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Application of Health Sociology Theories to Contemporary Health Issues: Inequality, Digitalisation, Stigma, and Ecological Crisis

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A R T I C L E I N F O

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A B S T R A C T

This article discusses the application of health sociology theories in examining contemporary health issues, especially health inequalities, digitalization of health services, disease stigma, pandemics, and ecological crises. Using a qualitative literature review method, this article reviews reputable journal literature published since 2020 to formulate a conceptual framework connecting functionalism theory, conflict theory, symbolic interactionism, social constructionism, social epidemiology, intersectionality, and the social determinants of health perspective. The study shows that health cannot be understood solely as a biological phenomenon but must be analyzed as a result of the relationships between social structures, power, culture, technology, and the environment. The functionalism theory explains the role of health institutions for social stability, conflict theory reveals the injustice in the distribution of health resources, while symbolic interactionism and social constructionism explain the production of meaning, stigma, labeling, and medicalization. In the contemporary context, health digitalization opens up opportunities for expanding access, but it also risks widening gaps if digital literacy, infrastructure, and public trust are not strengthened. This article concludes that health sociology is important for building health policies that are fair, inclusive, participatory, and sensitive to social contexts. Future research needs to expand cross-country empirical studies, deepen intersectional analysis, and test the impact of digital transformation and climate change on vulnerable groups

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INTRODUCTION

Health in the 21st century is increasingly clear that it cannot be understood merely as an individual's biological condition, because patterns of illness, access to treatment, adherence to health policies, and patient experiences are shaped by social structures, power relations, culture, economics, and the environment. Recent literature on the social determinants of health emphasizes that the environment where people are born, grow, work, live, and age influences disease risk, quality of life, and the chances of getting quality healthcare [1], [2], [3], [4]. This perspective broadens the scope of health studies from the clinical space to social analysis, paying attention to income, education, occupation, gender, race/ethnicity, region, migration, and ecological conditions as factors that create health vulnerabilities [5], [6], [7].

The urgency of discussing health sociology has increased after the COVID-19 pandemic showed that health crises never impact everyone equally. Groups with informal jobs, crowded living conditions, underlying health issues, limited access to healthcare, and marginalized social positions tend to bear heavier health and economic burdens compared to groups with stronger resources [4], [5], [8]. The pandemic also showed that public trust, risk communication, social solidarity, stigma, and collective compliance are social variables just as important as clinical capacity in managing health crises [9], [10], [11].

At the same time, digital health through telemedicine, health apps, electronic medical records, artificial intelligence, and big data opens up new opportunities for expanding services, but it also raises sociological issues regarding the digital divide, privacy, algorithmic bias, and power relations between patients, healthcare workers, tech platforms, the government, and the health industry. So, contemporary health issues can't be addressed just through medical innovation; they require a critical look at who benefits, who gets left behind, and how health institutions can be designed to be more fair.

This article is important because health sociology theories can help explain the macro, meso, and micro dimensions of health issues. Functionalism sees health as a prerequisite for the functioning of the social system; conflict theory views health as a field of competition over resources and power; symbolic interactionism explains the subjective meaning of illness and patient identity; social constructionism sees disease as a socially defined category; while social epidemiology and the theory of social determinants of health link disease distribution to patterns of social stratification. The diversity of these theories provides analytical tools to understand why health interventions often fail when social context is ignored.

Based on this background, this article poses two research questions. First, how can the main theories in health sociology be used to understand contemporary health issues such as health inequalities, stigma, digitalization of services, pandemics, and ecological crises? Second, how can applying these theories help in formulating health policy and practice approaches that are more fair, inclusive, and responsive to vulnerable groups? The goal of this article is to explain the conceptual foundations of health sociology, outline the relevance of

its main theories, and discuss their application in addressing contemporary health issues based on scientific literature.

