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Article

The correlation between social class and public health: The mediating role of health self-management

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Abstract: The relationship between health and social class has been a topic of research for many years. However, the exact mechanism linking them with health self-management is still not completely clear. The main indicators of the independent variable social class are income and education level. The study used a descriptive approach using a social survey method, and collected data from a random sample of 699 individuals from the northern region of Jordan. The data were analyzed using SPSS 26 and EOMS, and we performed regression analysis and Pearson correlation test to examine the relationship between the independent and dependent variables. The results show a positive relationship between social class and health, with lower social classes producing unfavorable health. Although the health self-management of the lower social class has access to good food and self-evaluation, they are less able to provide health care compared to the upper class. Thus, this discrepancy contributes to health inequalities between members of the upper and lower social classes.

Keywords: social class; health; health inequality; socio-cultural Self model

1. Introduction

A citizen's health does not only indicate the ability to adapt physically and psychologically but may also reflect the strength of the community or state (Speer and Hughey, 1995). In recent years, countries have begun to focus on the health status of citizens to achieve a measure of economic and social development for the state (Kruk et al., 2018). However, studies have indicated a relationship between the class gap and public health (Pickett and Wilkinson, 2018; Sandifer, 2015; Townsend and Davidson, 2015; Krieger, 2012; Marmot, 2015). That is, social and economic development contributes significantly to improving the general health of society as a whole whole Meara (2015), but, in return, it works to increase the health gap between individuals (Marmot et al., 2012). Therefore, researchers acknowledge that social determinants must be taken into account in this area, as health intervention can contribute to reducing diseases and saving people's lives (Bambra, 2010).

Social class is defined as those various positions within the social structure that were formed over time due to various factors. Differences appear in these groups and are determined by the level of income, education, and jobs of individuals (Feng, 2020). Subjective differences also appear within these groups, represented by the personal and cultural characteristics of individuals (Kraus, 2012; Warner, 2019). When it comes to health self-management, it refers to those tasks that individuals should carry out correctly with chronic health conditions, enabling them to have confidence and the ability to perform their social role and control their emotions and behavior. Self-care

is the ability of individuals, families, and communities to promote health, prevent diseases, maintain health, overcome illness and disability, with or without support from healthcare providers. It is the ability of individuals, families, and communities to improve health and prevent diseases for better health; it is high-quality tools. This includes consulting a doctor and diagnosing diseases, optimal use of digital access, and monitoring treatment without direct supervision from healthcare professionals (WHO, 2023).

Let us consider Poulanzastas's book Political Power and Social Classes (1973), where we find the foundations of his conception and theory of social classes. "His analysis of the concept of class begins with a careful study of the works of Marx, Engels and Lenin (although throughout his text he also evokes other authors and schools of thought, sometimes even referring to the 'functionalist school' in contemporary sociology" (Modonesi, 2020, p. 73; Marmot and Theorell, 2020).

The upper classes live longer than the lower classes and are characterized by better health and fewer diseases. Individuals in the lower class also have a lower average lifespan than individuals in the upper class class (Piff, 2010; Vaupel, 2010; Wilkinson, 2020). Individuals belonging to the lower class are one and a half times more likely to die than those from the upper class (Geiger, 2017; Lange, 2012). People in the affluent class are less likely to experience mortality compared to individuals in the lower class. Studies indicate that the lower the economic status of individuals, the shorter their average lifespan by two years (Hanushek, 2020; Mirowsky, 2017). These studies suggest that individuals in this social class are vulnerable to a range of traditional diseases, including blood pressure issues, obesity, and diabetes, which contribute to a decrease in the average lifespan (Furman, 2019). Additionally, those in the lower class report lower levels of happiness and are more likely to experience negative feelings, depression, and stress. Social class plays a crucial role in stabilizing individuals and protecting them from diseases, anxiety, and mental illness (Rizzo, 2013).

