



Editorial

The social determinants of lung health

Obianuju B. Ozoh¹

¹Department of Medicine, College of Medicine, University of Lagos and the Lagos University, Teaching Hospital, Lagos, Nigeria.

*Corresponding author:

Obianuju B. Ozoh,
Department of Medicine,
College of Medicine, University
of Lagos and the Lagos
University, Teaching Hospital,
Lagos, Nigeria.

oozoh@unilag.edu.ng

Received : 19 January 2023

Accepted : 19 January 2023

Published : 30 January 2023

DOI

10.25259/JPATS_5_2023

Quick Response Code:



The social determinants of health are the conditions in which a person grows, lives, works, and ages and the systems in place to deal with ill health.^[1] These conditions are shaped by political, social, and economic factors which, in turn, hinge on policies, cultures, and societal values.

Health inequality and inequity exist not only between countries but also within countries and health and illness generally follow a social gradient. A child born in a high-income country such as Japan is expected to live up to 80 years, while an African child may live <50 years based on the social, environmental, and economic factors that characterize their existence. A 20% disparity in life expectancy is reported in the United States of America and Australia, despite their high gross national income per capita, based on socioeconomic status. Achieving health equity where everyone has the opportunity to attain their full health potential regardless of their money, power, resources, or other socially determined circumstance is a matter of social justice and a priority for the World Health Organization and other global health partners.

In this issue of the Journal of the Pan African Thoracic Society, Masekela *et al.*^[4] present a review reporting the proceedings of a joint scientific symposium between the Pan African Thoracic Society (PATS) and the British Thoracic Society (BTS) that was held at the 2022 BTS Winter meeting.^[4] They highlight the adverse effects of poverty experienced during the prenatal, postnatal, and early life periods of African children on lung health. With two-thirds of the world's poor living in sub-Saharan Africa (accounting for about half of the sub-Saharan Africa population), poor lung health and low lung function are common.^[2] For example, a previous study in Nigeria reported low lung capacity in over a quarter of apparently healthy African adolescents and young adults.^[3]

Low lung capacity among Africans compared to Caucasians is considered normal based on the ethnic normalization of lung capacity without due consideration of the influence of the adverse social determinants of health experienced by most of the African population. Normalizing low lung function based on ethnicity has been linked to colonialism as also alluded to by Masekela *et al.*^[4] and has negative consequences. It prevents the recognition of the real burden of poor lung health and prevents prioritization of primordial, primary, and secondary prevention strategies such as exposure reduction, improvement in maternal nutrition, vaccination, and screening.

As stated by Masekela *et al.*,^[4] poverty should not be normalized, rather, it should be eradicated. If the major determinants of lung health in Africa are socioeconomic, then, we need socioeconomic interventions to address them. We must first recognize that “Every sector is the health sector,” therefore, efficient functioning of all sectors to improve conditions of daily living is fundamental to a healthy population. Second, African leaders must take responsibility for the health of their

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

©2023 Published by Scientific Scholar on behalf of Journal of the Pan African Thoracic Society

population by generating wealth and ensuring fair and equitable distribution of resources to improve the economic well-being of all. Third, there is a need to build capacity among policymakers in Africa for the continuous appraisal of the impact of all policies on the social determinants of health.

REFERENCES

1. WHO Commission on Social Determinants of Health, World Health Organization, editors. Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health: Commission on Social Determinants of Health Final Report. Geneva, Switzerland: World Health Organization, Commission on Social Determinants of Health; 2008. p. 246.
2. Aguilar RA, Fujs T, Jolliffe D, Lakner C, Mahler D, Nguyen MC, *et al.* Povcal Net Update: What's New. Washington, DC: World Bank; 2020. Available from: <https://www.openknowledge.worldbank.org/handle/10986/34451> [Last accessed on 2023 Jan 18].
3. Ozoh OB, Eze JN, Adeyeye OO, Eromosele O, Dede SK, Ndukwu CI, *et al.* Unrecognized respiratory morbidity among adolescents and young adults in Nigeria: Implications for future health outcomes. *Niger Med J* 2020;61:210-7.
4. Masekela R, Mortimer KJ, Feary J, Binegdie AB. Stop normalizing poverty: How can African children achieve their true lung health potential? *J Pan Afr Thorac Soc* 2023;4: 3-7.

How to cite this article: Ozoh OB. The social determinants of lung health. *J Pan Afr Thorac Soc* 2023;4(1): 1-2.