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Health, illness, and well-being: An introduction

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TOPICS COVERED

This chapter covers the following topics:
- an introduction to health, illness, well-being, and disease
- cultural understanding of health, illness, and well-being
- determinants of health
- biological determinants
- environmental determinants
- social determinants of health
- gender, ethnicity, and social class
- health inequality

KEY TERMS

Biological determinants
Culture
Determinants of health
Disease
Environmental determinants
Ethnicity

Gender
Health
Illness
Social class
Social determinants
Well-being

Introduction

The concept of **health** has different meanings to different people (Jirojwong & Liamputtong 2009). Each individual has a different perception and experience of health, illness, and well-being. For some people, health may mean being active and fit. For others, health means having a balance in their lives, being productive or able to fulfil their responsibilities (Blaxter 2004; Levin & Browner 2005; Taylor 2008a; Jirojwong & Liamputtong 2009; AIHW 2010a). Additionally, members of one cultural group may see health, illness, and well-being differently.

In Australia, the notion that health is of primary importance is pervasive. This is reflected in the fact that health and illness are featured in all kinds of media. Often, there are reports or stories about health issues, health-related behaviours and experiences, the importance of fitness and health, new medical and scientific discoveries, healthcare services and government policies (Taylor 2008a; Germov & Freij 2009).

There are many things that can determine our health, illness, and well-being. These range from societal influences to individual aspects such as genetic makeup as well as the healthcare to which we have access. These are referred to as 'the determinants of health' since they 'determine how likely we are to stay healthy or become ill' (AIHW 2010a, p. 63; see section below on determinants of health). According to the Australian Institute of Health and Welfare (AIHW) (2010a, p. 63), the health, illness, and well-being of an individual comprise many aspects: 'They result from complex interplay between societal, environmental, socioeconomic, biological and lifestyle factors.'

This chapter will take you through several important concepts. First, the meaning of health, illness, well-being, and disease is introduced. Then these meanings are discussed within a cultural context. The determinants of health are then introduced. Last, the relationships between health determinants are discussed, in particular the intersection of gender, ethnicity, and social class.

Conceptualising health

According to Keleher and MacDougall (2009), it is impossible to find a universal definition of health which can be applied to all individuals, locations, and time. The meanings of health are 'embedded in the unique individual, family, social and cultural contexts in which the term is used'. Hence, health is 'socially and culturally constructed' (Taylor 2008a, p. 5). The AIHW (2010a, p. 3) defines health as an essential component of well-being. It is about how we 'feel and function'. Health is not simply about the non-existence of injury or illness but about degrees of wellness and illness in health. Health is situated within broad social and cultural contexts. The state of health of individuals in the society also contributes to the social and economic well-being of that particular society. The following quotes suggest that health is defined differently according to the contexts within which the definition is located.

> Health is a personal and social state of balance and well-being in which a woman feels strong, active, creative, wise and worthwhile: where her body's vital power of functioning and healing is intact; where her diverse capacities and rhythms are valued; where she may decide and choose, express herself and move about freely. (Centre for Health Education, Training and Nutrition Awareness 2011)

> Health is a social, economic and political issue and above all a fundamental human right. Inequality, poverty, exploitation, violence and injustice are at the root of ill-health and the deaths of poor and marginalised people. (People's Health Movement 2011, p. 2)

> Health is 'a sustainable state of wellbeing, within sustainable ecosystems, within a sustainable biosphere'. (Honari 1993, p. 23)

Keleher and MacDougall (2009, pp. 5–6) outline different perspectives which can be used to conceptualise health. Several perspectives are relevant to this textbook. The lay or cultural perspective suggests that health is understood and interpreted differently by individuals depending on their experiences, life situations, and cultural backgrounds. The biological perspective examines the role of genes and risk factors as well as their interactions with other health determinants (see later section on these determinants). Closely related to the biological approach is the biomedical perspective. Within this approach, health and illness are perceived in terms of a person's 'medically defined pathology'.

See also Chapters 4 & 14 for the cultural implications of health.

The behavioural perspective advocates that superior quality of life results from having good health, which is founded on risk factors and lifestyle behaviours. Health education is often the response to improving these determinants. The health promotion approach includes all of these perspectives and in addition pays attention to the powerful impact of a 'place' or location in determining health. Hence, we see projects such as 'Healthy Schools', 'Healthy Workplace', and 'Healthy Cities' (Baum 2008, p. 13). Research suggests that disadvantaged individuals such as poor people may have poorer health because they reside in places which are damaging to health (Macintyre & Ellaway 2000; Baum 2008). The influence of location on health can be clearly seen in remote indigenous communities in Australia and other parts of the world where important health facilities such as healthy food, clean water, good sewerage system, suitable accommodation, and access to healthcare are insufficient or absent (Baum 2008). This also applies to poor people living in slums in many parts of the globe.