LITERATURE REVIEW

1. Definition and Scope of Health Sociology

Health sociology is a branch of sociology that studies the relationship between social structure, culture, institutions, social interactions, and health experiences. Unlike the biomedical approach that emphasizes the biological mechanisms of disease, health sociology looks at health as a social phenomenon influenced by social class, occupation, education, gender, race/ethnicity, place of residence, cultural norms, government policies, and healthcare systems. From this perspective, illness is not only seen as a bodily disorder but also as a social experience that affects identity, roles, family relationships, job positions, and citizens' participation in community life.

The scope of health sociology covers several main dimensions. First, studies on the social determinants of health explain how socio-economic conditions shape disease risks and opportunities for healthy living. Second, studies on health institutions like hospitals, insurance, bureaucracy, and medical professions. Third, studies on the social meaning of illness, stigma, medicalization, and patient experiences. Fourth, studies on public health policies, pandemic crises, health digitalization, climate change, and global inequalities in the distribution of health resources ([3], [18], [22].

2. Society, Health System, and Social Determinants

The healthcare system always exists within the context of a particular society. The availability of hospitals, medical staff, medicine, insurance, transportation, health information, and public trust is not distributed evenly, but rather follows patterns of social stratification. Groups with better economic resources, education, and social networks usually find it easier to access quality healthcare, while the poor, informal workers, rural residents, people with disabilities, migrants, and minorities often face multiple barriers [4], [5], [6], [23]. Social determinants of health include upstream factors such as economic policies, power distribution, education systems, labor markets, housing, the environment, and social protection systems. These factors influence intermediary factors like chronic stress, health behaviors, pollution exposure, nutrition, job security, access to information, and the ability to pay for healthcare services [1], [22], [24]. Because of this, health interventions that focus only on changing individual behavior are often inadequate if not accompanied by improvements in structural conditions that limit individual choices.

3. Functionalism Theory in Health

From a functionalist perspective, society is seen as a system made up of interdependent parts. Health has a social function because it allows individuals to carry out productive roles as workers, family members, students, citizens, and community participants. Illness is understood as a disruption to an individual's ability to perform their social roles, so medical institutions function to restore individuals so they can participate in the social system again [19], [20].

The concept of the sick role shows that society gives certain legitimacy to sick people, like temporary relief from normal responsibilities, but also expects them to seek help and try to get better. In a contemporary context, this concept is still useful for understanding the legitimacy of being sick, medical leave, the role of doctors as gatekeepers, and society's expectations of patients. However, the concept has been criticized for being inadequate for chronic illnesses, mental disorders, disabilities, long COVID, and conditions that don't heal quickly [21], [25], [26].

4. Conflict Theory and Health Inequality

Conflict theory sees health as an arena of inequality and competition for resources. Access to healthcare services, hospital quality, drug prices, insurance coverage, and medical research priorities are influenced by economic and political interests. This perspective highlights how capitalism, commercialization of healthcare, and class inequalities can lead to systematic differences in morbidity, mortality, and quality of life [7], [17], [27], [28].

In a highly unequal society, low-income groups not only face a higher risk of illness, but also have more limited capacity to prevent disease and access treatment. Conflict theory rejects the notion that health is purely the result of personal choices, because health choices are always constrained by income, jobs, housing, food, environment, and access to services. This perspective is important for understanding issues like drug costs, pharmaceutical industry dominance, hospital privatization, and global vaccine inequality.

5. Symbolic Interactionism, Stigma, and Patient Identity

Symbolic interactionism emphasizes that the meaning of healthy and sick is shaped through social interaction. A medical diagnosis doesn't just label a biological condition, but also changes how individuals understand their body, future, identity, and relationships with others. Patients with cancer, HIV, mental illness, obesity, disabilities, or long COVID can go through a process of negotiating meaning with themselves, their family, healthcare workers, community, and the media [18], [29], [30], [31].

Stigma is an important concept in this approach. Stigma happens when a negative social label is attached to a certain health condition, causing individuals to feel shame, discrimination, isolation, or barriers to accessing services. In the context of a pandemic, stigma can be directed at patients, healthcare workers, certain ethnic groups, or communities considered sources of infection [32], [33], [34]. Therefore, health communication isn't just about giving medical information; it also needs to reduce negative labels and build social solidarity.

