

Mizan-Tepi University
College of Social Science and Humanities
Department of Sociology

INTRODUCTION TO SOCIOLOGY

Compiled Notes for Health Science Students

COURSE DESCRIPTION

The course introduces students with the subject matter of Sociology by first briefly covering some of the ideas of the classical sociological thinkers and the major sociological theories and then goes on to provide discussions on various sociological concepts (social values, social norms, culture), basic elements of social life (groups, institutions, society), social processes (stratification, social class) and social change. The course also introduces to students foremost social pathologies in Ethiopia, the major theoretical perspectives of sociology, especially in relation to health and medicine. The social context of health and illness, the social causes of diseases, healthy lifestyles, as well as the different types health care systems are also discussed in the course.

COURSE CONTENTS

- 1. The Discipline of Sociology**
 - 1.1 Sociology Defined
 - 1.2 Sociology and Other Social Sciences
 - 1.3 The Sociological Perspective: What Is It?
 - 1.4 Benefits of the Sociological Perspective
 - 1.5 Micro and Macro Sociology
- 2. The Development of Sociology: A Historical Review**
 - 2.1 Early Origins and Development
 - 2.2 Founders of Sociology
 - 2.2.1 Auguste Comte
 - 2.2.2 Herbert Spencer
 - 2.2.3 Emile Durkheim
 - 2.2.4 Karl Marx
 - 2.2.5 Max Weber
- 3. Theoretical Perspectives in Sociology**
 - 3.1 Functionalist Perspectives
 - 3.2 The Conflict Paradigm
 - 3.3 The Symbolic-Interaction Paradigm
- 4. Social Organization and Interaction**
 - 4.1 Groups and Institutions
 - 4.2 Social Values, Norms and Social Control
 - 4.2.1 Social Values
 - 4.2.2 Social Norms
 - 4.2.3 Mores and Folkways
 - 4.2.4 Social Control
 - 4.3 Social Structure: Status and Role
 - 4.3.1 Status
 - 4.3.2 Role

5. Culture

- 5.1. The Concept of Culture
 - 5.1.1 The Components of Culture
 - 5.1.2 Culture Universals
 - 5.1.3 Multiculturalism and Subculture
 - 5.1.4 Prejudice and Discrimination
 - 5.1.5 Assimilation and Accommodation
- 5.2. Socialization
 - 5.2.1 Why Is Socialization Important?
 - 5.2.2 Agents of Socialization
 - 5.2.3 Gender Socialization
 - 5.2.4 Socialization through the Life Course
 - 5.2.5 Re-Socialization

6. An Overview of Social Pathologies

- 6.1. The Concept of Social Pathology
- 6.2. The Universality and Locality of Some Social Pathologies
- 6.3. The Concepts of Social Deviance and Crime
- 6.4. A Survey of Social Pathologies in Ethiopia
 - 6.4.1. Vulnerability to Famine and the Problem of Food Insecurity
 - 6.4.2. Prostitution
 - 6.4.3. Unemployment
 - 6.4.4. The Youth and Drug Addiction
 - 6.4.5. Rural to Urban Migration, the Refugee Problem and Health
 - 6.4.6. Population Explosions and Ecological Degradation
 - 6.4.7. Urbanization, Urban Poverty, Housing Problem, Homelessness and Begging

7. The Social Context of Health and Illness

- 7.1. Major Sociological Perspectives on Health and Medicine
 - 7.1.1. Structural Functionalism
 - 7.1.2. Symbolic Interactionism
 - 7.1.3. Social Conflict Theory
- 7.2. Theories of Disease Causation
 - 7.2.1. Germ Theory
 - 7.2.2. The Multi-causal Models of Disease
 - 7.2.3. The Theory of General Susceptibility
- 7.3. The Social and Psychological Factors of Health, and Health Lifestyles
- 7.4. Health Lifestyles
 - 7.4.1. Theory of Health Lifestyles
 - 7.4.2. The Poor and Health Lifestyles
- 7.5. Health Care Systems
 - 7.5.1. What is Health Care?
 - 7.5.2. Types of Health care

1 THE DISCIPLINE OF SOCIOLOGY

1.1 Sociology Defined

Sociology is the study of human social life. Because human social life is so expansive, sociology has many sub-fields. This chapter will introduce you to sociology and explain why it is important, how it can change your perspective of the world around you, and give a brief history of the discipline.

Sociology is a social science concerned with the systematic study of human social relationships and the various ways these relationships are patterned in terms of social groups, organizations and societies.

1.2 Sociology and other social sciences

Since our focus is sociology, let us compare sociology with each of the other social sciences.

Political Science

Political science focuses on politics and government. Political scientists study how people govern themselves: the various forms of government, their structures, and their relationships to other institutions of society. Political scientists are especially interested in how people attain ruling positions in their society, how they then maintain those positions, and the consequences of their activities for those who are governed. In studying a system of government with a constitutional electorate, such as that of Canada, political scientists also focus on voting behaviour.

Economics

Economics also concentrates on a single social institution. Economists study the production and distribution of the material goods and services of a society. They want to know what goods are being produced at what rate and at what cost, and how those goods are distributed. They are also interested in the choices that determine production and consumption—for example, the factors that lead a society to produce one certain item instead of another.

Anthropology

Anthropology, in which the primary focus has been on pre literate or tribal peoples, is the sister discipline of sociology. The chief concern of anthropologists is to understand culture—a people's total way of life. Culture includes (1) the

group's artefact such as its tools, art, and weapons; (2) the group's structure, that is, the hierarchy and other patterns that determine its members' relationships to one another; (3) the group's ideas and values, especially how its belief system affects people's lives; and (4) the group's forms of communication, especially language. The anthropologists' traditional focus on tribal groups is now giving way to the study of groups in industrialized settings.

Psychology

The focus of psychology is on processes that occur within the individual, within the "skin-bound organism." Psychologists are primarily concerned with mental processes: intelligence, emotions, perception, and memory. Some concentrate on attitudes and values; others focus on personality, on mental 'aberration' (psychopathology, or mental illness), or on how individuals cope with the problems they face.

Sociology

Sociology has many similarities to the other social sciences. Like political scientists, sociologists study how people govern one another, especially the impact of various forms of government on people's lives. Like economists, sociologists are concerned with what happens to the goods and services of a society; however, sociologists focus on the social consequences of production and distribution. Like anthropologists, sociologists study culture; they have a particular interest in the social consequences of material goods, group structure, and belief systems, as well as in how people communicate with one another. Like psychologists, sociologists are also concerned with how people adjust to the difficulties of life.

Given these overall similarities, then, what distinguishes sociology from the other social sciences? Unlike political scientists and economists, sociologists do not concentrate on a single social institution. Unlike anthropologists, sociologists focus primarily on industrialized societies. And unlike psychologists, sociologists stress factors external to the individual to determine what influences.

1.3 The sociological perspective: What is it?

1.3.1 Seeing the general in the particular

Peter Berger (1963) characterized the sociological perspective as seeing the general in the particular. He meant that sociologists identify general patterns of social life in the behaviour of particular individuals. While acknowledging that each individual is unique, in other words, sociologists recognize that society acts

differently on various categories of people (say, children compared to adults, women versus men, the rich as opposed to the poor). We begin to think sociologically as we start to realize how the general categories into which we happen to fall shape our particular life experiences.

1.3.2 Seeing the strange in the familiar

Especially at the beginning, using the sociological perspective amounts to seeing the strange in the familiar. As Peter Berger (1963: 34) says in his *Invitation to Sociology*, 'the first wisdom of sociology is this: things are not what they seem'. For instance, observing sociologically requires giving up the familiar idea that human behavior is simply a matter of what people decide to do and accepting instead the initially strange notion that society guides our thoughts and deeds.

1.3.3 Individuality in social context

The sociological perspective often challenges common sense by revealing that human behavior is not as individualistic as we may think. For most of us, daily living carries a heavy load of personal responsibility, so that we pat ourselves on the back when we enjoy success and kick ourselves when things go wrong. Proud of our individuality, even in painful times, we resist the idea that we act in socially patterned ways.

Since nothing seems a more personal 'choice' than the decision to take one's own life, perhaps the most compelling demonstration of how social forces affect human behavior is the study of suicide. This is why Emile Durkheim (1858-1917), a pioneer of sociology writing a century ago chose suicide as a topic of research. If he could show that an intensely individual act like suicide was socially shaped, then he would have made a strong case for sociology. And he did! He was able to demonstrate that social forces figure in the apparently isolated act of self-destruction.

1.4 Benefits of the sociological perspective

As we learn to use the sociological perspective, we readily apply it to our daily lives. Doing so provides four general benefits.

A. *The sociological perspective becomes a way of thinking a 'form of consciousness' that challenges familiar understandings of ourselves and of others, so that we can critically assess the truth of commonly assumptions.*

B. *The sociological perspective enables us to assess both opportunities and the constraints that characterize lives. Sociological thinking leads us to see that, better or worse, our society operates in a particular way. It helps us to see the pattern and order found in all societies. Moreover, in the game of we may decide how to play our cards, but it is society that deals us the hand. The more we understand the game, then, the more effective players we will be. Sociology helps us to*

understand what we are likely and unlikely to accomplish for ourselves and how we can pursue our goals most effectively.

C. *The sociological perspective empowers us to be active participants in our society.* Without an awareness of how society operates, we are likely to accept the status quo. We might just think that this is how all societies are, or how all people behave 'naturally'. But the greater our understanding of the operation of society, the more we can take an active part in shaping social life.

D. The sociological perspective helps us to recognize human differences and human suffering and to confront the challenges of living in a diverse world.

1.5 Micro and Macro Sociology

A major difference between the various sociological schools/theories is their level of analysis. Many sociologists work with individual units of analysis; others work with very small groups and focus on the patterns of face to face interaction between humans. This part of sociology is known as **micro sociology** as in small. Micro sociologists use close-up lenses. The **micro** level analysts tend to focus on social interaction or what people do when they are in each others presence (Small scale patterns of society).

There is also another group which concentrates on larger units of analysis. From their point of view the individual is one small dot among many dots that help form a larger picture. This approach is known as **macro sociology**. The **macro** level analysts examine the large scale patterns of society. Macro sociologists pursue questions about aggregate units of analysis such as why is the rate of HIV transmission/suicide higher in some countries than others.

2 THE DEVELOPMENT OF SOCIOLOGY: A HISTORICAL REVIEW

2.1 Early Origins and Development

Just how did sociology begin? Has it always been there? Or is it relatively new?

Even before BC Greeks and Romans have developed intricate systems of philosophy about human behavior. Although through all ages people have known of society, sociology is a young discipline. It was only in 1838 that the French thinker **Auguste Comte (1798-1857)** coined the term **sociology** from a Latin word *socius* (the social) and a Greek word *Logos* (reasoning) thus reasoning about the social to describe a new way of looking at society.

Why did it emerge in the 19th century? Sociology owes its birth to the social currents of the 19th century (such as the French revolution, American civil war, industrial revolution). When society crumbled beneath their feet the social scientists of the period started focusing on the current society.

Factors That Contributed To the Development of Sociology in the 19th Century:

1. Industrial Revolution: by the 19th century Europe found itself in the industrial revolution. This change from agriculture to factory production brought violent changes in peoples life .Masses of people were forced off the land. They moved to the cities in search of work where they were met with anonymity, crowding, filth and poverty. Their ties to the land and to way of life associated with it were abruptly broken. The city greeted them with horrible working conditions: low pay; long exhausting hours; dangerous work; bad ventilation and much noise. To survive, families had to permit their children to work in this same condition. The social relations in the new urban centers were extremely different from those in the rural pre industrial setting. Thus people started asking questions about society.

2. Social Problems: The results of the above change were of an immense social consequence. Not only were cities full of strangers, the tremendous influx of people simply overwhelmed the city's capacity to absorb them. Widespread social problems-including pollution, crime, and inadequate housing were the order of the day. These were the kind of social crisis that stimulated the development of sociology.

3. Political Changes and Upheavals: with the success of the American and French revolutions, in which the idea that individuals possess inalienable rights caught fire, the political systems in western countries slowly began to give way to more democratic forms. The impact of these political revolutions on many societies was enormous, and many positive changes resulted. However there were negative consequences and they attracted the attention of the then thinkers.

4. Religious change/Secularization: Social changes brought about political revolutions, industrial revolution, and urbanization had a profound effect on religiosity. As the traditional order was challenged, religion lost much of its force as the unfailing source of answer to life's questions.

5. Exposure to new cultures: The Europeans had been successful in conquering many parts of the world. Their new empires stretching from Asia through Africa to North America exposed them to radically different cultures. Startled by this contrasting ways they began to ask why cultures differed.

6. The Development of physical/natural sciences: the 19th century was a period of scientific evolution. Just at the time when the industrial revolution and imperialism moved people to question fundamental aspects of their social worlds, the **scientific method** –objective systematic observations to test theories– used in chemistry and physics had begun to transform the world. Given these successes, it seemed logical to apply this method to the question being raised about the social world. Thinkers of the day started using the method of the natural sciences.

2.2 Founders of Sociology

2.2.1 Auguste Comte (1798 - 1857)

Comte's aim was to create a naturalistic science of society which would both explain the past development of mankind and predict its future course.

Auguste Comte



Auguste Comte's positive philosophy (positivism) abandoned speculation about the nature of reality in favor of scientific investigation. According to Comte, knowledge of all subjects, from astronomy to sociology, should come from the correlation of evidence gathered from investigation and observation. This materialistic approach helped to lay the foundations for modern sociology, which Comte first called social physics.

Auguste Comte (1798-1857) is commonly credited with having coined the name "sociology" to describe the study of society. His main focus was the improvement of society. If we are to improve society, Comte reasoned, we need a special science to establish the laws of social life. On the basis of these laws, we could then prescribe cures for societal ills: Since he believed that science is the foundation of all knowledge, Comte emphasized that the study of society must be scientific. So he urged sociologists to use **systematic observation, experimentation, and comparative-historical analysis** as methods.

Comte divided the study of society into social **statics** and social **dynamics**. Social statics involves those aspects of social life that have to do with **order and stability** and that allow societies to hold together and endure. Social dynamics refers to those aspects of social life that have to do with **social change and institutional development**.

Furthermore, Comte argued for an understanding of society he labeled *The Law of Three Stages*. Comte, not unlike other enlightenment thinkers, believed society developed in stages.

- The first was the **theological stage** where people took a religious view of society.
- The second was the **metaphysical stage** where people understood society as natural (not supernatural).
- Comte's final stage was the scientific or **positivist stage**, which he believed to be the pinnacle of social development. In the scientific stage, society would be governed by reliable knowledge and would be understood in light of the knowledge produced by science, primarily sociology.

Although the specifics of his work no longer govern contemporary sociology, Comte exerted enormous influence on the thinking of other sociologists, particularly Harriet Martineau, Herbert Spencer, and Emile Durkheim.

