ISRG Journal of Arts, Humanities and Social Sciences (ISRGJAHSS)

ISRG PUBLISHERS
Abbreviated Key Title: ISRG J Arts Humanit Soc Sci
ISSN: 2583-7672 (Online)
Journal homepage: https://isrgpublishers.com/isrgjahss
Volume – IV Issue -I (January- February) 2026
Frequency: Bimonthly

Social Determinants of Health: Structures that Produce Disease and Inequality

Tatiana Amorim Guimarães[1], Sebastiana Pessoa Palmeira[2], Sheila Erika Ferro Ramalho Nobre[3], Edylene Maria dos Santos Pereira[4], Kassio Ricardo Regalin[5], Aíla Maria Castro Dias[6], Keylla Tais de Amorim[7], Andreia Cristina Barboza da Silva Morais[8], Siglia Sousa de Franca[9], Priscila Rocha dos Santos[10], Mabel Alencar do Nascimento Rocha[11], Dr. Mario Angelo Cenedesi Júnior [12*]

[1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11] Universidad de Ciencias Empresariales y Sociales (UCES), Argentina

| **Received:** 15.01.2026 | **Accepted:** 19.01.2026 | **Published:** 24.01.2026

***Corresponding author:** Dr. Mario Angelo Cenedesi Júnior
Universidad de Ciencias Empresariales y Sociales (UCES), Argentina

Abstract

This article analyzes the Social Determinants of Health as structural mechanisms that produce and reproduce disease and social inequality. Departing from a critical perspective of the health–disease process, the text argues that health outcomes are not randomly distributed, but rather reflect historically constructed social, economic, political, and cultural arrangements. Through a theoretical and reflective academic essay, the article examines how income, education, work, housing, territory, gender, and race interact in cumulative and interdependent ways, shaping unequal life chances and health trajectories. The discussion emphasizes that illness cannot be understood solely as a biological phenomenon, but as a socially produced condition deeply embedded in power relations and structural deprivation. Health inequities are presented as systematic, avoidable, and unjust differences that disproportionately affect socially marginalized groups, revealing the political nature of disease distribution. The article also highlights the limitations of fragmented and market-oriented health systems, which tend to address the consequences rather than the structural causes of illness. Finally, the text discusses the implications of social determinants for public policies, underscoring the need for intersectoral action, social participation, and equity-oriented strategies. The incorporation of social determinants into health planning is presented as an ethical, political, and technical challenge, essential for reaffirming health as a fundamental human right and for building more just and sustainable societies.

Keywords: Social determinants of health; Health inequities; Social inequality; Public policies; Social epidemiology.

DOI: 10.5281/zenodo.18358533

Introduction

The contemporary understanding of the health–disease process definitively goes beyond the exclusively biological dimension. Evidence accumulated over recent decades demonstrates that patterns of illness, suffering, and death are unevenly distributed among social groups, territories, and populations, revealing that health is deeply shaped by social, economic, political, and cultural factors. In this sense, the social determinants of health emerge as a central category for analyzing health inequities and the structural mechanisms that produce and reproduce inequality.

The social determinants of health are not limited to individual or behavioral conditions but express how societies organize production, wealth distribution, access to rights, and life opportunities. Income, education, work, gender, race, territory, housing, and access to essential services constitute interdependent elements that directly and indirectly influence health risks and possibilities for social protection. Thus, illness is not merely the result of biological exposures, but the consequence of social trajectories marked by deprivation and accumulated vulnerability.

The social determinants of health approach makes it possible to shift the focus away from individualizing and moralizing explanations, often present in traditional biomedical discourses, toward a critical analysis of social structures. This perspective highlights that individual choices are strongly conditioned by unequal social contexts, in which not all subjects have the same real capabilities to live healthy lives. In this way, individual responsibility for illness proves to be insufficient and, often, unjust.