6. Social Constructionism, Medicalization, and Risk Culture

Social constructionism argues that categories like disease, risk, normality, and deviance aren't entirely natural, but are shaped by scientific knowledge, cultural norms, the media, medical institutions, government regulations, and industry interests. Conditions that at one time were seen as normal variations of life can turn into medical categories that require diagnosis and intervention. This process is known as medicalization [12], [35], [36].

The constructionist approach is useful for looking at mental health issues, obesity, aging, menopause, hyperactivity, digital addiction, and health behaviors. In modern risk culture, people are encouraged to constantly monitor

their bodies through medical indicators, health apps, wearable devices, and productivity standards. This practice can boost health awareness, but it can also increase anxiety, over-self-monitoring, and individual responsibility that masks the structural causes of disease [12], [37], [38].

7. Social Epidemiology, Intersectionality, and Ecological Perspectives

Social epidemiology explains the distribution of diseases in a population by considering social, economic, political, and environmental exposures. This perspective emphasizes that chronic diseases, infectious diseases, mental health issues, and premature deaths have social patterns that can be traced through class, education, occupation, race/ethnicity, gender, region, and environmental conditions [39], [40], [41]. So, disease rates aren't just clinical data—they're a reflection of the social setup of society.

Intersectionality expands social epidemiology by explaining that health vulnerabilities are often shaped by the intersection of multiple identities and social positions at the same time. A poor woman working in the informal sector, living in a flood-prone area, and having low digital access faces different health risks than a middle-class man in an urban area with adequate healthcare services. For this reason, contemporary health analysis needs to look at the links between class, gender, race/ethnicity, age, disability, migration status, and ecological space all at once [42], [43], [44].

The climate crisis adds an ecological dimension to health sociology. Climate change increases the risks of heat waves, floods, droughts, zoonotic diseases, mental health issues, malnutrition, and population displacement, but its impacts are not evenly felt because they are influenced by poverty, housing quality, access to clean water, jobs, and community adaptation capacity [45], [46], [47]. A health sociology perspective is needed so climate adaptation policies aren’t just technical but also socially fair.

METHODOLOGY

This article uses a qualitative literature review method, which is a qualitative review of the literature aimed at synthesizing concepts, theories, arguments, and research findings to build an analytical understanding of the application of health sociology theory to contemporary health issues. This method is different from a systematic literature review because it isn't focused on highly standardized procedures for searching, filtering, and assessing evidence, but rather on interpretative reading of relevant, credible, and up-to-date literature [48], [49], [50].

The literature sources were chosen purposively from reputable journal articles published since 2020 and relevant to the themes of health sociology, social determinants of health, health inequalities, stigma, health digitalization, pandemics, intersectionality, and climate change. The literature was analyzed using thematic synthesis techniques through several steps: identifying key concepts, grouping literature based on health sociology theories, comparing arguments between authors, and formulating theoretical and practical implications for fairer health policies.

The limitation of this method is that it's not meant to calculate quantitative effects or provide a complete evidence map like a systematic review. However, its strength lies in the ability to conceptually link theory and contemporary issues, which can lead to a comprehensive, reflective understanding useful for developing conceptual articles or future research agendas [51], [52].

RESULTS AND DISCUSSION

1 The Development of Health Sociology Over Time

Health sociology has evolved from an early focus on the medical profession, hospitals, and the role of patients to a broader study of inequalities, bodily experiences, stigma, public policy, globalization, digitalization, and ecological crises. This shift reflects changes in social reality: chronic diseases are on the rise, populations are aging, health technology is becoming more dominant, and global risks like pandemics and climate change are increasingly affecting daily life [12], [19], [45].

In the classical phase, the main focus was on the role of health institutions in maintaining social function and the legitimacy of the medical profession. However, critiques of this approach emerged because it didn't fully explain why certain groups continued to experience higher rates of illness and death. The next phase strengthened conflict theory, social determinants of health, and social epidemiology, which see economic and political inequality as the root of health differences [3], [18], [28].

