

chapter 2

Influences on the health of individuals

→ What influences the health of individuals?

The health of an individual is subject to many influences, some of these have a positive effect on a person's health outcomes, while some may be detrimental. These influences tend to act in various combinations and a person can exert differing amounts of control over them dependent upon their social, economic and environmental circumstances.

The influences that affect an individual's health construct their meanings around health, the value they attach to health and their health behaviours, whether these are health enhancing or health compromising. Because some influences on an individual's health may be out of their control, the health of an individual becomes the joint responsibility of both the individual and the society in which they live.

The determinants of health

An individual's health is influenced by a range of factors, which are commonly referred to as the determinants of health. These determinants are the conditions, circumstances and environments in which people are born, live, learn, work and play and they have a large impact on the way a person grows and develops as well as on the choices they make. While each individual has some responsibility for their health behaviours, there is growing recognition that the context of people's lives can also greatly determine their health. Each determinant is important in its own right but, at the same time, they are **interrelated**. Often the network of interacting determinants increases or decreases a person's health status.

Individual factors

Our health can be shaped by individual factors, which include our knowledge, skills and attitudes, along with our genes. Our genes determine the characteristics passed on from parents to their children. These inherited **traits** can determine our potential in terms of physical development, intellectual capacity, life expectancy and the likelihood of developing certain diseases. Genes also establish a person's gender, which can influence an

Interrelated something that is connected or linked to something else.

Trait a distinguishing feature, characteristic or quality.

individual's health. For example, males have an increased risk of developing various conditions, such as diabetes and cardiovascular disease and males generally have a shorter life expectancy than females.

Individual health knowledge is acquired through a variety of means and helps a person develop skills that are important in supporting health-related decisions and choices. These skills, or personal health practices, are what people use to interact effectively with the world around them and to deal with the events, challenges and stresses they encounter in their day-to-day lives. They are sometimes referred to as coping skills; and effective coping skills enable individuals to be self-reliant, solve problems and make informed choices that enhance their health. Effective coping skills also allow people to face life's challenges in positive ways, without recourse to risky behaviours. A young person with well-developed coping skills, such as problem solving, may be able to assess a risky situation, look at other options available, weigh up the **consequences** of each and make an informed decision that will enhance their health. Other determinants may come into play, which will also affect the individual's choices and decisions. However, research tells us that people with a strong sense of their own effectiveness and ability to cope with various circumstances in their lives are likely to be most successful in adopting and sustaining healthy behaviours and lifestyles.



When we look at individual factors as a determinant of health, we should also consider a person's attitudes and values. These are shaped by many things, including their personality, priorities, motivation levels, temperament, expectations, roles and responsibilities, ability to think and learn, ability to connect with others, and their **sense of self**. All these factors interact in the formation of values and attitudes, and influence our health decisions. For example, motivation is what helps us to set goals and move towards them in a positive manner. Our motivation to do things can be extrinsic, that is, we act in a certain manner for the external rewards, or intrinsic, where we act in a certain way as it gives us personal satisfaction and we believe the outcome

Consequences what may happen because of a particular action.

Figure 2.1
Well-developed and effective coping skills can assist a person in making health-enhancing decisions

Sense of self how a person perceives themselves. The unique qualities that make up an individual.

will be personally rewarding. Concerning health behaviours, some young people may be motivated to make certain choices out of a need to belong and feel valued by their peer group rather than by what is best for them, which may result in poor health choices such as using drugs.

Understand (and) apply

- 1 Think about the coping skills you believe you possess. Examine the strategies you can employ to improve your coping skills and build on any areas in which you feel you are lacking.
- 2 Research the steps involved in the decision-making process for problem solving. Design a flow chart that summarises the main points people should consider when assessing a risky situation and deciding what course of action to take.
- 3 Define intrinsic and extrinsic motivation and discuss which of these would be most effective for assisting individuals to change their health behaviours.

Sociocultural factors

Sociocultural factors refer to the influence of a person's family and peers, their religion and culture, and the media on the personal health practices they adopt for their health. These determinants exert some influence on a person's life and are ever-present when people make health-related decisions. As with all determinants of health, sociocultural factors can have a positive impact on the choices we make but, conversely, they may make it difficult for a person to adopt **health-enhancing behaviours**.

Our health-related habits are closely associated with the examples set by our parents and family. As discussed in chapter 1, the beliefs and perceptions of one's family in relation to all aspects of health are inextricably linked to our health choices. If a person grows up in a household where a healthy diet and regular physical activity are valued, where skills such as effective conflict resolution and good communication are regularly modelled and where risk-taking behaviour is encouraged in the context of sport, recreation and work challenges; the individual has support mechanisms already in place to assist them in making positive health choices. On the other hand, a family may have poor relationships and communication skills, not be aware of or value the benefits of healthy eating and exercise, and may engage in risk behaviours such as smoking and excessive alcohol consumption. A person may find it difficult to adopt health-enhancing behaviours in such an environment. For example, a young person may be made aware of the benefits of a low-fat diet with plenty of fruit and vegetables through PDHPE lessons at school and may be keen to incorporate these practices into their lifestyle. However, their parents do all the shopping and cooking for the family and the choices they make for meals tend to be processed meals that are high in fat, salt and sugar rather than fresh foods. This then becomes a barrier to making positive health choices for the young person and may determine their level of health.