We wonder why the general health status of individuals worsens as their social class decreases. Sociological theories indicate that the self is primarily responsible for differences in health status between social classes (Stets and Carter, 1995; Bourdieu and Wacquant, 2013). The symbolic interactionist theory posits that an individual's self is shaped by their social upbringing, formed through social traditions, customs, and standards that have grown with them and become part of their identity (Charmaz et al., 2019; Chalari, 2016; Serpe, 2011). The theory emphasizes the role of environmental factors in shaping this self. The more an individual interacts outside the home with others, the more they grow in personality and acquire new experiences and skills. In contrast, a lack of social interaction leads to languor and backwardness. Researchers assess the self's ability to maintain health and protect against disease (Carter and Fuller, 2015; Ullah and Wadood, 2024).

The health awareness of upper class people exceeds that of the lower class, as upper class people can take advanced measures to prevent exposure to diseases. They exercise, maintain a healthy diet, and consult doctors doctors (Jackman and Jackman, 2022). This may be due to the fact that the upper class has more financial capabilities to access better health care than the poor lower class (Geiger, 2017. Bid; Shafique et al., 2024).

Studies have indicated a strong relationship between self-management of health and social class. A research team conducted a study on the role of social class on health, and by multiple logistic regression analysis of a random sample of 663 adults in southwestern China, it was found that a low level of social class negatively affects health. The mental and physical individuals are in this class (Almansoori, 2024). The health management of the lower class is much worse than that of the upper class. Thus, there are health disparities between levels of social classes, which is evident in the inability of the lower class to provide good food (Hu et al., 2021).

Studies have affirmed the presence of notable differences in self-abilities related to public health among individuals in different social classes (Townsend and Davidson, 2014, Bid). A research team conducted a study analyzing multiple regression analysis of health for a group of participants in the city of Hangzhou, revealing that social class plays a crucial role in predicting public health health (Nesbitt and Palomarez, 2016). It was observed that individuals with a high level of education tend to have greater health awareness (Mackey, 2016). Researchers indicated that there is a strong correlation between an individual's health and his level of self-management of health (Thakur, 2017; Kelly et al., 2014).

1.1. Research questions

- What is the reality of the physical and psychological state of health of members of society?
- How conscious are members of society in self-management of Health?
- Is there a relationship between social class and the general health of members of society through the intermediate variable self-management of Health?

H1. There is a relationship between social class and physical and mental health, mediated by health self-management.

1.2. Literature review

Many studies seek to understand and analyse the complex relationship between social class and health, aiming to explore various factors influencing this connection. Research in this area has diversified, with scholars examining the impact of factors such as educational attainment, income, and health, while only a minority have investigated the correlation between social class and public health through self-management as an intermediary variable. The exploration of the correlation between social class and health represents a multifaceted and varied field, requiring a profound comprehension of the socio-economic factors influencing individuals' overall health. Accordingly, this paper will review the most significant studies addressing this intricate relationship between social class and health.

Throughout this review, emphasis will be placed on analysing the findings of notable studies that have demonstrated clear associations between socio-economic factors and individuals' health status. We will succinctly discuss the results and conclusions of these studies, including the suggestions and recommendations they have offered to enhance the health outcomes of individuals across different social classes. In their research, Hood et al. (2017) aimed to explore the relationship between education, social status, and health. The results revealed that education has an impact

on people's health. Education can equip individuals with knowledge and information, enabling them to assess and utilise it effectively. Additionally, it can foster individuals' adherence to necessary norms and promote good health practices. Carlyn et al. (n.d.) Investigated the determining factors and health. They found that socioeconomic factors contribute 47% to health behaviours and clinical care.

Pickett and Wilkinson (2015) investigated the relationship between income inequality and health through a literature review. The results revealed a causal relationship between them. Additionally, evidence indicated that income inequality impacts the health and well-being of individuals. The study also recommended exploring the nature of this relationship by considering mediating variables as controls. Stormacq et al. (2019) investigated the correlation between socio-economic status and health, mediated by the intermediate variable of literacy. The study found that socio-economic status indirectly influences individuals' health status through literacy levels. Illiteracy is identified as a significant determinant that adversely affects people's lives, highlighting the need to address literacy levels for improved health outcomes. In the same field, the studies examined the impact of the economic and social situation on the education of health behavior, through a Social Survey that included 3663 participants from urban areas in Japan. The results showed that the less educated participants maintained dangerous unhealthy behaviors, and this relationship was also associated with the prevalence of smoking, eating habits and exercise (Murakami et al., 2023).