In the contemporary phase, health sociology is dealing with more complex issues, like digital platform-based care, body datafication, algorithmic bias, health commercialization, anti-vaccine movements, pandemic fatigue, mental health, and the impacts of climate change. These issues show that health is increasingly produced through a combination of biological, social, technological, and ecological factors [14], [15], [46].

2. Applying Functionalism to Public Health Crises

In answering the first research question, functionalist theory is useful for understanding why the state, hospitals, schools, workplaces, and families try to restore social functions when a health crisis occurs. During the pandemic, mobility restrictions, vaccination, health protocols, and the reorganization of public services can be seen as efforts to maintain social stability and prevent the collapse of institutional functions [9], [10].

However, a functionalist reading needs to be complemented with structural criticism. Policies that are meant to maintain social order can create unequal burdens for informal workers, women, children, the elderly, people with disabilities, and poor households. That's why public health policies that aim for stability need to be accompanied by social protection, access to food, mental health support, service subsidies, and communication that takes into account the realities of vulnerable groups [5], [8], [53].

3. Application of Conflict Theory to Health Inequality

Conflict theory answers the first research question by showing that health inequalities are a result of unfair distribution of power and resources. Unequal access to hospitals, specialist doctors, expensive medicine, insurance, vaccines,

clean water, decent housing, and healthy food are concrete manifestations of a hierarchical social structure [4], [7], [27].

In policy terms, conflict theory focuses on reforms in health financing, strengthening public services, controlling drug costs, regulating the health industry, and protecting groups that can't afford private services. This approach is important because health strategies that only emphasize individual responsibility can reinforce blaming the victim—that is, the tendency to blame poor individuals for conditions that are actually produced by economic and political structures [17], [28].

Health inequality is also seen in how the impacts of climate change are distributed. Poorer groups tend to live in flood-prone areas, have jobs with high heat exposure, and have lower adaptive capacity. Conflict theory helps explain why environmental damage and health risks are often borne by groups that contribute the least to emissions and have the least power in decision-making [45], [46], [47].

4. The Application of Symbolic Interactionism on Stigma and Patient Experiences

Symbolic interactionism answers the first research question through an analysis of the meaning of illness in everyday life. Patients don't just receive a diagnosis; they also interpret that diagnosis in relation to their family, work, media, religion, community, and experiences interacting with healthcare workers. That meaning affects treatment adherence, openness to support, and trust in medical institutions [30], [31].

Stigma is a central issue in contemporary health. Mental illness, HIV, tuberculosis, obesity, substance use disorders, disabilities, and long COVID often cause not just clinical suffering, but also social exclusion. Stigma can hinder seeking services, lower quality of life, worsen mental health, and reinforce health inequalities [18], [29], [32], [33].

The implication for the second research question is that health policies need to pay attention to symbolic and relational aspects. Health services should develop empathetic, non-discriminatory communication that respects patients' experiences. Public health campaigns also need to avoid language that blames or shames certain groups, because messages like that can reinforce stigma and lower public trust [10], [11].

5. The Application of Social Constructionism to the Medicalization and Digitization of the Body

Social constructionism helps explain how the boundaries between healthy, sick, normal, at-risk, and deviant are shaped by medical discourse, media, industry, policy, and technology. As health is increasingly monitored through apps, wearable devices, risk scores, and algorithms, the human body turns into a data object that is constantly measured, compared, and evaluated [12], [37], [38].

On one hand, the datafication of the body can boost disease prevention and patient participation. On the other hand, this practice can create new forms of surveillance, anxiety, dependency on platforms, and excessive individual responsibility. People are pushed to become their own risk managers, even

though the ability to manage risks is heavily influenced by income, time, job, literacy, internet access, and social support [13], [14], [15].

In this context, the digital health divide is an important sociological issue. Telemedicine can expand services to remote areas, but it can also widen the gap if people don't have devices, internet access, digital literacy, private space for consultations, or trust in health platforms. That's why digital innovation needs to be combined with digital inclusion policies and patient rights protection [13], [15], [16].