See also Chapter 6 on the various physical aspects of health and illness.

See Chapter 10 for a discussion of the living environment as it affects health.

The Ottawa Charter for Health Promotion (WHO 1986) is considered the formal beginning of the new public health, which has its focus on the social causes of illness and disease, health equity, and social justice (Baum 2008). It suggests that social inequalities and health are situated within the complex connection between social, economic, political, and environmental determinants (see also the section below in this chapter). As such, health is perceived as 'a complex outcome' which is influenced by factors including genetic, environmental, economic, social, and political circumstances (Baum 2008, p. 16). This perspective is the focus of this book.

See Chapters 7, 12, 13, & 16–19 for the social determinants of health.

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Disease, illness, health, and well-being

Disease A condition adversely affecting health that has measurable (clinical) symptoms.

Illness A condition adversely affecting health as perceived by the individual in question.

When an individual experiences ill symptoms, two terms tend to be used to describe the sickness: 'disease' and 'illness'. The term **disease** refers to as 'medically defined pathology' (Blaxter 2004, p. 20). It is a malfunctioning of biological mechanisms (Jirojwong & Liamputtong 2009). The word incorporates 'a set of signs and symptoms and medically diagnosed pathological abnormalities' (Baum 2008, p. 4). On the other hand, **illness** involves the subjective experience of ill health of an individual (Blaxter 2004; Baum 2008; Taylor 2008a). Primarily, it is about how a person lives through the disease (Baum 2008). Often, it involves personal, social, and cultural reactions to a disease. Illnesses can disrupt people's lives, which may lead individuals to seek medical care. An ailing person may have to rely on others for their basic needs in daily living (Spector 2009; Suwankhong 2011).

Health, when situated within a biomedical framework of biological determinants, can be seen as 'the absence of disease or pathology' in a person (Taylor 2008a, p. 10). It suggests that if the person does not have a disease, he or she is healthy. Taylor (2008a, p. 10) contends that this view implies two main assumptions. First, there are two opposite states of being: an individual is either healthy or ill. In this view, health and illness are seen as uniform and permanent concepts. Second, it implies that having good health is the norm and being ill is deviant. Thus, illness connotes 'abnormality, deficiency or impairment' (see also Scambler 2003; Blaxter 2004). As Blaxter

See also Chapter 15 for a discussion of illness as deviance.

(2004, p. 7) contends, 'the objective observation of a lack of "normality" meets a very ancient and universal tendency to see the sick person as in some way morally tainted or bewitched. Possibly, they are responsible for their own condition.'

The concept of health as the absence of disease has been perceived as being 'too narrow' (Taylor 2008a, p. 11). Health should be seen as a more credible and holistic condition (Blaxter 2004; Levin & Browner 2005; Taylor 2008a). This is reflected in the definition of health proposed by the World Health Organization (WHO 1978, p. 2), which advocates that health is 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. This definition suggests that it is not only the biological functioning of individuals that determines the state of their health, but also their social and psychological conditions. These components do not function separately but interact with each other in complicated processes (Taylor 2008a; see the section below on determinants of health).

This view of health is also reflected in the mental health area. There has been an attempt to define mental health in a way that moves beyond the focus on biological factors (Baum 2008). The Victorian Health Promotion Foundation (VicHealth 1999, p. 4) developed the following positive definition: 'Mental health is the embodiment of social, emotional and spiritual well-being. Mental health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just.'

Well-being A positive conceptualisation of health: feeling healthy, happy, or doing well in life. It can be completely separated from the objectively measured health or disease status of an individual.

The WHO definition of health also incorporates the concept of **well-being**. This concept is seen as more expansive than that of health because it signifies an individual's sense of general contentment with life (Eckersley 2001; Taylor 2008a).

Well-being is used in a subjective sense in that there is nothing wrong, and can be completely separated from the objectively measured health or disease status of an individual (Jirojwong & Liamputtong 2009). People may possess a sense of personal well-being even when they are in very deprived situations, for example during stressful life events or confronted with acute or chronic disease. In a way, according to Jones and Creedy (2008), it could be said that well-being symbolises the opposite of illness.

Stop and Think

- What does health mean to you?
- What does illness mean to you?
- What does well-being mean to you?
- How do you know if someone is healthy or not?