2.2.2 Herbert Spencer (1820 - 1903)

Herbert Spencer was one of the founders of sociology and a proponent of evolutionarism. He too believed that society operates according to fixed laws. However, his first and foremost concern was with evolutionary changes in social structure and social institutions.

He defines evolution as “*a change from a state of relatively indefinite, incoherent homogeneity to a state of relatively definite, coherent heterogeneity*”. The basic themes in his work will be discussed below.

Growth Structure and differentiation

Both organic and social aggregates are characterized by Spencer according to progressive increase in size “just like living organisms begin as germs societies start from extremely small masses.” Growth may come either through an increase in population-by simple multiplication of units or from the joining of previously unrelated units-union of groups, and again union of groups of groups. Increase in size is accompanied by an increase in the complexity of their structures. The process of growth is a process of integration. And integration must be accompanied by differentiation if the organism or societal unit is to be viable.

Militant and Industrial Societies

Spencer classified societies in terms of their evolutionary stage as simple compound doubly compound and trebly compound based on their degree of structural complexity.

He also classified societies as militant and industrial based on the type of internal regulation within the societies.

Table 1: The Contrast between Militant and Industrial Societies

THE CONTRAST BETWEEN MILITANT AND INDUSTRIAL SOCIETIES*		
<i>Characteristic</i>	<i>Militant Society</i>	<i>Industrial Society</i>
Dominant function or activity	Corporate defensive and offensive activity for preservation and aggrandizement	Peaceful, mutual rendering of individual services
Principle of social coordination	Compulsory cooperation; regimentation by enforcement of orders; both positive and negative regulation of activity	Voluntary cooperation; regulation by contract and principles of justice; only negative regulation of activity
Relations between state and individual	Individuals exist for benefit of state; restraints on liberty, property, and mobility	State exists for benefit of individuals; freedom; few restraints on property and mobility
Relations between state and other organizations	All organizations public; private organizations excluded	Private organizations encouraged
Structure of state	Centralized	Decentralized
Structure of social stratification	Fixity of rank, occupation, and locality; inheritance of positions	Plasticity and openness of rank, occupation, and locality; movement between positions
Type of economic activity	Economic autonomy and self-sufficiency; little external trade; protectionism	Loss of economic autonomy; interdependence via peaceful trade; free trade
Valued social and personal characteristics	Patriotism; courage; reverence; loyalty; obedience; faith in authority; discipline	Independence; respect for others; resistance to coercion; individual initiative; truthfulness; kindness

The main characteristic of militant societies is compulsion, forced cooperation. Where as, in industrial societies cooperation is voluntary.

Organic Analogy

Spencer established the basis of functionalism which draws the organic analogy which compares society with an organism. He believed that society like an organism has various interdependent parts which work to insure the stability and survival of the entire society.

Non Intervention and survival of the fittest

As we saw above Spencer was convinced that societies evolve from lower to higher forms. As generation passes, he said the most capable and intelligent (the fittest) member of society survive, while the less capable die out. He called this principle "survival of the fittest". Because of the similarities Spencer's view became known as *Social Darwinism*.

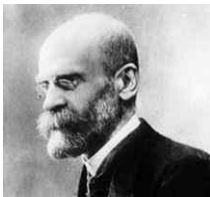
Since the survival of the fittest would produce an improved society, he was against any intervention that would help the unfit survive. According to Spencer, societies develop through a process of struggle (for existence) and fitness (for survival), which he referred to as the survival of the fittest. Because this phrase is often attributed to Darwin, Spencer's view of society is known as social Darwinism-the belief that those species of animals, including humans, best adapted to their environment survive and prosper while those poorly adapted die out. He equated this process of natural selection with progress, because only the fittest members of society succeed. As a result of these ideas he strongly opposed attempts at social reform that might interfere with the natural selection process and thus damage society by favoring its least worthy members.

Although Spencer contributed many useful concepts and terms many of his ideas had serious flaws. For one thing societies are not the same as biological systems; people are able to create and transform the environment they live in. Moreover, the notion of survival of the fittest easily can be used to justify class, racial-ethnic, and gender inequalities and to rationalize the lack of action to eliminate harmful practices that contribute to such inequalities.

2.2.3 Emile Durkheim

Durkheim is one of the classical sociologists whose impact is both multidirectional and durable. Although he accepted the ways of the positivists he was not satisfied because he thought their analysis is limited to ideologies. Durkheim's sociology revolved around the following three topics.

Emile Durkheim



Emile Durkheim, one of the fathers of sociology, utilized scientific methods to approach the study of society and social groups. Durkheim believed that individuals are products of complex social forces and cannot be considered outside of the context of the society in which they live. He used the conception of the collective conscience to describe the condition of a particular society. According to Durkheim, this collective conscience is something entirely separate from the individual consciences that together form it. He studied various aspects of this conscience in his books. In *Suicide*, Durkheim studied the reasons why individuals commit suicide and how the rate of such suicides indicates whether or not there are problems in the society in question.

Social facts

According to Durkheim a social fact is every way of acting fixed or not, capable of exercising on the individual an external constraint or which is general

throughout society and existing in its own right independent of its individual manifestations. To Durkheim, thus social facts include such phenomena as the belief system, customs and institutions of society- the facts of the social world. He argued that sociologists should confine themselves to the study of social facts and that social facts should be considered as things. (As objects & events in the natural world)

They exist over and above individual consciousness. Members of a society are directed by collective beliefs values and laws which have an existence of their own.

Solidarity and the Division of Labor in Society

In the book *Division of Labor in Society*, he based his analysis on his conception of two ideal types of society. The more primitive type characterized by **mechanical solidarity**, has a relatively undifferentiated social structure, with little or no division of labor. The more modern type, characterized by **organic solidarity**, has a much greater and more refined division of labor. He defined Division of labor as a social fact which involves the degree to which tasks or responsibilities are specialized.

As we saw above the change in division of labor has important implications on the type of solidarity. In addressing the issue of solidarity, Durkheim was concerned in what holds society together or social solidarity.

Mechanical Solidarity

- Unified because all people are generalists. People are all engaged in similar activities.
- Greater likelihood of competition among people
- Peoples focus of attention is similar/limited

Organic Solidarity

- Held together by the specialization of people and their need for the services of many others
- Differentiation allows people to cooperate more and be supported by the same resource base.
- Peoples focus of attention is multiple

Suicide and Social Currents

Durkheim chose to study suicide because it is a relatively concrete phenomenon; there were relatively good data available on suicide. He was not concerned with why any specific individual committed suicide instead he was concerned with why one group had a higher rate of suicide than another. His study his study demonstrates that human behavior, although it may seem very individual can be understood only by studying the social context in which the behavior takes place. After looking at numerous statistics on different countries Durkheim

concluded that suicide was a social phenomenon, related to the individuals involvement in group life and the extent to which he or she is part of some cohesive social unit.

2.2.4 Karl Marx (1818-1883)

Marxist theory became increasingly influential in sociology during the 1970s. The following account is a simplified version of Marxist theory. Marx's extensive writings have been variously interpreted and, since his death, several schools of Marxism have developed.

Karl Heinrich Marx was an immensely influential German philosopher, political economist, and revolutionary. While Marx addressed a wide range of issues, he is most famous for his analysis of history in terms of class struggles, summed up in the opening line of the introduction to the *Communist Manifesto*: "The history of all hitherto existing society is the history of class struggles." Marx believed that the downfall of capitalism was inevitable, and that it would be replaced by communism

German economist and philosopher Karl Marx (1818-1883) often is regarded as one of the most profound sociological thinkers; his theories combine ideas derived from philosophy, history, and the social sciences. Central to his view was the belief that society should not just be studied but should also be changed, because the status quo (the existing state of society) was resulting in the oppression of most of the population by a small group of wealthy people.

In sharp contrast to Durkheim's focus on the stability of society, Marx stressed that history is a continuous clash between conflicting ideas and forces. He believed that conflict-especially class conflict-is necessary in order to produce social and a better society. For Marx, the most important changes were economic. He concluded that the capitalist economic system was responsible for the overwhelming poverty that he observed in London at the beginning of the Industrial Revolution (Marx and Engels, 1967/1848).

In the Marxian framework, class conflict is the struggle between the capitalist class and the working class. The capitalist class, or bourgeoisie, is comprised of those who own and control the means of production. Means of production refers to the tools, land, factories, and money for investment that form the economic basis of a society. The working class, or proletariat, is composed of those who must sell their labour because they have no other means to earn a livelihood. From Marx's viewpoint, the capitalist class controls and exploits the masses of struggling workers by paying less than the value of their labour. This exploitation results in workers' **alienation**-a feeling of powerlessness and

estrangement from other people and from oneself. Marx predicted that the working class would become aware of its exploitation, overthrow the capitalists, and establish a free and classless society, as discussed in Chapter 8 ("Social Stratification and Class").

2.2.5 Max Weber

Max Weber (1864-1920) defined sociology as **"the science which aims at interpretative understanding (in German, Verstehen) of social behavior in order to gain an explanation of its causes, its course, and its effects."** To Weber, this Verstehen can be achieved only by discovering the subjective meanings that individuals give to their own behavior and to the behavior of others.

Weber's work is often said to be a running debate with the ghost of Karl Marx.. In order to refute Marx, who argues that all social life, including what people think and believe, ultimately depends on the conditions of economic production Weber tried to prove that cultural ideas and social structures influence each other and that social life, including economic processes, ultimately depends on what people think and believe. In his most famous work, *The Protestant Ethic and the Spirit of Capitalism* (1905), Weber argued that the Calvinist emphasis on hard work and self denial influenced the development of attitudes and practices favorable to a capitalist economy.

Max Weber

Max Weber, a German economist and sociologist, is considered one of the founders of modern sociological thought. In *The Protestant Work Ethic and the Spirit of Capitalism*, his most famous work, Weber explored the influence of ethics and religion on the development of capitalism.

2.2.5.1 Social Action

His typology of the four types of social action is central to comprehending his sociology.

Weber differentiated between several types of social actions:

1. **Rational actions (also known as value-rational ones):** actions which are taken because it leads to a valued goal, but with no thought of its consequences

and often without consideration of the appropriateness of the means chosen to achieve it;

2. **Instrumental action:** actions which are planned and taken after evaluating the goal in relation to other goals, and after thorough consideration of various means (and consequences) to achieve it. An example would be most economic transactions;

3. **Affectional (affective) action (also known as emotional actions):** actions which are taken due to one's emotions, to express personal feelings. For examples, cheering after a victory, crying at a funeral would be emotional actions.

4. **Traditional actions:** actions which are carried out due to tradition, because they are always carried out in such a situation. An example would be putting on clothes or relaxing on Sundays. Some traditional actions can become a cultural artifact;

2.2.5.2 *Social Stratification – Class, status and Parties*

Weber believed that social stratification results from a struggle for scarce resources in society. Although he saw this struggle as being primarily concerned with economic resources, it can also involve struggles for prestige and for political power.

1. **Class (Market situation)**

Like Marx, Weber saw class in economic terms. He argued that classes develop in market economies in which individuals compete for economic gain. He defined a class as a group of individuals who share a similar position in a market economy and by virtue of that fact receive similar economic rewards. Thus, in Weber's terminology, a person's 'class situation' is basically their market situation. Those who share a similar class situation also share similar life chances. Weber distinguished the following class groupings in capitalist society:

1. the propertied upper class
2. the property less white-collar workers
3. the petty bourgeoisie
4. the manual working class

In his analysis of class, Weber disagreed with Marx on a number of important issues:

1. Factors other than the ownership or non-ownership of property are significant in the formation of classes.

2. Weber saw no evidence to support the idea of the polarization of classes. Although he saw some decline in the numbers of the petty bourgeoisie (the small property owners) due to competition from large companies, he argued that they enter white-collar or skilled manual trades rather than being depressed into the ranks of unskilled manual workers.

3. Weber rejected the view, held by some Marxists, of the inevitability of the proletarian revolution. He saw no reason why those sharing a similar class situation should necessarily develop a common identity, recognize shared interests and take collective action to further those interests.

4. Weber rejected the Marxist view that political power necessarily derives from economic power. He argued that class forms only one possible basis for power and that the distribution of power in society is not necessarily linked to the distribution of class inequalities.

Status situation

While class forms one possible basis for group formation, collective action and the acquisition of political power, Weber argued that there are other bases for these activities. In particular, groups form because their members share a similar status situation. Whereas class refers to the unequal distribution of economic rewards, status refers to the unequal distribution of 'social honor'. A status group is made up of individuals who are awarded a similar amount of social honor and therefore share the same status situation.

Parties

Weber defined parties as groups which are specifically concerned with influencing policies and making decisions in the interests of their membership. In Weber's words, parties are concerned with 'the acquisition of social "power"'.

2.2.5.3 Power and Types of Authority

Max Weber defined power as:

The chance of a man or a number of men to realize their own will in a communal action even against the resistance of others who are participating in the action.

In other words, power consists of the ability to get your own way even when others are opposed to your wishes. Weber was particularly concerned to distinguish different types of authority. He suggested there were three sources: charismatic, traditional, and rational-legal.

1. Charismatic authority

Charismatic authority derives from the devotion felt by subordinates for a leader who is believed to have exceptional qualities. These qualities are seen as supernatural, super-human, or at least exceptional compared to lesser mortals. Charismatic leaders are able to sway and control their followers by direct emotional appeals which excite devotion and strong loyalties.

2. Traditional authority

Weber called the second type of authority traditional authority. In this case authority rests upon a belief in the 'rightness' of established customs and traditions. Those in authority command obedience on the basis of their traditional status, which is usually inherited. Their subordinates are controlled by feelings of loyalty and obligation to long-established positions of power. The feudal system of medieval Europe is an example of traditional authority: monarchs and nobles owed their positions to inherited status and the personal loyalty of their subjects.

3. Rational-legal authority

The final type of authority distinguished by Weber was rational-legal authority. In this case, unlike charismatic and traditional authority, legitimacy and control stem neither from the perceived personal qualities of the leader and the devotion they excite, nor from a commitment to traditional wisdom. Rational-legal authority is based on the acceptance of a set of impersonal rules.

3 THEORETICAL PERSPECTIVES IN SOCIOLOGY

Given the many and varied ideas and trends that influenced the development of sociology, how do contemporary sociologists view society? Some see it as basically a stable and ongoing entity; others view it in terms of many groups competing for scarce resources; still others describe it as based on the everyday, routine interactions among individuals. Each of these views represents a method of examining the same phenomena. Each is based on general ideas as to how social life is organized and represents an effort to link specific observations in a meaningful way. Each utilizes theory—a set of logically interrelated statements that attempts to describe, explain, and (occasionally) predict social events. Three major theoretical perspectives have emerged in sociology: the functionalist, conflict, and symbolic interactions perspectives.

