The starting point of this paper is that the disease does not spread by chance already there are certain social conditions and behavioral patterns that promote health, i.e. conditions that favor illness, the onset of illness and death. In order to understand this thesis, we must pay attention to the field of sociology dealing with health and illness. This area has been developed about two decades ago and has been the most exciting in the United States, where there has been a significant interest in sociological research of health and disease for the last ten years (Francis, 2006, 59). Apart from the United States, medical sociologists are largely active in the UK and Germany. Sociological research on health and diseases studies social factors that can cause various diseases and adversely affect their development and outcome. She tries to discover what preceded the disease, namely how much the behavior of the person, the environment and society affected the appearance and development of the disease. The behavior of women in this work is observed within cultural norms, attitudes and behavior in the domain of female relationships according to their physical processes. Social influence was observed from the prism of patriarchal culture and medical practice. Disease has social roots and thus becomes a social condition. Consequently, research into causes and consequences of illness has its own meaning in social sciences. Questions related to sociological research of health and illness are: how the lifestyles, gender, age, race, socio-economic, socio-cultural and other differences among people affect the quality of health and the appearance of the disease and its outcome? Traditionally, attitudes towards disease and health emphasized individual pathology in which the belief that disease is the only product of the action of microorganisms on the human body. The relationship to disease in the twentieth century has changed so that social environment conditions and relationships in society are treated as pathogenic factors.

Today, illness is observed with regard to the social, economic and cultural position, i.e. the identity of the person and its behavior. The type, form and meaning of treatment in the contemporary is determined by what an individual or group defines as a normal behavior and how it behaves. It is precisely in such individual and collective pathology that focuses on a sociological perspective. Three are the main reasons for the interest of social sciences for diseases and diseases in contemporary society: the first reason is the great impact of the disease on the lives of individuals and the social group, the second is that the disease does not appear only as the outcome of attacks of pathogenic attacks that attack the body, but as a result concrete social conditions, behavior, relationships and processes, and the third reason is the growing discrepancy between the anatomical characteristics of man, adapted to the prehistoric environment and today's conditions of life. The focus of this paper focuses on the theory that diseases do not appear as the outcome of pathogenic attacks, but sees them as a result of concrete social conditions, behavior, relationships, and processes. For example, a survey conducted in England showed that a society that tolerates sexual inequalities is more likely to be an unhealthy place to live for women and men compared to more egalitarian society. In the same research, it was noted that the higher the level of women's political participation, the lower their mortality rate (Kawachi, 1999, according to Hayes & Prior, 2003). Sociological analysis of population dynamics shows that health and illness are not only personal or psychological problems, but are socially conditioned. The reason for this is that social factors affect the quality and duration of life, but also the likelihood of disease, the type of illness, the type and quality of health care, and the likelihood of healing or death. A clear example of the impact of social factors on the quality of life, the quality of health care, and the rest is the way of treatment in different cultures and social periods. In primitive cultures, treatment is performed by a doctor while in modern society the cause of the same problems is
treated by placement in the hospital, medication, and radiation. Also, the way a person is treated depends on the social class. The second example, related to treatment in different social periods, refers to the causes of death in pre-industrial and industrial societies.

The most common causes of death in pre-industrial societies were acute infections, nutritional and parasitic problems, and mortality rates were the highest among children dying from diseases such as diphtheria, poliomyelitis, and typhoid. In industrial durations, the diseases are of a chronic type, and the highest rates of mortality are found in those with cancer, infarction, heart disease and lung emphysema. The goal of studying the relationship between society and the state of health and disease is the discovery of the social causes of the disease. Factors that can affect health and illness are: position in the social structure, behavior of the person, aspects of the physical or social environment, social structure viewpoints, psychological attitudes, the social status of the person, and the connection of the race with the rates of illness. It is also important to emphasize that the quality of health, rates of illness and death, in general for certain diseases, and changes in these rates are related to numerous social identities, especially gender, socioeconomic status, occupation, and age. In addition to gender, gender is a factor that has a major impact on health: "health is defined as being born because it is strongly influenced by gender in all life situations, including life chances" (Hayes & Prior, 2003, 48). Gender differences are based on culture, which is partisan. Patriarchal culture and the resulting discrimination, sexism and androcentrizam assume that women are the nature of the subordinate, and less important than the men. Women are like women and mothers everywhere in the" other "position, especially in patriarchal societies, such as most of the famous historical and contemporary societies. What gives social significance to biological gender differences is patriarchal power. To perceive the conditions in which a woman lives, it is important to look at the roles in society that are intended for women. Most often, "women are given the role of housewives, childbearers, carers of the sick, home helpers and passive partners in emotional relationships" (Pollak in Oakley, 1972, 71). Except for a woman being reduced to the position of a mother, a housewife, a housewife, she looks at that role with contempt. The work of a woman in a household or as a mother is not appreciated is considered to be a natural, self-sufficient and supreme achievement of a woman. "Even though today it seems that women and men are more equal and that women are exempt from exclusive work at home, there is still an ideology that a woman must continue to cook, clean and care for children even when she is working full time in jobs and professions that were previously reserved for men" (Bordo, 1993, 71). Thus, in addition to the traditional roles of housewives and mothers, women in the contemporary society gain additional roles of workers, which can have a burdensome effect. "Ladies' roles can put them at greater risk of psychological stress, either because of the social instability of women's status as home security or the excessive demands placed on women by multiple roles." Many stressful experiences create the social structure and the position of people within them, and "the most striking of these structures are stratification systems based on economic class, race, ethnicity, and gender. Low status within the stratification system and unequal distribution of resources, opportunities and self-esteem can be a source of stressful living conditions" (Pearlin, 1989, 242). The stressful environment and health consequences of Lorber result from simultaneous participation in multiple roles.

Various theories are concerned with the discovery of stressful environmental impacts and its impact on health. Yet, in this paper, it is an interest to consider what is considered to be the most important role of women in a patriarchal society, and that is the role of a mother.
A woman–mother is the main role of a woman in society: in a patriarchal society, it was always assumed that it was a mother–mother and that it was the basic woman role in which all other relationships were measured. In this culture, the fact is that a woman cannot be a full-fledged human being if she does not produce children. Some believe that this has changed with the advent of the female movement, but this is not true. The condition that a woman obtains a full status as a human being is that she has children. Susan Bordo thinks that some of the most controversial inequality in our legal and social treatment of women reside in the domain of reproductive control (Bordo, 1993, 71). In order to understand the ways in which patriarchal culture can affect women's health, we must consider the cultural beliefs derived from patriarchy and the same so medical practice that treats women. Maternal health refers to the health of women during pregnancy, childbirth and postpartum periods. Motherhood is in many countries and for many women associated with suffering, poor health, or even death. Every day about 800 women die from causes related to pregnancy and childbirth, which could be prevented.

References