Stop and Think

Sophie is a 78-year-old woman who has experienced a range of symptoms in the last few years. She suffers from severe tinnitus (ringing in the ear) in both ears. She has also suffered from hearing loss in one ear. Additionally, she has high blood pressure which is being controlled by prescribed medication. Although she is slower with everyday activities and often has aches and pains, she still eats and sleeps well. She is poor but she has good support from her children. She thinks what she has been experiencing is part of growing old. She does not think she is ill.

- What do you think about Sophie's idea of her health?
- In your view, should Sophie's conditions be categorised as illness? Discuss.
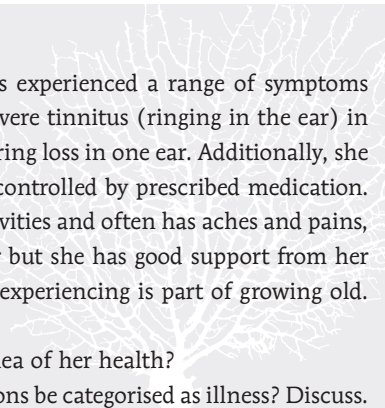
Health, illness, well-being, and culture

All human beings have to deal with good health, illness, disease, sickness, and death. In all human groups, no matter how small or large, whether technologically primitive or advanced, there exists a set of beliefs about the nature of health and illness, its cause and cures, and its relations to other aspects of life. These are conditions that shape an aspect of social experience and cultural knowledge. As such, concepts of health, illness, and well-being are likely to reflect a marked cultural influence (Mackenzie et al. 2003; Helman 2007; Jones & Creedy 2008). What is seen as health or illness in one location, or by the members of one group, is not always perceived the same way in another (Jones & Creedy 2008). Because health and illness are socially constructed, different **cultures** would have different perceptions of health and illness. It has been shown that cultural understandings of health and illness operate as an important aspect in determining the health and illness of individuals (Julian 2009).

Culture A system of shared ideas, attitudes, and practices that defines the social system of its members.

See also Chapters 4, 12 & 14 for different ways in which culture impacts on health.

While health is well understood by most people in mainstream Australian society, within Indigenous Australian cultures there is no one single word that stands for

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health (O'Connor-Fleming & Parker 2001). Concepts of health and well-being entail 'relationship with family, community and connectedness with traditional land or country rather than referring to an individual as a separate entity' (Taylor 2008a, p. 6). These collective approaches of health are held by many Indigenous people (Levin & Browner 2005). In the Indigenous context, the concept of 'well-being' has a broader meaning than 'health' since it embraces the wider relationship and connection of people with their environment and community (O'Connor-Fleming & Parker 2001; Taylor 2008a).

For Thai people, being in good health is understood as being normal and strong, and free of illness and disease. In the Thai worldview, this understanding symbolises the characteristics of people's capability and is related to traditional understanding of *me ar-kaan crop sam-sib-song pra-garn* (having the complete 32 components of the body) in order to fulfil a person's normal routine such as eating, sleeping, and working (Suwankhong 2011). Thai people also have their own cultural knowledge about causes of good health and illness which has been part of the culture for centuries. These include *kam* (bad karma), loss of soul, imbalance of bodily elements, and supernatural beings (Muecke 1979; Liamputtong 2007; Lundberg & Kerdonfag 2010).

Hmong people, including the Hmong ethnic community in Australia, have a number of beliefs concerning supernatural beings that can cause illness and death to humans. Although they believe the primary cause of such misfortune is the loss of soul (see Case Study 1.1), they also see that some illnesses are due to natural or organic factors. The Hmong are conscious of the influence of natural forces on a person's good health or illness. When a woman has just given birth, her body is believed to be in a state of disequilibrium with nature. She is therefore prohibited from participating in daily work for 30 days. During this period, she needs to rest and be mindful of 'cold' and 'wrong' food. Hot food, mainly chicken cooked with herbal medicines, is consumed for the entire period of 30 days. Failure to do this is believed to result in ill health later in life (Liamputtong Rice 2000).

Traditional healers, referred to as shamans, are an important part of Hmong life (Cha 2003; Symonds 2004; Liamputtong 2009a). In Australia, there is at least one shaman in each state, and there are at least four shamans in Melbourne. The rituals of a shaman are mainly concerned with fertility, protection, and curing (Cha 2003; Culhane-Pera et al. 2004; Liamputtong 2009a). The majority of Hmong in Australia continue to seek help from their traditional healers despite the availability of care within the Australian healthcare system. This is most obvious when the Hmong are confronted with severe illnesses and health-related issues which are seen to be closely related to the Hmong cosmos (such as in the case of childhood illnesses, burns, bone fractures, infertility, and childbirth).

