



PROGRAM ARBETSGRUPP 12: MEDICINSK SOCIOLOGI

SESSION 3 TORSDAG 17 MARS 11:00 – 12:30

Tid: 11:00-11:20

Ilkka Henrik Mäkinen and Sara Ferlander
Uppsala University, Södertörn University
Ilkka.Makinen@soc.uu.se

The measurement of social capital – do we still miss the point? The value of quality in relationships

Even though social capital has become an established concept, there is still some confusion surrounding it. The measurements of social capital have often been criticised for not matching the complexity of the concept, creating a divide between theory and practice (Weiler and Hinz, 2019). Most previous studies have focused on measuring the quantitative aspects of social capital, such as the number of associational memberships and the frequency of contact with, for instance, relatives and friends (Sun, Harris and Vazire, 2020). In order to match the operational and theoretical definitions and to understand the complex effects of social capital, its multiple aspects need to be included in the measurements. The aim of this study was to do just that when analysing the effects of social capital on depression.

The data were obtained from the Belarus National Health Survey of 2011, the final sample of which consisted of 2,107 individuals with a response rate of 72 per cent.

Descriptive statistics were calculated in order to estimate the general levels of social capital and depression in Belarus. Logistic regressions were then undertaken in order to estimate the effect of both quantitative and qualitative measures of social capital on self-rated depression for each form of social relationship. After these, quantitative and qualitative measures of social capital were put into the same model in a series of logistic regressions where their effects on self-reported depression were compared for each form of relationship. Finally, the analysis was repeated with controls for age, sex, educational level, and economic satisfaction.



UPPSALA
UNIVERSITET

In the analyses employing quantitative measures of social capital, statistically significant, inverse association between informal social capital and depression was found, the exact magnitude of which depends on the form of relation. Generally however, the more frequent one's informal connections, the lower the odds of reporting depression. The results of previous research (e.g., Ferlander et al 2016 in Moscow) were confirmed as regards the relationship between family-based social capital and reported depression. Those who were married and those who had regular contact with relatives had lower odds of reporting depression than their counterparts. In addition, those who had regular contact with their neighbours were also less likely to report depression than those with little neighbour contact. Contact with friends and membership in voluntary associations were however not significantly related to depression in Belarus.

In terms of qualitatively measured social capital, the same forms – relationships with family, relatives, and neighbours - were found to be significantly related to depression. However, the effects of qualitatively measured social capital on depression were consistently stronger than those of quantitative measurements, and when the two measurement types were mutually adjusted, the qualitative ones dominated in all statistically significant effects. The answer to the main question of this study, whether there is a difference between the quantity and the quality of social relationships for individuals' perceived depression, would thus be affirmative, the difference being that measurements of the quality of the relationships seem practically always to have stronger effects on depression than those of the quantity, which underlines the importance of measuring social capital according to its theoretical underpinnings.

Tid: 11:20-11:40

Lise Eriksson and Andrey Tibajev

Uppsala University

lise.eriksson@kbh.uu.se

Swedish healthcare providers' permissive values: sexual and reproductive rights, gender equality, migration and religion

By international comparison, people in Sweden display the most liberal and individualistic values on sexual and reproductive rights matters. Sexual and reproductive health services, including abortion and contraceptive counselling, are potential contentious spaces and sources of conflicts between private and professional values. The aim is to investigate self-expressed values in relation to sexual and



UPPSALA
UNIVERSITET

reproductive rights, gender equality, migration and religion among Swedish healthcare providers in sexual and reproductive healthcare in comparison with the Swedish population. A national cross-sectional study was carried out. The online questionnaire was distributed in January-May 2021 through a non-probability sample to midwives/nurses, gynaecologists/obstetricians and hospital social workers (n=1041) through professional associations for midwives and gynaecologists, and the target population's workplaces. Using descriptive statistics, we mapped healthcare providers' values, comparing means of values between healthcare providers and the Swedish population.

Healthcare providers displayed homogeneous permissive values, often at the extremes of included scales. Their self-expressed values were very permissive in sexual and reproductive rights matters and very restrictive against gender-based violence. They were for gender equality and expressed low anti-immigrant sentiments. Compared to the general Swedish population, healthcare providers had even more liberal values. Compared to a sub-population of highly educated women no older than 67, they were more permissive of abortion, and were to lesser extent religious community members.