This study aimed to identify the role of the self-management variable in the relationship between social class and public health. This goal can be expressed through the following fundamental question: What is the role of health self-management in the relationship between social class and an individual's public health?

The difference between this study and previous studies.

As previously noted, prior studies have explored the correlation between social class and health across various nations. However, there appears to be a dearth of local or regional investigations within the researcher's domain that have examined this correlation using the mediating factor of health self-management. Expanding on this observation, it becomes apparent that the present study aims to bridge this gap by conducting a localized or regional analysis of the relationship between social class and health, incorporating the intermediary role of health self-management. Emphasizing this unique approach underscores the significance of the research endeavor. Furthermore, discussing how the study's findings could enhance both theoretical comprehension and practical interventions in the realm of public health adds depth to the argument.

2. Materials and methods

The study employed a descriptive approach akin to a social survey, utilizing a stratified random sample, as deemed most appropriate for this study type.

2.1. Instrument

The researcher prepared an appropriate scale for the purposes of this study by examining the literature and previous studies. It consists of the following parts: Part

one: Social and demographic factors, which include gender, place of residence, education, professional status, and income. Part Two: Social Class, assessed through income, education, and occupation. The third part focuses on health self-management and comprises 7 items rated on a five-point Likert scale (1 = not strongly agree, 5 strongly agree). The fourth part pertains to the general health of individuals and comprises 9 items rated on a five-point Likert scale.

The validity of the questionnaire has been verified through a group of 5 university professors acting as referees. Their opinions and observations were taken into account, and the questionnaire was revised to its final form. Through Cronbach's alpha coefficient in SPSS, we verified the reliability. As for the stability, it was checked after collecting the data and uploading it onto the program and it appeared 0.93. see **Table 1**. Top of Form.

Table 1. The reliability of the research tool.

Reliability statistics	
Cronbach's Alpha	N of Items
0.093	3

2.2. Sample

Primary data were collected from residents of the northern region of the Kingdom of Jordan, which is the largest region, and consists of the city of Irbid, the center of the region, and the cities of Ramtha, Ajloun, Jerash, and Mafraq. In line with the objectives of the study, society was divided into three categories: lower, middle, and upper class. A random sample was chosen from the four cities in order to obtain a culturally and socially diverse sample. We selected five districts in each city and took 10 households within each district to administer the questionnaire. Before asking questions, we explained to individuals the purpose of the study and that the data would remain confidential. We collected 699 completed questionnaires.

Table 2 presents the characteristics of the study population, indicating that it comprised 310 males and 389 females. University students constituted the majority of subjects at 54.4% in terms of educational level. Regarding occupation, a significant proportion of participants worked as ordinary workers in the production and public service industry (37.1%). Additionally, 48.8% of respondents reported an average monthly income between 500–1000 Jordanian dinars. The discrepancy between academic attainment and professional status (educational level + monthly income) may be attributed to Jordanian society's emphasis on education, with a majority holding university degrees. However, the high unemployment rate in Jordan, which stands at 21.4% among university graduates (Department of Statistics, 2023), contributes significantly to the trend of Jordanian college graduates seeking employment in lower-level professional sectors.

Table 2. Demographic and socioeconomic data.

Variable		Frequency	Percent	Valid Percent
Gender	Male	310	44.3	44.3
	Female	389	55.7	55.7
	Total	699	100.0	100.0
Income	Less than 500	154	22.0	22.0
	500–1000	341	48.8	48.8
	1001–1500	51	7.3	7.3
	1501–2000	62	8.9	8.9
	2001–2500	7	1.0	1.0
	More than 2500	81	11.6	11.6
	Total	699	100.0	100.0
Place of resident	Irbid	136	19.5	19.5
	Ramtha	116	16.6	16.6
	Ajloun	269	38.5	38.5
	Jarash	3	0.4	0.4
	Almafraq	175	25.0	25.0
	Total	699	100.0	100.0
Education	Secondary	99	14.2	14.2
	University	380	54.4	54.4
	Postgraduate	220	31.5	31.5
	Total	699	100.0	100.0
Occupational State	Senior leaders and officials, such as ministers, representatives, and judicial employees.	61	8.7	8.7
	Doctor, engineer, officer	107	15.3	15.3
	Health staff, nursing, technicians	9	1.3	1.3
	Personnel, education and intermediate occupations	227	32.5	32.5
	Medium shop owners	14	2.0	2.0
	Service employees, industrial workers and small farmers	259	37.1	37.1
	A day laborer	22	3.1	3.1
	Total	699	100.0	100.0

