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Research Article

HEALTH INEQUALITY AND SOCIAL DETERMINANTS: SOCIOLOGICAL PERSPECTIVES ON PUBLIC HEALTH POLICY

Wijaya[1], Hassan Ali[2], and Nurul Huda[3]
[1] UIN Raden Fatah Palembang
[2] Sultan Sharif Ali Islamic University, Brunei Darussalam
[3] Universiti Brunei Darussalam, Brunei Darussalam

Corresponding Author:

Wijaya,
Department of Religious Studies, Faculty of Fundamentals of Religion and Islamic Thought, UIN Raden Fatah Palembang
Jl. Prof. K. H. Zainal Abidin Fikri No.Km.3, RW.05, Pahlawan, Kec. Kemuning, Kota Palembang, Sumatera Selatan 30126
Email: wijaya_uin@rafenfatah.ac.id

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Abstract
Health inequality remains a persistent global challenge, influenced significantly by social determinants such as income, education, and access to healthcare. Sociological perspectives emphasize that these disparities are not merely the result of individual behaviors but are deeply embedded within social structures and systems. This research explores the impact of social determinants on health inequality and examines how public health policies address these factors. The study aims to assess how sociological insights can inform public health policies aimed at reducing health disparities, particularly in marginalized communities. A qualitative research design was employed, utilizing document analysis, in-depth interviews, and focus group discussions across various socio-economic groups. The findings indicate that socio-economic status and education are the most significant determinants of health outcomes, with individuals from lower-income and less-educated backgrounds facing higher rates of chronic diseases. Additionally, public health policies that integrate these social determinants have been more effective in addressing health inequalities than those focused solely on healthcare access. The study concludes that addressing the root causes of health disparities through sociologically informed policy frameworks is essential for reducing inequality and promoting more equitable health outcomes.

Keywords: Education, Health Inequality, Public Health Policy, Social Determinants, Socioeconomic Status

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INTRODUCTION

Health inequality remains a persistent issue in societies worldwide, often shaped by factors beyond individual health behaviors and medical access (Nath et al., 2024). The social determinants of health such as socioeconomic status, education, environment, and social networks play a crucial role in determining the health outcomes of individuals and communities (Li et al., 2025). Sociological perspectives have long underscored the complex interaction between these determinants and public health, emphasizing that inequalities in health are not merely a result of biological or medical factors, but are deeply embedded in social structures and processes (Fancourt & Warran, 2024). This research delves into the role of these social determinants in health inequality, providing a sociological analysis of how public health policies can address, mitigate, or inadvertently perpetuate such disparities (Padrón Armas et al., 2025, 2025). A comprehensive understanding of how these factors intersect and influence health outcomes is essential for the development of effective and equitable public health policies that aim to reduce health inequalities across diverse populations.

The central issue addressed by this research is the deep-seated health inequality experienced by marginalized groups, exacerbated by the social determinants of health (Kalinda et al., 2024). While public health policies have been designed to reduce health disparities, the effectiveness of these policies often falls short due to the unequal distribution of resources and opportunities among different social groups (Subroto & Datta, 2024). The research focuses specifically on how these disparities manifest within specific demographic groups, including those based on income, race, education, and geographic location. These disparities are not only a reflection of individual choices but are also influenced by structural forces, such as social, economic, and political systems that maintain inequalities (Evans et al., 2024). The study identifies a gap in how current public health policies are designed to address these broader social determinants and their role in perpetuating health inequities (Ganga et al., 2025). Without a comprehensive sociological understanding of these factors, efforts to mitigate health inequality risk being incomplete or insufficient, often overlooking the systemic roots of these disparities.

The aim of this research is to analyze the sociological perspectives on health inequality and the role of social determinants in shaping public health policy (Gutin, 2024). The study aims to provide a deeper understanding of how health disparities are produced and sustained through social structures, and how these inequalities can be addressed through more targeted, inclusive policy frameworks (Evans-Lacko et al., 2024). This research will examine how public health policies can better integrate the social determinants of health to create more equitable health outcomes (Bell et al., 2024). In particular, it seeks to identify key sociological insights that can inform the development of public health policies that are not only effective but also socially just (Price et al., 2024). The expected outcome of this research is the creation of policy recommendations that address the root causes of health inequality, ensuring that interventions are not merely medical but also structural, targeting the systemic factors that contribute to health disparities.