3.1 Functionalist Perspectives

Also known as functionalism and structural functionalism, functionalist perspectives are based on the assumption that society is a stable, orderly system; a complex system whose parts work together to promote stability. Stability is perhaps the key feature of this model of society. This stable system is characterized by societal consensus whereby the majority of members share a common set of values, beliefs, and behavioral expectations. According to this perspective, a society is composed of interrelated parts, each of which serves a function and contributes to the overall stability of the society. As its name suggests, the structural-functional paradigm has two components. First, society is composed of various kinds of social structure, defined as a relatively stable pattern of social behavior. Social structure ranges from broad patterns including the family and religious systems to forms of greeting and other patterns that characterize face-to-face social contact. Second, all structures are related in terms of their social functions, which refer to consequences for the operation of society as a whole. Thus all the elements of society—from religious belief to a simple handshake—have important functions that help society to persist, at least in its present form.

Since this approach was influenced by Comte, Spencer, and Durkheim, who often drew on the work of natural scientists, early functionalists compared society to a living, evolving organism. Societies develop social structures, or institutions that persist because they play a part in helping society survive. These institutions include the family, education, government, religion, and the economy. If anything adverse happens to one of these institutions or parts, all other parts are affected and the system no longer functions properly. The structural functional paradigm owes much to the ideas of Auguste Comte, who was concerned about how society could remain unified while undergoing massive change.

Another who advanced this theoretical approach was the English Sociologist Herbert Spencer (1820-1903). A student of both the human body and society, Spencer asserted that the two have much in common. The structural parts of the human body include the skeleton, muscles, and various internal organs. All of these body parts are interdependent, and each one has a function that contributes to the survival of the human organism. Likewise, reasoned Spencer, the elements of human society are interdependent and work to keep society operating. This approach, then, leads sociologists to identify the various parts of society, asking what part each plays in the operation of the whole.

Emile Durkheim continued the development of the structural functionalist paradigm in France. Like Spencer, Durkheim investigated ways in which modern societies maintain their social integration.

Talcott parsons and Robert Merton

Talcott Parsons (1902-1979), a founder of the sociology department at Harvard University, was perhaps the most influential contemporary advocate of the functionalist perspective. He stressed that all societies must make provisions for meeting social needs in order to survive. Parsons sought to identify major functions such as the integration of the various parts of society into a whole, the achievement of goals, an incentive to work and cooperate, and adjustment to the environment. In a functional analysis of the U.S. family in the 1950s, Parsons (1955) suggested that a division of labor (distinct, specialized functions) between husband and wife is essential for family stability and social order. The husband/father performs the instrumental tasks, which involve leadership and decision making responsibilities in the home and employment outside the home to support the family. The wife/mother is responsible for the expressive tasks, including housework, caring for the children, and providing emotional support for the entire family. Parsons believed that other institutions, including school, church, and government, must function to assist the family and that all institutions must work together to preserve the system over time. Although Parsons' analysis has been criticized for its conservative bias, his work still influences sociological thinking about gender roles and the family.

Functionalism was refined further by one of Parsons' students, Robert Merton, who distinguished between **manifest and latent functions** of social institutions. Manifest functions are intended and/or overtly recognized by the participants in a social unit. In contrast, latent functions are unintended functions that are hidden and remain unacknowledged by participants. For example, a manifest function of education is the transmission of knowledge and skills from one generation to the next; a latent function is the establishment of social relations and networks. Merton noted that all features of a social system may not be functional at all; **dysfunctions** are the undesirable consequences of any element of a society. A dysfunction of education can be the perpetuation of gender, racial and class inequalities. Such dysfunctions may threaten the capacity of a society to adapt and survive.

Between 1945 and 1960, the functional perspective flourished in sociology; however social strife during the 1960s exposed the limitations of this perspective. Recently, functionalism has experienced resurgence and now is referred to by some as "neofunctionalism".

3.2 The conflict paradigm

The conflict paradigm is a framework for building theory that envisions society as an arena of inequality that generates conflict and change. Guided by this paradigm, sociologists investigate how factors such as social class, race, ethnicity, sex and age are linked to unequal distribution of money, power, education and social prestige. A conflict analysis points out that, rather than promoting the operation of society as a whole, social structure typically benefits some people while depriving others.

Working within the conflict paradigm, sociologists spotlight ongoing conflict between dominant and disadvantaged categories of people - the rich in relation to the poor, white people as opposed to black, men versus women. Typically, those on top strive to protect their privileges; the disadvantaged counter by attempting to gain more resources for themselves.

Finally, many sociologists who embrace the conflict paradigm attempt not just to understand society but also to reduce social inequality. This was the goal of Karl Marx, the social thinker whose ideas underlie the conflict paradigm. Marx did not seek merely to understand how society works. In a well-known declaration, Marx asserted: 'the philosophers have only interpreted the world, in various ways; the point, however, is to change it.'

Critical evaluation

The conflict paradigm has developed rapidly in recent decades. Yet, like other approaches, it has come in for its share of criticism. Because this paradigm highlights inequality and division, it glosses over how shared values or interdependence generate unity among members of a society. In addition, say critics, to the extent that the conflict approach explicitly pursues political goals, it relinquishes any claim to scientific objectivity. Conflict theorists are uneasy with the notion that science can be 'objective'. They contend, on the contrary, that the conflict paradigm as well as *all* theoretical approaches have political consequences, albeit different ones.

One additional criticism, which applies equally to both the functional and conflict paradigms, is that they envision society in very broad terms. 'Society' becomes a thing in itself, describing our lives as a composite of 'family', 'social class', and so on. A third theoretical paradigm depicts society less in terms of abstract generalizations and more in terms of people's everyday, situational experiences.

3.3 The Symbolic-Interaction Paradigm

Both the Structural-functional and social-conflict paradigms share a macro level orientation, meaning *a concern with large scale patterns that characterize society as a whole*. They approach society as you might investigate a city from the windows of a helicopter-noting, for example, that highways facilitate traffic flow from one place to another, or that there are striking contrasts between the neighborhoods of the rich and the poor. The symbolic-interaction paradigm, however, differs, providing a micro-level orientation, meaning a concern with small-scale patterns of social interaction in specific settings. Exploring urban life in this way means being at street level, observing, for example, face-to-face interaction in public parks or how people respond to a homeless person they pass on the street. The symbolic-interaction paradigm, then, is *a theoretical framework based on the assumption that society involves interaction by which individuals actively construct reality in everyday life*.

How are the lives of millions of distinct individuals woven together into the drama of society? One answer is that people interact in terms of shared symbols and meanings. Only in rare situations do we respond to each other in direct, physical terms, as when someone ducks to avoid a punch. Mostly, we respond to others according to the meanings we attach to them. For example, if we define a homeless man on a city street as "just a bum looking for a handout," we may ignore him. On the contrary, if defined as a "fellow human being in need," he becomes part of a situation that actively engages us. Similarly, a police officer walking nearby may generate a sense of security in some pedestrians and a feeling of nervous anxiety in others. Sociologists guided by the symbolic-interaction approach view society as a complex mosaic of subjective perceptions and responses.

The development of the symbolic interaction paradigm was greatly influenced by Max Weber a German sociologist who emphasized the importance of understanding society as it is subjectively perceived by individuals. From this foundation, others have developed a number of related approaches to understanding society. George Herbert Mead (1863-1931), who explored how the human personality gradually emerges as a result of social experience, is one dimension. The work of American sociologist Erving Goffman is another. Goffman's approach to understanding Society is described as dramaturgical analysis because it emphasizes how human beings resemble actors on a stage as we deliberately foster certain impressions in the minds of others. Other contemporary sociologists, including George Homans and Peter Blau, have developed an approach called **social-exchange analysis**. This shows how social interaction is often guided by what each one stands to gain and lose from others. In the study of Family this approach is applied to the process of courtship, in which

individuals typically seek mates who offer them at least as much-in terms of physical attractiveness, intelligence, and social background-as they offer in return.

Critical evaluation

The symbolic paradigm helps to overcome a limitation typical of all macro-level approaches to understanding society. Society is indeed composed of broad social patterns, such as "the family" and "social inequality." The existence of social structure, however, does not negate society's foundation in people actively engaging one another in social interaction. Put another way, as a micro-approach, this paradigm attempts to convey more of how we as individuals actually *experience* society. At the same time, all social experience is affected by social structure, just as what you choose to do in the future will be guided (although not determined) by your past life.

3.1 Post Modernism

The challenge to modernism

Since the 1980s, postmodern perspectives have become increasingly influential in sociology. These perspectives take a number of forms, and the more radical of these represent a major challenge to the perspectives examined so far. Many writers who adopt some of the stronger claims of postmodernism emphasize differences between people rather than similarities between members of social groups. They believe that it is the job of the researcher to uncover and describe these differences rather than to make generalizations about whole social groups. This involves acknowledging that there are many different viewpoints on society and that you should not judge between them. All viewpoints are seen as being equally valid; none is superior to any other. Sociologists should not try to impose their views on others, but should merely enable the voices of different people to be heard. This is very different from the goals of other sociologists (such as Marxists and functionalists) who set out to produce scientific explanations of how society works and how social groups behave.

4 SOCIAL ORGANIZATION AND INTERACTION

4.1 Groups and Institutions

4.1.1 Groups

The understanding of social groups is a very crucial task in sociology. Even when sociologists use individual humans as their unit of analysis, their focus is not really the person. Even if sociologists ask why Mrs. X decided to live in place A than B, they will not seek the reasons in Mrs. X's head but with in her social situation, religious group, her age group, her racial ethnic group, her political affiliation. To understand Mrs. X sociologists want to know about the groups that may shape her opinion and encourage her behavior. In doing so they reveal that the fundamental subject matter of sociology is the group.

4.1.1.1 What is a group?

When most people say "group" they mean any number of persons who happen to be together. Sociologically speaking however, a group has a different meaning differentiated from other collectives.

The largest and most inclusive collective is plural. Simply Defined a plural is a social group consisting of two or more people. We distinguish three types of plurals.

A *social group* consists of a number of people who define themselves as members of a group; who interact frequently according to established and enduring patterns; who expect certain behavior from other members that they don't expect from outsiders; and who are defined by both fellow members and nonmembers as belonging to a group on the basis of some shared characteristics.

Categories on the other hand are forms of plurals which consist of two or more people who are classified together because they share certain characteristics in common. They don't have any sense of common identity and don't necessarily have any common norms or interests. They are only lumped together according to a particular social characteristic such as age or income.

The third are *aggregates*. Aggregates refer to people who are in the same place at the same time but who interact little if at all and have no sense of belonging together. The identifying criteria are physical proximity.

Factors distinguishing groups from quasi groups (categories and aggregates)

1.Regular and conscious interaction exists among members of a group in accordance with established statuses and roles. Because of this we say that definite relations exist between the individuals comprising the group.

2. Member of a group develop similar norms, values, and expectations of behavior for people occupying different positions in the social group.
3. Members of a group usually develop a sense of identity or belongingness and realize that they are different from other non-members.

In contrast, quasi groups lack structure and organization and members are usually unaware or less aware of the existence of the group itself. Even if there is interaction it is not structured across status and roles.

4.1.1.2 *Primary and Secondary groups*

Not all groups are identical. Groups differ in Groups vary in size, permanence, impermanence, involvement, identification and influence. On the basis of this sociologists have found it important to classify groups. One important and well known distinction comes from Charles Horton Cooley. The following points summarize the difference between primary and secondary groups.

1. Relationships: in primary groups are intimate, personal in nature involving the personalities of participants where as relationship in secondary groups are often impersonal, non-emotional and the link between members tends to be much looser.
2. In primary groups individuals are involved as complete persons who can satisfy all or most of a wide range of purposes whereas secondary groups do not require the total involvement of the personality of the members but require them to exhibit only part of their personality of one another.
3. Members of a primary group are united by an accord of feelings and/or sentiments where as in secondary groups, members are united by rational agreement of interests and look to the satisfaction of specific and particular ends. Primary groups are usually characterizes by a „we“ feeling where belonging is an end in itself. They are relationship oriented and involve great emotional links between their members. In secondary groups, on the other hand, members belong to the group in order to accomplish some objective which is difficult to attain by individual effort. Hence secondary groups are goal oriented and relationships and membership is a means to an end.
4. Because of their intimate character primary groups tend to be small in size where as the size of secondary groups is unlimited (it could be as few as two and as large as millions).
5. Primary groups exert profound influence up on the personality of their members where as the influence of secondary groups is more or less limited.

Since the personality of individuals is shaped in primary groups, according to Cooley they are nurseries of individuals.

4.1.1.3 *In-groups and Out groups*

Sometimes group membership is defined as much by what people are not, as by what they are; in other words, the antagonisms that some groups feel toward other groups become an integral part of their identity. Groups toward which individuals feel loyalty are called in-groups; those toward which they feel antagonisms, out-groups. For Johnny, Satan's Servants was an in-group, while the police, teachers, welfare workers, and all those associated with school represented out-groups.

This fundamental division of the world into in-groups and out-groups has far-reaching consequences for people's lives. To identify with a group generates not only a sense of belonging, but also loyalty and feelings of superiority. In-groups can therefore exert a high degree of control over their members. Johnny's shooting of the dog is such an example.

Not surprisingly, in-and out-group relations also lead to **discrimination**, for, with their strong identification and loyalties, people favor members of their in-groups. This aspect of in-and out-groups is, of course, the basis of many problems in contemporary society. Another consequence is the **production of rivalries**, which are usually mild, such as sports rivalries between nearby towns, where the most extreme act is likely to be the furtive invasion of the out-group's territory in order to steal a mascot, paint a rock, or uproot a goal post. In some cases, however, an out-group can come to symbolize such evil that it arouses hatred and motivates members of an in-group to extreme acts. In spite of the recent Israeli-Palestinian accord, for example, seething hatred remains, and extremists on both sides are still willing to sacrifice their lives to help bring about the destruction of the other.

As sociologist Robert Merton (1968) observed, in-and out-group relations also produce a very interesting **double standard**. The traits of one's in-group come to be viewed as virtues, while if those same traits characterize groups we don't like they are defined as vices (Schaller 1991). For example, men who see women as members of an out-group may define an aggressive male employee as assertive, but an aggressive female employee as pushy; a male who doesn't speak up as "knowing when to keep quiet," but his female counterpart as too timid to make it in the business world.

4.1.1.4 *Group Dynamics*

Now that we have surveyed the types of groups that make up society, let's look at what happens within groups, especially the ways in which individuals affect groups and the ways in which groups affect individuals. These reciprocal influences are known as group dynamics. We first discuss the differences that the

size of the group makes and then examine the effects of the group on leadership, conformity, and decision making.

George Simmel (1858-1918) noted the significance of group size. He used the term **Dyad** for the smallest possible group, which consists of two persons. Dyads, he noted, which include marriages, love affairs, and close friendships, *show two distinct qualities. First, they are the most intense or intimate human groups. Because only two persons are involved, the interaction is focused exclusively between one and the other. Second, because dyads require the continuing active participation and commitment of both members, they are the most unstable of social groups.* If one member loses interest, the dyad collapses. In larger groups in contrast, even if one member withdraws the group can continue, for its existence does not depend on any single member.