2.3. Data analysis

After collecting the basic data, it was coded, classified, and uploaded to SPSS 26.0. The reliability of the questionnaire was verified using the Cronbach alpha equation. To reach the demographic characteristics of the study individuals, the standard deviation and arithmetic mean were extracted. To answer the research questions, the arithmetic means and standard deviations for the variables were extracted. To verify the study hypothesis, the researchers applied the Pearson Correlation to know the relation common between variables, then regression coefficient using the path analysis program (EMOS).

3. Results

3.1. Descriptive analysis

Q1. What is the reality of the physical and psychological state of health of members of society?

Table 3. Means and divisions for the physical and psychological state of health.

Item	N	Mean	Std. Deviation
Always adhere to the prescribed medication schedule	699	4.9127	0.28243
I have knowledge in choosing healthy food	699	1.6280	1.00806
I constantly monitor vital health indicators, such as blood pressure or glucose levels	699	2.2031	0.86242
I take care of my BMI and weight regularly	699	1.9242	1.25820
I maintain a regular sleep schedule	699	1.5279	0.96069
I believe in my ability to overcome health challenges	699	1.9385	1.22437
I always take precautionary measures to mitigate identified health risks	699	1.6438	1.14575
I constantly use technology or health apps to track and manage my health	699	2.1545	1.28542
I participate in health-related activities within my support system	699	1.2747	0.68264
Valid N (listwise)	699		

Table 3 presents the reality of the general health status among members of the research community. The results illustrate that the paragraph stating, “Always adhere to the prescribed medication schedule,” ranked first with an average score of 4.9127. In second place was the paragraph, “I constantly monitor vital health indicators, such as blood pressure or glucose levels,” with an average score of 2.2031. The third-place position was held by the paragraph, “I constantly use technology or health apps to track and manage my health,” with an average of 2.1545. Following this, the paragraph stating, “I believe in my ability to overcome health challenges,” received an average score of 1.9385. Subsequently, the statement, “I always take precautionary measures to mitigate identified health risks,” obtained an average score of 1.6438. Following that, the statement, “I have knowledge in choosing healthy food,” received an average of 1.6280. Next was the statement, “I maintain a regular sleep schedule,” with an average of 1.5279. Finally, the paragraph, “I participate in health-related activities within my support system,” had an average score of 1.2747.

Q2. How conscious are members of society in self-management of Health?

Table 4 presents the Conscious are members of society in self-management of Health among members of the research community. The results illustrate that the paragraph, “Follow your doctor’s recommendations regarding medication dosage,” ranked first with an average score of 4.8627. In second place was the paragraph, “I have some challenges performing routine physical activities, such as walking or climbing stairs,” with an average score of 3.7825. The third-place position was held by the paragraph, “I control myself when I’m stressed,” with an average of 3.6910.

Following this, the paragraph stating, "I am very satisfied with my condition and health capabilities," received an average score of 3.5994. Subsequently, the statement, "My physical health condition prevents me from doing daily tasks," obtained an average score of 3.3791. Following that, the statement, "I find it difficult to keep my body strong for health reasons," received an average of 3.1788. Next was the statement, "I do moderate to intense physical exercise regularly, such as running, swimming, or lifting weights," with an average of 2.6195. Finally, the paragraph, "I do physical exercises regularly," had an average score of 2.4621.

Table 4. Conscious are members of society in self-management of health.

