

SOCI 309/339

URBAN SOCIOLOGY

Session Seven

Basic Structure – Education and Health Institutions

Lecturer: Prof. Chris Abotchie, Department of Sociology

Contact Information: cabotchie@yahoo.com



UNIVERSITY OF GHANA

College of Education

School of Continuing and Distance Education

2014/2015 – 2016/2017

godsonug.wordpress.com/blog

Session Overview

Introduction

- **Education**, whether already acquired or yet to be acquired is a factor which either pushes or pulls the migrant to the city. Rural educated youth, both male and female readily migrate to the urban areas specifically either to sell their skills on the job market or pursue higher educational opportunities; while the uneducated or lowly educated may be compelled to migrate in order to begin or complete their education in the so-called good schools or universities in the urban communities.
- **To a large extent, education is very important to the city dweller, primarily because it enhances his/her market value and broadens his/her outlook, as well providing the important means by which he is able to update his knowledge and keep pace with the constantly changing industrial environment.**

Session Overview Contd.

- As the crucible of civilization, the urban area is thus the place where the skills which make it possible for the individual to keep up with the dynamics of social life can be acquired. How does education in the urban communities play out and what are some of the problems?
- **The health institution** on the other hand, is responsible for the transmission and maintenance of health care. Because of the demographic nature of the urban communities an efficient healthcare delivery is a paramount prerequisite.
- Urban and rural health needs are significantly different in the sense that the threats to health and access to treatment in the two physical and social environments vary; so also is the affordability of the cost of treatment. How do the education and health structures in the urban communities cope with the peculiar challenges?

Session Outline

The main topics to be covered in this session are as follows:

- Topic One: Urban education – goals and challenges
- Topic Two: Urban health – definitions and socio-cultural impacts
- Topic Three: Health threats in the city and cost of treatment



Objectives/Expected Outcomes for the Session

On the completion of this session, you should be able to:

Identify and explain the main goals of urban education and the challenges

Define health and explain the different cultural perceptions of the health status of individuals

Describe the current health threats in urban communities and the costs of treatment

Reading List

Abotchie, C., (2016)

Sociology of Urban Communities,
Accra Olive Tree Printing and
Publishing Chapter Three –
Five: pp 30 - 63



Topic One

Urban Education – Goals and Challenges

Definition and goals of education

- Sociologically, the educational institution is responsible for the transmission of culture. Education is usually the term used for secondary socialization and is usually carried out formally in the classroom; thus the term, formal classroom education.
- By definition therefore, education is **the training process whereby an individual who has progressed beyond primary socialization, learns about and acquires the skills required for his or her survival as an adult in a given culture.**
- In other words, as suggested by Leslie, Larson and Gorman, (1973) formal education **encompasses those processes by which an individual learns to take account of social order and to cope with it by some combination of conformity, non conformity, avoidance and conflicts.**

Education - Goals

Although in contemporary times, formal classroom education begins quite early for children, it is inevitably an extension of the goals of primary socialization which include:

- The **inculcation of basic skills** ranging from instinctual behavior to the methods of science,
- The **creation of an awareness** in the individual of his social roles;
- The **inculcation of social aspiration** –particularly the need to get on and upwards in life;
- The **enablement of the individual** to achieve his or her ideal self.

Formal Education

Formal education

- The content of early education during the colonial period was structured by the Missionaries around the Three Rs – namely, Reading, Writing and Arithmetic, in addition to the scriptures.
- Because of the benefits that formal education brought to the educated, namely respect, a broader outlook and marketability of skills, most parents became anxious to release their children from farm work to go to school.
- In the wake of industrialization however, education in the urban communities no longer emphasized the mere acquisition of the 3Rs but also skills in science, industry and technology. Thus there emerged an increasing awareness of the need to train people for specific job markets.

Formal Education – Gate Keeping Role

Gate- keeping role

- As a result of the increasing number of people getting academic qualifications, there arose an equally increasing need for the job market to insist on credentials such as diplomas or degrees as a way of sorting people for employment.
- **Because employers had no way of knowing the quality of the people who had applied for their jobs they began insisting on credentials. Thus they had to depend on the educational institution to sort out the good applicants from the not so good.**
- This way education is considered as performing a **gate-keeping role** in the urban communities because of its unique utility in identifying individuals who qualified to be allowed through the gates of recruiting organizations.

Gate-Keeping Role – Need to Update Knowledge

- Without the appropriate credentials, a person would not get hired even if he were much more capable than an educated person.
- Furthermore, the on-going industrialization created the need for the average citizen to develop the ability not only to read, write and work with figures but also constantly update his knowledge; because the industrial machinery and types of jobs keep changing.
- In spite of the upward trend in education in the urban communities up to university level, a number of challenges have tended to retard its progress.