The family can also have strong influences in areas related to other dimensions of health. For example, a family who do not spend a lot of time together talking and building relationships and who encourage the family

Health-enhancing behaviours behaviours beneficial to a person's health, such as healthy eating, physical activity, communicating with others and not smoking.



members to keep their emotions to themselves rather than discuss them may make it difficult for a young person to talk about any problems they may be experiencing. This can be distressing for a young person and, if they do not have the resources to seek help from other means, it may have a negative impact on their health status.

Our peers are those who share something in common with us, such as age, background, interests and experiences. People tend to gravitate to those who share their values and attitudes, and their likes and dislikes. Often, the peer group is also the benchmark by which a person measures what is appropriate behaviour, along with determining their sense of self-worth. Everyone has peers with whom they interact throughout their lifetime, but during adolescence, a young person's peer group is held in the highest esteem and has a tremendous impact on the decisions and choices that person makes.

Humans are social beings and have many needs related to relationships, such as a need to feel valued, to belong and be accepted, to have friends and to develop a sense of identity. If our needs are not met, some of us may become prone to depression, drug use, anxiety and feelings of hopelessness, which can affect all aspects of health. The peer group meets many of these needs and can be a very positive determinant of good health through developing productive social relationships. If peer group membership results in a sense of satisfaction and wellbeing, it can be seen as a buffer against health problems. A young person may find that their peer group includes others with whom they can discuss health issues, take on challenges, seek help for problems if needed and generally be a good support network.

The need for belonging, however, can be very strong in adolescence and can sometimes overcome other needs, such as safety, resulting in poor health choices. For example, a young person may choose to partake in an activity that compromises their health and wellbeing, such as smoking marijuana, in order to satisfy their need to be an integral part of their peer group, as they believe the group would not accept them if they did not participate.

Figure 2.2

The quality of family life influences our health status

Figure 2.3

The peer group meets many needs and can be a positive determinant of good health



Understand (and) apply

- 1 Examine further examples of how sociocultural factors such as family and/or peers can have an influence on a person's health behaviours.
- 2 Visit the Reach Out website at <www.reachout.com.au>. Spend some time exploring the site and then critically analyse how useful it may be for young people to assist them in dealing with issues, seeking help and making health-enhancing decisions.

Marginalise to regard a group of people as less important than others, treating them differently and not affording them the same advantages as others.

Holistic viewing health as something that involves the whole person (mind, body and spirit) rather than just looking at an illness or disease.

Culture and religion can be important determinants of our health as either risk factors or protective factors. Different cultures have different values and beliefs about health. There are also practices that are associated with particular cultures that can either enhance or compromise health. Belonging to a particular culture can provide an individual with social support and a sense of community, which can have positive effects on their health. However, if a person is **marginalised** or discriminated against because of their culture, the effects of this will adversely affect their health and wellbeing. Cultural beliefs may affect the health decisions a person makes, for example, whether or not to seek healthcare for health concerns. Traditional diets associated with different cultures can affect a person's health status. For example, a Japanese diet, which is low in fat and uses a lot of fresh fish and vegetables, can have a positive impact on a person's physical health, whereas a culture that uses large amounts of oil, cream, meats and fats in their cooking may contribute to the risk of cardiovascular disease in people from that culture. The way different cultures view health can also affect a person's health status. For example, the Chinese philosophy around health is very **holistic**, seeing a strong link between mind and body. The health practices someone from this culture may adopt, such as participating in tai chi, can have a positive influence on the physical, spiritual and emotional dimensions of their health.

Cultural expectations can be a deterrent to the uptake of healthy practices. Adolescents in Australia have consistently low levels of adherence to sun protection recommendations despite being well aware of the consequences of ignoring this advice. This is, in part, due to the strongly held societal belief that to be healthy one must be tanned and the cultural expectation that you need to be a 'bronzed Aussie.' Other sociocultural determinants that interact with the choices young people make around sun-protection behaviours include peer approval, the notion that to belong you must fit a certain image, and a desire for a tan associated with images in the media.

Religion as a social determinant can provide positive health outcomes such as social support, a sense of purpose, and a belief system to follow. Religious beliefs may also influence a person's health behaviours by encouraging **abstinence** from alcohol, smoking, or sexual activity before marriage. Some religions, while advocating these behaviours, will also teach about the importance of family and relationships and this can have a positive impact on an individual's health status. Other religious beliefs may have negative health outcomes, such as the illegal practice of female circumcision or not allowing blood transfusions as a treatment for serious illness or injury.

A final sociocultural factor that can determine the health of an individual is the media. Due to its pervasive nature, the media has the ability to be a powerful influence on the health behaviours of people and, in turn, on their health and wellbeing. Media messages comment on all aspects of our lives and often tell us what we need in order to be happy, what products we should purchase in the pursuit of health and how people from different genders, cultures and age groups are meant to behave. The media can be very **explicit** in its health messages. For example, specific advertisements relating to positive health behaviours, such as 'How do you measure up?', 'Go for 2 and 5', 'Speeding: no one thinks big of you' and 'Don't turn a night out into a nightmare', inform people about issues that may affect their health and provide suggestions and strategies to address these issues.