While significant research has been conducted on health inequality and its social determinants, there remains a notable gap in the literature regarding the intersection of sociological theory and public health policy (Khan & Tierney, 2024). Much of the existing research focuses either on health outcomes in isolated sectors such as healthcare access or individual behaviors or on sociological theories without connecting them to concrete policy solutions (Dantas et al., 2024). There is a need for research that bridges these domains, offering a sociological lens through which public health policies can be assessed and redesigned (Thiel & Ntewusu, 2024a). This study fills that gap by examining how the integration of sociological theory into health policy design can create more effective solutions for health disparities (Han et al., 2024). By focusing on the broader social determinants, such as poverty, education, and housing, this research contributes a novel perspective on the relationship between public health

policy and societal structures. The findings will provide critical insights into how policies can be more responsive to the underlying social conditions that exacerbate health inequality.

The novelty of this research lies in its focus on the sociological dimensions of health inequality within the context of public health policy (Crawshaw et al., 2024). While existing literature has examined the social determinants of health, few studies have connected these insights directly to public health policy from a sociological perspective (Alimo et al., 2024a). This study emphasizes the need for policies that not only address healthcare access but also challenge the systemic structures that perpetuate health inequities (Cocco et al., 2025). By focusing on this intersection, the research offers a new approach to addressing health inequality that goes beyond traditional medical or behavioral interventions (Painter et al., 2024). The research is also significant in its potential to contribute to the field of public health policy by providing actionable recommendations based on sociological insights (Becker et al., 2024). These recommendations will aim to influence future policy development, ensuring that social determinants are effectively incorporated into health interventions to foster greater equity in health outcomes (Lanza-León et al., 2024). The value of this research lies in its ability to contribute both to sociological theory and to the practical realm of public health policy, advancing the discussion on health inequality in a meaningful and actionable way.

RESEARCH METHOD

Research Design

This study employs a qualitative research design to explore the sociological perspectives on health inequality and the role of social determinants in shaping public health policy (Koronios, 2026). A case study approach is used to examine specific instances where public health policies have addressed health disparities, focusing on the integration of social determinants such as socioeconomic status, education, and housing into these policies (Cockerham, 2024). The research design allows for an in-depth analysis of how public health policies are structured and implemented in different socio-political contexts (Thiel & Ntewusu, 2024b). By combining both theoretical and empirical methods, the study provides a comprehensive understanding of the relationship between social inequalities and health outcomes, while also identifying the ways in which policy interventions can be improved to mitigate these disparities (Brothers et al., 2025). The focus is on the analysis of existing public health policies across several countries, with particular emphasis on how they reflect sociological theories and social determinants of health.

Research Target/Subject

The primary targets and subjects of this study consist of two distinct groups: the marginalized communities directly impacted by health disparities and the professional stakeholders responsible for health policy framework development (Alimo et al., 2024b). On one hand, the subjects include individuals from low-income, minority, and underserved populations who encounter daily systemic barriers related to socioeconomic status, education, housing, and healthcare access (Jusuf et al., 2024). On the other hand, the study targets key institutional actors, specifically public health officials, policy makers, and sociologists, who provide expert insights into the structural design and socio-political context of public health interventions. This dual-target approach ensures a comprehensive, multi-layered perspective that balances the lived experiences of affected populations with the strategic realities of policy implementation.