A triad is a group of three persons, such as a married couple with their first child. As Simmel noted, the addition of a third person fundamentally changes the group. For example, with the birth of a child hardly any aspect of a couple's relationship goes untouched. In spite of difficulties that couples experience adjusting to their first child, however, their marriage is usually strengthened. Simmel's principle that groups larger than a dyad are inherently stronger helps explain this effect. *Like dyads, triads are also intense, for interaction is shared by only three persons; but because interaction is shared with an additional person, the intensity lessens.*

Simmel also pointed out that triads, too, are *inherently unstable*. Because relationships among a group's members are seldom neatly balanced, *they encourage the formation of coalition, in which some group members align themselves against others.* In a triad, it is not uncommon for two members to feel strong bonds with one another, leading them to act as a dyad and leaving the third feeling hurt and excluded. In addition, triads often produce an **arbitrator or mediator**, *someone who tries to settle disagreements between the other two.*

The general principle is that as a small group grows larger its intensity, or intimacy, decreases and its stability increases. To see why, look at Figure below. The addition of each person to a group greatly increases the connections among people. It is not only the number of relationships that makes larger groups more stable. As groups grow, they tend to develop a more formal social structure to accomplish their goals. For example, leaders emerge and more specialized roles come into play, ultimately resulting in such formal offices as president, secretary, and treasurer.

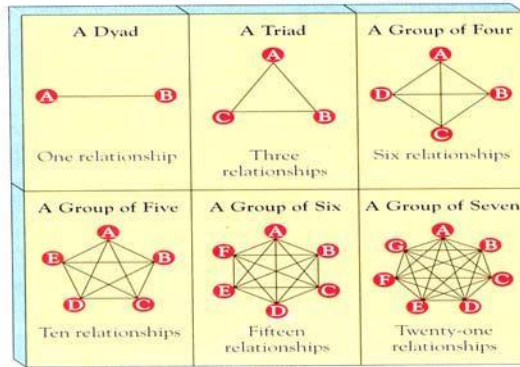


Figure 4.1: The effect of group size on relationships

5.1.2 Institutions

Each society has its own social institutions. These are not buildings or places, but structures of relationship, obligation, role and function. These are social concepts and practices, but also involve *cognitive structures*. Members of a society have a similar mental concept of right and wrong, order and relationships, and patterns of good (positive values).

Social institutions then are stable sets of statuses, roles, groups, and organizations form; they provide the foundation for addressing fundamental social needs. These enduring patterns of expectations are called social institutions. Sociologists usually think of institutions as the building blocks that organize society. They are the patterned ways of solving the problems and meeting the requirements of a particular society

Social institutions in modern society include the family, education, religion, politics and the economy. Some sociologists would add health care and the military to the list.

1. Family: All societies must have a way of replacing their members; reproduction is essential to the survival of society. Within the institution of family, sexual relations among adults is regulated, people are cared for, children are born and socialized, and newcomers are provided an identity-a "lineage" that gives them a sense of belonging. Just how these activities are carried out varies from society to society, but family, whatever its form, remains the hub of social life in virtually all societies

2. Education: New members of a society need to be taught what it means to be a member of that society and how to survive in it. In small, simple societies the family is the primary institution responsible for socializing new members into the culture. However, as societies become more complex, it becomes exceedingly

difficult for a the family to teach its members all they need to know to function within that society. Hence most modern, complex societies have an elaborate system of schools-primary, secondary, college, professional that not only create and disseminate knowledge and information but also train individuals for future careers and teach them their "place" in society.

3.Economy: From the beginning of human societies, the problems of securing enough food and protecting people from the environment have persisted (Turner, 1972). Today, modern societies have systematic ways of gathering resources, converting them into goods and commodities, and distributing them to members. In addition, societies provide ways of coordinating and facilitating the operation of this massive process. For instance, banks, insurance firms, stock brokerages, data processing facilities, and accounting firms don't produce goods themselves but provide services that make the gathering, producing, and distributing of goods possible (Turner, 1972). To facilitate the distribution of both goods and services, economic institutions adopt a system of common currency and an identifiable mode of exchange.

4. Politics and law: All societies face the problem of how to preserve order and avoid chaos. The legal system provides explicit laws or rules of conduct, mechanisms for enforcing those laws, mechanisms for settling disputes, and mechanisms for changing laws that have become outdated or for creating new ones (Turner, 197,2). These activities take place within a larger system of governance in which power, authority, and leadership are established and changed. In a democracy the governance process includes the citizens, who have a say in who leads them; in a monarchy kings or queens can claim that their birthright entitles them to positions of leadership. In some societies the transfer of power is efficient and mannerly; in others it is violent. In any case, all societies establish ways to make important societal decisions.

5. Religion: ALL societies also face the problem of providing their members with a sense of purpose and meaning. Religion gives individuals a belief system for understanding their existence as well as a network of personal support in times of need. Although many members of a given society-and, in fact, some entire societies may actively reject religion, it remains one of the enduring and powerful institutions in human societies. In some societies, it provides enormous comfort to people; in others, it has created irreparable divisions.

6. Military: To deal with the possibility of attack from outside, many societies maintain an active military defense to protect its citizen"s from this threat. However, militaries are used not only to defend societies but also, at times, to aggress against others.

7. Health care: One of the profoundly universal facts of human life is that people get sick. Most modern societies have established a complex system of health care that disseminate medical treatments. Doctors, nurses, hospital, pharmacies, drug and medical equipment manufacturers, Patient and others all play an active role in the health care institution.

Social institutions are highly interrelated. For instance, ,although much dissemination of information occurs in the schools, families and churches still play a major role in teaching society"s members how to get along.

4.2 Social Values, Norms and Social Control

4.2.1 Social Values

Values are shared assumptions, standards by members of a society as to what is right or wrong, good or bad, important or unimportant, and desirable and undesirable. By defining what individuals should strive for and what they should avoid, values serve as general guide lines of behaviour.

Values are evaluations and arguments, from the standpoint of the culture, of what ought to be. These broad principles are widely evident in a people's way of life. Our personalities develop in relation to the values of our culture, usually without our being aware that this is so. We learn from our families, schools, and religious institutions how to think and act according to cultural standards of value, what personal goals are defined as worthy, and how to relate properly to our fellow human beings.

4.2.2 Social Norms

Norms are specific rules that specify appropriate or inappropriate forms of behavior in specific circumstances. Social values are transformed in to actions in the form of norms.

Norms are usually derived from social values because they are reflections of what society values. For most of our history, Americans have viewed sex as appropriate within marriage, and then largely for the purpose of having children. By the 1960s, however, the rules of sexual behavior had changed: sexual activity had become widely redefined as a form of recreation, often involving people who hardly knew each other. By the mid1980s, the rules had changed once again. Amidst growing fears of sexually transmitted diseases, especially the deadly acquired immune deficiency syndrome (AIDS), the "sexual revolution" was coming to an end, with more Americans limiting their sexual activity to one partner. Such patterns illustrate the operation of what sociologists call norms,

rules that guide behavior. Many norms are *proscriptive*, mandating what must not do. For example, people are now- warned to avoid casual sex. Other norms are *prescriptive*, stating what we must do. Following practices of "safe sex," for instance, has been broadly promoted in recent years.

Some norms apply to virtually every social situation. For example, we expect children to obey their parents consistently, regardless of setting. Other norms, however, vary from situation to situation. Applauding at the completion of a musical performance is appropriate, and even expected; applauding at the end of a classroom lecture is acceptable, but rather rare; and applauding the completion of a sermon by a priest or rabbi is generally considered inappropriate. In the same way, the norms that guide our behavior at a library, a formal dinner party, and a rock concert are all somewhat different.

Depending on the intensity/strength of feeling associated with them, social norms are classified in **Mores** and **Folkways**.

4.2.3 Mores and Folkways

4.2.3.1 Mores

Not all cultural norms have the same degree of importance. The term mores (pronounced MORE-ays; the rarely used singular form is mos) refers to *norms that have great moral significance*. Proscriptive mores are often simply termed as taboos these are illustrated by the expectation that adults not have sexual relations with children. Mores can also be prescriptive, as in the expectation that people in public places wear sufficient clothing to conform to "standards of decency."

Because of their importance mores usually apply to anyone; anywhere and at anytime. This also explains the strong penalties that follow a violation of many mores. For example, people consider the right to one's property as beyond question. Consequently, from early childhood we learn that theft is such a serious wrong that the force of the police and the legal system can be directed against an offender.

We can further classify mores in to *laws* and *conventions*.

Laws are codified mores. *Conventions* on the other hand refer to formal agreements such as those made between countries.

4.2.3.2 Folkways

Folkways: are minor rules about social conduct that serve as conventional ways of doing things, those norms that should be followed as a matter of good conduct or politeness. They are only agreed notions of proper conduct. Sumner used the term folkways to designate norms that have little moral significance. Examples include norms

involving dress and polite behavior. Since they are viewed as less important than mores, folkways involve matters about which we tend to allow people considerable personal discretion. For the same reason violations of folkways typically result in only mild penalties. For example, a male who does not wear a tie to a formal dinner party is violating one of the folkways we sometimes call "etiquette"; he might be the subject of some derisive comment but little more. On the other hand, were he to arrive at the dinner party wearing only a tie, he would be violating cultural mores and inviting far more serious sanctions.

Depending on their duration Folkways are also divided in to two as *customs* and *fashions*.

Customs are folkways that have existed for a long time and become part of society's traditions.

Fashions are folkways which are not relatively permanent and change from time to time.

Some Observations about Norms and Values:

1. Norms are directed at a certain action
2. For any norm there is a certain class of actors which is the target of that norm
3. Norms and values vary across groups and societies.
4. Norms are dynamic whereas values are relatively permanent.

4.2.4 Social Control

The mere existence of social norms does not guarantee their universal observation. In fact certain degree of non-conformity is essential for social change because if all members of societies readily conformed to accepted social values & norms, social change would have not been possible. All societies need a system of social control which, prevent non conformity and encourage conformity. Social control refers to the activities of a group or a society deigned to punish offending and to induce others to follow the prescribed norms of society. Social control can take two forms, formal and informal.

Informal social control consists of the techniques where by people who know one another on a personal basis accord praise and encouragement to those who comply with societal expectations and show displeasure and discouragement to those who do not.

Informal social control is more effective in simple traditional societies and small groups where gossip and other group administered sanctions are sufficient induce people to conform to expectations of behavior.

Formal social control: laws are passed and enforcement agents are created to oversee the implementation of these laws. It is as characteristics where group administered sanctions are not enough to control deviants.

Social control involves the use of *sanctions*, sanctions are actions through which societies reward conformity to social norms and punish non-conformity (failure to abide by the norms of society).

Norms and sanctions go hand in hand because norms spell out the rules of proper behavior and sanctions spell out rewards or punishments for conformity and non.

Sanctions can be of two types; *positive and negative*. Positive sanctions encourage behavior that conforms to social norms through rewards. Negative sanctions are punishments which discourage people from violating societal norms. Negative sanctions can be formal (like imprisonment, fines, dismissal from work, etc) or informal/like criticism, ridicule, gossip, stigmatization, ostracization, etc). Like wise positive sanctions (rewards) can also be formal or informal.

4.3 Social Structure: Status And Role

4.3.1 Status

Among the most important components of social interaction is status, which refers to a recognized social position that an individual occupies within society. Every status involves various rights, duties, or expectations that are widely recognized. Sociologists therefore use this term rather differently from its everyday meaning of "prestige". The statuses people occupy guide the social interaction that occurs within any setting. Within the 'college classroom, for example, the two major statuses of professor and student have different and well-defined rights and duties. *A status, then, is a social definition of who and what we are in relation to specific others.*

We all occupy many statuses simultaneously. *The term **Status set** refers to all the statuses a particular person holds at a given time.* A girl is a daughter in relation to her parents, a sister to her siblings, a friend to others in her social circle and a goalie to members of her hockey team. Just as statuses are complex they are also changeable. A child becomes an adult, a student becomes a lawyer, and people marry to become husbands and wives, sometimes becoming single again as a result of death or divorce.

4.3.1.1 *Ascribed Status and Achieved Status*

An ascribed status is a social position that is received at birth or involuntarily assumed later in the life course. Examples of statuses that are commonly ascribed at birth are being a daughter, a Hispanic, an American, or the Prince of Wales. Becoming a teenage girl a senior citizen, or a widow or widower are examples of statuses ascribed as part of the aging process. All ascribed statuses are matters about which people have little or no personal choice.

In contrast, **an achieved status** refers to a social position that is assumed voluntarily and that reflects a significant measure of personal ability and effort. Examples of achieved statuses are being an honors student, an Olympic athlete, a computer programmer, or a thief. In each case, the individual has a choice in the matter.

4.3.1.2 *Master Status*

Among the many statuses a person holds at any time, one often has overpowering significance to everyday life. A **master status** is a status that has exceptional importance for social identity, often shaping a person's entire life. A master status is usually a crucial element of one's self-concept and may be the result of any combination of ascription and achievement.

4.3.2 **Role**

A second major component of social interaction is **role**, which refers to patterns of expected behavior attached to a particular status. Every status involves various obligations and privileges that shape the role. The student role, for example, involves obligations to professors and other students, as well as the privilege of being able to devote much of one's time to personal enrichment through academic study. **Thus, individuals occupy a status and perform a role.** Cultural norms suggest how a person with a particular status ought to act, which is often called a role expectation.

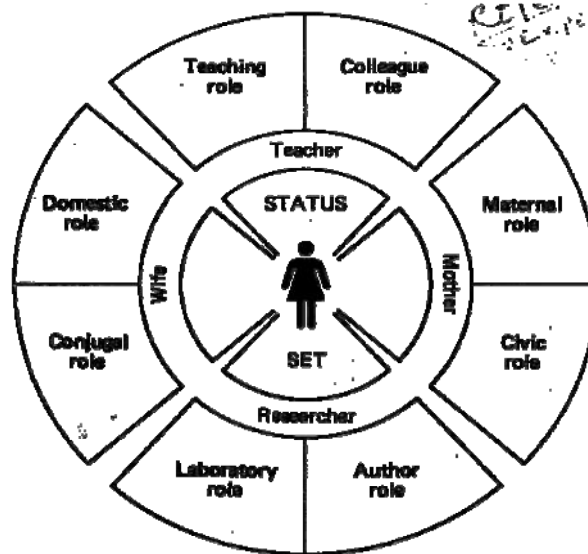


Figure 4-1

Status Set and Role Set

Like status, a role is relational; it organizes our behavior toward some other person. The parent's role, for example, is centered on responsibilities toward a child. Correspondingly, the role of son or daughter consists largely of obligations toward a parent.