Case Study 1.1   Childbirth and soul loss

The Story of Mai

This case study is from Pranee's research with women from the Hmong ethnic community in Melbourne (see Liamputtong Rice et al. 1994; Liamputtong 2010a). Mai was 34 years old, married, and had six children. Four children were born in a refugee camp in Thailand and two in Australia. Five of her children were born naturally. However, when Mai had her last child she was advised that she needed a caesarean operation since the baby was in a transverse lie.

Mai refused the operation and insisted that she could give birth naturally. She was told that if she attempted a vaginal birth the baby might not survive. Because of the concern about the survival of her baby, Mai agreed to a caesarean. However, the caesarean was done under a general anaesthetic and she was alone in the operating theatre as her husband was not allowed to stay with her. Since the birth of her last child Mai had been physically unwell. She had seen a number of specialists about her health, but they could find nothing wrong with her.

Mai believed that while she was unconscious under the general anaesthetic, one of her souls, which takes care of her well-being, left her body and was unable to re-enter. Because she was moved out of the operating theatre and regained consciousness in a recovery room, she believed that her soul was left in the operating theatre. She strongly believed that the departure of this soul was the main cause of her ill health because she had frequent bad dreams in the next ten months, occurring two or three times a week. Each time, after the dream, she felt very ill and experienced bad pains. In her dreams, she wandered to faraway places. She did not know where she was going since she had never seen those places before. It was as if she just had to keep walking and there was no ending. Mai believed this was the sign that her lost soul was wandering in another world.

In order to regain her health, she believed that she must undergo a soul-calling ceremony and that this must be performed at the theatre in which the caesarean was done, where the soul would still be waiting to be called back. Pranee asked her if she had considered a soul-calling ceremony at the operating theatre but she thought this would not be possible as the hospital staff would not understand her customs and would refuse the request since the ceremony involves taking a live chicken into the theatre and burning an incense stick there. Her husband commented that since he was not able to accompany his wife into the operating theatre, it would be impossible to be granted permission to perform a ceremony that is alien to Western healthcare providers. Because Mai was unable to perform a soul-calling ceremony at the operating theatre, the family believed that the soul had left her body for a lengthy period and transformed into another living thing. As a consequence, her health continued to deteriorate.

Concerned about Mai's well-being, Pranee and her colleagues discussed the possibility of taking Mai back to the hospital to perform the ceremony. They contacted one of the hospital staff. Through this person, the deputy CEO of the hospital agreed to the request. Her positive response was that 'the hospital is more than happy to do anything for the woman if this can help her'. She left the name of a person to contact for making the arrangements.

Pranee approached the operating theatre manager to arrange the ceremony. She was told the theatre would be quite busy during the week so she suggested that Mai have it done on the weekend. Since the date was not important, Mai agreed to have the ceremony performed on a Sunday morning. At eight o'clock one Sunday morning, Mai, her husband, and a shaman met Pranee and her bi-cultural research assistant at the ground floor of the hospital with the essential ingredients including a live chicken in a cardboard box. They reached the theatre where the charge nurses were expecting them. The nurses were very helpful and supportive. They showed Mai where she was put to sleep and where she regained consciousness. They also showed her the path along which she was carried to the operating theatre because they wanted to ensure that the ceremony was performed appropriately. At 8.30 a.m. the shaman performed

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a soul-calling ritual in the operating theatre. There, it took him about 20 minutes to persuade Mai's soul to come home with her. However, to ensure the soul would not be confused with the body and where it belonged, the shaman performed the same ritual at the spot where Mai regained consciousness in the recovery room. This took him only 10 minutes. Then they all went back to Mai's house to perform another ceremony. This was to welcome the soul back to its home.

Stop and Think

» Could this situation have been prevented? In your view, how could it be prevented?

The positive aspect of this ceremony was the agreement of the hospital to allow Mai and her family to perform a soul-calling ceremony in the operating theatre in addition to the concerns about her well-being by hospital staff. This illustrates how mainstream health services can provide culturally sensitive care to consumers from different cultural backgrounds, if informed of these cultural beliefs and practices.

» If you are a healthcare provider where Mai gave birth, how would you respond to her case? What would you do to accommodate for cultural differences among your clients?

Cross-cultural studies have shown that people's experience of health can be usefully organised under the following categories:

- feeling vital, full of energy
- having good social relationships
- experiencing a sense of control over one's life and living conditions
- being able to do things one enjoys
- having a sense of purpose in life
- experiencing connectedness to 'community' (Labonte 1997, p. 15).