Items	N	Mean	Std. Deviation
I enjoy general physical strength and endurance	699	1.7282	1.27818
I have some challenges performing routine physical activities, such as walking or climbing stairs	699	3.7825	1.27627
I do moderate to intense physical exercise regularly, such as running, swimming, or lifting weights	699	2.6195	1.33756
My physical health condition prevents me from doing daily tasks	699	3.3791	1.39305
I find it difficult to keep my body strong for health reasons	699	3.1788	1.71152
I am very satisfied with my condition and health capabilities	699	3.5994	1.20162
Follow your doctor's recommendations regarding medication dosage	699	4.8627	0.34445
I do physical exercises regularly	699	2.4621	1.25750
I control myself when I'm stressed	699	3.6910	0.95249
Valid N (listwise)	699		

3.2. Descriptive statistics and correlation analysis

Before starting the regression sequence, we checked the normal distribution of the data using the SPSS program. The *Sig* value of Self-Administration was found to be 0.000 with 310 degrees of freedom, and the *Sig* value of Health was 0.00 with 310 degrees of freedom. Because the *Sig* values were under 0.05, the data were deemed to be normally distributed. In addition, **Table 5** show this correlation.

Table 5. Value of tests of normality.

	Gender	Kolmogorov-Smirnova			Shapiro-Wilk		
		Statistic	df	*Sig.*	Statistic	df	*Sig.*
Self_Adminstration	male	0.114	310	0.000	0.972	310	0.000
	Female	0.124	389	0.000	0.961	389	0.000
Health	Male	0.077	310	0.000	0.987	310	0.008
	Female	0.098	389	0.000	0.981	389	0.000

a. Lilliefors significance correction applied to the Kolmogorov-Smirnova test.

Table 6 indicates the correlation between the variables, as it is clear that there is a significant relationship between social class and self-health management *Sig* (0.000) and Pearson Correlation (0.237**), in contrast, the value of the relationship between class and health is *Sig* (0.045) and Pearson Correlation (0.076*).

Table 6. Correlation division between variables.

Correlations				
		Social_class	**Self_Adminstration**	**Health**
Social_class	Pearson Correlation	1	0.237**	0.076*
	Sig. (2-tailed)		0.000	0.045
	N	699	699	699
Self_Adminstration	Pearson Correlation	0.237**	1	0.049
	Sig. (2-tailed)	0.000		0.196
	N	699	699	699
Health	Pearson Correlation	0.076*	0.049	1
	Sig. (2-tailed)	0.045	0.196	
	N	699	699	699

**. Correlation is significant at the 0.01 level (2-tailed); *. Correlation is significant at the 0.05 level (2-tailed).

3.3. Mediating analysis

Q3. Is there a relationship between social class and the general health of members of society through the intermediate variable self-management of Health?

To answer this question, we need to verify the hypothesis stated: Top of Form.

H1. There is a relationship between social class and physical and mental health, mediated by health self-management.

To verify the study hypothesis that there is a positive relationship between social class and general health according to the mediating variable self-management, we conducted a regression analysis test using the program (EMOS) path analysis. In **Figure 1**, the relationship between public health and social class is illustrated.

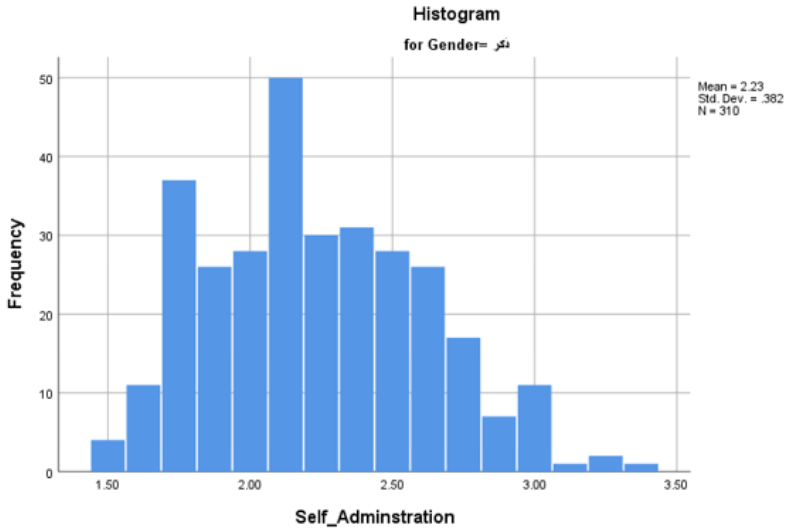

Figure 1. Show normality of data.