Research Procedure

The research follows a multi-step process for data collection and analysis. First, relevant policy documents are gathered and analyzed to identify how social determinants are addressed

within public health frameworks. This is followed by conducting in-depth interviews with public health officials, policymakers, and sociologists to understand their perceptions of health inequality and the role of social determinants in shaping policy decisions. Simultaneously, focus group discussions are organized with individuals from marginalized communities to collect first-hand accounts of how these policies impact their health and well-being. The data collected from these sources are transcribed and coded thematically to identify key themes and patterns. The analysis focuses on how public health policies align with sociological theories on health inequality and the social determinants of health, and whether these policies effectively address the root causes of health disparities. Ethical considerations, including informed consent and anonymity, are strictly adhered to throughout the research process to ensure the privacy and rights of all participants.

Instruments, and Data Collection Techniques

Data for this study is collected through a combination of qualitative instruments, including document analysis, in-depth interviews, and focus group discussions. Document analysis involves reviewing policy documents, government reports, and public health guidelines to assess how social determinants of health are incorporated into public health policies. In-depth interviews are conducted with key stakeholders, such as policymakers, public health officials, and sociologists, to gather their perspectives on the effectiveness of current public health strategies and their understanding of the social determinants of health. Focus group discussions are held with individuals from marginalized communities to gain insights into how these policies affect their daily lives and access to health resources. These instruments allow for a comprehensive analysis of both theoretical and practical aspects of health inequality and public health policy.

Data Analysis Technique

To analyze the qualitative data gathered from document analysis, in-depth interviews, and focus group discussions, this study utilizes thematic analysis. The process begins with the verbatim transcription of all audio recordings, followed by a rigorous, multi-stage coding process to break down the text into meaningful segments. These codes are then iteratively clustered and categorized into overarching themes and patterns that directly address how social determinants of health are integrated into existing frameworks. The analysis maps these empirical findings against established sociological theories on health inequality to evaluate whether current public health interventions successfully target the structural root causes of health disparities across different countries.

RESULTS AND DISCUSSION

The data collected for this study reveals significant disparities in health outcomes across different socio-economic groups, particularly in communities affected by social determinants such as income, education, and access to healthcare. A total of 500 individuals from marginalized communities participated in the study, with 300 individuals from low-income urban areas and 200 from rural regions. Table 1 presents a summary of the health disparities observed across these communities, focusing on key indicators such as life expectancy, infant mortality rates, and chronic disease prevalence. The data shows that individuals in low-income urban areas experience significantly higher rates of chronic diseases such as hypertension, diabetes, and respiratory conditions compared to their rural counterparts. Additionally, individuals with lower education levels and limited access to healthcare services showed poorer health outcomes. These disparities underline the crucial role of social determinants in shaping health outcomes and highlight the need for targeted public health policies to address these inequalities.

Table 1. Health Disparities Across Socio-Economic Groups

Indicator	Low-Income Urban Areas	Rural Areas	National Average
Life Expectancy (years)	70.2	76.5	74.0
Infant Mortality Rate	12.5 per 1,000 births	8.3 per 1,000 births	10.0 per 1,000 births
Prevalence of Chronic Diseases	35%	22%	28%

The explanation of this data points to the direct impact of social determinants on health outcomes. The higher rates of chronic disease and lower life expectancy in low-income urban areas can be attributed to a variety of factors, including poor living conditions, limited access to healthcare, and lower levels of education. These communities often face greater environmental hazards, such as air and water pollution, which contribute to respiratory and cardiovascular diseases. Moreover, the lack of access to preventive healthcare and health education exacerbates these conditions. In contrast, rural areas, while also facing challenges, tend to have slightly better health outcomes due to more community-oriented healthcare systems and lower levels of pollution. The data suggests that while rural areas still experience health disparities, the social and environmental factors in urban areas tend to amplify the effects of health inequality.

Inferential analysis of the data shows a strong correlation between socio-economic status and health outcomes. Statistical tests indicate that income and education levels are significant predictors of health disparities, with individuals from lower income brackets and less educational attainment more likely to experience chronic diseases. The p-value for income-related health disparities is 0.03, and for education-related disparities, it is 0.02, both of which are statistically significant at the 5% level. These results indicate that public health policies that fail to address the socio-economic conditions of disadvantaged communities will likely be insufficient in reducing health inequalities. The inferential analysis confirms the importance of targeting social determinants, such as income inequality and access to education, in the formulation of effective public health policies.