This positive cross-cultural perspective on health enables us to plan different healthcare systems from the current dominance of the focus in Australia on illness care.

Determinants of health

Situated within the new public health perspective, the health, illness, and well-being of individual persons, groups, and communities are determined by a diverse range of complex individual, social, cultural, environmental, and economic factors and healthcare systems (AIHW 2010a). This is referred to as the determinants of health (Marmot & Wilkinson 1999; Taylor 2008a). Conceptually, the focus of this perspective is on factors that could influence and determine the health of people, instead of on the state and outcomes of their health. It also underscores the prevention of ill health, rather than the measurement of illness (Keleher & Murphy 2004; Taylor 2008a).

Case Study 1.2   Samantha

Samantha, a 3-year-old child, was born into a poor family and lived in a remote part of the country. One day, while running around in the street with her older brother, she was pierced by a nail that was discarded on the ground. Her mother bandaged the wound for her. Several days later, the wound became infected. Samantha began to feel pain in her groin and had fever. Her mother tried to manage her pain and fever with whatever she could within her capacity. However, Samantha became very unwell and this prompted her mother to take her to a hospital, which was many kilometres away. Tragically, Samantha died a few days after being admitted to the hospital (adapted from Werner 1997).

Stop and Think

- What do you think contributed to Samantha's tragic death?
- Could her death have been prevented? How?
- Who or what should be blamed for her death?
- Would her death have occurred if she had been born into a better-off family and lived in an urban area like Melbourne or Perth?

The **determinants of health** are characteristics or factors which can bring about a change in the health and illness of individuals and populations, for better or worse (Reidpath 2004; Taylor 2008a). Determinants of health include biological and genetic factors; health behaviours (such as risky lifestyles, abuse of alcohol, and cigarette smoking); socio-cultural and socio-economic factors (such as gender, ethnicity, education, income, and occupation); and environment factors (such as housing, social support, social connection, geographical position, and climate). Resources and systems also have effects on the health and well-being of individuals and populations. These include access to health services, healthcare policy, and the healthcare system (Najman 2001; AIHW 2010a).

Essentially, these determinants are connected with conditions that can either improve or hinder individuals' possibilities of having and sustaining good health. Some conditions have a direct impact on the health and illness of individuals, for example direct contact with heat or asbestos in their environment, cigarette smoking, or lack of physical activities. Other conditions have an indirect impact on individuals. They can increase or reduce the influences of other factors, for example when people are poor and cannot access suitable healthcare (Cashmore 2001). These conditions can interact and function in complex ways. For instance, when people do not have good health, they may not be able to work or take exercise. And this in turn will have further impact on their health (Taylor 2008a).
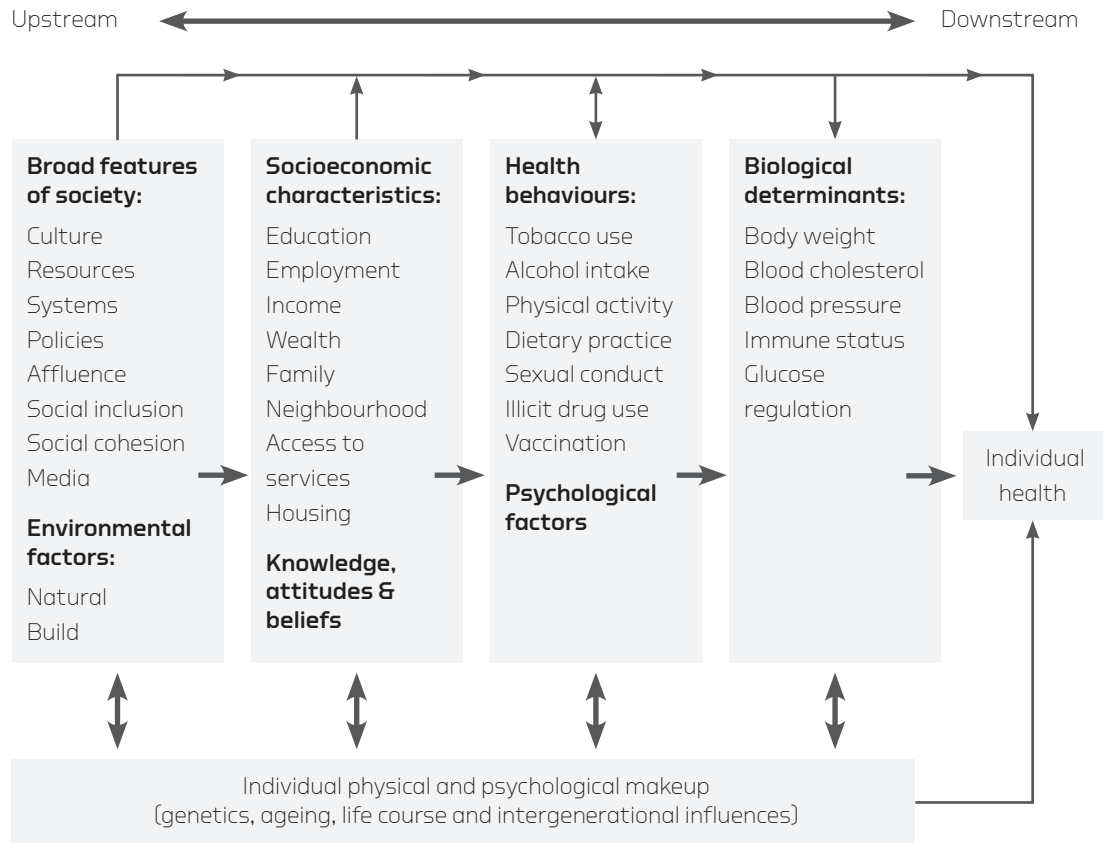
According to the AIHW (2010a, p. 64), health determinants can be perceived as 'a web of causes', but they can also be described as part of broad causal pathways that can influence health. Figure 1.1 presents a conceptual framework that shows

