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Original research article

Effect of selected social conditions on the health of Slovaks living in the Czech Republic

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ABSTRACT

Current state: This article focuses on the analysis of selected social conditions of Slovakian immigrants living in the Czech Republic.

Objective: The aim of the research was to describe the social situations of Slovaks living in the Czech Republic and to find links between their social situation and personal health. In accordance with the main objective of the research, we formulated research questions related to the concepts of social status, socioeconomic status, language skills and social support.

Methods: Structured interviews were used for data collecting. Interviews were transcribed and then coded. The research sample consisted of 16 Slovakian immigrants, 11 women and 5 men.

Results: Slovaks living in the Czech Republic subjectively rated their health as good. Correlations between the subjective perception of health and the selected social conditions have been demonstrated by education and employment status. There was no correlation demonstrated between the subjective perception of health status and knowledge of the Czech language. In addition to this, no correlation has been demonstrated between the social status and the subjective perception of health status. Similarly, no correlation has been demonstrated between social support and one's subjective perception of personal health status.

Conclusion: Research has shown that Slovaks living in the Czech Republic feel well and are accepted among the Czechs. They enjoy social support at all levels and are integrated into the Czech society. With respect to the results of this research, it would be useful when conducting further research, to pay attention to how Slovaks living in the Czech Republic perceive themselves, whether they feel themselves as being foreigners or not, and how they are perceived by the Czech citizens. It would be useful to focus further research on the

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confirmation of the possible correlations between the objective assessment of health status and selected social conditions.

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Introduction

In recent years, increasingly more research and studies [1–6] confirm the crucial role of social determinants for the health of individuals and the general population. The concept of social determinants of health emphasizes the exploration of important social conditions that affect the health of the entire population. Social conditions are understood to be a large range of living, working and economic characteristics of a person or group of persons. Indicators of social equality in society include the discrimination rate, various types of support, working conditions specified by the legislation, social capital or the degree of integration of vulnerable groups of people in the society. The objective of this article is to find correlations between selected factors regarding the social situation of Slovaks living in the Czech Republic and their health status. The research was focused on the following aspects of the social situation of interviewed respondents: social status, socioeconomic status, social support, and language skills. Subjective social status is defined as the conviction of a human regarding his or her place in the social ladder, related to how individuals perceive their status in the socio-economic structure. There is ample evidence to support that social status is a predictor of morbidity and mortality [7,8]. In addition, the existence of a health gradient is currently widely accepted: individuals at the highest level of the social status are enjoying better health than those at the bottom [9,10]. Most of the research on the subjective social status focused on subjective social classes, which were measured by respondents placing themselves in four to six categories of social classes, such as lower class, working class, middle class or upper class [11]. For the process of “self-placing into a social class”, all respondents must have a similar perception of the social classes. Since the working and middle classes may be interpreted differently, and the use of such terminology in research may be misleading [12]. Therefore, a 10-point evaluation scale was used during the research.

The socioeconomic status of an individual, was defined in 1981 by Mueller and Parcel as the relative position of a family or individual in the structure of society based on their access to wealth, prestige and power [13]. Currently, the socioeconomic status is also defined as the position of an individual or group in a hierarchical social structure, which is measured by variables such as educational level, occupation, income, wealth and place of residence. These sources allow people to achieve certain goals (e.g. health) [14]. For centuries it was a widespread belief that poor living and working conditions are associated with a shorter lifespan. In the 19th century, the most important improvements in health care were achieved through changes in nutritional and environmental conditions. However, the problem still persists that those with limited

resources have poorer health outcomes. The correlation between lower socioeconomic status and higher incidences and prevalence of health problems, illnesses and death, exists throughout the world [15].

Social support has been identified as one of the first factors that show the impact of adverse life events on the psychological well-being and health status. Social support is essential for maintaining the one's personal well-being, including access to food, shelter, income, healthcare and social opportunities [8]. At the same time, social support has had an influence on healthcare utilization [16]. According to numerous authors [e.g. 17,18], there are differences in the definition of “social support”. Given the focus of our research, we selected from various definitional approaches, the definition by Krpoun [19], according to which we can define social support as help or support that an individual draws in situations where they consider it appropriate. An essential condition required for any help or support to be provided is having a social network, in which social ties and interactions occur that are supportive for an individual and where sources of social support can be found [20]. According to Simich et al. [21], environmental changes such as immigration and relocation are situations that are hazardous to one's personal health status. Social support plays a particularly important role in improving the personal coping skills, reducing the impact of stressors and supporting health during times of major changes.

Language proficiency is considered a key factor for economic and social integration of immigrants in their country of destination, whether concerning the search for work or the amount of wages. Language proficiency has an impact on the amount of the wages. This stems from the role of language as a means necessary for everyday life and work. In addition, the low degree of language knowledge can act as a sign of “foreignness”, promoting discrimination and differentiation [22].

To understand the views of the respondents on selected aspects of their social situation, it is necessary to provide a description of the Slovakian community in the Czech Republic and characteristics of living conditions typical in both the host country and the country of origin. According to Leontiyeva et al. [23], Slovaks living in the Czech Republic have the following characteristics and features. The first feature is that the Slovakian minority and the community of Slovakian immigrants are numerous. According to the Statistical Office of the Czech Republic, Slovaks are the second largest group of foreigners living in the Czech Republic. The number of Slovaks living in the Czech Republic as of December 31, 2012 totalled 85,807 [24]. The second feature is that they are geographically dispersed throughout the territory of the Czech Republic. Slovaks living throughout the Czech Republic are a multifaceted group with different territorial origins, standards of living, levels of education, religious affiliations and

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