Providers in Swedish sexual and reproductive health services are encouraged to incorporate gender equality perspectives in their daily practice. Our results show that Swedish midwives/nurses, gynaecologists/obstetricians and hospital social workers share a strong ideology of gender equality, and are homogeneous in their liberal values in relation to sexual and reproductive rights, gender equality, migration and religion.

Tid: 11:50-12:10

Sarah Hamed, Hannah Bradby, Suruchi Thapar-Björkert and Beth-
Maina Ahlberg
Uppsala University
sarah.hamed@soc.uu.se

*Cultural categorization and stereotyping of healthcare users by
healthcare staff in Swedish healthcare*

Categorizing customers and clients as 'good' or 'bad' is characteristic of various bureaucratic institutions, and healthcare settings are not exceptional in this regard. Research shows that the categorization of healthcare users by healthcare staff as good and bad may embody



UPPSALA
UNIVERSITET

subtle messages regarding the worthiness of healthcare users and hence may enforce inequalities in healthcare. Not only are individual healthcare users assigned various moral characteristics, but groups of healthcare users are also likely to be assigned negative stereotypes. Drawing on qualitative interviews conducted between 2018 and 2020 with 58 healthcare staff in Sweden from various ethnic and professional backgrounds, we examine the subtle ways through which healthcare staff use culture to differentiate between ethnic groups of healthcare users. We look at how certain ethnicities, particularly Arabs, Roma, and Somalis, are categorized as different, undesirable, and frustrating healthcare users, i.e., as bad users. Moreover, we examine how these cultural categorizations are associated with differences that reduce healthcare users' entitlement and/or access to care. Finally, we discuss how these aforementioned groups of healthcare users are particularly vulnerable to negative cultural categorization as they are generally subjected to crude racialization in the general societal context. Hence, negative cultural stereotypes assigned to these healthcare users in healthcare may contribute to further reinforcing the racialization of these ethnic groups.

Tid: 12:10-12:30
Pelle Pelters
Stockholm University
pelle.pelters@edu.su.se

Health orientation towards home: a conceptual compass for health work in the 21st century?

This theoretical exploration is a spin-off of a review on health promoting integration-interventions (Pelters et al., 2021). The review indicated that interventions initiated by host cultural organizations might be afflicted by a too narrow focus on Western understandings of health with their individualizing, moralizing and biomedicalized stance, thus neglecting home cultural, relational understandings of health, as provided by migrant-driven organizations. Similar effects related to age and class were described, leading to potential resistance towards a health work based on the above-mentioned Western health views. Considering culture a setting that habitually directs us towards certain ways of thinking, feeling and behaving the aim is to explore the idea of health as a culturally rooted orientation. This conceptual approach might expand the horizon of understanding regarding health as a basis for health work in present-day multicultural societies.



UPPSALA
UNIVERSITET

Tendencies toward resistance might thus be mitigated by broadening the scope of health work.

This conceptual exploration uses queer, postcolonial and phenomenological theorists' works (e.g. Ahmed, Svenaeus, Bhabha) and relates to home-making processes as discussed in migration studies to outline the concept of "health orientation".

A tentative understanding of a health orientation toward home is suggested: With every (health decision) step on our way in life, we create paths of health practice that gain embodied familiarity each time we repeat the same (cognitive, behavioural, emotional ...) action. Thus, a health orientation is established that conveys a sense of home, i.e. security, familiarity and confidence. As existing paths are, however, easier to follow, powerful health narratives and practices are more likely consolidated than alternative roads to health. Such an orientation-like understand of health, based on notions of health as identity-forming 'doing', is aware of and includes questions of power/normativity as well as postmodern healthistic insecurities and ambivalences.