Determinants of health A range of individual, social, economic, environmental, and cultural conditions that have the potential to contribute to or detract from the health of individuals, communities, or whole populations.

See also Chapters 4, 5, 6, 7, 9 & 12 on the social aspects of health.

See also Chapter 19 on the healthcare system as a social determinant of health.

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Figure 1.1 Determinants of health

Upstream ⟵——————————————————⟶ Downstream

Broad features of society:	Socioeconomic characteristics:	Health behaviours:	Biological determinants:	
Culture	Education	Tobacco use	Body weight	
Resources	Employment	Alcohol intake	Blood cholesterol	
Systems	Income	Physical activity	Blood pressure	
Policies	Wealth	Dietary practice	Immune status	
Affluence	Family	Sexual conduct	Glucose	
Social inclusion	Neighbourhood	Illicit drug use	regulation	
Social cohesion	Access to	Vaccination		Individual health
Media	services	**Psychological factors**		
Environmental factors:	Housing			
Natural	**Knowledge, attitudes & beliefs**			
Build				

Individual physical and psychological makeup
(genetics, ageing, life course and intergenerational influences)

Source: Adapted from AIHW 2010a, p. 64

the complex relationships of health determinants. The determinants are divided into four main categories. The direction of influence moves from left to right: from the 'upstream' factors (such as culture, resources, and affluence) to more 'downstream' or direct influences (such as body weight and blood pressure). The figure illustrates how one broad category (the broad features of society and environmental factors) can determine the nature of another main group (individuals' socio-economic characteristics such as their level of education and employment). Both these broad categories in turn have an impact on individuals' health behaviours, their psychological state and safety. These can then affect biomedical components, such as body weight and blood pressure, which would have further health effects through different pathways. Along the different paths and states, these various factors interact with the genetic composition of the individuals. It should also be noted that the direction of these influences can occur in reverse. For instance, an individual's health can also have an impact on his or her levels of physical activity, employment status, and wealth.

Health-promoting conditions can also be divided into four main categories from the upstream factors such as ecosystem viability, equitable public policies, and convivial communities, through to health-promoting mediating structures, for example caring relationships, and service to others,

through to health lifestyles such as town planning to promote physical fitness and on to community-managed health services (Labonte 1997). It is argued that equitable public policies, for example, do much to promote healthy lifestyle choices.

The intersections of biological, environmental, and social determinants of health

As discussed in the previous section, health determinants interact in a complex way; it is important to examine some of the relationships between the three major determinants of health that play an important part in the health, illness, and well-being of individuals: biological, environmental, and social determinants.

Biological determinants

The **biological determinants** of health and disease indicate a diverse range of 'heterogeneous, intra-individual factors' which push, intervene, or mitigate the passage of an individual towards health or disease (Swinburn & Cameron-Smith 2009, p. 248). Fundamentally, genes play a crucial role in underlying biological differences between individuals, but genes also interact with other social and environmental components that influence health and disease (see examples below) (Bortz 2005; Swinburn & Cameron-Smith 2009). According to Swinburn and Cameron-Smith (2009, p. 248), 'the genetic and physiological systems within the body are dynamic, complex, and highly interconnected, with whole systems balancing and competing against each other' to achieve homeostasis. This is very similar to the complex processes of the social and environmental system outside the physical body of the individual.