6. Social Epidemiology, Intersectionality, and Health Policy Formulation

Social epidemiology answers the second research question by providing a basis for policies that don't just focus on healthcare facilities, but also on improving social conditions. If diseases are caused by poverty, poor housing, dangerous jobs, discrimination, pollution, and limited access to food, then health policies need to involve housing, education, employment, transportation, food, environment, and social protection sectors [22], [24], [54].

Intersectional analysis warns that universal policies don't always have a universal impact. Maternal health programs, mental health services, vaccination, telemedicine, or climate adaptation efforts can fail to reach groups facing multiple barriers. That's why policy design needs to include disaggregated data, community participation, area-based approaches, and impact evaluation on the most vulnerable groups [42], [43], [44].

In the context of Indonesia and other developing countries, a sociological approach can help us understand health challenges related to rapid urbanization, informal workers, regional inequalities, the double burden of infectious and non-communicable diseases, and uneven digital transformation. Effective health policies need to connect primary services, health education, social security, community empowerment, data strengthening, and environmental protection within a single health equity framework.

7. Synthesis: Answering the Research Questions

In short, theories of health sociology answer the first research question by showing that contemporary health issues have structural, institutional, interactional, symbolic, and ecological dimensions. Functionalism explains the need for stability and the restoration of social functions; conflict theory exposes inequalities in access and power; symbolic interactionism explains the meaning of the illness experience; social constructionism uncovers the processes of labeling and medicalization; while social epidemiology and intersectionality explain the distribution of disease risk within the population.

Regarding the second research question, applying these theories results in fairer policy directions. Health policies need to expand their focus from treatment to social prevention, from behavior change to structural change, from technology to digital inclusion, from one-way communication to community participation, and from crisis response to social-ecological resilience. In this way, health sociology is not just an academic framework, but also a practical tool to improve public health policy design.

CONCLUSIONS AND RECOMMENDATIONS

This article concludes that health sociology provides an important framework for understanding health as a complex social phenomenon. Health is not only determined by biological factors and individual behavior but also by social class, occupation, education, gender, race/ethnicity, culture, region, digital access, public policy, and ecological conditions. Therefore, any health analysis that ignores social structures risks producing narrow explanations and less effective policies.

Functionalism theory helps explain how health supports social stability and productivity, but it needs to be complemented with conflict theory so it doesn't cover up inequalities in access and resource distribution. Conflict theory shows that health differences often stem from economic and political injustice, including the commercialization of services, regional disparities, drug prices, and unequal social protection.

Symbolic interactionism and social constructionism emphasize that illness always has a social meaning. Diagnosis, labels, stigma, medicalization, and patient experiences can't be separated from social interactions and cultural discourse. Because of that, good healthcare should respect patients' experiences, reduce discrimination, and build empathetic and participatory communication.
Social epidemiology and intersectionality show that disease risks and opportunities for healthy living are unevenly distributed. Health policies need to be based on social evidence, disaggregated data, and the participation of vulnerable groups. This approach is really important when dealing with contemporary issues like pandemics, digital health, chronic diseases, mental health, and the impacts of climate change.

Future research recommendations are to strengthen empirical studies on the application of health sociology theory in developing countries, including Indonesia. Upcoming studies need to examine how digital inequality affects access to telemedicine, how stigma impacts the seeking of mental health services, how climate change affects vulnerable groups, and how health insurance policies can reduce structural disparities. Social epidemiology and intersectionality show that disease risks and opportunities for healthy living are unevenly distributed. Health policies should be based on social evidence, disaggregated data, and the participation of vulnerable groups. This approach is especially important when facing contemporary issues such as pandemics, health digitalization, chronic diseases, mental health, and the impacts of climate change.

Practically speaking, this article recommends that policymakers, academics, healthcare workers, and civil society organizations use a health sociology perspective when designing interventions. Fair health can't be achieved just through medical facilities and technology—it also requires social changes that strengthen social protection, public trust, community solidarity, digital inclusion, and environmental justice.

FURTHER STUDY

This research still has limitations, so further studies on the topic of Application of Health Sociology Theories to Contemporary Health Issues: Inequality, Digitalisation, Stigma, and Ecological Crisis are needed to improve this research and add insights for both the writer and the readers.

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