SESSION 4 TORSDAG 17 MARS 15:00 – 16:30

Tid: 15:00-15:20

Signe Svallfors

Stockholm University

signe.svallfors@sociology.su.se

The Impact of Organized Violence and Anti-Coca Aerial Fumigations on Birth Weight: Micro-Level Evidence from Colombia

Organized violence has been linked to adverse pregnancy outcomes such as low birthweight, stillbirth and neonatal mortality. This study analyzes birth weight in the unique context of Colombia, where a long-standing conflict has created multiple stressors that may impair maternal and child health. Pathways suggested to account for this relationship include mother's stress, nutritional deficiencies, lack of adequate health care, and intimate partner violence. The article further contributes with novel analyses of the impact of anti-coca aerial fumigations that have been harmful to health. Combining micro-level survey data with spatiotemporal information about organized violence and aerial fumigations, we explore how intrauterine exposure to these



UPPSALA
UNIVERSITET

stressors are related to birth weight. Using maternal fixed effects models, we find that a mother's exposure to violence and fumigations is detrimental to the intrauterine growth of her children, net of gestational length, parity, and mother's characteristics such as age, location or genetics. Adolescent mothers with low education in urban areas are especially at risk. The findings are indicative of a scarring effect from organized violence on live-born children that may impair their future health and SES outcomes. The results add to knowledge about maternal and child health during crises, and the importance of context for individuals' health.

Tid: 15:20-15:40

Miia Bask

Uppsala University

miia.bask@soc.uu.se

Student well-being during the COVID-19 pandemic

This paper investigates students' well-being and views on the Swedish COVID-19 strategy during the pandemic.

The analyses presented in this study are based on a Swedish sample from an international data collection launched in spring 2020: "COVID-19 International Student Well-being Study". In total, data was collected in 26 countries and approximately 75,000 students participated in the survey. Researchers from the University of Antwerp in Belgium formed the survey, organized the data cleaning and deposition.

This paper utilizes the Swedish subsample of the dataset. All respondents in this study were registered as students at Uppsala University during the spring term 2020. Approximately 1,200 students responded to the questions analyzed in this paper. The dataset involves several questions related to physical and psychological health and health-related behavior. Background information involves demographic and study-related information.

The following variables from the study are included in the analyses: the students' opinion on whether the government provided information concerning the COVID-19 outbreak on time; how worried the students are of getting infected by COVID-19; the financial situation of the students; students' feelings of loneliness. Moreover,



UPPSALA
UNIVERSITET

we use demographic information such as gender and whether the student was born in Sweden or abroad.

The preliminary analyses show that foreign-born, those who are afraid of getting infected by COVID-19, and those who experience loneliness state that the government did not inform about COVID-19 in time. We also find that students with financial worries and students who are lonely are more likely being afraid of getting infected.

Tid: 15:40-16:00
Isis Marie Aimee Lindfeldt
Uppsala University
isis.lindfeldt@soc.uu.se

Exploring healthcare professionals views and perspectives on the optimization of the use of antibiotics at emergency healthcare units in Swedish hospitals

The global antibiotic stewardship depicts antibiotic use and antibiotic resistance as constituting a global public health threat that has implications for global health, the global economy, global security and sustainability. Prudent and wise use of antibiotics have been recognized in global measures and interventions that are designed to optimize antibiotics worldwide. However, these programs tend to overlook the social aspects and dynamics of antibiotic usage, which has important repercussions for the successful implementation of antimicrobial stewardship.

Sweden has been acclaimed internationally for its particular approach to antibiotic stewardship. The country has a low rate of antibiotic prescription and use in comparison with its European counterparts. However, despite Sweden's commendable efforts towards a robust and well-funded antibiotic stewardship, there are still controversial moments where clinical imperatives and stewardship goals are in conflict with one another. Given the difficulties of setting priorities that encompass both stewardship and clinical goals, even in the well-resourced Swedish context, research into the social and contextual dimensions of antibiotic usage in situ is warranted.

This study explores contexts where antibiotic usage is high and clinical imperatives are demanding to explore how clinicians weigh up and interpret the various competing imperatives in their daily clinical practice. The study seeks to understand how healthcare professionals



UPPSALA
UNIVERSITET

in emergency healthcare units, Medicinsk Intermerdiärvårdavdelning (MIVA) and Medicinskt Akutvårdsavdelning (MAVA) at various Swedish hospitals reflect upon rational use of antibiotics and antibiotic resistance in their daily work. Moreover, the study explores how healthcare professionals at these emergency units relate to evidence-based guidelines on rational use of antibiotics and antibiotic resistance in hospitals.