Biological determinants The inner physiological aspect of health and disease. Genes play a crucial role in underlying biological differences between individuals.

This can be seen in the case of HIV. HIV is dispersed in three ways: through sexual intercourse, blood transfusions (also through the use of needles and syringes), and from mother to child (Vaughan 2009). While everyone can be infected with HIV, there are biological factors that increase an individual's susceptibility to infection. For instance, if an individual has another sexually transmitted infection (STI) such as *Chlamydia* or gonorrhoea, the risk of becoming infected with HIV during sex is higher. If someone has a blood disorder (which indicates that they need regular blood transfusions), that person is also at higher risk of contracting HIV. If a woman who is infected with HIV has health problems during pregnancy and also breastfeeds her baby, there is a greater chance that the infection will be transmitted to the baby. According to Vaughan (2009, p. 176), the risk of HIV infection is also connected with the behaviours of individuals, for instance having multiple sexual partners and having sex without a condom. Sharing equipment used for injecting drugs is also a high-risk behaviour among certain groups of people. Hence, although the biological factors are important, a focus on biological risk factors only will not stop the spread of HIV epidemic in populations (Vaughan 2009).

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Three biological determinants that play a part in health and illness are race, sex, and age. However, these three are also intertwined with social and environmental determinants. Sometimes it can be difficult to differentiate between biological or other social or environmental conditions that determine people's health and illness.

Age is a clear biological determinant of the health of human beings (Miller 2009; West & Bergman 2009). According to Keleher and Joss (2009, p. 370), genes may have some impact on the causation of disease. However, for many diseases the causes are environmental. For example, cognitive functioning decline among older people is not only the result of being old but may also be affected by lack of exercise, illness (such as depression), behaviours (such as the use of medications), psychological components (such as lack of confidence, motivation, and low expectations), and social aspects (such as isolation and loneliness). Some aspects of race and gender will be covered under the social determinants of health in a section below.

See also Chapter 6 on ageing and health.

Environmental determinants

Environmental determinants Physical environmental factors such as climate and location, which can affect the health of people.

The important connection between the **environment** in which individuals live and their health and well-being has long been observed (Hancock 1985; WHO 1986; McMichael 1993, 2001; Nicholson & Stephenson 2009; Griffith et al. 2010). Historically, environmental dangers to people's health tended to be related to issues of underdevelopment such as inadequate water quality, the absence of sanitation, and poor housing. Although these traditional threats have been managed successfully in the more affluent areas within the developed countries, there are still problems among socially disadvantaged and vulnerable groups of developed nations, and also in the poorer countries of the globe (Nicholson & Stephenson 2009). This can be seen clearly in the environmental threats some indigenous people have to deal with in Australia and elsewhere. Nowadays, we see 'modern' threats, which have emerged because of overconsumption and overdevelopment in developed nations (WHO 1997a). These modern threats, including climate change, have now become global hazards (McMichael 1993, 2001; Eisenberg et al. 2007; Baum 2008; Nicholson & Stephenson 2009). Australia is one developed nation that is highly susceptible to the impacts of climate changes (Diamond 2004; Garnaut 2008; Kennedy et al. 2010).

See also Chapters 5, 8, 9 & 10 on various environmental impacts on health.

Global climate changes can impact on many aspects of human life and health (Goldsworthy et al. 2009). Thermal extremes, such as heatwaves, can cause difficulty for many people, in particular the very young, very old, very poor, and very sick (Baum 2008; Goldsworthy et al. 2009; Nicholson & Stephenson 2009; Talbot & Verrinder 2009). In 1959, a fourfold increase from the normal mortality was the result of a long period of heatwave in Melbourne (McMichael 1993). Climate change and global warming are also directly connected with the dispersion of infectious disease vectors and pests as well as with reduced food production (Nicholson & Stephenson 2009; Talbot & Verrinder 2009). And this of course will affect people from poor areas and nations more than those from rich areas and locations with better resources (Hancock 1994; Baum 2008). Poor people who live in poor nations are disproportionately burdened by environmental problems and their related health impacts (Hancock 1994; Agyeman & Evans 2002; Baum 2008).

Mythbuster

Consider whether you see the following as questionable. What does this tell you about your own values?

- Your government wishes to develop a plan for a more sustainable environment for the city and country as a whole. But this necessitates commitment and a huge budget, which means more tax levies on local people. This has created anger among some people, particularly those with high incomes.
- There has been an extensive drought in your country for a number of years. The government has developed a plan to save more water and this means certain cuts in the use of water in some sectors of the country, particularly farmers. Those who are affected blame people who live in the city for an unequal access to water.