At the same time, the media can send **implicit** messages about health and what is valued in regard to health. For example, the constant portrayal of unrealistic images of male and female bodies in magazines and newspapers, online and on television can lead people to believe that this is the norm, resulting in the increased prevalence of dieting, disordered eating, smoking and drug taking for weight control, and obsessive exercise

Figure 2.5

The 'How do you measure up?' health campaign encourages people to consider the impact of their health behaviours

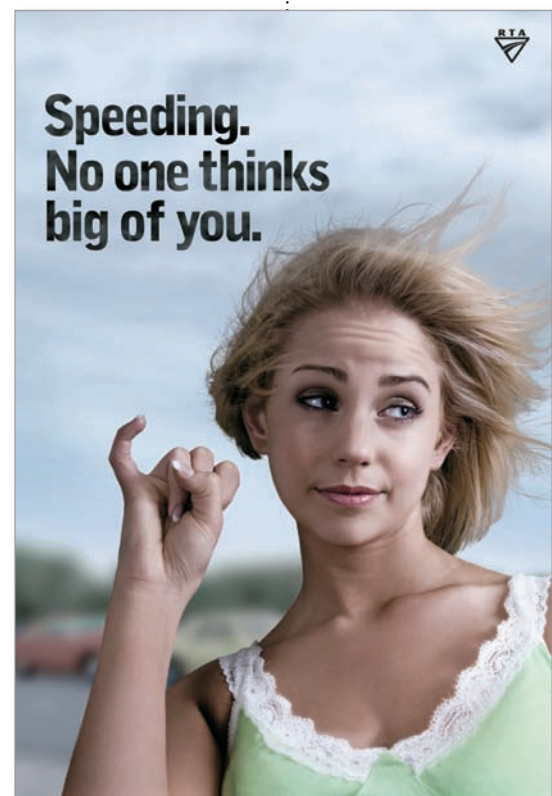
Abstinence not partaking in a particular activity or behaviour, for example, drinking alcohol or having sexual intercourse.

Explicit an idea or concept that is very clearly expressed.

Implicit an idea or concept that is implied rather than clearly stated.

Figure 2.4

An example of the 'Speeding: no one thinks big of you' campaign





as people strive for the 'ideal' body. The 2008 Mission Australia National Survey of Young Australians reported that body image was of major concern to a third of the 45 558 young women and men surveyed.

The media can play an educative role around health issues and serve as a tool to debunk common myths, such as coffee being able to sober up an intoxicated person. The media also has a great influence over how people perceive an issue or problem, such as, for example, the 'obesity epidemic'. Media messages can sometimes provide misinformation in relation to health issues. It can often be difficult for people to determine what is fact and what is fiction, so that they can make informed decisions that will benefit their health.

Figure 2.6

Self-image is powerful but can be deceptive

Understand (and) apply

- 1 Explain how you believe cultural expectations are formed and the impact they may have on an individual's health behaviours.
- 2 Justify the following statement: 'A person who is periodically discriminated against on the grounds of their culture, beliefs or race is likely to experience poorer health than someone who has never experienced discrimination'.
- 3 Visit the websites of the following health-related media campaigns:
 - Go for 2 and 5 <www.gofor2and5.com.au>
 - Don't turn a night out into a nightmare <www.drinkingnightmare.gov.au>
 - How do you measure up? <www.measureup.gov.au>
 - Speeding: no one thinks big of you <www.rta.nsw.gov.au/roadsafety/speedandspeedcameras/campaigns>.

Comment on whether you believe these campaigns put across explicit messages about health-enhancing behaviours. Discuss what other sociocultural factors could be present in an individual's life that may interact with these media messages to either encourage or discourage a person to change their health behaviours.

Social gradient the term used when referring to the link between socioeconomic status (SES) and health.

Socioeconomic factors

Some persons or groups in society may face additional health risks because of the socioeconomic environment in which they live. **Social gradient** is the term used by the World Health Organization when referring to the link between socioeconomic status (SES) and health. There is a direct correlation between a person's susceptibility to disease and their social environment in particular their income, their education and their social status. High income and social status is linked to good health, whereas low SES is closely tied to poor health. A person's SES affects their life expectancy and their wellbeing, and there are a number of reasons for this.

The health status of people in low socioeconomic situations is affected by a number of interrelated factors. Very often, people from low socioeconomic backgrounds can only obtain work in low-paid jobs that are associated with manual labour and are, therefore, exposed to greater risks and workplace stresses than those who work in other jobs. People in blue-collar work tend to have less control over their working environment and fewer opportunities for advancement. This has a detrimental effect on their health. People who have more control over their work circumstances and fewer stress-related demands of the job are generally healthier and often live longer.

However, having some paid work, regardless of income, has some protective factors for our health and wellbeing as it not only provides us with money, but also with a sense of identity and purpose, social contacts and opportunities for personal growth. When a person loses these benefits through retrenchment or redundancy or is unable to get a job, the results can be devastating to both the health of the individual and their family. Unemployed people have a reduced life expectancy and suffer significantly more health problems than people who have a job.

People from low SES backgrounds tend to have limited housing choices, which may mean they need to live in areas that are overcrowded, polluted, have high crime rates and limited access to health-care services—all elements which will have an impact on a person's health status.

Education is closely tied to socioeconomic status. Education contributes to health by equipping people with knowledge and skills for problem solving and helps provide a sense of control and **mastery** over their life circumstances. It increases opportunities for job and income security and job satisfaction along with improving a person's ability to access and understand information to help keep them healthy. People from low SES backgrounds tend to have lower levels of education and are therefore restricted in their knowledge about positive health practices. For example, they may not be aware that poor nutrition and a sedentary lifestyle is linked to diabetes, or of the risk of contracting a range of sexually transmitted infections (STIs) such as Chlamydia through engaging in unprotected sex. Low levels of education can lead to poor health literacy levels, and people from low SES backgrounds may experience difficulty accessing health services.