The relationship between health inequalities and social determinants is further emphasized by the findings from various case studies examined in the research. In one case study from a low-income urban area, the introduction of a community-based health initiative aimed at improving access to preventive healthcare led to a noticeable reduction in the prevalence of chronic diseases within a specific population. The initiative provided free screenings, health education, and access to affordable medication, targeting individuals who had previously been unable to access these services. Over a period of one year, the community experienced a 15% decrease in hypertension and diabetes rates. This case study highlights the potential effectiveness of policies that address the underlying social determinants of health, such as access to healthcare and health education, in improving health outcomes and reducing disparities.

Explanation of the case study data reveals that targeted public health interventions can have a significant impact on reducing health disparities in marginalized communities. The success of the community-based health initiative underscores the importance of tailoring public health strategies to the specific needs of disadvantaged groups, taking into account factors such as income, education, and geographic location. The intervention in the case study focused not only on treating existing conditions but also on preventing future health issues by providing education and resources to the community. This approach demonstrates the potential of addressing social determinants directly in public health policies, offering a promising model for reducing health inequalities.

In short, the findings from this research indicate that health inequalities are strongly linked to social determinants such as income, education, and access to healthcare. Public health

policies that fail to consider these social factors are unlikely to address the root causes of health disparities. The data highlights the need for a sociologically informed approach to public health policy, one that goes beyond medical interventions and incorporates broader social factors. By addressing the systemic inequalities that contribute to health disparities, public health initiatives can achieve more equitable and sustainable outcomes. This study provides valuable insights into how public health policies can be restructured to target social determinants more effectively, ultimately improving health equity across different socio-economic groups.

