Research Article Open Access

Can the Community Health Constitute a Means of Fight Against Social Inequalities of Health? Case of Senegal

Abdoulaye Faye1*, Bop M2 and Fall A2

¹Professor, University of Bambey / Faculty Health and Sustainable Development, Senegal ²Ministry of Health and Social Action. Senegal

Abstract

The community health, a mean to fight against social inequalities of health?

Considering the definitions and the basic principles which support the primary health care and the community health, namely the equity, the community participation, the use of technologies suited for the resolution of the problems, the multisectoriality and to have as focus of interest a prevention policy, we can assert that the community health can contribute in a relevant way to fight against the social inequalities of health. This try is a set of elements which contribute to make plausible this hypothesis by taking into account health policies implemented in Senegal.

Keywords: Community health; Social inequalities of health; Fight; Health policies; Senegal

Introduction

All gross inequalities and disparities in the health status of communities as well as between developed and developing countries and within even countries are politically socially and economically unacceptable and is of is a common concern. It is in a similar context that WHO had set foot ALMA ATA cares primary health with the primary basic fairness for the reduction and eliminating these inequalities. Community health is the primary health care community-oriented forms that momentum (WHO 1978). Actions were carried out in this direction but raised a debate on the right to health community to achieve health equity.

Objective and Methodology

The main objective of our study is to provide some arguments that meet the question, community health is does it means to fight against the inequalities in health?

For this, we conducted an investigation of the literature and the literature existing in this area, including numerous scientific studies and large initiatives in Senegal and in the world, and then we analyzed the political and national health development programs that promote health equity. The results allowed us to present the following data in a leading analysis on the understanding that we had the issue.

Results and Discussion

Community health

Community health can be defined as a set of measures to provide health care to the population. These measures are curative and preventive order rehabilitation, coupled with other measures to social characteristics, economic and political.

The team that the exemption is often multidisciplinary and involves necessarily the community participation. Its application is based on the principles of health care primaries have known a high level of development in most countries. His interest is based on the contribution of communities in the planning, implementation of health programs and operation of services. National policies that have a clear commitment to strengthen advocacy and health prevention in communities, promote health strategies Community. The community-

based services complement or deputizing services conventional or especially health professionals health are not always required to this especially in rural and underserved areas.

Community Health requires the participation of community members and management of their individual and collective health. There is a notion of commitment from each individual. The community involvement is sought at all levels of action the following steps:

- Analyze the health status of the community
- Identify problems, choosing priorities
- Define the objectives and activities; mobilize resources to improve situations precarious.
- Organize and conduct action
- Evaluate the action

Social inequalities in health

With reference to socio-economic change is appeared in the public debate issue of social inequalities in health, the definition could be: the correlation between health and membership in a social group. Social inequalities in health put in light the differences between men and women [1] between socioeconomic groups and between territories having an impact on many aspects of the health of populations [2].

The social inequalities describe the different treatments that can advantage class Social, group or an individual in relation to others, or establish hierarchy's social. Several recent studies have highlighted the existence of inequalities in health outcomes show the importance of inequality of opportunity in health in Senegal and in the world come

*Corresponding author: Abdoulaye Faye, Research Professor, University of Bambey/Faculty Health and Sustainable Development, Senegal, Tel: (221) 33 832 8662/(221) 77 5611946; E-mail: abfayecr@hotmail.com

Received July 19, 2013; Accepted October 30, 2013; Published November 02, 2013

Citation: Faye A, Bop M, Fall A (2013) Can The Community Health Constitute A Means of Fight Against Social Inequalities of Health? Case of Senegal . J Biosafety Health Educ 1: 107. doi:10.4172/2332-0893.1000107

Copyright: © 2013 Faye A AN. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

from a disadvantaged background, having parents of low educational level, adopting risky behavior or poor health are all factors that explain health inequalities in adulthood [3]. It is time that the issue of health inequalities [4] resonates beyond researchers and practitioners, and requires public action. This implies, first, that as in countries where this was the case, a debate begins to recognize these inequality as unacceptable and consider how best to make it a priority: should as in the United Kingdom, primarily target children [5] and disadvantaged; should we preferred field of business, school, health system or territories of What concretely articulate social policy and health policy.