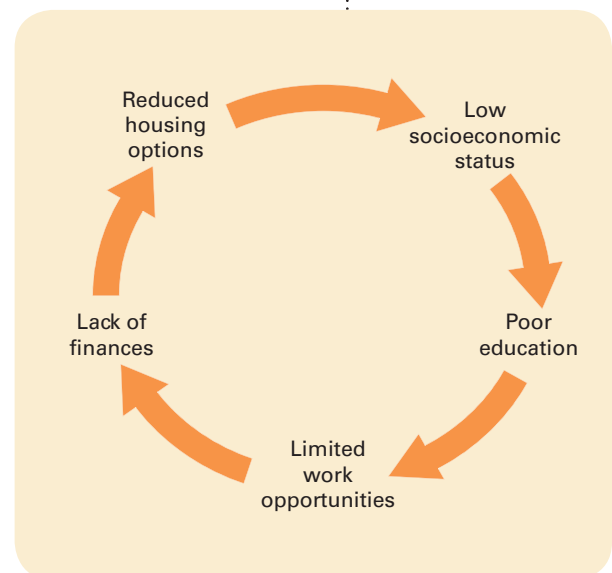
Low-income levels can result in reduced options and choices for problem solving. For example, not being able to afford private health cover may result in reduced health-care options, while only being able to shop for food in cheaper stores may limit the availability and choice of fresh fruit and vegetables. A lack of finances and education can be a **debilitating** problem for many young people and can reduce their options in relation to further education, housing and employment. They may find themselves in a vicious circle in relation to their health due to their social and economic circumstances. The longer people live in stressful social and economic conditions, the greater the negative impact on their health, wellbeing and life expectancy.

Mastery to have knowledge in and control over something. (In physical activity, it is the ability to perform a skill or movement at a high level. It involves perfecting the move.)

Debilitating something that is weakening; stopping a person from moving forward.

Figure 2.7

People may find themselves in a vicious cycle in relation to their health because of social and economic circumstances



Affluence at the heart of long life

BY MARTIN LAVERTY

Preventative health should focus solely on the way we treat our bodies, right?

Quit smoking, get more exercise, cut down the drinking, cut out the junk food: this has been the mantra of preventative health proponents for decades. Addressing Australia's collective lifestyle certainly appears to be the sole priority of the Preventative Health Taskforce, which is no doubt busy preparing its national strategy.

The fact is, when it comes to reducing chronic disease and extending people's lives, improving lifestyle is only a small part of the picture. The most powerful factors in determining whether you get chronic disease and how long you are likely to live are decided in the womb, in the home, in the classroom and at work.

I once would have argued smoking, blood pressure and cholesterol were the best indicators of the likelihood of heart disease.

But evidence is now firm that the job you work in, as a measure of socio-economic status, is in fact a far better predictor of cardiovascular death than cholesterol levels, blood pressure and smoking status combined.

Indeed evidence suggests a person's wealth is the most important factor to their health.

Don't interpret this to mean we can avoid healthy eating and exercise to focus on getting a better job. Looking after your health is obviously important. What it does mean, though, is that the factors you don't discuss with your doctor—and that the Preventative Health Taskforce must examine—are more important to your health and life expectancy than a prescription or lifestyle change.

Many people believe the health of the nation, and particularly the health of no or low-income earners, is determined by the quality of hospitals or universal access to general practitioners.

My organisation, Catholic Health Australia, which oversees 75 not-for-

profit hospitals, believes the quality of our hospitals and strength of the health workforce is centrally important to providing care for all Australians, particularly those for whom health costs mean they may go without.

Yet as the largest non-government provider of hospital services in Australia, we understand that what decides a person's health occurs outside of any hospital or doctor's clinic. The social determinants of health is a catch-all phrase describing the set of events that influence a person's average life expectancy and the likelihood of them experiencing chronic disease.

Health researchers have found these determinants include the experience of a baby in the womb, early childhood, school participation, transition to work, levels of income, geographic location and social connectedness. Overwhelming evidence is that a child's first few years are the most important in establishing the health outcomes for their entire life.

To put this in simpler terms, the law of averages means a person living in a middle to high-income household will be healthier than a person in a low to no-income household.

In fact, low-income earners have been found to face twice the risk of avoidable death as high-income earners.

Nearly all the social determinants of health occur outside the health system, yet health policy rarely pays them attention. Deputy Prime Minister Julia Gillard's education revolution is a start.

The report of the National Health and Hospitals Reform Commission also took a good step in acknowledging the importance of tackling social determinants but didn't go all that far in outlining how.

It may sound a little overwhelming but the how is actually pretty easy. For example, researchers have shown biological factors are less of a risk in developing several chronic diseases than

dropping out of high school. This does not mean biological factors play no role; of course they do. But it also presents an opportunity. It means we can lower the incidence of chronic disease by encouraging kids to finish Year 12.

Similarly, researchers who conducted a three-year clinical trial showed that education levels were more influential than some drug therapies in determining whether a person will die of a heart attack.

Again, the answer to keeping people alive longer is encouraging school completion and post-school qualifications.

The cost of ignoring these confounding social determinants of health is immense. We can see it already. For people living in the affluent north shore of Sydney today, men can expect to live on average for 80.3 years and women for 84.5 years. Drive a few hours across the Great Dividing Range, and men in western NSW will die 4.3 years earlier at 76, and women 2.6 years earlier at 81.9.