Urban Education - Challenges

These challenges include:

- **Falling test scores**, described as a **rising tide of mediocrity** which threatens the future not only of the children but of the society as well. Assessment tests carried out in most urban and rural schools showed that most students in the urban areas do badly in both mathematics and verbal scores.
- **Cheaply written text books** –poorly researched and poorly articulated - have become pervasive as well as model answer books which have the tendency of compelling students to learn by rote, information they do not understand;
- **Grade inflation** in the face of declining standards. The assessment studies reveal that some high school students who have been identified as **A** students are unable to fill out job applications; and others cannot figure out whether they have been given the correct change or not, at the grocery store;

Challenges – Social Promotion and Violence

- **Social promotion** – the practice of passing students from one grade to the next, even though all of them may not have done well;
- **Teenage pregnancy:** This prevents higher education and perpetuates poverty;
- **Urban school children find television and video games more appealing** than reading;
- **Increasing violence in schools** has led to an imposition of restrictions on the freedom of students.

Resolving the Challenges

Solutions

Among the suggestions made to improve the declining situation were:

- **A secure learning environment** aimed at ensuring the physical safety and freedom of students and faculty from fear. The way out is to expel students who threaten the welfare of others or use drugs or carry weapons of violence.
- Students should **take more courses and regular tests** in mathematics, science, computer science, social studies and English
- **More qualified tutors should be recruited** and induced by good salaries to become committed to their work.
- **Parents should have the option of choosing schools** which do better for their children.

Education - Benefits

Benefits

Education once acquired to a higher level confers a number of benefits on the individual:

- It makes the individual **acceptable** in his community because he has learnt to identify with the culture shared by other members of the community;
- It gives the individual **the potential for his personal growth** and development; that is the individual is able to build upon his/her current level of education to develop his skills further;
- **Emotional satisfaction** is attainable through the ability of the educated individual to interact with his/her peers –particularly the opposite sex;

Benefits – Fitting into Other Cultures

- The individual is given the **enablement to achieve his future goals**, including his ideal self. As an illustration, if you have a dream of becoming a successful politician, a professor or a legal practitioner, you can only achieve an such goal by acquiring the required skills through education
- Education confers the ability **to fit into other cultures**. In other words, an educated person who travels for instance to Britain, the United States of America or China will not have problems getting adjusted to his new environment compared to an illiterate person;
- It **prevents social deviance** which is beneficial to both the individual and his society. Education creates the opportunity for employment which would prevent the individual from getting into crimes often brought about by unemployment.

More Benefits – Cultural Continuity, Social Integration

- Education enables the individual in the urban area to appreciate and **adapt to social changes** – because the educated person understands what is going on around him and is able to adjust.
- Education **ensures cultural continuity** through the transmission of knowledge from one generation to the next;
- Education inculcates the value of **winning through competition**. This is based on the differentiation of students into academic classes i.e. first class, second upper, second lower etc.
- Education **teaches patriotism** by making students believe that their country is the best;
- It **brings about social integration** by bringing under one roof, the heterogeneous people in the urban area to learn to understand and live with each other.

Question

Which of the challenges in urban education discussed above did you personally experience? Based on your experience, to what extent do you consider that the solutions offered above are adequate? if not, identify at least four other solutions of your own, relevant to any one of the problems that you may have experienced.



Topic Two

Urban Health – Definitions and Socio-Cultural Impacts

Introduction

- Because of the concentration of populations in the urban communities as suggested earlier, an efficient healthcare delivery is a paramount prerequisite for these communities. Most cities are characterized by congestion because of the spatial concentration of people. This in turn explains the sanitation problems – the filth, that is, the choked gutters, overflowing pit latrines, out of service washrooms, the mounting garbage, etc., all of which have implications for the health of urbanites.
- Further, the poverty in the urban communities means that a significant number of the people are unable to afford decent housing where they can enjoy good health. Additionally, the urban poor are unable to pay for adequate treatment and are thus compelled to seek healthcare from public facilities which are often congested, under funded and under staffed.

Health - Definition

Definition

- According to the WHO, health is a human condition measured by four components –namely, **the physical, mental, social and spiritual**.
- **Physical health** means freedom from injury or any other harm or disease that disables the individual; **mental health** means freedom from such mentally abnormal conditions as neurosis or psychoses which renders the individual unable to adjust to reality; **social health** means freedom from poverty, the inability of the individual to afford the means of living, while **spiritual health** generally means freedom from the prevalence of a helpless fear of the real and the imagined.
- Generally the sociology of medicine is not aimed at explaining what constitutes true health or true illness, rather it lays emphasis on the analysis of the effects that health or illness have on the behavior of people.