Figure 2 shows a direct relationship between social class and health by a correlation coefficient (0.03), and also shows a correlation between social class and health self-management (0.11), and at the same time there is a relationship between health self-management and health (0.03).

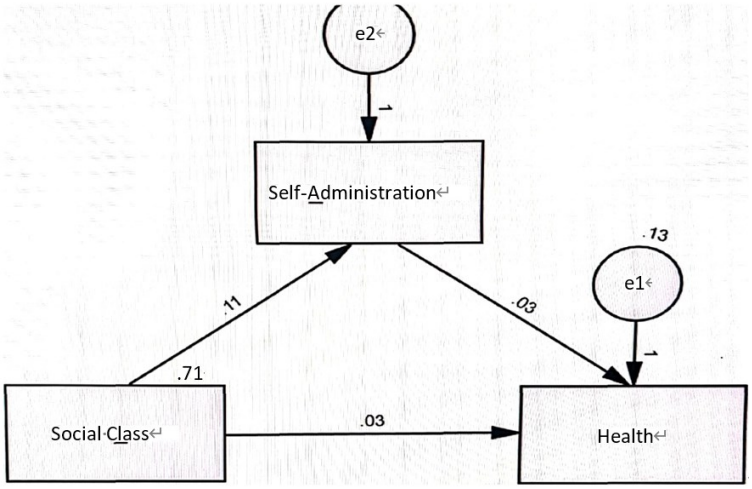

Figure 2. The relationship of social class to physical and mental health through health self-management.

Significance levels are denoted as *$p < 0.01$ and **$p < 0.001$.

Figure 2 shows the nature of the relationship between social class and health status (0.03) in the presence of the mediating variable self-management of health (0.03), which is statistically significant. These results also support the study hypothesis that there is a relationship between social class and the health status of individuals due to self-management of health.

Table 7. Regression analysis of social class and public health with self-management as an intermediate variable.

Path	Estimate	S.E.	C.R.	P	Label
Self-Management ← Social Class	0.106	0.016	6.454	***	Significant
Health ←Self-Management	0.031	0.037	0.845	0.398	Not Significant
Health← Social Class	0.029	0.016	1.751	0.080	Marginally Significant

Bias corrected and accelerated 95% CI, bootstrap resamples = 1000;
The significance levels are for the standardized solution (* p < 0.05, ** p < 0.01).

Table 7 shows a regression analysis of the social class independent variable and the public health dependent variable in the presence of the self-insidiousness intermediate variable, where the results show a direct correlation of social class and Health rate because significance level (0.080) and it is less than (0.05). as well as there is no correlation between self-management and public health rate because significance level (0.398) and it is more than (0.05). while the results show a strong direct correlation between class and public health through the intermediate variable self-management of Health because of significance level (***). Therefore, it appears that the correlation results support the hypothesis that there is a relationship between social class and general health through the mediating variable, self-management of health.

4. Discussion

In this research, we identified differences in health resulting from social class. Originally, health in the medical sciences is fundamentally related on the one hand, and on the other hand, it constitutes a branch of sociology—medical sociology or the sociology of health. This study came to represent the vital aspect of the social sciences. Health interventions focus on reducing the spread of diseases and saving individuals. Based on this idea, we investigated the effect of class on health

The results indicated a positive correlation between health and social class. The economic and social reality also reflects the health level of individuals. The healthier individuals are, the more this will be reflected positively in the progress and development of society.

According to a 2019 USAID report, health conditions in Jordan are constantly improving. Since 2002, USAID has renovated and modernized 349 health facilities across the Kingdom, including Princess Rahma Pediatric Hospital, the only referral hospital for children. For the four northern governorates, it serves about 60,000 children annually.

In 2019, USAID signed a joint financing agreement with the governments of Denmark and Jordan to establish a multi-donor account to support the Ministry of Health in providing health services to Syrian refugees in the Kingdom. Since the signing, USAID has mobilized additional donors to secure $85 million in financing and $60 million in supplemental technical assistance.