Of course for indigenous Australians the gap is wider. Most of us know indigenous Australians will die 17 years earlier on average than non-indigenous Australians.

The World Health Organization last year outlined a blueprint for member countries to act to improve the health of the poor by raising social incomes, improving school retention for children, tackling violence and family breakdown, and supporting the isolated so they can participate in society.

The Australian Government has yet to respond to the WHO blueprint. It can do so by broadening the scope of the Preventative Health Taskforce.

To really improve the health of the nation, we need to give children a better start in life, we need to keep them at school and we must ensure all have financial resources to live well.

Martin Laverty is the chief executive of Catholic Health Australia.

Understand (and) apply

- 1 Discuss the suggestion by the author that '... a person's wealth is the most important factor to their health'. Include in your answer whether you believe that some determinants have a greater impact on an individual's health than others or whether they all have equal influence.
- 2 Explain what the author of this article means when he states that '... we can lower the incidence of chronic disease by encouraging kids to finish Year 12'.

Environmental factors

People's health is influenced by the conditions in which they live. In order to function adequately and to feel safe and happy, we need to have a number of basic needs met in relation to our physical environment. Safe water; clean air; healthy workplaces; safe houses, communities and roads; and easy access to health services all contribute to good health. The government has a large role to play in providing positive environments for people's health.

Some environments have limited **infrastructure**, for example, poor public transport, limited facilities, few public recreation spaces and poor street lighting. These may be coupled with high levels of community violence resulting in people being afraid for their safety. Built-up areas in cities can be crowded and have greater levels of pollution and a lower quality of air and water. Environments such as these can hinder a person's health in a number of ways.

Geographic location can certainly have an impact on a person's health and their ability to make wise health choices. Those living in areas that are isolated from major towns can find they have a lack of access to health services and to people who can provide them with help and guidance about various health issues. They may have to travel large distances to see a doctor and therefore, may neglect regular health check-ups such as pap smears, breast checks and bowel cancer screening. Having no close neighbours may limit social contact and opportunities for recreation, which are beneficial to health. Food choices are limited, particularly fresh foods, and some food items may not be available at all. People who live in rural and remote environments may also be subject to climatic conditions that can affect their health such as droughts, floods, fires and dust storms. The negative impact that the drought in rural Australia has had on people's emotional health is quite severe, as people experience a loss of self-worth and feelings of hopelessness when they are unable to earn a living due to the weather conditions.

Access to health services may also be restricted for those living in urban areas, due to overcrowding. An increase in the population in some areas due to more affordable housing has seen increased waiting times to see doctors, and to have medical procedures and gain referrals to health experts, which can affect the health of an individual.

The access to health information via technology is an area that can assist people to make informed health choices. Rural and remote areas of Australia have been disadvantaged in their access to health services for some time. The Australian government has made a commitment to deliver affordable online access to communities in rural and regional Australia, and this may mean that individuals in these environments will have the opportunity to further their health knowledge through access to the internet.

Infrastructure the basic framework of a community; the roads, railways, schools and other permanent structures.

Social cohesion the things that bond people within a society; including tolerance, social equality and fairness.

The design and development of urban areas in recent years has addressed some areas of concern regarding physical environments and their influence on the health of individuals and, in turn, of communities. The provision of bicycle and walking tracks and better public transport such as T-ways promote better health and gives people more choices to enable them to make good health decisions. Governments who include these considerations in their transport policies are going a long way in combating sedentary lifestyles and maintaining a healthy environment for people to live in. Cycling and walking tracks and the use of public transport can decrease air pollution, reduce injury through motor vehicle accidents, increase exercise levels and increase **social cohesion**; all of which can have an impact on the health of individuals.

Various levels of government and a range of health organisations are also considering how different city environments can encourage people, particularly young people, to make positive health decisions. Many local councils provide a range of free youth friendly health services within the local area, in an attempt to provide positive environments for young people to meet, socialise and seek advice. The National Youth Mental Health Foundation (Headspace) has recently set up 30 centres across Australia. These serve as an entry point for young people to access a broad range of services that are available in their local community and which address health issues to do with mental health and substance use.

Understand (and) apply

- 1 The council of Sunnyville Shire are proposing the development of a new suburb in their area. They have called for tenders from local developers and your company has won the contract. Your team has been given the responsibility of designing an exciting suburb where people will be keen to live and where healthy lifestyles are supported. In pairs, develop a proposal for the types of infrastructure (e.g. roads, cycle paths, parks, walkways etc.) and other facilities (e.g. community health centres, youth drop-in centres) that your company feels should be included in the new suburb to make the physical environment more conducive to positive health choices. You must justify your recommendations, being sure to take into account the influence that environmental factors have on the health of individuals.
- 2 Visit the Headspace website at <www.headspace.org.au>. Investigate the services provided at the Headspace offices in NSW and the ACT, and assess these centres in terms of their ability to provide a positive and accessible environment for young people in relation to their health.

The degree of control individuals can exert over their health

As can be seen from the previous discussion, an individual's health can be determined by a range of factors acting in various combinations that influence health outcomes. Individuals can exert some control over their health; however, they may not be able to control many of the determinants directly. The key is to be able recognise those factors one can influence some control over and then work on developing positive behaviours to support those factors.

By doing this, an individual can tilt the balance in favour of those factors they can exert some control over and reduce the risk of those determinants over which they have little or no control.

