Letter to Editor

## Social determinants of health with an emphasis on slum Population

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## Dear Editor;

Health is one of the basic pillars of life and the basic needs of every human being, whose role in promoting the indicators of human development is undeniable. Ensuring the health of societies, which is responsibility primarily the of governments, has been devolved down to health systems. The health system of any country-by making various policies and plans-strives to play its role properly in order to provide every single person in the country with affordable and quality health care at all levels, including public health, medical, rehabilitation, and palliative care services (1, 2). In doing so, however, health systems face major challenges and limitations, one of the most important of which is social determinants of health.

Social determinants of health include the conditions in which people are born, grow up, go through different stages of life, and work. All of these factors can affect people's health status, suggesting that health is a complex and multidimensional concept whose provision, maintenance, and promotion require intersectoral collaboration in the society. In other words, given the factors beyond the will and framework of health systems, one cannot expect a single organization to assume responsibility for the health of the entire society, but rather all sectors and institutions are somehow involved in this task and should play their roles properly (3).

On a macro level, if government and nongovernment resources are unfairly distributed and the mechanisms and chains of economic growth and development in deprived areas, villages, and cities are not properly established based on sustainable employment, residents of these areas feel compelled to migrate to larger cities and provincial capitals in search of better jobs, higher incomes, and better living conditions and-because of their inability to afford formal dwellings-settle on the outskirts of cities, giving rise to the social phenomena of slum dwelling and suburbanization. Although exact statistics are not available on Iran's slum population, a published report has declared that over 19 million people are suffering from this social problem (4). Slum dwelling is regarded as the origin of social harms and offenses. Slum dwellers, who are increasing in number day after day, are generally confronted with the following economic, social, and cultural problems in addition to a poor quality of life and limited access to household facilities. poverty, social discrimination, unemployment, fake jobs, child labor. unstable income, low education. domestic violence. crime, corruption, child abuse, and addiction. Moreover, health-related problems, such as food insecurity, poor public health, disease occurrence, lack of optimal access to health care facilities and services, and exposure to catastrophic health expenditures and medical impoverishment, are more prominent in these areas compared to nondeprived areas (4-6). The above-mentioned factors collectively pose a serious threat to the public and social health indices of the slum population.

Regardless of examining the sporadic measures taken in the past, exploring the experiences of successful and leading countries, and conducting comprehensive literature reviews with a great emphasis on the special conditions in Iran, it is recommended that the following strategies be adopted to reduce rural-to-urban migration, create jobs in sparsely populated cities, narrow the economic inequality in the society, generate motivation for reverse migration, and improve the health status of slum dwellers:

- (1) Investigating the geographical, tourism, cultural, and economic potentials of different provinces.
- (2) Discovering the absolute advantage of every province optimally and selecting it as the driver of growth and development in that region.
- (3) Distributing government public resources fairly and encouraging the non-government sector to make investments and create sustainable employment.
- (4) Reforming and developing the infrastructures of agriculture, animal husbandry, tourism, and handicrafts as well as creating domestic and international marketing cycles for the export of products.
- (5) Moving toward economic empowerment and granting loans and facilities to entrepreneurs to create jobs.
- (6) Increasing health literacy, making inexpensive prevention goods readily available, and promoting public health to reduce the number of patients in the society.
- (7) Providing financial protection mechanisms against health expenditures for vulnerable groups.
- (8) Collaborating with the non-government sector to construct health care facilities on the outskirts of large cities.

Overall, during policy-making processes in Iran, it is better that all plans be formulated with an eve to the strategic commodity "health." That is, in order to maintain and enhance health status in people of different social strata, extend life expectancy, achieve as much health equity as possible, move toward universal health coverage, and achieve sustainable development goals, policy-makers should include all and variables components in the multivariate health formula by means of comprehensive plans and reforms, without neglecting any aspect (7, 8); furthermore, poverty alleviation and reform programs should be implemented as soon as possible. In this article, we strove to look at the social determinants of health, which encompass a variety of instances, from an economic point of view with particular focus on slum dwelling. In addition to the aforementioned causes, slum dwelling has many other roots at the micro, meso, and macro levels. Slum dwellers face several issues and may jeopardize public safety in other parts of the city. In the first place, this social phenomenon should be prevented, and in the second place, the situation in the affected areas should be improved. Moreover, health policy-makers should control social determinants of health and guide the society toward mobility and creating constructive dynamism by interaction and collaboration with all sectors.

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