Because individuals occupy many statuses simultaneously—a status set—they perform multiple roles. Yet, the total number of roles usually exceeds the number of statuses because each status can involve performing several roles in relation to various other people.

Robert Merton (1968) introduced the term **role set** to identify a number of roles attached to a single status. Figure 6-1 illustrates the status sets and corresponding role sets of one individual.

4.3.2.1 Conflict and Strain

As this example suggests, performing all the roles within an array of role sets is often demanding. Indeed, sometimes various roles' seem almost incompatible. All of the roles in the example—wife, mother, teacher, and researcher draw on a person's limited time and energy. Sociologists use the concept of role conflict to refer to incompatibility among the roles belonging to two or more statuses. We experience role conflict when we find ourselves pulled in various directions while trying to respond to the many status we hold at the same time. A surgeon might choose not to operate on her own son because the personal involvement of motherhood could impair her professional objectivity as a physician.

But even a single status can leave a person with this feeling. The reason is that the many roles linked to one status may make competing demands on us. The concept of role strain refers to incompatibility among the roles corresponding to a single status. A factory supervisor may wish to be a good friend and confidant to other workers. At the same time, however, a supervisor's responsibility for

everyone's performance may require maintaining some measure of personal distance. In short, performing the roles attached to even one status may involve a balancing act" as we attempt to satisfy various duties and obligations.

An individual may handle problems associated with multiple roles in various ways. One simple way to reduce role conflict is to define some roles as more important than others. A new mother, for instance, might devote most of her efforts to parenting and put her career on hold, at least for the present.

Setting priorities is also a common way of reducing the strain among roles linked to a single status. This approach involves emphasizing one particular role, while withdrawing from another with which it conflicts. A father, for example, may decide that maintaining a close and trusting relationship with his child is more important than enforcing cultural norms as a disciplinarian.

Another way to deal with role conflict is to do what Robert Merton (1968) described as "insulating" roles from one another. No role is discarded, but people "compartmentalize" their lives so that roles linked to one status are performed in one place for part of the day, while those corresponding to another status dominate activity elsewhere or at some other time. For example, people usually try to leave their jobs behind them when they go home to assume the responsibilities of spouse or parent.

Role conflict and role strain are everyday experiences in industrial societies because people routinely assume so many statuses and perform an even greater number of roles.

4.3.2.2 *Role Exit*

An interesting area of recent research is role exit the processes by which people disengage from social roles that have been central to their lives.

5 CULTURE

5.1 The Concept of Culture

The word culture has many different meanings. For some it refers to an appreciation of good literature, music, art, and food. For a biologist, it is likely to be a colony of bacteria or other microorganisms growing in a nutrient medium in a laboratory Petri dish. However, for sociologists and other social scientists, culture is the full range of learned human behavior patterns. The term was first used in this way by the pioneer English Anthropologist Edward B. Tylor in his book, *Primitive Culture*, published in 1871. Tylor said that culture is "*that complex whole which includes knowledge, belief, art, law, morals, custom, and any other capabilities and habits acquired by man as a member of society.*"

Culture can be defined as the language, believe values behavior and material objects shared by a particular people. From the above discussion suggests we can identify two elements of culture: material and non material culture

Material Culture: refers to the tangible physical aspects of culture such as the goods, and artifact people create. Material culture can range from utensils and jewelries to buildings and armaments.

Non Material Culture: refers to all the non physical products of human society that are create overtime and shared; its knowledge, beliefs, values ,morals, symbols and so on; a groups ways of thinking (its believes, values and other assumptions about the world) and doing(its common patterns of behavior, including language gestures and other forms of interaction)

Sociologically speaking the concept of culture is broader than its common usage. In everyday conversation, "culture" refers to art forms associated with a certain group or time period such as classical forms of literature, music, dance, and painting. Here however, the term refers to *everything* that is part of a people's way of life. From the traditional, rural, ancient; to the modern, urban, contemporary, and so on.

5.1.1 The components of Culture

Although cultures vary they have 5 common elements in common: symbols, language, Tvalues, norms, and material culture. We will start with the one underlying the rest: symbols.

5.1.1.1 Symbols

A symbol is anything that carries a particular meaning recognized by members of a culture. A whistle, a red light, and a fist raised in the air can all serve as symbols.

Culture can't exist without symbols because there would be no shared meanings among people. Symbols help us communicate ideas such as love or patriotism because they express abstract ideas with visible objects. As the basis of culture they are the basis of everyday reality. Symbols are variable. An action or an object with important symbolic meaning with one culture may have a very different meaning or no meaning at all in another culture.



Example: The “okay” gesture has various meanings in different societies.

Thus symbols that bind together people of one society can also separate people who live within various societies of the world.

To some degree symbols also vary within a single society. For instance opening the door for women may signify a common courtesy in the minds of some men yet symbolize male dominance to many women.

Cultural symbols often change overtime. Blue jeans were first strong and inexpensive clothing worn by people engaged in physical labor, however later “designer jeans” became much the opposite: fashionable status symbols.

5.1.1.2 Language

Language is defined as a system of symbols with standard meanings that allow members of a society to communicate with one another. It is the means by which people enter the world of culture. Language is the most important means of cultural transmission.

5.1.1.3 Material Culture

In addition to the intangible cultural elements such as values and norms, every culture includes a wide range of material human creations that are refereed as artifacts.

Material and non material elements of culture are closely related. An examination of society’s artifacts reveals that the things people create often express their cultural values.

5.1.2 Culture Universals

Cultural universals: are cultural traits that are shared by all of humanity collectively. Examples of such general traits are communicating with a verbal language, using age and gender to classify people, and raising children in some sort of family setting. No matter where people live in the world, they share these universal cultural traits. However, different cultures have developed their own specific ways of carrying out or expressing these general traits.

Examples of such "human cultural" traits include:

1. communicating with a verbal language consisting of a limited set of sounds and grammatical rules for constructing sentences
2. using age and gender to classify people (e.g., teenager, senior citizen, woman, man)
3. classifying people based on marriage and descent relationships and having kinship terms to refer to them (e.g., wife, mother, uncle, cousin)
4. raising children in some sort of family setting
5. having a sexual division of labour (e.g., men's work versus women's work)

5.1.3 Multiculturalism and Subculture

Although all societies have cultures, it often is the case that one society may include several quite distinct cultures-which often is referred to as *multiculturalism*. To deal conceptually with multiculturalism, sociologists developed the concept of subculture.

A subculture is a culture within a culture-a distinctive set of beliefs; morals, customs and the like are developed or maintained by some set of persons within the larger society.

5.1.4 Prejudice and Discrimination

Prejudice refers to negative or hostile beliefs or attitudes about some socially identified set of persons. People become the objects of hatred, contempt, suspicion, or condescension simply because of who they are, without regard for their individual qualities. Discrimination refers to actions taken against some socially defined set of people to deny members, collectively, rights and privileges enjoyed freely by others. When members of a racial, ethnic, or religious minority are refused employment, promotion, residence in a neighborhood, and the like, these actions constitute discrimination. Put another way, prejudice consists of thoughts and beliefs, while discrimination consists of actions.

But, while multiculturalism often leads to conflict, prejudice, and discrimination, history provides examples of more pleasant solutions.

5.1.5 Assimilation and Accommodation

Assimilation refers to the process of exchanging one culture for another. Usually, this term is applied to people who adjust to new surroundings by adopting the prevailing culture as their Own. Think of assimilation in terms of fitting into or disappearing into a new culture. For example, to become fully assimilated into an Ethiopian culture, an immigrant from Kenya would need to change those ways of speaking, acting, and thinking that distinguish the two cultures. Or an American would be fully assimilated into Mexican culture when native-born Mexicans could not detect his or her American background.

A second Outcome is accommodation, which describes the situation where two groups find they are able to ignore some important cultural differences between them and emphasize common interests instead. During the nineteenth and early twentieth centuries, Catholic-Protestant conflicts agitated American society. A rapid influx of Irish Catholics, fleeing the terrible famine of 1845-46 in Ireland, caused many Protestants in the United States to fear that their religious culture was being threatened. Over the decades, the cultural antagonisms between Protestants and Catholics waned until it became possible for them to emphasize their common Christianity rather than their historical theological disputes. At that point, accommodation had occurred.

5.2 Socialization

5.2.1 Why Is Socialization Important?

Socialization is the lifelong process of social interaction through which individuals acquire a self-identity and the physical, mental, and social skills needed for survival in society. It is the essential link between the individual and society (Robertson, 1989). Socialization enables each of us to develop our human potential and learn the ways of thinking, talking, and acting that are essential for social living.

5.2.2 Agents Of Socialization

Agents of socialization are the persons, groups, or institutions that teach us what we need to know in order to participate in society. We are exposed to many agents of socialization throughout our lifetime. Here, we look at the most pervasive ones in childhood-the family, the school, peer groups, and the mass media.

5.2.2.1 *The Family*

The family is the most important agent of socialization in all societies. The initial love and nurturance we receive from our families are essential to normal cognitive, emotional, and physical development. Furthermore, our parents are our first teachers. From infancy, our families transmit cultural and social values to us.

Functionalists emphasize that families are the primary locus for the procreation and socialization of children in industrialized nations. Most of us form an emerging sense of self and acquire most of our beliefs and values within the family context. We also learn about culture (including language, attitudes, beliefs, values, and norms) as it is interpreted by our parents and other relatives.

Families also are the primary source of emotional support. Ideally, people receive love, understanding, security, acceptance, intimacy, and companionship within families. The role of the family is especially significant because young children have little social experience beyond its boundaries; they have no basis for comparison or for evaluating how they are treated by their own family.

To a large extent, the family is where we acquire our specific social position in society. From birth, we are a part of the specific ethnic, economic, religious, and regional sub cultural grouping of our family.

5.2.2.2 *The School*

It is evident that with the rapid expansion of specialized technical and scientific knowledge and the increased time children are in educational settings, schools continue to play an enormous role in the socialization of young people. For many people, the formal education process is an undertaking that lasts up to twenty years.

As the number of one-parent families and families in which both parents work outside the home has increased dramatically, the number of children in daycare and preschool programs also has grown rapidly. Studies generally have found that daycare and preschool programs may have a positive effect on the overall socialization of children. These programs are especially beneficial for children from less-advantaged backgrounds in that they provide these children with valuable learning experiences not available at home. Many scholars also have found that children from all social classes and family backgrounds may benefit from learning experiences in early childhood education programs that they have not had in their homes.

Schools teach specific knowledge and skills; they also have a profound effect on children's self-image, beliefs, and values. As children enter school for the first time, they are evaluated and systematically compared with one another by the teacher. A

permanent, official record is kept of each child's personal behavior and academic activities.

Regardless of whether we see the educational process as positive or negative in its consequences, schools clearly do expand children's horizons beyond their family and immediate neighborhood.

5.2.2.3 *Peer Groups*

As soon as we are old enough to have acquaintances outside the home, most of us begin to rely heavily on peer groups as a source of information and approval about social behavior. A peer group is a group of people who are linked by common interests, equal social position, and (usually) similar age. In early childhood, peer groups often are composed of classmates in daycare, preschool, and elementary school. In adolescence, these groups typically are people with similar interests and social activities. As adults, we continue to participate in peer groups of people with whom we share common interests and comparable occupations, income, or social position.

Peer groups function as agents of socialization by contributing to our sense of "belonging" and our feelings of self-worth. Unlike families and schools, peer groups provide children and adolescents with some degree of freedom from parents and other authority figures. Peer groups also teach and reinforce cultural norms while providing important information about "acceptable" behavior. The peer group is both a product of culture and one of its major transmitters. In other words, peer groups simultaneously reflect the larger culture and serve as a conduit for passing on culture to young people.

Individuals must earn their acceptance with their peers by conforming to a given group's own norms, attitudes, speech patterns, and dress codes. When we conform to our peer group's expectations, we are rewarded; if we do not conform, we may be ridiculed or even expelled from the group. Conforming to the demands of peers frequently places children and adolescents at cross purposes with their parents.

5.2.2.4 *Mass Media*

An agent of socialization that has a profound impact on both children and adults is the mass media, comprised of large-scale organizations that use print or electronic means (such as radio, television, or film) to communicate with large numbers of people. The media function as socializing agents in several ways: (1) they inform us about events, (2) they introduce us to a wide variety of people, (3) they provide an array of viewpoints on current issues, (4) they make us aware of products and services that, if we purchase them, supposedly will help us to be accepted by others, and (5) they entertain us by providing the opportunity to live vicariously (through other people's experiences).

5.2.3 Gender Socialization

Gender socialization is the aspect of socialization that contains specific messages and practices concerning the nature of being female or male in a specific group or society. Gender socialization is important in determining what we think the "preferred" sex of a child should be and in influencing our beliefs about acceptable behaviors for males and females.

In some families, gender socialization starts before birth. Parents who learn the sex of the fetus through ultrasound or amniocentesis often purchase color-coded and gender-typed clothes, toys, and nursery decorations in anticipation of their daughter's or son's arrival. After birth, parents may respond differently toward male and female infants; they often play more roughly with boys and talk more lovingly to girls. Throughout childhood and adolescence, boys and girls typically are assigned different household chores and given different privileges (such as how late they may stay out at night).

Like the family, schools, peer groups, and the media contribute to our gender socialization. From kindergarten through college, teachers and peers reward gender-appropriate attitudes and behavior. Sports reinforce traditional gender roles through a rigid division of events into male and female categories. The media also are a powerful source of gender socialization; from an early age, children's books, television programs, movies, and music provide subtle and not-so subtle messages about "masculine" and "feminine" behavior.

5.2.4 Socialization through the life course

Why is socialization a lifelong process? Throughout our lives, we continue to learn. Each time we experience a change in status (such as becoming a university student or getting married), we learn a new set of rules, roles, and relationships. Even before we achieve a new status, we often participate in anticipatory socialization—the process by which knowledge and skills are learned for future roles. Many societies organize social experience according to age.

5.2.4.1 *Infancy and Childhood*

Some social scientists believe that a child's sense of self is formed at a very early age and that it is difficult to change this view later in life. Interactionists emphasize that during infancy and early childhood, family support and guidance are crucial to a child's developing self-concept. In some families, children are provided with emotional warmth, feelings of mutual trust, and a sense of security. These families come closer to our ideal cultural belief that childhood should be a time of carefree play, safety, and freedom from economic, political, and sexual responsibilities.

5.2.4.2 *Adolescence*

In industrialized societies, the adolescent (or teenage) years represent a buffer between childhood and adulthood. Anticipatory socialization often is associated with

adolescence, whereby many young people spend much of their time planning or being educated for future roles they hope to occupy. However, other adolescents (such as 15- and 16-year-old mothers) may have to plunge into adult responsibilities at this time. Adolescence often is characterized by emotional and social unrest. In the process of developing their own identities, some young people come into conflict with parents, teachers, and other authority figures who attempt to restrict their freedom.