Modifiable and non-modifiable health determinants

The factors that make up the determinants of health can be categorised into those that are modifiable and those that are non-modifiable. A non-modifiable health determinant is one that cannot be changed, modified or controlled.

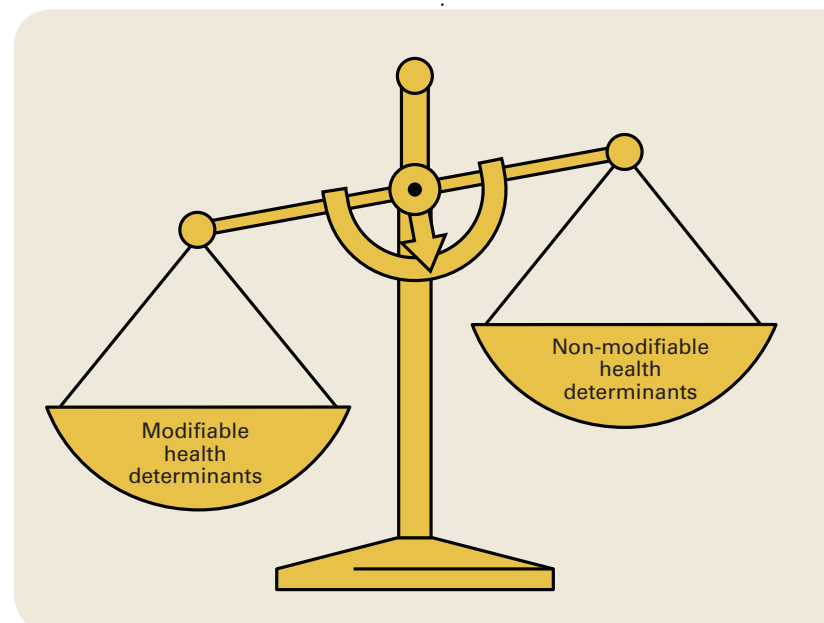
Non-modifiable health determinants include:

- **Age**—a person's age is a non-modifiable health determinant and, although age does not necessarily have to be synonymous with poor health, as people get older the likelihood of them developing certain diseases increases, for example, cardiovascular disease (CVD), diabetes and osteoporosis.
- **Gender**—as mentioned previously, a person's gender can affect their health. Being male puts an individual at greater risk of developing a number of diseases and in many countries, including Australia, is linked to shorter life expectancy. Being female is a risk factor for certain diseases such as breast cancer; however, women tend to live at least five years longer than men do. Australia has the joint third-highest female life expectancy (for non-Indigenous women) in the world.
- **Family history**—most chronic diseases and many illnesses have family history as a prominent determining factor for their development. An individual's chance of developing certain diseases and illnesses is greatly increased if they have someone in their family who has had that disease, for example, many different types of cancers, hypertension, diabetes, CVD and depression. The more immediate the family member, the more increased the risk; for example, having a mother or sister who has had breast cancer is a greater risk factor for an individual than having a grandmother who has had breast cancer.
- **Race/ethnicity**—an individual's race or ethnicity can be a determining factor of their health status. The risk of some diseases is more likely for people from certain races or ethnic backgrounds; for example, African Americans are more likely to suffer from sickle cell anaemia and Indigenous Australians are more likely to experience CVD, diabetes and glaucoma.

Modifiable determinants of health are those factors that have an influence on our health status but have the potential to be changed or altered in some way; for example, aspects of lifestyle such as an individual's nutritional habits, their tobacco and alcohol consumption and their physical activity levels.

Figure 2.8

In order to increase a person's health status it is important to try to tip the balance in favour of modifiable health determinants



Our health potential may be determined by things such as age and genetics, however, it is possible for an individual to positively adjust their lifestyle and/or environment to reduce the risk of ill health and to maximise their health potential. That said, the degree of control that can be exerted over various determinants differs depending upon the individual's personal circumstances and the degree to which they are in a position to change their health outcomes. For example, an adult may be in a better position to alter socioeconomic factors, such as where they live, the type of employment they are in or their level of education, than may be possible for a child.

It is important for a person to be aware of the non-modifiable health determinants that may apply to them so they are able to make informed decisions about how they can alter their modifiable health determinants to ensure the best possible health outcomes for their life.

The changing influence of determinants through different life stages

Each of the determinants has an influence over the health of an individual to varying degrees. The level of this influence may change over time depending upon the life stage of the person, what is important to them at the time (values), and the extent to which they believe they can control the events and/or circumstances which affect them (locus of control). Life contains a series of transitions for each individual and these changes can affect health, by having people move onto a more or less advantageous path.

A young child's health is predominantly influenced by their family. Parents make health decisions for their children, shape their health-related values, choose the school they attend and decide where they live. The decisions a parent makes on behalf of a child are influenced by a number of health determinants, including their knowledge, skills and attitudes, their culture, their level of SES, their education and their immediate environment.

When a child becomes an adolescent, the influences on their health broaden. There is a definite shift of influence from parents to peers and, as previously mentioned, a young person's peer group can work in positive or negative ways in relation to health. The influence of socioeconomic factors may alter if a young person gets a part-time job, which can change their level of income and, in turn, the possible options they have available to them. A young person will begin to develop their own values and beliefs in relation to health based on influences of the media, their teachers and their peers, and these may be different to those of their parents. A young person may begin to question aspects of their religion or culture and, as a result, the influence of these factors on their health may increase or decrease. As a young person develops their health-related knowledge, they may then be able to alter the influence of environmental factors such as access to health services as they learn what is available to them in the community and how to access support and assistance via the internet or telephone services such as Kids Helpline. A young person may have opportunities to move away from the environment they have been brought up in, such as taking on a job, or going to university or Technical and Further Education (TAFE). This can alter the influence that this determinant of health has upon the individual. For example, gaining further education and qualifications can mean a positive change in SES for a young person.