Given this context, it becomes essential to analyze the social determinants of health as expressions of historically constructed power relations that organize social life and define who becomes ill more often, who lives less, and who has greater access to care. This academic essay proposes an in-depth reflection on the social determinants of health, emphasizing their structural character, their role in the production of health inequalities, and the challenges posed to health systems and public policies.

Methodology

This is an academic essay of a theoretical and reflective nature, grounded in classical and contemporary literature on social determinants of health, social inequalities, social epidemiology, and collective health. The essay was constructed based on a critical analysis of central authors in the field, institutional documents, and widely recognized conceptual frameworks, seeking to articulate different theoretical perspectives. Bibliographic references are presented exclusively at the end of the text, as proposed, and support the argumentative development without the use of citations throughout the body of the article.

Development

1. Social determinants of health as expressions of social structures

Social determinants of health must be understood as the result of historical forms of social organization. They do not arise randomly, but reflect economic, political, and institutional arrangements that define the unequal distribution of resources, opportunities, and risks. Health, in this context, becomes a sensitive marker of the structural inequalities that permeate contemporary societies.

Living and working conditions occupy a central place in this debate. Precarious work environments, long working hours, informality, unemployment, and low wages directly impact the physical and mental health of workers. At the same time, differential exposure to environmental risks, such as pollution, lack of basic sanitation, and inadequate housing, reinforces patterns of illness concentrated among socially disadvantaged populations.

Education, in turn, influences health throughout the life course. Higher levels of education tend to expand access to information, better job opportunities, and social support networks, creating more favorable conditions for the adoption of health-protective practices. Conversely, interrupted educational trajectories or those marked by poor quality schooling contribute to the intergenerational reproduction of health inequalities.

These structural dimensions demonstrate that social determinants of health operate in an articulated and cumulative manner. They are not isolated factors, but complex systems of inequality production, in which social disadvantages overlap and reinforce each other over time, shaping persistent patterns of inequity.

2. Health inequities and the social production of disease

Health inequities represent systematic, avoidable, and unjust differences in health status between population groups. They are not the result of chance, but of social processes that privilege certain groups at the expense of others. The social production of disease, in this sense, demonstrates that illness is socially distributed and politically determined.

Socially marginalized groups, such as poor populations, racialized groups, migrants, and residents of peripheral territories, present worse health indicators, a higher burden of chronic diseases, and lower life expectancy. These inequalities reflect not only greater exposure to risks, but also structural barriers to accessing health services, social protection, and political participation.

Intersectionality emerges as a relevant analytical tool for understanding how different social markers interact in the production of inequities. Gender, race, social class, and territory do not operate independently, but in combination, generating specific experiences of vulnerability and exclusion. Poor women, for example, often face double or triple workloads, structural violence, and limited access to adequate health care.

In addition, health systems, when organized in a fragmented manner and guided by market-oriented logics, can reinforce the very inequalities they are meant to address. The absence of robust universal policies and intersectoral actions contributes to the maintenance of a model of care that acts more on the effects of illness than on its structural causes

3. Social determinants of health and challenges for public policies

Recognizing the social determinants of health implies acknowledging that health promotion goes beyond the health sector. Effective public policies require integrated actions in the areas of education, work, housing, transportation, environment, and social protection. Health comes to be understood as the result of broad economic and social policies, rather than solely of care-based interventions.

One of the main challenges lies in translating knowledge about social determinants into concrete management and planning practices. Although discourse on health equity is widespread, its operationalization faces political, institutional, and ideological obstacles. Economic interests, fiscal constraints, and power disputes often limit the implementation of redistributive policies.

DOI: 10.5281/zenodo.18358533

Social participation and the strengthening of health democracy are central elements in addressing these challenges. Incorporating the voices of communities affected by inequality increases the legitimacy of public policies and favors the construction of responses that are more sensitive to local realities. Health, in this context, affirms itself as a social right and a concrete expression of citizenship.