The preliminary results presented in this study were obtained using mixed methods: focus groups, participant's observation and semi-structured interviews with 56 healthcare professionals representing various specialties in different Swedish hospitals. The results indicate that healthcare professionals conveyed different types of rationalities in managing AMR issues in their daily practice. Moreover, it was revealed that healthcare professionals held different views in relation to compliance of AMR clinical guidelines. Furthermore, healthcare professionals maintained that collegial collaboration was crucial for the optimization of antibiotic use. However, the results illustrate that some healthcare professionals view doctors as bearing more responsibility for the optimization of antibiotic use in hospitals. Finally, healthcare professionals identified a number of challenges for the optimization of antibiotic use in their daily practice that will be presented and discussed.

Tid: 16:00-16:15

Anders Berglund

Viktor Rydberg Gymnasium Sundbyberg
andersberglund1991@gmail.com

Sociotherapy - sociological imagination in therapeutic contexts

Sociological criticism and analysis of psychotherapy is an important part of sociology, eg: Reiff 1987, Furedi 2004, Paulsen 2020, Illouz 2018. Sociology has as a field though been less interested in developing an alternative to psychotherapy and utilizing sociological insights and research.

Clinical sociology and socioanalysis exists as a field mainly in the US and France and mainly with a practical focus. Two journals have focused on building a sociological program around sociotherapy. These two journals do not exist anymore. This is a missed chance.

With the works of for example Hartmut Rosa with his theory of resonance and Randall Collins theory of emotional energy, these two



UPPSALA
UNIVERSITET

theories point to what sociotherapy could aim at building further on in. Both Rosa and Collins are examples of a positive view of health, happiness, and resilience could be in sociology, which is in contrast to much sociology that focus on negative modes of existence e.g. alienation and stress.

The argument proposed in the presentation is that sociology would benefit from having a reawakened sociotherapy field, both to utilize sociological imagination and insights in a therapeutic context to potentially help patients and to give sociology one more way to research.

Certain psychotherapies bring in the social to a certain degree, but not in a satisfying way compared to sociology as a whole which much more brings the social to the forefront of analysis. Some work has come further towards utilizing sociology. Social materialistic psychology is a critical psychotherapy that makes references to sociologists in their manifesto. Feminist therapy, narrative therapy are other examples that bring in society in the therapy in different ways.

Sociology could in several be utilized in a therapeutic setting. Sociological imagination is one of the main paths to build a research program in this setting. Sociological imagination would ground the client in the social world to focus on consciousness raising together with problem solving, i.e. applying the sociological imagination.

Other examples will be elaborated on in the presentations on socioeducation, socioasces etc. Criticism of sociotherapy for example over individualizing, instrumentalization, over emphasizing agency will be discussed.

Tid: 16:15-16:30

Shai Mulinari

Lund University

shai.mulinari@soc.lu.se

Capitalizing on transparency: commercial surveillance and pharmaceutical marketing

How corporations surveil and influence consumers using big data tools is a major area of research and public debate. However, few studies explore it in relation to physicians, even though they have been surveilled and targeted by the pharmaceutical industry since at least the 1950s. Indeed, in 2010, concerns about the pharmaceutical



UPPSALA
UNIVERSITET

industry's undue influence led to the passing of the Physician Sunshine Act in the USA, a unique piece of transparency legislation that requires companies to report their financial ties to physicians and teaching hospitals in a public database. This article argues that while the Sunshine Act has clearly helped expose important commercial influences on both prescribing and the scale of drug industry involvement with physicians, it has also, paradoxically, fueled further commercial surveillance and marketing. As our empirical case, we take commercial surveillance before and after the Sunshine Act to illustrate how companies were quick to capitalize on the public release of industry-wide data on physicians' financial relations to sharpen big data-driven pharmaceutical marketing. We argue that policies to promote increased transparency must be tightly coupled to policies that impede the commodification and use of transparency data for surveillance and marketing purposes.