Figure 2.9
Kids Helpline assists young people in need

Adulthood also can mean a change in the influence of the various determinants of health. Life experiences can affect an individual's knowledge and skills, which in turn can affect their health behaviours. Adults tend to be less influenced by their peers and the media, and their individual attitudes may have a greater effect on their health. Socioeconomic factors such as employment and income may have a greater influence on an older person than sociocultural factors, for example, as they strive to pay their mortgage, provide for their family and find a work/life balance. Elderly people can find that environmental factors such as geographic location may have a greater influence on their health as they age. For example, if they become unable to drive and they live in an area that does not have adequate public transport options, they may become isolated from social contact and reliant on others to provide for their health needs, such as grocery shopping and medication provision. A person in a situation such as this can feel a lack of control over their ability to make health-enhancing decisions.

Understand and apply

- 1 Assess whether genetic predisposition to certain diseases for some races is the only determinant influencing an individual's health or whether other determinants of health, such as socioeconomic and environmental factors, play a role in the development of disease.
- 2 Give suggestions as to what individuals can do to modify the determinants they have little control over.
- 3 Explain how the level of influence of the determinants of health on an individual changes over time.

Health as a social construct

Why is it that the life expectancy for non-Indigenous Australians is markedly less than that of Indigenous Australians? Why do some young people make positive health decisions and others make poor ones, even though they attend the same school and receive the same health information? Why is it that the health status of people with a low socioeconomic status is different to that of those with a high socioeconomic status? Health was once thought to be the sole responsibility of the individual, and health status the direct result of their behaviours and actions. While ultimately individuals do make decisions about their health, it must be acknowledged that many sociocultural and socioeconomic factors impact upon a person's health, the meanings a person gives to health and the judgments they make relating to their health. It is becoming more and more apparent that health is socially constructed, which means that people develop their meanings of health depending upon their social circumstances and that this view of health shapes a person's beliefs, behaviours and practices.

Recognising the interrelationship of determinants

The determinants of health do not operate in a vacuum. They function on multiple levels and interact with each other to influence health outcomes. A good way to understand the concept of health as a social construct and to see the interrelationship of the determinants is to look at young people's health behaviours around drinking alcohol. The meanings that young people give to alcohol are very much socially constructed and involve a number of factors working together to influence decisions.

Despite an awareness of alcohol-related harm, many young people engage in health-compromising behaviours when it comes to consuming alcohol (*individual factors*). Drinking alcohol is intrinsic to Australian culture and the activity is seen as normal, sociable and expected. Alcohol consumption is associated with celebrations, sport, relaxation and enjoyment and is sometimes part of religious and cultural ceremonies. Adolescents are constantly subject to social and cultural messages from their family, sporting organisations, the media and their peers that using alcohol, often at harmful levels, is acceptable (*sociocultural factors*).

As previously mentioned, adolescence is a time when young people are endeavouring to find their sense of self and have a strong need to belong and fit in. Drinking is often seen as an activity that can foster a sense of social cohesion and solidarity among friends. It is a highly social activity, rarely occurring in isolation. Young people negotiate the meaning of alcohol in their social group and, for some, risky levels of drinking equate to popularity and can be used to strengthen their position among their peers. Many young people are concerned about the immediate social consequences of alcohol rather than the less immediate or non-social consequences. For example, they would rather drink excessively and risk the related harms than to abstain from drinking and risk not being able to fit in at a social event (*sociocultural factors*). Pleasure and hedonism are very dominant values among generations X and Y and, if drinking is perceived as being associated with enjoyment, this can also shape young people's drinking behaviours (*individual factors*).

Increasingly, young people have a great amount of leisure time and often lack recreational facilities in which to participate in productive and structured activities. Another characteristic associated with generations X and Y is the desire for instant gratification. If leisure time is perceived as boring and alcohol is associated with fun and socialising, drinking may become a desired leisure time activity. Access to communication technologies, for example, mobile phones, the internet and social networking sites such as MySpace, Facebook and Twitter, has created new ways for young people to interact socially, to access broader social networks and to arrange their leisure time. Communication technologies can affect young people's drinking by facilitating the organisation of 'big nites out'. Young people can also have high levels of expendable income due to part-time jobs, which may mean they have more opportunities to purchase alcohol (*environmental, socioeconomic and sociocultural factors*).

Young people's drinking behaviours can also be influenced by the traditional rites of passage into adulthood. Alcohol is perceived to be liberating and empowering, and getting drunk in many Australian communities is the badge of being an adult. From adults, adolescents can develop many preconceived ideas about what celebrations should entail and, more often than not, young people are introduced to alcohol by their parents or other significant adults in their lives. There is a close relationship between alcohol consumption and sport—young people either see intoxication modelled by their sporting role models or are supplied with alcohol as a reward for athletic performance (*sociocultural factors*).