5.2.4.3 Adulthood

One of the major differences between child and adult socialization is the degree of freedom of choice. If young adults are able to support themselves financially, they gain the ability to make more choices about their own lives. In early adulthood (usually until about age 40), people work toward their own goals of creating meaningful relationships with others, finding employment, and seeking personal fulfillment. Of course, young adults continue to be socialized by their parents, teachers, peers, and the media, but they also learn new attitudes and behaviors. For example, when we marry or have children, we learn new roles as partners or parents. Adults often learn about fads and fashions in clothing, music, and language from their children. Parents in one study indicated that they had learned new attitudes and behaviors about drug use, sexuality, sports, leisure, and ethnic issues from their university aged children.

Workplace, or occupational, socialization is one of the most important types of adult socialization.

5.2.5 Resocialization

Resocialization is the process of learning a new and different set of attitudes, values, and behaviors from those in one's previous background and experience. It may be voluntary or involuntary. In either case, people undergo changes that are much more rapid and pervasive than the gradual adaptations that socialization usually involves.

5.2.5.1 Voluntary Resocialization

Resocialization is voluntary when we assume a new status (such as becoming a student, an employee, or a retiree) of our own free will. Sometimes, voluntary resocialization involves medical or psychological treatment or religious conversion, in which case the person's existing attitudes, beliefs, and behaviors must undergo strenuous modification to a new regime and a new way of life. For example, resocialization for adult survivors of emotional/physical child abuse includes extensive therapy in order to form new patterns of thinking and action, somewhat like Alcoholics Anonymous and its twelve-step program that has become the basis for many other programs dealing with addictive behavior.

5.2.5.2 *Involuntary Resocialization*

Involuntary resocialization occurs against a person's wishes and generally takes place within a total institution—a place where people are isolated from the rest of society for a set period of time and come under the control of the officials who run the institution. Military boot camps, jails and prisons, concentration camps, and some mental hospitals are total institutions. In these settings, people are totally stripped of their former selves or depersonalized through a degradation ceremony. Inmates entering prison, for example, are required to strip, shower, and wear assigned institutional clothing. In the process, they are searched, weighed, fingerprinted, photographed, and given no privacy even in showers and restrooms. Their official identification becomes not a name but a number. In this abrupt break from their former existence, they must leave behind their personal possessions and their family and friends. The depersonalization process continues as they are required to obey rigid rules and to conform to their new environment.

After stripping people of their former identities, the institution attempts to build a more compliant person. A system of rewards and punishments (such as providing or withholding cigarettes and television or exercise privileges) encourages conformity to institutional norms. Some individuals may be rehabilitated; others become angry and hostile toward the system that has taken away their freedom. While the assumed purpose of involuntary resocialization is to reform persons so that they will conform to societal standards of conduct after their release, the ability of total institutions to modify offenders' behavior in a meaningful manner has been widely questioned. In many prisons, for example, inmates may conform to the norms of the prison or of other inmates, but little relationship exists between those norms and the laws of society.

6. AN OVERVIEW OF SOCIAL PATHOLOGIES

6.1. The Concept of Social Pathology

Social scientists usually talk about *social pathologies* or social problems. Social pathologies have existed as long as humans began living in groups. In other words, they are as antique as humans themselves. The kinds of social pathologies that baffle social scientists and moral philosophers today were also topics of philosophical inquiry for ancient and medieval philosophers and religious thinkers. However, it may be appropriate to argue that the profundity and scope of today's social problems are unmatched with those of the past (Ranchman, 1991; Zastrow, 1996).

The term *pathology* is a Greek word, which is composed of *pathos* and *logos*. It literally means *the study of diseases and disease processes*. The term social pathology generally refers to the *pathos of society*, i.e., the "social diseases" that affect society. However, a more explanatory term is *social problems*. Social problems are those diseased conditions of society that affect its normal functioning. A problem that is limited only to the level of an individual person or to only few groups may not be regarded as a social problem. A social pathology affects society, or its institutions and organizations at large. However, the very term *social problem* may mean any problem that has social origins, affecting at least two persons, that goes beyond mere psychological and physiological levels (Kornblum and Julian, 1995)¹.

Sociologists argue that social problems are best understood in the social institutional context. Although the causes for social problems are multiple, sociologists contend that they are usually the manifestations of the failure in the social institutions themselves. When an institution fails to address the basic needs of people, social problems occur. It is usually easy for an ordinary person to blame the cause of a certain social problem on the failure of individuals themselves. For example, if we take the problem of begging or drug addiction, the individual victims are blamed for the actions. However, we need to look into the broader sociological and cultural contexts (Indrani, 1998).

6.2. The Universality and Locality of Some Social Pathologies

It may be right to state that some social problems are universal in their nature; this means that they occur everywhere across all societies. They may derive from the fundamental similarity of the nature, origin and destiny of all human societies. As anthropologists argue, all human beings share common bio-psychological problems and as such they have more or less similar basic interests, questions, fears, etc. Although they may vary in terms of scale, all societies face such kinds of social problems as for example, juvenile delinquencies, marriage breakdown and divorce, parent-children conflicts, tensions over limited resources between groups, wars and inter-group skirmishes, alcoholism, environmental pollution, prostitution, homelessness, begging, etc.

However, some of the social problems seem to emanate from the local conditions; they are the manifestations of the specific cultural and ecological settings of a society, as well as the reflections of the socio-historical and political dimensions of the society. They also reflect the level of technological advancement a society has arrived at. For example, the major social problems that abound in the industrially complex society of the West include environmental pollution, marital breakdown and familial conflicts, juvenile delinquencies, suicide, drug addiction, and the collapse of morality, among others. These seem to be more rampant in the Western societies. On the other hand, the Third World societies suffer from such kinds of social problems as urban slums, housing shortage, urban and rural poverty, sanitation problems, famine, ethnic conflicts, lack of good governance and corruption, streetism and homelessness, among others.

6.3. Social Deviance and Crime

Deviance is behavior that members of a group or society see as violating their norms. Definition of deviance varies according to groups. Whether an action or behavior is considered deviant depends on time, place and social situations (Henslin and Nelson, 1995). There are psychological and sociological explanations of deviance. Psychological theories focus on the personality of individuals. Certain genetic and biochemical abnormalities lead individuals to commit deviance and criminal acts. Sociological theories focus on the forces beyond the individual. **Differential association theory** maintains that people learn deviant acts through socialization; **structural strain theory** maintains that deviance occurs when conformity to widely accepted norms of behavior fails to satisfy legitimate, culturally approved desires. According to the **control theory**, every person is naturally prone to make deviance, but most of us conform to norms because of effective system of inner and outer control. It is those who have less effective control who deviate. Another sociological theory called **labeling theory** states that behaviors are deviant when and only because people label them as such (Caffrey and Mundy, 1995). In general biologists and psychologists look

into the individual, while sociologists look outside of the individual for explanations of why people commit deviance and crime.

6.4. A Survey of Some Social Problems in Ethiopia

A cursory look at the streets of major urban centers in Ethiopia shows that this is a time when our contemporary Ethiopian society is hosting a multiplicity of social problems. The nature, type, intensity and complexity of the social problems in contemporary Ethiopia are reflections of:

- The country's long history of underdevelopment;
- Socio-cultural backwardness;
- Poor level of scientific and technological development;
- Lack of good governance and political instability;
- Uncontrollable natural conditions, such as droughts, famine, etc;
- The mismatch between rapidly growing population and economic development; and Urbanization and economic growth, among others (Fasil, 1993).

The following are some of the major social problems in Ethiopia.

6.4.1. Vulnerability to Famine and the Problem of Food Insecurity

Ethiopia has successively been hit by severe droughts and resulting famine which claimed the lives of innumerable citizens and those of animals. The trend in recent years has worsened so much that in 2001/ 2002, there were about 14 million Ethiopians exposed to the danger of famine. The famines of early 1970s and 1984 were so severe that they were talking issues for the whole world. The problem is now one of the top agenda items for the Government of Ethiopia. It is no wonder that many people associate Ethiopia with famine, drought and poverty. The name of Ethiopia was so much popularized that some world famous individuals have amassed money through fund raising campaigns in the name of helping the starving Ethiopians and used the money for their personal gains (Mesfin, 1984; Nigussie, 2004).

The rural population is more vulnerable to famine. The quality of life of the rural people has as a result deteriorated very much. The most important sections of society that are more affected by the famine and drought are often children, women and the aged. Of the death toll due to famine, these categories constitute of the largest proportion (Fasil, *op cit*). Vulnerability to famine as a social problem, thus, results in a number of adverse consequences on health. "Famine and food insecurity aggravate the spread of diseases; it is now well known that the mass death and famine induced mortality are caused not only by starvation but also by the spread of diseases among the already vulnerable

population” (Personal communication, Dr Teketel Abebe, AAU, Department of Sociology and Social Administration). Thus, many of the cases of morbidity and mortality are associated with famine and lack of adequate nutrition particularly in rural Ethiopia. Diseases like kwashiorkor, marasmus, and poor physical conditions like stunted growth, emaciation, etc, are cases in point. Such conditions are at the other extreme to some health problems like obesity in affluent societies.

6.4.2. Prostitution

Prostitution as a social problem seems to be associated with the growth of urbanization and urbanism as a way of life. Although it has existed throughout history, it has become rampant in this age of modernization. Some cities in south East Asian countries like Malaysia, Singapore and Thailand are notorious for the sex industry. The term prostitution now appears to be outdated and a more humane term is now *commercial sex work*. This term is introduced to indicate that like any other work, prostitution is also an industry, where individuals are, mainly due to factors beyond their individuals' capacity, forced to sell their bodies to earn money for a living. As some studies indicate, the history of prostitution in Ethiopia goes back to the rise of urbanization and the introduction of Italian colonization. Commercial sex work has now become a major social pathology in the country. Urban centers like Addis Ababa, Bahir Dar, Adama, Shashemene, Dire Dawa, among others are major centers of commercial sex work. A recent media dispatch disclosed that in Adama Town, there are about 3500 commercial sex workers. Multiple sexual partnership and commercial sex work are thus the most visible pathways for the spread of STIs and HIV/AIDS. Addressing this social problem at its root causes might, therefore, would help very much in the fight against the spread of HIV/AIDS.

The root causes of commercial sex work are usually poverty, harmful traditional practices such as early marriage, forced marriage and marriage by abduction, among others. Dysfunctional marriages, entrenched poverty and economic dependency often drive females to prostitution; and this may in turn contribute to the spread of STIs including HIV/AIDS among women and the general population. Young girls from rural areas often flee to urban centers from harsh social and cultural conditions in the rural areas. They end up engaging in commercial sex work to earn a living.

6.4.3. Unemployment

Governments in developed and undeveloped countries alike these days face the mounting social problem of unemployment. In Ethiopia, too, unemployment has become one of the major social problems. The unemployed are those who currently in search of a gainful job and are dependent on somebody else for their living. There are other categories like the underemployed; these are those who are engaged in a job that does not match their

level of expertise or training (Team of Experts, 2000).

The youth seem to suffer the most from this social problem. Of those who complete the 10th or 12th grades in Ethiopia, limited number join colleges and universities. Even of those who graduate with diplomas and degrees, many stay long in search of job. The problem of unemployment has many adverse ramifications on the unemployed and the society at large. Desperation and disappointments may lead many to self-destructive and anti-social behaviors and actions, such as drug addictions, alcoholism, organized crimes (like robbery), suicide, and violence against women, theft and begging (Youth Affairs Coordination Office, Ministry of Youth, Sports and Culture, 2002).

6.4.4. The Youth and Drug Addiction

The problem of drug addiction is now a number one social problem, particularly in developed societies. The problem is becoming rampant in Ethiopia as well. It is now common to hear from the electronic media and to read from the print media that the tradition of drug usage is a growing one in many large urban centers in the country. Recent radio news (November, 2004) disclosed that in the town of Adama, there were about 75 clandestine houses where various types of harmful drugs are sold and used. The drug tradition is often associated with the growth of overnight clubs, bars and the chance for multiple sexual partnerships also becomes very high.

Chat, a local mild narcotic plant, has become a very common type of drug for many youth as well as adults. Many have become dependent on the stimulant drug and it seems that without it some fail to efficiently carry out their tasks. Studies show that *chat* chewing is associated with many adverse mental and physical health problems. The growing number of the mentally disturbed persons, holding a piece of *chat* plant, roaming the streets of some urban centers like Jimma, Hawassa, Dilla and other towns in Southern Ethiopia (Youth Affairs Coordination Office, Ministry of Youth, Sports and Culture, 2002).

6.4.5. Rural to Urban Migration, the Refugee Problem and Health

Ethiopia as a Sub-Saharan African country has experienced the sweeping influence of the wave of migration that is better understood in the political, economic, ecological and socio-cultural contexts of the contemporary world. The most significant event in the place of Ethiopians in international migration is the period following the downfall of the (Ethiopian) imperial rule and the onset of the communist-oriented, revolutionary rule by the Dergue regime. What might be called the Ethiopian Diaspora came into the world scene in the late 1960s and 1970's (Bekele, 2002). Innumerable Ethiopians constituting

particularly the intellectuals fled the country as forced migrants mainly to the USA, and scattering well over the world. The incessant flow of Ethiopian migrants, as part of the international migration, mainly spurred by the search for better living opportunities, often masked under the facade of fleeing political persecution, has still continued unabated. The impact of this on the country's socio- economic landscape, be it negative or positive, is incalculable, particularly the migration of intellectuals and the ensuing brain drain is no simple matter (Dutoit, 1990).

The various ethno-linguistic groups in the country have engaged in migration and population movements since time immemorial for a multiplicity of reasons. Migration at both the micro- and macro levels between regions and within regions, from rural to urban and vice versa, from urban to urban and rural to rural, all these have continued until today. The following have significant places in the drama of internal migration in the country,

- The government actions of resettling people from one region to another such as the rather massive, involuntary villagization program of the Dergue or the current EPRDF resettlement program as part of the country's socio-economic development efforts;
- The civil wars that have raged between the various bodies for long period of time;
- The conquest of the demised successive imperial systems as an empire building agenda;
- The ever-recurring drought and the perennial, romanticized famine question and food insecurity of the country;
- The rapidly growing population and the resultant resource depletion and ecological deterioration;
- The increasing urbanization and the seeming presence of better opportunities therein that act as pull factors; and
- The weakening of the traditional social-cultural and political structure of the various ethnic groups; among others.

The issue of rural to-urban migration in Ethiopia is high on the federal and regional governments' agenda. Ethiopia's 1993 National Population Policy clearly stipulated negative ramification of migration on the country's socio-economic development efforts. The quality of life in the migrant sending rural communities as well in the receiving urban areas of Ethiopia has deteriorated tremendously. The large, steady flow of the mainly productive male sections of the rural communities to urban areas has many bad consequences. The sending areas would face serious productive labor shortage. The receiving areas, where there are little or no adequate social services and employment opportunities, will face the

problem of crimes, housing shortages, growth of urban slums, and other undesirable, anti-societal phenomena (Abdullahi, 1994).