Health – Socio-Cultural Impacts

Cultural beliefs

- Health is affected by cultural beliefs.
- In **western cultures a person who hears voices** or sees visions is often considered as mentally abnormal; but in traditional African societies (as well as in the urban areas) such a person may be applauded as a spiritualist, capable of making contact with the spiritual world as well as working miracles.
- Similarly in cultures such as **in Africa where fatness** is associated with good health, **thin** people are believed to be unwell; but the reverse is true in other cultures such as in Europe and America where **obesity** is looked upon as a disease and thinness is a sign of being very healthy.
- Indeed in Europe and America, **whole industries have developed around weight watching**, to make the fat reduce their weight and the thin to retain theirs. However as cultural beliefs change over time so does a society's definition of what makes people healthy.

Socio-Cultural Impacts – Social Location

Social Location

- A number of significant factors which affects people's health in the urban areas include their social location.
- **Social location basically refers to a person's social class or position in the social structure.** And this significantly affects their health status.
- As an illustration, individuals who are **well to do, do not get sick often**, because they live in cleaner environments and eat balanced diet and when they do get sick, they are able to pay for a more adequate treatment than the poor.

Social Location - The Working Class

- **Upper and Middle class people** can often afford personal physicians.
- Comparatively, the poor, lower or working class people get sick often because they eat poor, repeated diets and live in poor, congested neighborhoods which are often unhygienic and prone to infections transmitted from humans to humans or from living organisms to humans.
- The **poor** are likely to spend hours waiting in public health clinics or hospitals. Some of them might not even see a doctor, having waited the whole day, and are told to come back the next day.
- Ultimately such lower class people get admitted into overcrowded, understaffed and under-funded public health facilities.

Social Role

Social Role

- Given that the urban area is often dominated by a variety of industries as well as residential areas, the individual's health is often also determined by his social role, that is, his work.
- Persons working in **chemical or atomic engineering complexes** may be exposed to radiation, and this might impact their health.
- Those in the **armed forces and the police** and other law enforcement agencies such as **the prison service, customs and excise**, are exposed to frequent risks of violence, so **are miners** exposed to accidents as well as those **who work with asbestos or bull fighters**.

Economic Status of Societies and their Peoples Health

Economic status of society

- On a universal scale, there is a relationship between the global economic status of a society and the health of its people.
- For example, because Third world countries in Africa, Asia and Latin America have less money to spend on health care, most of their people still suffer from diseases which have been brought under control in the industrialized societies; for example, tuberculosis and diarrhea.

Gender Differentiation

Gender Differentiation

Available research evidence suggests that generally, women (both in the urban and rural areas) are treated differently by the medical establishment. This has been attributed to:

- **Male dominance in the medical field** throughout the world. In the United States for example only 20% of US physicians are women, and women form only 36% of all medical degrees awarded annually.
- **Physicians appear not to take women's health problems as seriously as they take men's complaints.**
- It is also alleged that **women receive unnecessary treatment** such as total hysterectomy; based on the explanation that some male doctors hold a biased attitude towards the female reproductive system.

Question

With illustrative examples discuss the significance of social location and social role in health accessibility in Ghana. What policy measures would you recommend to governments aimed at addressing disparities, if any?



Topic Three

Health Threats in the City and Cost of Treatment

Introduction

- As indicated in our earlier discussions, the **demographic characteristic** of the urban area, that is, the agglomeration or concentration of populations in specifically defined limits of the area, the high density and heterogeneity of the population, partially explain some of the health challenges affecting the city.
- The high population often leads to **congestion – particularly in lower class inner city areas**, where the absence of public sanitation facilities, such as washrooms, efficient waste management, choked drainages, etc. can lead to a variety of health hazards.
- Further, **over urbanisation** – the inability of the urban areas to economically cater for its migrants inevitably leads to unemployment which often translates into a significant number of social problems including economic crimes and also prostitution.
- **Prostitution** has implications for a variety of sexually transmitted infections which is typically one of the health threats associated with the urban communities. What treatment facilities exist and how accessible are these?

Current Threats to Health in Cities - AIDS

Current Health threats

- Acquired Immune Deficiency Syndrome – AIDS is probably the most pressing health issue in the world today mostly affecting the urban communities, because of over urbanization (unemployment) which predisposes female migrants to indulge in prostitution as a livelihood.
- The origin of AIDS still remains unknown. The disease first appeared among male homosexuals and was then noticed among the heterosexual population.
- The transmission is through sex and infected blood transfusion. AIDS is currently among the top 5 killers in women of child bearing age and has become the leading cause of death among men between the ages of 24 - 44 and the fourth leading cause of death among women of the same age category.

