

Scientific production, collective health, and social determinants: A perspective from the humanities

Producción científica, salud colectiva y determinantes sociales: una perspectiva desde las humanidades

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SUMMARY

Collective health is a complex phenomenon shaped by social, cultural, economic, and psychological factors that go beyond traditional biomedical approaches. In this context, Humanities and Social Sciences (HSS) provide essential interpretive frameworks for understanding the social determinants of health and informing evidence-based public policies. This perspective article offers a critical reflection on HSS scientific production in Latin America, integrating regional and international literature with recent empirical evidence from Colombian universities. It argues that, although HSS research makes a substantial contribution to understanding well-being, mental health, and health promotion, its impact remains constrained by evaluation models that focus on traditional metrics. Strengthening more comprehensive and context-sensitive evaluation approaches is

therefore essential to enhance HSS's contribution to collective health and health equity in the region.

Keywords: *Humanities, social sciences, collective health, social determinants, scientific production.*

RESUMEN

La salud colectiva es un fenómeno complejo, determinado por factores sociales, culturales, económicos y psicológicos, que trascienden el enfoque biomédico tradicional. En este contexto, las Humanidades y las Ciencias Sociales (HCS) aportan marcos interpretativos fundamentales para comprender los determinantes sociales de la salud y orientar políticas públicas basadas en evidencia. Este artículo de reflexión desarrolla una mirada crítica sobre la producción científica en HCS en América Latina,

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articulando la literatura regional e internacional con evidencia empírica reciente proveniente de universidades colombianas. Se argumenta que, si bien la investigación en HCS contribuye de manera sustantiva a la comprensión del bienestar y de la salud mental, así como a la promoción de la salud, su impacto continúa limitado por modelos de evaluación científica centrados en métricas tradicionales. Se concluye que fortalecer enfoques evaluativos más integrales y contextualizados es clave para potenciar la contribución de las HCS a la salud colectiva y a la equidad sanitaria en la región.

Palabras clave: *Humanidades, ciencias sociales, salud colectiva, determinantes sociales, producción científica.*

INTRODUCTION

Over the past few decades, the field of health has undergone a significant conceptual expansion, recognizing that the processes of illness, care, and well-being cannot be adequately explained from a purely biomedical perspective. Scientific evidence has demonstrated that the social, economic, cultural, and political conditions in which people live exert a decisive influence on health outcomes, shaping persistent patterns of health inequity (1-3). This understanding has driven the development of comprehensive approaches, such as the public health and social determinants of health perspectives, which require the integration of knowledge from multiple disciplines (2,4,6).

In this context, the Humanities and Social Sciences (HSS) have assumed a strategic role by providing theoretical and methodological frameworks that enable us to interpret health as a socially constructed phenomenon, historically situated, and deeply linked to the dynamics of power, culture, and social organization (7-10). These disciplines have generated key knowledge for understanding issues such as mental health, psychosocial well-being, inequalities in access to health services, and the relationship between education, social capital, and health (8,9). However, despite the relevance of these contributions, scientific production in health sciences continues to face significant challenges in terms of visibility, recognition, and effective use in the formulation of public health

policies. Several authors have pointed out that traditional scientific evaluation systems, based predominantly on bibliometric metrics, do not adequately capture the social and health impacts of knowledge produced in these disciplines (10-14). This limitation is especially problematic in contexts such as Latin America, where health sciences research is often oriented toward local and regional problems closely linked to social inequality and the structural determinants of health (15-18).

In Latin America, studies on scientific production show sustained growth in research, although with marked asymmetries between disciplines and countries, as well as an underrepresentation of products characteristic of community health sciences in international databases (17-20). Despite this, this research plays a central role in generating evidence relevant to understanding collective health and formulating culturally appropriate public policies (21,22).

Within this context, this article proposes a critical reflection on scientific production in the Humanities and Social Sciences and its contribution to collective health in Latin America. Rather than presenting empirical results in an experimental sense, it seeks to analyze and interpret the place of this type of knowledge in the health field, as well as the structural challenges it faces in consolidating itself as a central input for public health decision-making. This perspective is situated within contemporary debates on responsible evaluation of science, the social impact of knowledge, and health equity—fundamental aspects for advancing toward more comprehensive and socially just health systems (11,13).

Contextualizing the problem: health, science, and social complexity

Contemporary understanding of health has undergone a profound transformation by recognizing that the processes of illness, well-being, and quality of life cannot be explained solely by individual biological mechanisms. Accumulated evidence demonstrates that health is determined by a complex network of social, economic, cultural, psychological, and

environmental factors that interact dynamically throughout the life course (1-4). This recognition has driven a shift from reductionist biomedical models to comprehensive approaches that focus on the social determinants of health and collective health.

In this context, health science faces the challenge of integrating knowledge from multiple disciplines capable of interpreting phenomena such as social inequality, exclusion, structural violence, job insecurity, psychosocial suffering, and cultural changes that directly affect morbidity, mortality, and population well-being (5-7). The Humanities and Social Sciences (HSS) have been fundamental to this conceptual shift, providing theoretical and methodological frameworks that allow us to understand health as a socially constructed, historically situated, and politically mediated phenomenon (8-10).