This phenomenon of inequality is observed in all countries. In some countries the rich more access to health facilities and are better treated as insecure people. Some groups do not enjoy the same benefits as other groups because being in precarious situations palpable. The location of structures health contributes to health inequalities because some people have to make kilometers to access health facilities with enormous difficulties.

Community health as a means to fight against health inequalities?

Many successful activities in the various programs health development in Senegal, we show that community health is a way to fight against health inequalities even though it faces some constraints. Today the availability of communications equipment at all levels for awareness to reduce health inequality is a route to health equity. Indeed, awareness campaigns such as those conducted on immunization, the fight against epidemics, the fight against disease of dirty hands, the fight against HIV/AIDS has significantly reduced the inequalities that exist in some urban and rural areas in developing countries. As before, several geographical peripheries were obscured by sensitization. Other activities around preventive and curative activities as Communication for Change (BCC), meetings, advocacy and social mobilization, the anti vector through the Intra Residential Spraying insecticide and improved living environment, personnel training for early, fast and efficient support all cases of disease, are interventions aimed at reducing inequalities health at all levels of the health pyramid.

In addition to interventions aimed at improving equal opportunities especially in schools and colleges, or more generally the conditions life, prevention policies and health promotion targeted to populations smaller are possible ways to reduce the inequalities of opportunity in health. Finally, at the organizational level, there is the decentralization of health districts at the national level and in all developing countries, helping to ensure availability of care to rural communities at the national level Increasingly, the concept of multi-sectoral, multi-disciplinary and equity beginning to be better understood by all actors involved in other development programs (agriculture, livestock, education, and fight against poverty.....). No distinction is made between the rich and the poor in community health [7-9]. The national policies that have a clear commitment to strengthening the activities of promotion and prevention of health in communities encourage all its strategies. All of these determinants is positive on community health, relevant way to fight against health inequalities.

Conclusion

The prism of health inequalities is undoubtedly a major way to revisit the function of organization and financing of primary health care in Africa, and recognizes their Social and Preventive proximity function, this cannot fail to have long-term consequences on the training, compensation and evaluation of professional's health. It is clear that community health is undoubtedly for some communities a path of hope and relief that may lead to a better life they aspire deeply and logically. The answer most often given to disparities in health is, especially in the world to make access more equitable care. However, it is well ahead of the disease, through interventions on the social determinants, one might expect the most important results.

References

- Khlat M, Jusot F, Ville I (2009) Social Origins, Early Hardship and Obesity: A Strong Association in Women, but not in Men?. Soc Sci Med 68: 1692-1699.
- 2. http://www.inegalites.fr/spip.php?article628
- 3. Bricard D, Jusot F, Tubeuf S (2010) Les modes de vie : un canal de transmission des inégalités de santé ?, questions d'économie de la santé, n° 154 : 1-5.
- Cambois E, Jusot F (2010) Monitoring Health Inequalities in France: A Short Tool for Routine Health Survey to Account for Lifelong Adverse Experiences. IRDES working paper. DT n°30: 1-20.
- Case A, Fertig A, Paxson C (2005) The Lasting Impact of Childhood Health and Circumstance. J Health Econ 24: 365-389.
- Marmot M, Friel S, Bell R, Houweling TA, Taylor S (2008) Commission on Social Determinants of Health. Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. Lancet 372: 1661-1669.
- Peretti WP, Constance J, Seror V, Beck F (2009) Cigarettes and Social Differentiation in France: Is Tobacco Use Increasingly Concentrated among the Poor?. Addiction 104: 1718-1728.
- Power C, Matthews S, Manor O (1998) Inequalities in Self-Rated Health: Explanations from Different Stages of Life. Lancet 351: 1009-1014.
- Dias PR, Jones AM (2007) Giving Equality of Opportunity a Fair Innings. Health Econ 16: 109-112.