran	Gender, education and marital status were predictors of risk behavior in development HIV.
Haseli et al (33)	Quality of life (QOL) in HIV patients	QOL was determined by employment status, marital status, and history of drug abuse.
Ali Naghi et al (26)	Prevalence of HIV infection in male prisoners	Duration of imprisonment, injection drug use, needle sharing were risk factors.
Noroozi et al (27)	HIV testing uptake among PWID in Tehran	Recent HIV testing was related to level of education, living status, income, length of injecting.

- Discussion

- The results of the present study showed that the existence of gender inequalities in the society causes women at higher risk of AIDS (20,31,32). Gender norms and interactions that cause the female to be subverted in terms of social and economic power is an important factor in the greater vulnerability of women regarding health and HIV infection (34,35).

با تشكر