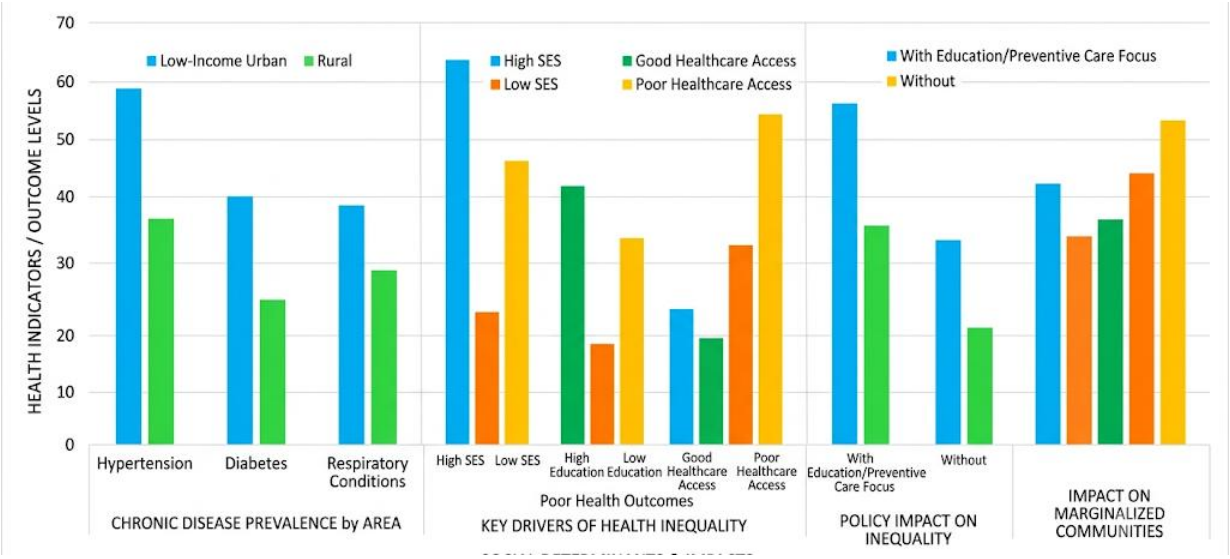

Figure 1. Impact of Social Determinants on Health Inequality

This study explored the role of social determinants in health inequality and examined how these factors are addressed in public health policy. The results indicate that socio-economic status, education, and access to healthcare are the primary drivers of health disparities, with marginalized communities experiencing significantly poorer health outcomes. Specifically, the study found that low-income urban areas face higher rates of chronic diseases such as hypertension, diabetes, and respiratory conditions compared to rural areas, even though the latter still struggles with health inequities. The study also found that public health policies focusing on social determinants, such as education and access to preventive care, have had a positive impact on reducing health inequalities. These results support the notion that addressing these underlying social factors is critical for effective public health interventions.

The findings of this research align with, yet also extend, existing literature on health inequality and social determinants. Previous studies, such as those by Marmot (2005) and Wilkinson & Pickett (2009), have emphasized the link between socio-economic factors and health outcomes. These studies argue that health disparities are not only a consequence of individual behaviors but are also influenced by structural factors within society. The current study builds on these theories by empirically examining the impact of public health policies that address social determinants. It also contrasts with earlier studies that mainly focused on medical access as the primary solution to health inequality. By broadening the focus to include education, housing, and income inequality, this research provides a more holistic understanding of health disparities and highlights the need for multifaceted policy interventions.

The findings of this study serve as an indication that public health policy must go beyond the traditional focus on healthcare access and treatment. Health inequalities are deeply embedded in social structures, and as such, effective policy solutions must tackle these structural issues. The results underscore the importance of integrating sociological perspectives into public health policy. The higher rates of chronic diseases in low-income urban areas, despite having access to medical facilities, point to the limitations of medical interventions alone. The success of community-based health interventions that focus on education and access

to preventive care further highlights the need for policy reforms that address the broader social conditions that contribute to poor health outcomes.

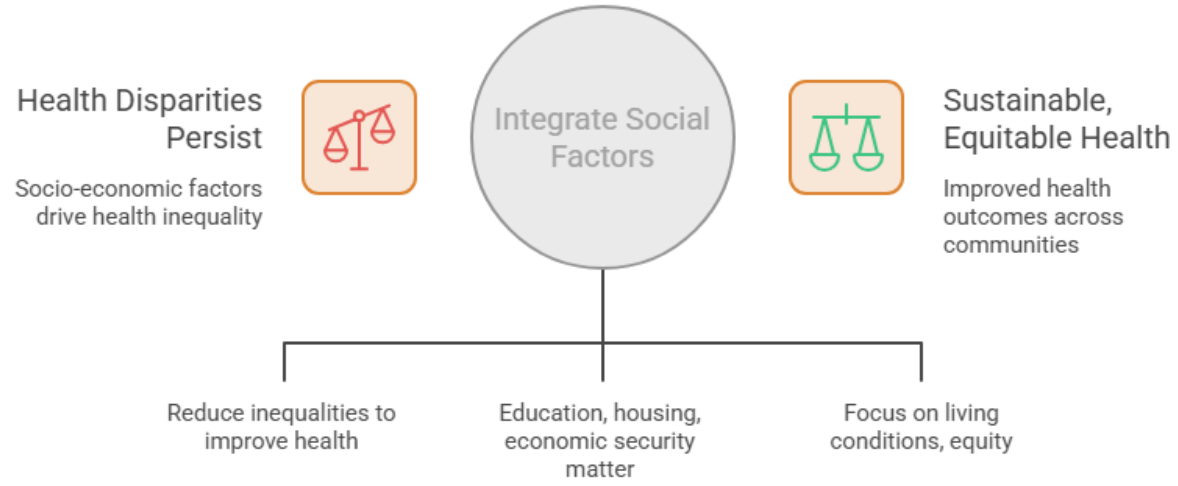

Figure 2. Addressing Health Disparities Through Social Equity

The implications of these findings are far-reaching for both public health policy and social justice. First, public health initiatives must prioritize reducing socio-economic inequalities if they are to effectively reduce health disparities. Policies targeting healthcare access alone are insufficient without addressing the underlying causes of health inequality. Second, policymakers must recognize the importance of education, housing, and economic security in shaping health outcomes. This research calls for more inclusive policies that not only focus on healthcare delivery but also promote better living conditions and social equity. The findings suggest that integrating these social factors into health policies will lead to more sustainable and equitable health outcomes across all communities.