Finally, the social determinants of health highlight the need to rethink development models. Strategies based on economic growth without reducing inequalities tend to deepen collective health problems. The pursuit of more just, solidary, and sustainable societies constitutes an indispensable condition for improving population health levels.

Conclusion

The social determinants of health offer a fundamental analytical lens for understanding persistent inequalities in patterns of illness and death. They reveal that health is socially produced and that inequities reflect historically constructed political and economic choices. Thus, addressing health inequalities requires more than clinical or behavioral interventions.

The centrality of social structures in the production of disease imposes the need for intersectoral public policies oriented toward equity and social justice. Health systems committed to the right to health must act in coordination with other social policies, recognizing that improving living conditions is an inseparable part of health promotion.

It is concluded that the effective incorporation of social determinants of health into public planning and management represents an ethical, political, and technical challenge. Advancing in this direction implies confronting deep structural inequalities and reaffirming health as a fundamental human right, inseparable from the societal project one seeks to build.

REFERENCES

1. Bourdieu, P. (1998). Masculine domination. Stanford: Stanford University Press.
2. Breilh, J. (2010). Critical epidemiology: emancipatory science and interculturality. Rio de Janeiro: Fiocruz.
3. Chavez, L. J. E., et al. (2024). Barriers and facilitators for the sexual and reproductive health and rights of displaced Venezuelan adolescent girls in Brazil. Journal of Migration and Health, 10, 100252. https://doi.org/10.1016/j.jmh.2024.100252
4. CSDH. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Geneva: World Health Organization.
5. Cueto, M. (2024). Pandemics know no borders, but responses to pandemics do: Global health, COVID-19, and Latin America. Journal of the History of Medicine and Allied Sciences, 79(4), 395–406. https://muse.jhu.edu/article/939201
6. Granada, D., Silveira, C., Inoue, S. R. V., Matsue, R. Y., & Martin, D. (2023). The COVID-19 pandemic and international mobility in Brazil: Challenges for the health and social protection of international migrants in times of uncertainty. História, Ciências, Saúde – Manguinhos, 30(supl. 1), e2023033. https://doi.org/10.1590/S0104-59702023000100033
7. Leal, M. do C., Carvalho, T. D. G. de, Santos, Y. R. P., et al. (2024). Migration process of Venezuelan women to Brazil: Living conditions and use of health services in Manaus and Boa Vista, 2018–2021. BMC Public Health, 24, 1051. https://doi.org/10.1186/s12889-024-18109-5
8. Marmot, M. (2015). The health gap: the challenge of an unequal world. London: Bloomsbury.
9. Martin, D., Granada, D., Sampaio, J., & Ventura, D. (2026). Social determinants of health and migrant access to public healthcare in Brazil during the COVID-19 pandemic. BMC Public Health, 26, Article 115.
10. Sampaio, M. L., Almeida, A. C. G., Silveira, C., Matsue, R. Y., & Martin, D. (2023). Repercussões sociossanitárias da pandemia por Covid-19 para imigrantes e refugiados no Brasil: Uma revisão narrativa da literatura. REMHU – Revista Interdisciplinar da Mobilidade Humana, 31(68), 219–239. https://doi.org/10.1590/1980-85852503880006814
11. Solar, O., & Irwin, A. (2010). A conceptual framework for action on the social determinants of health. Geneva: World Health Organization.
12. Ventura, M. W. S., Lima, F. E. T., Brito, P. dos S., Pascoal, L. M., Albuquerque, N. L. S. de, & Almeida, P. C. de. (2024). Social determinants and access to health services in patients with COVID-19: A cross-sectional study. Revista da Escola de Enfermagem da USP, 58, e20230324. https://doi.org/10.1590/1980-220X-REEUSP-2023-0324en
13. Whitehead, M., & Dahlgren, G. (2007). Concepts and principles for tackling social inequities in health. Copenhagen: WHO Regional Office for Europe.

DOI: 10.5281/zenodo.18358533