

Chapter 2

SUBJECTIVE EFFECTS OVER HEALTH STATUS

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1. INTRODUCTION

Archaeological research in ukurova shows that the world health and medicine history started in Adana during the Hittite Empire roughly 4000 years ago (Uygur and kten 2016). With the proclamation of the Republic of Turkey in 1923, Adana Turkish Nationalist Club (Pinar 2015) and private hospitals (Uygur and kten 2016) contributed to improve the health status of Adana. With the liberalization of the economy in the 1950s, rapid industrialization and urbanization together with their problems have emerged and grewed by years. The environmental problems of Adana were investigated (Doygun 2005) and noise pollution was partially measured (olakkadiođlu and Ycel 2017). However, subjective assessment of the self-reported health status of Adana residents was not investigated in the literature. Therefore, the article focuses on the marginal effects of subjective determinants through contextual factors.

In the assessment of individual health status in urban areas, the perceptions of urban residents have become increasingly important. A vast number of self-reported health-related studies linked with socio-economic status, socio-demographic status, social isolation, well-being, social capital, environment perception, perceived spatial factors are present in the literature.

This article aims to contribute to urban health literature based on a social survey, including questions of negative and positive determinants of health status. Negative determinants are objective and subjective social isolation, assault, unemployment, being retired, high housing cost, unsafe neighborhood and negative environment perceptions (air pollution, noise, poor public transport, access to services), while positive determinants are social capital and Subjective Well-Being (SWB) as happiness and quality of life.

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An important conclusion for health policy is that the residents health is getting worse due to being widowed, retired, unemployed, harassed, socially isolated and living in unsafe neighborhood with high housing cost. The implications suggest that policies should be towards improving these negative issues. For policy implementation, we recommend that the government provide social support to the widowed, retired and unemployed, revise the pension system for the retired and take new measures to prevent harassment and social isolation. Overall, well-being should be targeted to enhance health status.

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