When we come to health, migration is an important factor in determining the health status of individuals and groups. People migrate with expectations of better living and health conditions. But very often, many individuals end up in poor living and health conditions. This is particularly common among the refugees and the lower level labor migrants. The harsh conditions of the Ethiopian women who live as labor migrants in the Arab World is a case in point. Many are subjected to harsh treatments, poor pay, physical and mental abuses. Many refugees are subjected to unhygienic living conditions, poor nutrition, to the extent of starvation, and outbreaks of infectious diseases. There are also cases of sexual harassment and rapes.

Uncontrolled rural to urban migration (boosted by population growth) and rapid urbanization also lead may lead to the mushrooming of squatter settlements and slums which in turn increase peoples' vulnerability to epidemic diseases. While migration may thus have adverse consequences the lives of individuals, we should not also forget the positive, developmental effects of migration, be it internal or international migration. In fact, it is all too well known that people migrating from the Third World to the West are making significant contributions to the economic development of their home countries (Dutoit, 1990).

6.4.6. Population Explosion and Ecological

Degradation

The Ethiopian population has grown from a mere 30 million in the early 1960s to about 70 million currently. At the present rate of annual growth, which is close to 3%, demographers predict that the number will double itself in a short period of time. The country is the third most populous in Africa, next to Nigeria and Egypt (Faisal, 1993).

The country's population growth is not matched with a correspondent growth in economy. The country is one of the poorest in terms of many development parameters such as per capita income, life expectancy, literacy, access to basic health and social services, etc. The uncontrolled population explosions have now become a major threat to the natural resources and ecology of the country. It is accompanied by deteriorating ecological conditions, due to deforestation, over-utilization of resources, environmental pollutions, etc.

The recurrent drought and famine is one of the effects of the deteriorating ecological conditions (Fasil, *op cit*). The issues of population explosion and ecological deterioration are now major social issue and the Ethiopian Government has taken them as priority areas.

6.4.7. Growth of Urbanization, Urban Poverty, Housing Problem, Homelessness and Begging

About 15% of the population of Ethiopia lives in urban areas. With growth of urbanization, many social problems have emerged. The problem of urban slums, increasing poor quality of life and poverty, shortage of basic social services such as clean water, electricity, communications facilities, housing, etc, and the growing rate of crimes and deviance. Urban slums are centers for undesirable social behaviors such as commercial sex work, theft, robbery, drug trafficking and use, sanitation problems, among others.

With the growing number of urban population, access to good housing is becoming increasingly problematic. Studies indicate that many urban people live in substandard houses and many more even lack accesses to housing. Thus, homelessness has now become a growing social problem in many urban centers. Many people are thus forced to spend their entire lives in the streets. Available data show that number of people taking to the streets is increasing rapidly, particularly in major urban centers. Here, we can talk about a category of people known as the **street children**. These are those who are born to homeless people or those who come from various parts of the country to urban centers and live in the streets. The number of older persons living in the streets is also growing.

The health and living conditions of these categories of people is very appalling. The street children and adolescents are often among the risk groups to contracting STIs including HIV/AIDS. They lack access to basic social and health services. The main means of making a living for these categories of people is usually begging and sometimes engage in commercial sex. Begging itself has become a major social pathology in some large urban centers. The problem of begging is especially visible during the religious ceremonial days in some big urban centers like Addis Ababa (Zerihun, 2000; see also Woubshet, 2003).

7. THE SOCIAL CONTEXT OF HEALTH AND ILLNESS

7.1. Major Sociological Perspectives on Health and Illness

7.1.1. Structural Functionalism

Before we go any further to discuss the theory of structural functionalism, it is better to briefly define what theory means. A Theory is defined as a set of interconnected hypothesis that offers general explanations for natural or social phenomena. It gives a statement about how some parts of the world fit together and how they work.

Thus structural functionalism, sometimes called Functionalism, is one of the perspectives in sociology. Emile Durkheim is regarded as the pioneering proponent of this perspective. It envisions society as made up of a complex system whose parts work together with the goal of promoting solidarity and stability. This theory tries to explain how the relationships among the parts of society are created and how these parts are functional.

The version of structural theory as applied to medicine and society may be termed as "*Medical ecological approach*". The structural functionalists' theory views medicines and the systems of health care as important social institutions and it focuses on the functions and role played by the institution in maintaining order and stability in society. The medical institutions whether scientific or traditional and the various practitioners exist to meet the needs of individuals and societies.

In line with this, the pioneer sociological work from this perspective was contributed by Talcott Parsons in 1951 when he argued and viewed medicine as a strategy devised by a society to keep its members healthy. Hence, illness is *dysfunctional* that undermines the performance of social roles and eventually impedes the operation of society. The contribution of Parsons is especially important in two areas: **the Sick Role and the Physician's Role.**

The Sick Role is the patterns of behavior expected of the sick person. Society's response to sickness is not only the provision of medical care but also affording people the sick role.

The sick role is a pattern of behavior that defines what is expected of and appropriate for people who are ill. This role releases ill people from normal obligations such as going to work or attending classes. Moreover, once the sick role is assumed, the patient must want to get better and must do all the necessary activities to regain good health including cooperating with health professionals.

The Physician's Role: Physicians play important roles to evaluate people's claims of sickness and help restore to the normal regular activities. In the process, physicians use their specialized knowledge; expect the cooperation of patients in providing the necessary information and following the orders of a doctor to complete the treatment.

So, Parson's analysis of illness and medicine looks at the issue in light of broader organization of the society. In some cases, the concept of sick role could be applicable to some non-illness situations like pregnancy. Finally, Parson's analysis did not distribute fairly the responsibility between patients and the doctors. The analysis gives doctors rather than patients the primary responsibility for health.

7.1.2. Symbolic Interactionism

This theory was advanced by such American Sociologists as Charles H Cooley (1864-1929), William I Thomas (1863-1947) and George H Mead (1863-1931) in early 20th century. The theory stresses the analysis of how our behavior depends on how we define ourselves and others. It concentrates on process rather than structure and keeps the individual at the center. This perspective views symbols as the basis of social life. Symbols are things to which people attach meanings. This theory calls attention to the detailed and person-oriented process that take place within the larger units of social life.

This theory as applied to medicine and society may be termed as "*Cultural Interpretationist Approach*". This approach *focuses on the social and cultural constructions of health, illness, and disease*. According to this theory, illness and health are not just things that exist "out there", they are productions of the complex social interactions; health and illness are highly shaped by the manner in which people as action give meanings to them and how the actor respond to them in socio-culturally sanctioned ways. In line with this view, let us discuss

the concepts of *The Social construction of Illness, The Social Construction of Treatment, and The Social Construction of Personal Identity* which are related to the theory of symbolic interactionism.

The Social Construction of Illness: For proponents of symbolic interaction, society is less a grand system and health and medical care are socially constructed by people in everyday interaction. By implication, if both health and illness are socially constructed, people in a poor society may view hunger and malnutrition as normal. Moreover, how people define a medical situation may actually affect how they feel.

The Social Construction of Treatment: Erving Goffman's Dramaturgical approach explains how physicians tailor their surroundings including their offices and their behavior so that others see them as competent and in charge. To make sure that people define the situation or examination and treatment as impersonal, and the medical staff wears uniforms and furnishes the room with medical equipment.

The Social Construction of Personal Identity: Symbolic interaction also gives insights into how surgery can affect people's social identity. The reason why medical procedures can have significant effect on how we think of ourselves is due to the fact that some organs and other parts of the body have cultural importance. People who lose a limb in military combat for example experiences serious doubts about being as a much of a person as before. When women undergo breast surgery they face similar reactions doubting their own feminine identity and worrying that men will no longer find them attractive. *In general, from symbolic interactionist perspective, what people view as healthful or harmful depends on a number of factors.* These factors are not all in all medical factors. The medical procedure also brings the patient and the medical staff together and they construct the medical reality of that situation.

However, symbolic interaction draws much criticism especially for its implication of absence of the objective standards of wellbeing. Certain physical conditions do obviously cause changes in peoples' health regardless of how the victims view the conditions. For

instance, people who lack sufficient nutrition and safe water will suffer from the consequences whether they define the situation as normal or not.

7.1.3. Social Conflict Theory

This theory is also called Marxism, to indicate that the input to the theory drives from the writings of Karl Marx. This theory sees society in a framework of class conflicts and focuses on the struggle for scarce resources by different groups in a given society. The theory holds that the most important aspect of social order is the domination of some groups by others, that actual or potential conflicts are always present in society.

It is an approach which stresses on the socio-economic inequality in power and wealth which in turn significantly affects the health status and access to health care facilities. The social conflict analysis tries to link health and social inequality by taking an indication from Karl Marx and it relates medicine to the oppression of capitalism. Researchers from social conflict perspective focus on three major issues: *access to medical care, the effects of profit motive and the politics of medicine.*

Access to Care: Health is important for every person. But access to medical care may not be equally possible for every person. The core of the argument here is that when individuals are required to pay for medical care in capitalist societies, it would be the richest people who are going to have the best health. Access to health becomes a more serious problem when there is no universal coverage of basic health service. A conflict theorist argues that the experience of illness for the rich and the poor is basically different. This is because by using access as our explanatory point, the capitalist system provides excellent medical care for the rich and not for the rest of the population.

The Profit Motive: Some conflict theorists take the analysis a step further and argued the real problem is not access to medical care. Instead, the problem lies in the character of the capitalist medicine itself. The capitalist system being driven by profit motive turns physician, hospitals and the pharmaceutical industry into multimillion dollar corporations. This quest for profit encourages physicians to recommend unnecessary tests

and surgery and to rely too much on drugs rather than focusing on improving people's living conditions and lifestyles.

Therefore, the decision to perform surgery according to social conflict theory reflects the financial interest of surgeons and hospitals as well as the medical needs of patients. The theorist also criticizes members of a society for too tolerant of physicians" having a direct financial interest in the tests and procedures they order for their patients. Finally, the social conflict scholars suggest that medical care should be motivated by a concern for people and not profit.

Medicine as Politics: Here the argument questions the impartiality of medical science. Women and racial minorities had marginal role in the history of medical science. Moreover, conflict theorists argue that scientific medicine explains illness exclusively in terms of bacteria and viruses ignoring the damaging effects of poverty. Medicine hides the bias in contemporary medical system by transforming this social issue into simple biology.

In general, social conflict analysis is another sociological view of the relationship among health, medicine and society. It has been stipulated that social inequality is the reason for some people to better health than others. Nevertheless, among the main objections to theory is the idea that conflict approach minimizes the gains in capitalist societies where health brought about by scientific medicine and higher living standards are tangible.

7.2. Theories of Disease Causation

Scholars suggest different etiologies of diseases depending on their field of specialization. Among these causes are social factors which interest sociologists. Human beings attribute the incidence of disease to different causes. Before the emergence of modern medicine, for example, disease was widely attributed to variety of spiritual and mechanical forces. It was interpreted as a punishment by God for sinful behavior or the result of an imbalance in body elements.

In 19th century, ideas about disease started to be influenced by two developments which provided a philosophical and empirical basis for the biomechanical approach to modern medical practice. The developments were the "*Cartesian revolution*" which gave rise to the idea that the mind and the body were independent. The other was the discovery of the *microbiological origins of infectious disease* that led to the doctrine of specific etiology.

Both approaches to disease causation denied the influence of social as well as psychological factors in disease onset. They viewed the body as a machine that can be corrected when things go wrong by the procedures designed to neutralize specific agents or adjusting the physical processes that had caused the disease.

However, these ideas have been criticized for their mono-causal view of disease and have been modified by multicultural models of disease onset.

7.2.1. Germ Theory

The germ theory of disease causation became prominent in the latter half of 19th century as the works of Ehrlich, Koch and Pasteur revealed that the prevailing health problems of the time were the product of living organism which entered the body through food, water, air or the bites of insects or animals. In 1882 for example, Koch identified and isolated the bacillus which cause tuberculosis. Between 1897 and 1900 the organism responsible for 22 infectious diseases were identified. This work led to the

doctrine of specific etiology- the idea that each disease has a single and specific cause. As a result, research efforts moved from community to an emphasis on the identification of the harmful agents responsible for a given disease. On the other hand, medical practice became devoted to the destruction or eradication of that agent from individuals who are already affected.

7.2.2. The Multi-Causal Models of Disease

Without downplaying the contribution of the germ theory to explain and solving the major health problems of its time, scholars identified some weakness of the model. *The major point was the fact that there is no direct relationship between the presence of microorganisms and the existence of disease in our understanding of the disease process.* Not all individuals exposed to pathogens become ill. In other words, noxious agents or organisms are necessary but not the sufficient causes of disease. Disease in the epidemiological triangle approach is understood as the product of an interaction between an agent, a host and the environment. Moreover, host and environmental factors determine exposure and / or susceptibility to the harmful agents in questions. So, all disease including infectious ones has multiple causes. Among the benefits of this approach to disease is that it recognizes that disease can be prevented as well as cured.

The epidemiological triangle is usually appreciated for understanding infectious disorders. However, scholars argue that it is less useful with respect to chronic, degenerative disorders like heart diseases, stroke and arthritis for in the case of these ones there is no specific agent that can be identified against which individuals and populations may be protected. According to these critics, many contemporary medical problems are better understood in terms of web causation. Hence, disorders such as heart disease develop through complex interactions of many factors which form interlocking chains. The factors may be biophysical, social or psychological.

These interactive factors also may promote or inhibit the disease at more than one point in the casual processes. For example, some of the factors implicated in heart diseases

are high blood pressure, blood cholesterol levels, diet, smoking, physical inactivity, personality type and stress. Since many of these factors can be modified, prevention offers better prospects for health than cure.

7.2.3. The Theory of General Susceptibility

This theory has emerged from 1970s onwards. It proposes alternative ideas that depart in important ways from mono-causal and multi-causal models of disease. *The model is not concerned with identifying a single or multiple risk factors associated with specific disorders. However, it seeks to understand why some social groups seem to be more susceptible to disease and death in general.* Although the process of analyzing general susceptibility involves complex combinations of environment, life experiences and behavior, they also involve the identification and analysis of a general susceptibility of certain groups to death from infections. As a result, social and political changes may become necessary to improve the health conditions of these groups.

In the late 1980s the socio-environmental approaches became more explicit and synonymous with term for the theory of general susceptibility. The basis for the socio-environmental model are the risk conditions which emanate from the social and physical environment in which we live and which have direct effect on the health and wellbeing of individuals around these environments.

The aforementioned theories of the causes of diseases have been presented in historical sequences. So, students may observe the shift in the role ascribed to the physical, social and psychological environment increases as we move from the germ theory to the theory of general susceptibility. The latter completely overturns the doctrine of specific etiology which is central to the former. Yet, the roles of social and psychological factors are not recognized only in modern times alone. Many of the pre-scientific explanation of disease gave recognitions to the part played by such factors.

