April 16, 2026 <minato-nakazawa@people.kobe-u.ac.jp>

Medical Anthropology (2) **What is health?**

WHO's definition: "**complete** physical, mental, and social **well-being**, and not merely the absence of disease or infirmity" in the Constitution (1948), with "the capability to function in the face of changing circumstances" / "highest possible level of health" allows people to participate in social life and work productively
→ still widely accepted and useful as an ideal goal, but there have been many critics and discussion (eg. too ideal, not practical, intolerant for diversity, paternalistic, …)

Revision movement of WHO's definition occurred in relation with the inclusion of spirituality (and "dynamic"):
See, Nagase M (2012) Does a Multi-Dimensional Concept of Health Include Spirituality? Analysis of Japan Health Science Council's Discussions on WHO's 'Definition of Health' (1998). *International Journal of Applied Sociology*, 2(6): 71-77. (https://doi.org/10.5923/j.ijas.20120206.03)

- **Biomedical measures of population health** (source: Winkelman's textbook p.15)
  - Life expectancy: The average length of life for members of a specific group. Based on age-specific mortality rate, using life table, it can be calculated.
  - Span of healthy life: Adjusted average life expectancy by subtracting years of poor health, using Sullivan's method or multi-state life table.
    - Quality Adjusted Life Years (QALYs): 1 QALY = 1 years of life in perfect health. Estimating the years of life remaining for a patient following a particular treatment or intervention and weighting each year with a quality-of-life score (on a 0 to 1 scale).
    - Disability Adjusted Life Years (DALYs): A measure of the impact of a disease or injury in terms of healthy years lost. (https://www.who.int/data/gho/indicator-metadata-registry/imr-details/158)
    - Healthy Life Expectancy (HALE): Average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury. (https://www.who.int/data/gho/indicator-metadata-registry/imr-details/66)
  - Health behaviors: Acts, activities, and lifestyles that may improve health
  - Reserve health: Capacity to resist disease and stressors
  - Social support: Relationships providing physical and emotional support
  - Overall birth rate: Number of children born per year (Note: In epidemiology and demography, it's not rate)
  - Population growth rate: Birth rate divided by death rate (Note: In epidemiology and demography, it's birth rate minus death rate)
- **Critical medical anthropology concepts of health** (source: Winkelman's textbook p.16): Emphasizing the importance of access to resources necessary for sustaining life at a high level of satisfaction. Health is analyzed from the perspectives of the societal factors (affected by political decisions) affecting the distribution of resources and threats to health.
- **Public health concepts of health** (source: Winkelman's textbook p.16): Emphasizing community involvement as a key to conceptualization of health. Healthy community has health institutions that are accountable, incorporating community involvement from planning stages through implementation and evaluation. See, Durch et al., 1997 (https://doi.org/10.17226/5298).
- **Cultural and organizational concepts of health** (source: Winkelman's textbook p.16): Since 1980, Health Maintenance Organizations (HMOs) in USA promoted health care revolution to enhance assessment and monitoring of health and perceptions of quality of care. Health concept radically changed from "absence of disease" to views reflecting culturally valued functional abilities and **conceptions of well-being**. Focusing on quality care and patient experiences provided roles for anthropologist to do the followings.
  - Determining the culturally based conceptions of what constitutes quality care
  - Creating change in health institutions to enhance ability to promote culturally responsive care
  - Instituting community assessment and organization to guide the resource development for health
  - Providing staff training in cultural dynamics of interpersonal relations
- **Assessing personal concepts to improve health** (source: Winkelman's textbook p.18): "Health is a positive state of physical, emotional, mental, personal, and spiritual well-being and a balance with nature and the social world." The notion of health as a relationship between individual and his or her environment → What constitutes health differs from person to person and culture to culture. (eg.) In Japan, obesity is regarded as unhealthy, but in FSM, obese people are viewed as healthy and lean body as sickly. Differences in health conceptions lead to the differences in medical consultation and factors affecting satisfaction by medical indication. If the provider ignores such difference, patients cannot get well-being. This finding raised the interest in cultural awareness and cultural competence.
- **Systems approach to health** (source: Winkelman's textbook p.18): Necessity to recognize somatic (based on the functions of person's bodily systems), social (deriving from the appropriateness of one's behavior from the view of family and social others) and psychic (balance in sociocultural demands and perceptions) dimensions of health, all of which are interacting (Blum H, 1983)
  - **Biopsychosocial model of health**: Correcting biomedical focus on disease as basically a physiological condition. Rather, health as related to both natural and cultural environments (more inclusive scientific approach). Human functioning within physical environments, cultural influences, and hierarchical physiological systems enables our

health to be affected through influences at levels above us (eg. political decisions for health care funding). See, Figure 1.1. Biocultural Interactions: Hierarchy of Natural Systems (modified and shown below)

Subatomic particles – Atoms – Molecules – Organelles – Cells – Tissues – Organs or Organ Systems – Nervous System – Person (Somatic, Social, and Psychic) – Interpersonal Networks – Family – Communities and Organizations – Subcultures – Cultures – *Homo sapiens* – Biosphere

- **Cultural systems models**: Cultural effects are found throughout human life. Culture affects health through risk factors, conditions related with increased likelihood of diseases, and protective factors. Those occur within a system of material, social and mental relations that provide mechanisms through which cultural effects are basic to health conditions. Relationships of organisms to their physical environment are mediated through sociocultural systems. The "environment" is not merely physical but fundamentally cultural (incl. economic, familial, community, class, political, religious dimensions and their effects on physical env.)
- **Sociocultural theories of disease**: Explanation of cultural effects on health emphasized the following 3 theoretical approachs. All concerned with the impacts of culture on biology, as illustrated by mediation, production and construction (Hahn R, 1995)
  - Medical ecology theories concerned with interactions with ecology, the total environment affecting human adaptation, using human genetics and group behavior as principal levels of explanation
  - Political economy and critical medical anthropology approaches that show how social relations, economic resources, and power are determinants of disease and disease outcomes through producing risks and distributing resources
  - Cultural theories concerned with how beliefs, values, and customs are determinants of disease, operating through symbolic processes that have effects on biological levels.

<Next Debate>
"Is WHO's definition of health appropriate or not?" considering the role of WHO in global health.
Prop.: Appropriate.
Opp.: Inappropriate.