Despite its substantial contribution, scientific production in HCS has occupied a peripheral role in scientific evaluation systems and, by extension, in the formulation of evidence-based health policies. This marginalization is not due to a lack of scientific rigor but rather to the uncritical application of evaluation models designed for other areas of knowledge that prioritize bibliometric impact indicators over social and health relevance (11-13). This tension constitutes the core of the problem addressed in this reflection.

Scientific production in the humanities and social sciences: structural and epistemic tensions

Scientific production in human health and social sciences (HCS) is characterized by epistemological, methodological, and communicative patterns distinct from those of the biomedical sciences. Numerous studies have documented that these disciplines prioritize contextualized research, qualitative analysis, interdisciplinarity, and the generation of knowledge oriented toward understanding and transforming specific social realities (14-17). Consequently, the most frequent scientific outputs include books, chapters, technical reports, public policy documents, and products of social appropriation of knowledge.

These characteristics, far from being weaknesses, reflect the very nature of social and humanistic knowledge, whose purpose is not limited to the accumulation of experimental evidence but rather seeks to influence medium- and long-term social, cultural, and political processes (18,19). However, dominant scientific evaluation systems tend to underestimate these products, thereby creating a structural gap between the production of health-relevant knowledge and its institutional recognition (20,21).

In Latin America, these tensions are exacerbated by structural conditions such as dependence on limited public funding, the centrality of complex social problems, and the need to produce situated knowledge for historically vulnerable populations (22-24). Paradoxically, these same conditions make research in human health sciences particularly valuable for addressing the social determinants of health by offering critical perspectives on the structural causes of illness and suffering.

Contributions of HCS to collective health and well-being: beyond biomedicine

From a public health perspective, community health studies have made significant contributions to mental health, psychosocial well-being, health education, self-care promotion, violence prevention, and community participation (25-28). These contributions have broadened the notion of health, incorporating subjective, relational, and cultural dimensions that directly influence health outcomes.

Recent empirical evidence from Colombian universities confirms this trend, showing that a significant proportion of scientific output in the Human and Social Sciences (HSS) focuses on health and well-being, particularly through products that promote the social appropriation of knowledge and the development of human talent. These products, although less visible in citation counts, play a strategic role in disseminating knowledge to communities, educational institutions, and decision-makers (29-31).

In contexts characterized by profound inequalities, such as those in Latin America, these

contributions acquire an undeniable health value. Research in health sciences allows us to identify barriers to accessing health services, understand cultural practices associated with care, analyze processes of stigmatization, and design more relevant and sustainable interventions (32,33). Ignoring these contributions reduces health to a technical problem and disconnects from the social realities that shape it.

Implications for scientific evaluation and health policies

The persistence of scientific evaluation models centered on traditional bibliometric metrics has direct consequences for how health knowledge is produced, recognized, and used. Various authors and international declarations have warned that these models are insufficient for assessing disciplines focused on social impact, territorial relevance, and the transformation of complex realities (34-36).

From a health perspective, this limitation is not merely academic: it obscures key evidence for the formulation of public health policies, weakens interdisciplinary integration, and restricts the incorporation of psychosocial approaches in decision-making (37-39). Consequently, a gap persists between the available knowledge on the social determinants of health and its effective application in health systems.

Moving toward more comprehensive and responsible models of scientific evaluation is, therefore, a strategic necessity for health systems. Incorporating criteria for social impact, knowledge transfer, and contributions to well-being would ensure adequate recognition of the value of research in the health sciences and strengthen its connection to public policies aimed at equity and social justice (40-42).

Final reflections and future perspectives

The evidence analyzed allows us to affirm that scientific production in the Humanities and Social Sciences not only complements but also substantially expands the field of health, offering tools to understand the social processes that condition individual and collective well-being. In

a global context marked by health crises, growing inequalities, and mental health challenges, the knowledge produced by the Humanities and Social Sciences is more relevant than ever. However, its transformative potential remains constrained by structural barriers in evaluation, funding, and institutional recognition. Overcoming these barriers requires a paradigm shift that recognizes health as a complex phenomenon and values social and humanistic knowledge as an essential component of health evidence.

CONCLUSIONS

Scientific production in the Humanities and Social Sciences is a fundamental pillar for a comprehensive approach to collective health and well-being, enabling us to understand and act upon the social determinants that shape the processes of illness and care. The reviewed evidence demonstrates that these disciplines generate relevant, socially significant knowledge, although traditional scientific evaluation systems often fail to recognize them adequately.

Persisting with reductionist evaluation models not only limits the development of the health sciences but also enhances health systems' capacity to respond effectively to complex and structural problems. Recognizing, evaluating, and strengthening health sciences research is not a disciplinary matter, but a necessary condition for advancing toward more equitable, comprehensive, and socially contextualized evidence-based health policies.

In this regard, it is imperative to promote responsible models of scientific evaluation, strengthen the link between social research and health systems, and consolidate a science-oriented vision of collective well-being. Only in this way will it be possible to fully harness the potential of the Humanities and Social Sciences in building healthier, fairer, and more sustainable societies.

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