**IQRA NATIONAL UNIVERSITY**

**DEPARTMENT OF ALLIED HEALTH SCIENCES**

**Final-Term Examination (Spring-20)**

**Course Title: MEDICAL SOCIOLOGY (MLT 8th) Instructor: Mr. Shahzad Anwar**

**Max Marks: 50 Time: 6 hours**

**Name: rifat ullah ID:13353………………………………………………………………………………………………………………………………….**

**Note:**

* **Attempt all questions from this section**
* **Each question carry different marks, so try to attempt questions according to their marks**
* **Answer Briefly and to the point, avoid un-necessary details**
* **“Copy + paste” material from lecture slides will not be acceptable, and would be marked as ZERO.**

1. **What is the role of “SOCIAL DETERMINANTS OF HEALTH” in current condition of Covid-19? Explain with examples. (15 marks)**

Ans ; The social determinants of health are refers to the social environment including to broader social cultural environment and economic factor the people who experience poor social and economic health condition experience worse health in all societies when people experience two or more of them social determinants are now a focus for health authorities

The condition in the social physical and economic environment in which people are born live work and age including the access to the health care.

**Role of SDOH IN COVID 19.**

Understanding how social determinants of health (SDOH) – lifestyle and environmental factors, such as job status, financial security and relationships – impact a person’s overall health can help health plans tailor their programs to address the evolving needs of their members in this rapidly evolving time. Particularly for health plans, this valuable information can help them target specific people who may be at higher risk of contracting Covid-19, or those who may be experiencing health issues related to social isolation, food insecurity or job losses, and to assist them with improving their total health and wellbeing by providing the appropriate communications with actions that could keep them safe.

**Examples of social determinants include:**

* Availability of resources to meet daily needs (e.g., safe housing and local food markets)
* Access to educational, economic, and job opportunities
* Access to health care services
* Quality of education and job training
* Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
* Transportation options
* Public safety
* Social support
* Social norms and attitudes (e.g., discrimination, racism, and distrust of government)

**QUESTION NO 2**

**In your opinion, “SELF-MEDICATION” is a good practice or not? In both cases, justify your answer with proper explanation and examples. (15 marks).**

Ans ; Self-medication is a global phenomenon and potential contributor to human pathogen resistance to antibiotics. The adverse consequences of such practices should always be emphasized to the community and steps to curb it. Rampant irrational use of antimicrobials without medical guidance may result in greater probability of inappropriate, incorrect, or undue therapy, missed diagnosis, delays in appropriate treatment, pathogen resistance and increased morbidity.

It would be safe, if the people who are using it, have sufficient knowledge about its dose, time of intake, side effect on over dose, but due to lack of information it can cause serious effects such as antibiotic resistance, skin problem, hypersensitivity and allergy. There is need to augment awareness and implement legislations to promote judicious and safe practices. Improved knowledge and understanding about self-medication may result in rationale use and thus limit emerging microbial resistance issues.

**Potential benefits**

**Individual level**

* An active role in his or her own health care
* Self-reliance in preventing or relieving minor symptoms or conditions
* Education opportunities on specific health issues (i.e. stop smoking aids and products to treat heartburn)
* Convenience

**At community level**

Good self-medication can also provide benefits such as:

* Saving scarce medical resources from being wasted on minor conditions
* Lowering the costs of community funded health care programs
* Reducing absenteeism from work due to minor symptoms
* Reduce the pressure on medical services where health care personnel are insufficient

**Potential risks**

**Individual level**

* Incorrect self-diagnosis
* Failure to seek appropriate medical advice promptly
* Incorrect choice of therapy
* Failure to recognize special pharmacological risks
* Rare but severe adverse effects
* Excessively prolonged use
* Risk of dependence and
* Storage in incorrect conditions or beyond the recommended shelf life.[[26](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4012703/#ref26)]

**Community level**

Improper self-medication could result in an increase in drug induced disease and in wasteful public expenditure.

**QUESTION NO 3**

**How “SCREEN TIME ADDICTION” affects our mental health? Explain in detail. (10 marks)**

Ans; “Screen addiction is a group of behaviors that are negative, some negative outcomes, that can happen when we use too much technology during our day,”

Prolonged use of watching TV, video games, scrolling through social media – all of that use acts like a digital drug for our brain.”

Screen use releases dopamine in the brain, which can negatively affect impulse control. Scientists says studies have shown screen time affects the frontal cortex of the brain, similar to the effect of cocaine.

Similar to drugs, screen time sets off a pleasure/reward cycle that can have a negative impact of your life.

In children, effects of screen addiction may include:

* Speech delay
* Cognitive impairment
* Difficulty with problem-solving and creative thinking
* Cyber bullying and exposure to predators
* Body weight issues and poor bone health due to lack of physical activity, which later in life can add up to heart disease and other health conditions
* Depression and anxiety

**Question no 4**

**Discuss contribution of “SOCIOLOGY” to medical field? (10 marks)**

**MEDICAL SOCIOLOGY AND PHYSICIANS**

Work in medical sociology, more closely tied to disciplinary interests, finds less acceptance among physicians and administrators because it looks at issues of health and medicine from the outside, commonly operating on premises that reject basic assumptions of the medical profession. Thus, in response to one study that described the deceptions used by house officers under pressure from their medical chief to gain autopsy permissions, one prominent physician lamented the preoccupation with learning in its most ghoulish aspects” and warned that it just opened “new veins of muck for those who make it their business to rake the medical profession.

More than a century ago, Rudolf Virchow noted that medicine is in essence a social science, and politics nothing more than medicine on a larger scale. Virchow and many others over the past two centuries saw the extent to which disease and epidemics derived from the material