Every day in Australia, young people are exposed to high levels of alcohol advertising and marketing. Alcohol advertising and promotion encourages positive associations with alcohol, and links drinking alcohol with attractive symbols and role models. For example, beer advertisements often suggest that the product can help the drinker to be more relaxed, happy and successful, and advertisements for spirits and ready mixed drinks (RTDs), also known as alcopops, often link the consumption of the particular drink with personal, social or sexual success. In addition, alcohol advertisements tend not to portray the negative consequences of risky or excessive drinking, such as drunkenness and potential health and other risks.

Other forms of media can also influence a young person's meanings of health and their health behaviours. Modelling of risky drinking behaviours often occurs in popular movies and television shows. This depiction of intoxication portrays consequence-free drinking and links alcohol with enjoyable and normal social activities, which serves to glamorise drinking.

Figure 2.10

There are interrelated determinants for young people drinking



The placement of a particular type of drink in movies and television shows can give the impression that ‘everyone’ is consuming it (*sociocultural, socioeconomic and individual factors*).

Finally, geographic location may influence the drinking behaviours of young people. For example, hotels and clubs are traditional community meeting places and centres of activity, particularly in rural areas (*environmental factors, sociocultural factors*).

People may initially be highly critical of young people and their behaviours around alcohol consumption. However, by looking at the way the various determinants of health interact to determine beliefs about alcohol and responses to the health challenges associated with alcohol, we can gain a clearer understanding of how health and health attitudes are socially constructed. The government and other agencies seeking to address concerns around young people’s alcohol consumption patterns need to consider how young people’s health is socially constructed, if their campaigns are to have any impact on youth.

Challenging the notion that health is solely an individual’s responsibility

Acknowledging that health is socially constructed certainly challenges the idea that each individual is purely responsible for their own health. It shows an understanding that the meanings of health change over time and that health can mean different things to different people in varying contexts. The lens through which we view a person’s health behaviours needs to be much broader than simply asking what is the person doing or not doing in relation to their health. We need to extend these questions to include an exploration of why they are engaging in certain behaviours. For example, poor nutritional habits may be much more than an individual’s decision to select and cook unhealthy foods. The choices the individual makes may be influenced by a lack of education about nutritious foods and how to prepare them; a low income, meaning a person cannot afford to purchase fresh and nutritionally sound food; and geographic isolation resulting in limited access to support

and advice around nutrition. In situations such as these, it becomes increasingly difficult for individuals to take full responsibility for their own health, and simply telling that person they need to change their diet will not bring about behaviour change.

Many people are critical of the health behaviours of Indigenous Australians, however, we should consider the many factors that influence the decisions of people within Indigenous communities. The social constructs of Indigenous health are quite different to those of non-Indigenous health, and blaming the individuals for their health status does not go far towards addressing the inequities between Indigenous and non-Indigenous health. Good health can best be achieved through the

Figure 2.11
Is healthy eating solely an individual’s responsibility?



combined efforts of both the individual and the wider community. Viewing health as a social construct recognises that society has a role to play in the achievement of good health, and that everyone has a right to good health despite their social or economic circumstances.

Understand (and) apply

- 1 Debate the following statement: 'Good health is your responsibility. Act now!'
- 2 Summarise your understandings of the notion that health is socially constructed.
- 3 Choose an example related to risky youth health behaviours (e.g. speeding, not using sun protection) and critically analyse how the interrelationship of the determinants of health impact upon a young person's decision to engage in, or abstain from, these behaviours.

chapter review

Recap



- An individual's health is influenced by a range of factors that are commonly referred to as the determinants of health.
- The determinants of health are categorised into four areas: individual factors (e.g. knowledge and skills, attitudes, genetics), sociocultural factors (e.g. family, peers, media, religion and culture), socioeconomic factors (e.g. employment, income, education) and environmental factors (e.g. geographical location, access to health services and technology).
- There is a social gradient in relation to health, which indicates that high income, formal education and social status are linked to good health, whereas low SES and a lack of education are closely tied to poor health.
- Modifiable health determinants are those that a person can exert some control over, such as peers and education; whereas non-modifiable health determinants are those that are not able to be changed or controlled, for example, genetic factors (age and gender), family history and race.
- A person should be aware of the non-modifiable health determinants that may be an influence on their health status and then assess how they may be able to change their modifiable health determinants in order to maximise their health.
- The level of influence that certain determinants have on a person's health alters according to their particular stage of life.

- Health is socially constructed, that is, it is formed or put together because of social influences such as culture, religion, media, education, income, environment, family and friends.
- People develop their meanings of health dependant upon their social circumstances, and this view of health shapes a person's beliefs, behaviours and practices.
- There is a strong interrelationship between the determinants of health in shaping a person's attitudes and behaviours around health.
- An individual's health should be the combined responsibility of both the individual and the community. Everyone has a right to good health despite their social or economic circumstances.

Useful websites for study



Organisation	Current URL	Useful for ...
World Health Organization	www.euro.who.int	Information on the determinants of health
Headspace	www.headspace.org.au	Australia's National Youth Mental Health Foundation providing information and services related to mental health issues and substance use
Australian Institute of Health and Welfare	www.aihw.gov.au	Access to the publication 'Australia's Health 2008', which provides comprehensive information on the determinants of health and the health status of different population groups
Kids Helpline	www.kidshelp.com.au	Information about seeking help and 24-hour counselling for young people

Exam-style questions



- Outline how the media can influence the health of individuals. (3 marks)
- Propose ways an individual can modify two of the determinants of health in order to have more control over the influence these determinants have on their health. (5 marks)
- Critically analyse how the determinants of health interrelate to affect the health status of young people from low socioeconomic backgrounds. (12 marks)