Jordan is one of the few middle-income countries. However, the health progress achieved in Jordan is not sufficient evidence of equity in access to health care, as the country still witnesses class differences that appear in access to health care services for all segments of society with the same advantages. The rich class benefits from the progress in health care services many times more than others due to the high level of per capita income of this group and the ability to spend, resulting in health disparities between classes. This vision confirms our findings and confirms that the health condition of the lower classes is poor, and that the difference in the health status of individuals increases due to the difference in the level of education, the individual's occupation, and the level of income.

Essentially, individuals within the lower class do not have much potential for self-management of health, leading to a lower state of health. Numerous studies have also shown that the relationship between health status and social class is closely related to variables such as psychological state, educational level, economic status, and social level. We expect that our study is one of the rare studies that examined the effect of social class on health by investigating the mediating variable of self-management. As far as we know, this research is one of the few that tested health and social class through the socio-cultural theoretical model. It illustrates the inequality and social justice in the state of health resulting from class stratification, focusing on the intermediate role of self-management of health arising due to the prevailing culture in society. In comparison with other factors (such as education and income), the self plays an important and intermediate role in determining the level of health status in individuals.

Our findings support these hypotheses and show that individuals in the lower classes have a lower level of self-management than their counterparts in the upper class. This is evident in their inability to access good healthy food and healthcare services, which worsens their condition compared to individuals in the upper class. Subsequently, they distinguish themselves by accessing a good level of healthcare, which is the right of everyone without discrimination.

Our findings demonstrate the importance of relevant theories in social stratification and health and their role in contributing to the development of public social policies. The World Health Organization has emphasized the importance of researching and accessing the social determinants of health. Class inequality is a serious issue that affects a large group more than the inability of some to access healthcare services. Since a social class sometimes forms an entire society, the number of its members may reach millions (Kraus, 2012; Warner, 2019).

Our findings call for the need for decision-makers and politicians to take action to bring about social and economic change that contributes to reducing class differences in societies. Simultaneously, there is a need to raise awareness of the importance of self-management of health among lower-income groups. This theoretical model provides a framework for public policies in the field of healthcare and social development to reduce class inequality, which is reflected in society as a whole. The results of these policies are reflected in the progress of society and individuals' access to a good level of social and health well-being.

This research provides a comprehensive framework for the role of the intermediate variable, which is the self-management of health, in the relation between health and social class. Also, no study is free from some limitations, and in this study, we encountered several. Firstly, the sample participating in the study may not be sufficient to generalize its results to communities other than the study community. Secondly, the study was conducted in Jordan, specifically in the north of Jordan, so the geographical area may restrict the generalization of the results. Thirdly, the study considered self-management as an intermediate change, although other factors should be considered in future studies, such as educational level and place of residence (Raven attended). Third: Our study supports the hypothesis deduction in reaching the results; other research approaches and methods can be used to identify the nature of the relationship between class and health through the intermediate variable of self-management.

5. Conclusion

The study has presented a clear theoretical perspective on sustainable value in the field of social theory, contributing to the development of future social policy-making in healthcare. Social class disparities pose a significant challenge for global societies, and efforts to reduce these disparities necessitate research into various influencing factors, including the self-management of health. Our results affirm the importance of social determinants in individuals' overall health, as socio-cultural factors impact individuals' health alongside other biological factors, a point emphasized by the World Health Organization.

The research findings underscore the significance of promoting the concept of social mobility in society to minimize disparities among individuals and ensure access to quality healthcare. This can be achieved by improving wages and education levels to elevate individuals in effectively managing their health. The research offers a collection of theoretical insights in this regard, with a focus on the applied field, contributing practical recommendations for sound social planning in the healthcare sector. The research concentrates on the intermediary role of self-management of health between social class and public health, providing a theoretical model for narrowing the health gap resulting from class distinctions.

In addition to the aforementioned points, it is essential to highlight the limitations mentioned earlier in the previous section, particularly concerning the methodology and deductive approach. Future studies should concentrate on conducting regional empirical studies to deepen our understanding of the role of self-management as an intermediary factor between social class and health. This approach will aid in sifting through and accurately generalizing information, as well as formulating policies for a society with minimal class differences.

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