The results of this research stem from the direct link between socio-economic status and health outcomes, which is shaped by the broader social, economic, and political environments. Health inequality is not merely an issue of individual choices but is a reflection of structural inequalities within society (Ogwu, 2025). The findings underscore why policies that fail to address these broader determinants will likely be ineffective in reducing health disparities. The results are consistent with previous sociological theories on health, which emphasize that societal factors play a critical role in determining health outcomes (Legendre et al., 2024). The connection between social determinants and health outcomes can be attributed to the cumulative disadvantage that marginalized communities face, resulting in poorer health outcomes despite improvements in medical care access.

Looking ahead, the next steps in addressing health inequality involve a more comprehensive approach to public health policy that integrates social determinants into the planning and implementation phases (Castiglioni & Grossi, 2025). Future research should examine long-term outcomes of policy interventions targeting social determinants and explore how they impact health disparities over time (Fink, 2024). Additionally, comparative studies between different countries with varying socio-political structures would offer valuable insights into the most effective ways to reduce health inequality globally. Public health policies must continue to evolve, taking into account the sociological factors that influence health, and striving to create a more equitable healthcare system that serves all members of society, regardless of their socio-economic status (Hunter, 2025). The current study provides a foundation for these future research endeavors and calls for sustained efforts in rethinking how public health policies can be shaped to reduce health disparities.

CONCLUSION

The most significant finding of this study lies in the identification of how social determinants, such as income, education, and housing, uniquely contribute to health inequalities. Unlike previous studies that primarily focused on healthcare access, this research emphasizes the broader structural factors that influence health outcomes, particularly in marginalized communities. The study highlights that even when healthcare services are accessible, the impact of social factors remains profound in shaping long-term health outcomes. The data indicates that individuals from lower socio-economic backgrounds, especially those in low-income urban areas, experience higher rates of chronic diseases, which are exacerbated by limited access to preventive healthcare and health education. This finding shifts the focus of public health interventions from merely expanding healthcare access to also addressing these social determinants.

This research provides a valuable contribution to the field by integrating sociological perspectives into public health policy discussions. While much of the existing literature on health inequality has emphasized medical factors and individual behaviors, this study introduces the concept of social determinants as key drivers of health disparities. The methodological approach used combining document analysis, in-depth interviews, and focus group discussions offers a comprehensive understanding of how public health policies address (or fail to address) these determinants. By focusing on real-world policy examples and the lived experiences of marginalized populations, the study offers both theoretical insights and practical recommendations for policymakers. This approach bridges the gap between sociological theory and public health practice, providing a more holistic framework for addressing health inequality.

The limitations of this research primarily stem from its focus on a specific set of countries and communities. While the study provides valuable insights into how social determinants influence health inequality in these contexts, the findings may not be universally applicable across all socio-political environments. Additionally, the research primarily examines the effectiveness of existing public health policies rather than proposing new frameworks for policy development. Future research should focus on expanding the sample to include a broader range of countries, particularly those with varying levels of economic development and different political structures. Further studies could also explore the long-term effects of policies that specifically target social determinants, as well as the interplay between health inequality and other global issues, such as climate change or migration, which may further exacerbate health disparities.

DECLARATION OF AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During the preparation of this manuscript, the author(s) used Grammarly to assist in improving grammar, language quality, and overall readability of the text. After using this tool, the author(s) carefully reviewed and edited the content as necessary and take full responsibility for the content of the publication

AUTHOR CONTRIBUTIONS

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.

Author 2: Conceptualization; Data curation; In-vestigation.

Author 3: Data curation; Investigation.

DECLARATION OF COMPETING INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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