Current Threats – Alcohol and Tobacco

- AIDS is a global problem and it is predicted that the majority of new cases are likely to be in Asia. No cure has been found yet but a number of drugs including AZT and DDI have been found to slow down the problem.

Alcohol and Tobacco

- **Alcohol and tobacco are the most frequently used drugs in the urban areas** of the world. Both drugs are described as the standard recreational drugs.
- The average drinker in the U.S. is believed to consume about 38 gallons of alcohol beverages per year; 85% of college students have taken some alcohol during the year. Male students drink considerably more than females.

Health Threats - Drunken Driving

- Two problems associated with alcohol are **driving while drunk** said to be responsible for about half of a high percentage of fatalities in automobile accidents per year. The second problem is **birth defects**.
- **Cigarette smoking** is said to account for one out of every six fatalities in the U.S. Smoking doubles the predisposition of smokers to suffer heart problems and of developing cancer. Notwithstanding, many people continue to smoke.

Cost of Treatment - HMOs

Rising Costs of Treatment

- The cost for providing health has gone up in most urban societies. In the U.S. for example, the average person is said to spend currently, an average of \$3,000 a year on health, compared to the \$150 a year in 1960.
- To curb the rising costs (in the US and other developed and developing societies) **Health Maintenance Organizations (HMOs) have been established.**
- Through these organizations it is possible to **pay a predetermined fee** to a health facility to take care of the medical needs of workers. However the system has been criticized because of some complaints from patients that –

Cost of Treatment – Health Insurance

- **Patients have no say in the choice of doctors and a hospital**, besides the treatment is inadequate because they sometimes get discharged before they have fully recovered; in other words, they get discharged even though they have not fully recovered.
- **A second attempt to help workers cope** with the spiraling cost of healthcare has been **health insurance** under which the insurance companies have taken four steps, namely:
 - By **increasing the deductibles** or the initial mount paid by patients before their insurance goes into effect;
 - By **instituting co-insurance**, under which patients pay a fixed percentage of medical bills;
 - By **utilizing reviews of claims**; that is, medical personnel are hired by the insurance companies to review claims to determine whether a treatment was warranted;
 - By **introducing capping** under which the maximum amount to be paid by the insurance company is fixed.

Preventive Health

Preventable threats

The good news is many of these threats to health are preventable.

The important pre-requisites require that the individual should :

- **Maintain of sexual monogamy**
- **Exercise regularly**
- **Eat nutritious foods**
- **Avoid smoking, and**
- **Avoid alcohol abuse.**

Wellness

Wellness

- Instead of treatment, the || orl'ds societies ought to pay more attention to wellness.
- This implies a greater emphasis on **preventive health measures than the curative.**

Summary – Importance of Education

- Education is critical in the urban areas for the acquisition of skills which make it possible for the individual to keep up with the dynamics of social life. These skills include education for the job market.
- Without the appropriate credentials, a person would not get hired even if he were much more capable than an educated person. Furthermore, the on-going industrialization created the need for the urbanite to constantly update his knowledge; because the industrial machinery and types of jobs keep changing;



Summary – Social Location and Social Role

- Because of the concentration of populations in the urban communities an efficient healthcare delivery is paramount. The urban communities are characterized by congestion particularly in the inner city areas because of the spatial concentration of people. This makes the transmission of infections common.
- The health of urbanites is predominantly determined by their social location, that is, their social class which determines their socio-economic status as well as their physical environment and diet and also their ability or inability to afford good health care delivery. Their social role that is, the nature of their work also exposes them to a variety of conditions which can affect their health.

Summary – HMOs and National Insurance

- The cost for providing health has gone up in most urban societies. In the U.S. for example, the average person is said to spend currently, an average of \$3,000 a year on health, compared to the \$150 a year in 1960.
- To curb the rising costs (in the US and other developed and developing societies) Health Maintenance Organizations (HMOs) and National Insurance companies have been established. Through these organizations it is possible to pay a predetermined fee to a health faculty/physician to take care of the medical needs of workers.

Assignment

The use of alcohol and tobacco is quite pervasive in the urban communities notwithstanding their harmful effects. With illustrative examples, explain the predisposing factors for their use and suggest what can be done to control the use of these drugs to reduce their effects?

References

- Abotchie, C. (2016) Sociology of Urban Communities, Accra Olive Tree Publishing and Printing.
- Assimeng, J.M. (1981) Social Structure of Ghana, Tema, Ghana Publishing Corporation
- Bogue, D.J. (1977) A wigraŷts eye-view of the costs and Benefits of Migration to the metropolis in Brown and Neuberger (eds): Internal Migration: A Comparative perspective. New York Academic Press.
- Nukunya, G.K. (2003) Tradition and Change in Ghana, Accra, Ghana Universities Press.