In general, the key ideas of the theories of disease causation are summarized as follows:

For Germ Theory:

- 9 Disease is caused by transmittable agents
- 9 A specific agent is responsible for one disease only
- 9 Medical practice consists of identifying and neutralizing these agents.

For Multiple Causal Models

A) *Epidemiological Triangle:*

- 9 Exposure to an agent does not necessarily lead to disease
- 9 Disease is the result of an interaction between agent, host and environment
- 9 Disease can be prevented by modifying factors which influence exposure and susceptibility.

B) *Web Causation:*

- 9 Disease results from the complex interaction of many risk factors
- 9 Any risk factor can be implicated in more than one disease
- 9 Disease can be prevented by modifying these risk factors

For General susceptibility:

- 9 Some social groups have higher mortality and morbidity rates from all causes. This reflects an imperfectly understood general susceptibility to health problems. This probably results from the complex interaction of the environment, behavior and lifestyle.

Socio-Environmental Approach (Refined Model of General Susceptibility)

- 9 Health is powerfully influenced by the social and physical environments in which we live.
- 9 Risk conditions integral to the environment damage health directly and through the physiological, behavioral and psychological risk factors they endanger.
- 9 Improving health requires political action to modify these environments.

7.3. The Social and Psychological Factors of Health and Health Lifestyles

There are psycho-social factors that have potential influence on the health. These factors could be categorized into three *broad types such as socio-environmental, behavioral and psychological*. Under the socio-environmental factors we have poverty, social support and relationships with others as well as work and employment. Behavioral factors include smoking, exercises and dietary practice while psychological factors include personality type, coping capacities and health beliefs.

There are close links among these factors and contemporary models of illness attempt to specify how and when they are involved in the mechanisms leading to disease. Many socio-cultural factors may influence individual behavior such as smoking. The socio-cultural factors influence whether someone will become a smoker and continue to smoke. The factors that influence individual behavior include the cultural themes associated with smoking such as relaxation, adulthood, sexual attractiveness, the socio-economic structure of tobacco production, processing distribution and legislation, explicit and continual advertising by tobacco companies and the influence of peers as well as significant others. Let us look at some of the socio-environmental factors that have significant influences on health and the contemporary explanations of their role as causes of disease.

Socio-Environmental Factors

A. Social and Cultural Change: Early studies of social factors and disease onset dealt with the effect of socio-cultural change. Important issues of studies included industrialization, urbanization, and migration, social, occupational and geographic mobility. The disease outcome mainly studied was coronary heart disease because it is predominantly a disease of industrialized and urbanized nations. Populations living in non-western cultures have less concern for the problem of blood pressure which does rise with age. But blood pressure and coronary heart disease rates increase when these people move to urban settings. Moreover, downward occupational and social mobility as well as long term unemployment are changes that trigger the onset of various illnesses.

Of course, a number of mechanisms might be responsible for the negative effects of social and cultural change on health. The adverse effects may be the direct result of change itself, a product of the circumstances to which individuals move or the product of personal characteristics that predisposes individuals both to mobility and poor health.

Unemployment has also been given much emphasis in relation to its effects on health. There are two reasons why unemployment could conceivably affect health. On one hand, it is related to the standard of living and the material conditions of life while on the other hand, it is stressful which may become chronic and deprive an individual of a social role which is meaningful daily existence and contact with others.

B. Social Support: Evidences suggest that social support and integration have strong influences on health. They have been linked to heart disease, complication of pregnancy and emotional illness. A longitudinal study of people with disability living in an urban community found an interesting result in relation to social support. i.e., people with few social contacts were more likely to deteriorate in physical and psycho-social functioning than people with high levels of contact with others. The greatest and most significant

difference between those with and without social support occurred among those reporting an adverse life event during the period of the study.

Among the important points that fall under social support is **marriage**. Mortality rate in general tends to be higher for the single, divorced and the widowed when compared with married people.

The other aspect of social support is the number of **interpersonal contacts**. Hence, a person with twenty contacts a week has twice the social support as with only ten contacts. Research findings especially from industrialized countries show that the extent of a person's social network corresponds to their risk of early mortality.

However, critics argue that interpersonal contact should not be taken for granted as an indicator of social support. A person could converse with many people a day and yet none of them may be important or close enough to provide support. So, it is the quality of contact which is more important. Moreover, quality of interpersonal contact could be a matter of perception. In other words, quality did not exist in the form of relationship but in the perception and expectations of the person being supported. So, if social support is the belief in its existence, the people with strong beliefs should be more protected from illness than those without. In general, social support encompass fairly broad category of events. It includes practical assistance, financial help, the provision of information and advice and psychological support.

7.4. Health Lifestyles

7.4.1. Theory of Health Lifestyles

Cockerham (2007) formulated an initial theory of health lifestyles which encompass broad ranges of variables. Cockerham identified four categories of socio-structural variables that have the potential to shape health lifestyles. *The categories are (1) class circumstances, (2) age, gender, race/ethnicity (3) collectivities; and (4) living conditions.*

Class circumstances influences lifestyle forms. Study results confirm upper and middle class lifestyles are healthier than those of the lower class. Age, gender and race/ethnicity also affect health lifestyles because people tend to take better care of their health as they grow older. This is reflected in showing more careful food selection, more relaxation, and abstinence or reduces use of tobacco and alcohol. Yet, exercise tends to decline with age. Gender is so important in that women eat more healthy foods, smoke less, visit doctors more often for preventive care, wear seat belts more frequently when they drive and with the exception of exercise have more healthier lifestyles overall than men.

Collectivities affect health lifestyles. They are group of actors whose members are linked together through particular relationships such as kinship, work, religion and politics. Collectivities influence their members' health lifestyles are because members have shared norms, values, ideals and social perspective which are capable of influencing the behavior of its members. For example, religious attitudes which individuals develop due to their membership in collectivity have numerous positive effects on health related lifestyles such as prohibition on smoking, drinking, and multiple sexual relationships.

Living condition is the other structural variable pertaining to differences in the quality of housing and access to basic utilities (like electricity, sewers, and safe piped water), neighborhood facilities (like parks, recreation, and grocery stores) and personal safety. So, the conditions within which a person lives can have either a positive or negative impact on implementing a healthy lifestyle.

Structural variables including class circumstances provide the social context for socialization and experiences. Though primary socialization is the imposition of society's norms and values on the individual usually by family members, secondary socialization is the result of latter training and experience learned from day to day activities which occurs through the social interaction and the practical exercise of agency. The term agency in sociology refers to the process by which people critically evaluate and choose their course of action. And experience provides the essential basis for agency's practical and evaluative dimension to evolve over time.

Therefore, socialization and experience provides the capacity to make life choices (agency). This life choice is the self direction of one's behavior. But life chances are part of structural variables according to Weber that a person's life chances are socially determined and an individual's social structure is the arrangement of those chances. This life chances interact with choices to determine a person's health lifestyles because life chances either enable or constrain the choices made. Moreover the interaction between the two produces dispositions towards a particular form of actions. The dispositions are the habits that serve as a cognitive map or set of perceptions. The dispositions toward action provided by the cognitive map or habits tend to be compatible with the behavioral guidelines set by the wider society.

Those predispositions of the cognitive map usually produce actions (practices). The common practices resulting from the habits could be smoking, selection of foods, use or misuse of alcohol etc. These practices could be negative or positive. But they comprise a person's overall pattern of health life styles. Finally, action or inaction with respect to a specific health practice will lead to its reproduction, modification, or nullification by habits through the feedback process.

In general, the theory tries to show how social structure influences individuals' participation in health life styles.

7.4.2. The Poor and Health Lifestyles

There are differences among socio-economic groups in relation to health lifestyles. In spite of the tendency for many people especially in modern society to adopt health lifestyles within the limits of their circumstances, the poor are disadvantaged in relation to positive health lifestyles. This is attributed partly to the fact that socially disadvantaged individuals have less access to health information, and resources, have less control over sleeping hours as well as food choices, they are more likely to live in a social environment where unhealthy eating, smoking and heavy drinking are normality and all these factors make the formation of risky lifestyles possible.

A seminal study conducted by Pierre Bourdieu in 1984 sheds lights on the relationship between social class and lifestyles. Bourdieu investigated class, competition and reproductions as expressed in cultural taste and styles. The study analyzed how eating habits and sport preferences or class based set of durable dispositions to act in particular ways shaped particular facets of health lifestyles. The study showed that people from the same social class tended to share the same or similar habits since they have similar life chances.

The other useful point from the study conducted by Bourdieu was the notion of distance from necessity which was used as the key explanation of class differences in lifestyles. In this regard, he found that the more distant a person from foraging for economic necessity, the more freedom and time that person has to develop and refine personal tastes in line with a more privileged class status. Lower class social strata, hence, tend to adopt the tastes consistent with their class position in which they are preoccupied with acquiring items of necessity like food and shelter. However, many scholars argue that although socio-economic status is perhaps the major factor which dictates lifestyle selection and participation, it should not be taken as the sole determinant of lifestyle.

7.5. Health Care Systems

7.5.1. What is Health Care

Health care is a reaction to symptoms and illness which involves decisions on appropriate treatment for a patient that has ranges of possibilities where patients deal with the symptom themselves to obtaining professional help.

Health care can be divided into primary care, taking place in the community as a point of first contact, and secondary care, usually taking place in hospitals and delivered by specialists (Turner, 2006: 267-68). The term tertiary care is sometimes used to indicate rehabilitation, or restorative rather than curative care. Community care is used to indicate care provided outside institutions, not only by doctors but also by social careers. Preventive care systems (such as immunization) are also distinguished from curative care. A distinction is also made between personal clinical health care, provided for the cure or care of the individual, and public health, directed at populations.

The ways in which health care is organized, in different societies, range from the extreme of a pure market system in which health is treated as any other commercial commodity, to universal free services provided entirely by governmental funding. In most nations of the world, however, the distinction is becoming increasingly unclear.

A wide range of international studies (notably from the regular publications of the World Health Organization and the Organization for Economic Cooperation and Development) suggest that the way in which services are organized, and indeed the level of provision, have little effect on the health status of populations, once a country has reached an advanced stage of development. This is not because medical services are effective, but is thought to be due to the overwhelming weight of other, principally economic and social, factors. Nevertheless, the equity and efficiency of services, patterns of patient usage, and medicine as an institution, are important topics within the sociology of health. The types of health care discussed above in general will be specifically explained in the following paragraphs.

7.5.2. Types of Health Care

Self care: Due to the quantity of symptoms and illness a person experiences, it is apparent that most of them are treated by self-care. Most patients know how to treat common conditions like minor headache, bad cold etc. They supplement their skills with various pharmaceutical preparations. Self care has advantages in that it allows resources to be devoted to people more in need. This advantage of self care has influenced health service agencies in which they encourage more self care. The use of self care as a strategy by agencies particularly in the areas of disease prevention has clear advantages for a population's health and for the future cost of health services.

Yet, two major problems could arise if this strategy is pursued with over ambitions. The first is that if people are made to take responsibility for their health, there can be an unforeseen cost if it fails because in a sense they are responsible for their illness. This outcome has been called victim blaming because the victims of illness instead of receiving sympathy and support are offered blame. Victim-blaming is a particular problem for lower socio-economic groups as they are least likely to be able to "look after "their health. Secondly, the related problem with giving people responsibility for their health is that many individual measures are ineffective in the face of socio-cultural causes of ill-health such as social class , poverty , unemployment etc.

Family Care: The other mechanism used by people to cope with illness is to draw upon the resources of those living around them. Relatives, household members and friends can offer support and a form of lay nursing. The typical example is most of childhood illnesses which are treated in this way. This kind of care is usually common in preindustrial societies.

Family care is provided depending on the ability and willingness of household member to take on the task. In addition, family members may be required to take on care if the health care system fails to provide it. Conventionally, the main role of formal healthcare system is to look after people whose illness are very difficult and serious

to be managed independently within the home. But the demarcation of very and not difficult depends on the adequacy of resources both within the household and at formal care centers.

In family care, the household incurs extra expenses in terms of cleaning, food, special facilities etc. But the largest difficulty is the problem involved in finding someone in the family who can do the caring especially in industrial societies. The role of individual family or household members in looking after another has been recognized in the term “career”. Careers are important because they carry a considerable load of the health care that would otherwise fall on the health service.

Community Care: When family care is less effective for different reasons, the role will be taken by the community. The policy of many countries is to encourage home care and support it with more resources from the formal health care system on a community basis. It was the discharge of patients from large mental hospitals that mainly led to the idea of community care in 1950s. The meaning of community care in this context meant care in the community in contrast to care in institutions. Gradually, the idea of care in the community has left the way for care by the community.

When adequate resources are mobilized, general practitioners can manage more health problems in the community without the patient being hospitalized. The community or the district nurse can treat problems in the patient’s own home which would otherwise have required hospital nursing care.

However, several criticisms of community care have been made despite its contributions in relieving the pressures on hospitals and family members. Some of the criticisms are:

- Community care is underfunded. It has been argued that the resources going to community care are inadequate compared to the expenses incurred if the patients were hospitalized. The inadequacy in resources put pressure on family members to bear the cost whenever necessary.

- Community care requires coordination and cooperation between various health as well as welfare agencies which do not often exist. This liaison between general practitioner and social worker for example may not always exist.
- Community care when it means by the community depends on the willingness and ability of the community to cope. The burden of care usually falls on the families especially their women members. By implication, the major difficulty with community care is therefore the fact that it might produce a net saving and reduction in government spending but a comparable (usually hidden) additional cost falling on the families with illness. Costs are removed from the whole community in terms of government expenditure and placed on individual families with the illness.

Self-Help Groups: When some diseases and illnesses pose problems for care self-help groups come to fill the gap. People with some kind of illness may get help from professionals and lay person but the care may not be of the right kind. This leads to patients with illness which produces very particular needs to group together to form their own communities or self help groups. A self help group enables the patient to obtain support and advice from others with similar conditions.

Professional Care: The professional care is a health care delivered by people in part time or fulltime employment. There are subcategories of professional care. These categories are explained below.

Primary Versus Secondary Health Care: Specialization in health services lead to the emergence of experts for a particular types of illness. This specialization helps patients in finding someone with particular expertise of relevance to their illness. But the problem of prohibitive cost to treat all illness especially minor ones with specialist resources has led health care to be split between primary and secondary services.

Primary care is generalist and is provided for patients as a point of first contact with health service. The idea that good primary health care is an effective and cheap means of managing most illnesses has not been lost on financially pressed health care system.

There is now general encouragement for doctors to go into primary health care and there is a greater flow of resources into the sector to enable more and more illness to be treated in this way.

On the other, secondary care is a specialist service and usually requires access to bed and often expensive equipment. Because of this feature of secondary care, it is usually based in hospitals.