The World Health Organization (1997a, p. 198) puts it clearly: 'Impoverished populations…are at greater risk from degraded environmental conditions. The cumulative effects of inadequate and hazardous shelter, overcrowding, lack of water supply and sanitation, unsafe food, air and water pollution and high accident rates impact heavily on the health of these vulnerable groups.'

Increasingly and globally, we have witnessed more environmental hazards and the health impacts of climate change resulting from human behaviours. Severe drought, flooding, storms, and extreme temperatures have become very common in recent years (Nicholson & Stephenson 2009, p. 122; Verrinder 2011). This is what we have recently experienced in Australia—the Black Saturday bushfires in Victoria in February 2009, the widespread floods in Queensland, New South Wales, and Victoria in January 2011, the Yasi cyclone in north Queensland, and the Carlos cyclone in Darwin in February 2011.

Social determinants

Not all illnesses are caused by biological and environmental agents. The health and well-being of individuals is also influenced by a number of **social determinants**. According to Lawn (2008, p. 36), there are a number of factors, including social, cultural, economic, and political, which can impact health. This position goes beyond the restricted view of biological and genetic aspects of health (Marmot & Wilkinson 1999; Kelly et al. 2007; Keleher & MacDougall 2009). Social determinants of health are also seen as determinants that are 'attributable to the structure and functioning of society' (Reidpath 2004, p. 22). For example, transportation can be seen as one social determinant of health since it can impact on individuals' physical activities, and this in turn can influence their nutritional intake and cardiovascular condition. Social expectations regarding sexual behaviours are also social determinants of health as they can influence individuals' approaches to risky sexual conducts, and this can lead to marginalisation, stigma, and discrimination (Reidpath 2004).

Important social determinants of health are related to the positions of social life including gender, ethnicity, and social class (Reidpath 2004).

Social determinants
A number of factors, including social, cultural, economic, and political, which can impact on the health of individuals.

See also Chapters 5, 6, 11, 12, 18 & 19 on the social determinants of health.

See also Chapter 15 on stigma and discrimination.

See also Chapters 4, 5, 6 & 12 on the various social aspects of health.

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Stop and Think

» Have you ever looked at the homeless men who sleep on the local park bench with a blanket to cover their bodies, while their possessions are kept in some plastic bags next to them? When they wake, they tend to talk to themselves and do not seem to care about others around them. Have you ever thought about how they came to be like this? Have you been curious enough about what type of journey they have been through in their lives and what it would have been like for them before this misfortune, such as when they were somebody's son, father, husband, or colleague?

To develop an understanding of the life of these men necessitates some understanding of the social determinants of health (adapted from Lawn 2008, p. 36).

Gender Socially and culturally constructed categories reflecting what it means to be 'masculine' and 'feminine' and associated expectations of roles and behaviours of men and women.

Ethnicity Refers to a shared cultural background which is a characteristic of a group within a society.

Social class The position of a person in a system of structured inequality; it is grounded in unequal distribution of income, wealth, status, and power.

See also Chapter 18 on the impact on health of economic circumstances.

Gender is understood as a social construct, referring to the distinguishing characteristics of being female or male. Gender can be seen as the full range of personality traits, attitudes, feelings, values, behaviours, and activities that 'society ascribes to the two sexes on a differential basis' (Keleher & MacDougall 2009, p. 56). It is different from sex, which is a 'biological construct premised upon biological characteristics enabling sexual reproduction' (Krieger 2003, p. 653). **Ethnicity** refers to 'a shared cultural background'; it is a characteristic of a group within a society (Julian 2009, p. 177). Ethnicity includes other dimensions than biological determinants (which are referred to as race). These are social, cultural, and economic factors. Ethnicity is now accepted as the more appropriate determinant of health than race (Jones & Creedy 2008; Swinburn & Cameron-Smith 2009). **Social class** (also termed socio-economic status or SES) refers to the position of a person in 'a system of structured inequality' which is grounded in the unequal distribution of income, wealth, status, and power (Germov 2009, p. 86). Income, poverty, and wealth are closely connected with health; people who live in poverty are likely to have worse health status than those who are better-off (Marmot & Wilkinson 1999; Reidpath 2004; Baum 2008; Germov 2009). The Australian Institute of Health and Welfare (AIHW 2006a, p. 232) states that 'people who are poorer or socioeconomically disadvantaged in other ways generally live shorter lives and suffer more illness and reduced quality of life than those who are well-off'.

None of these social determinants exists in isolation (Reidpath 2004). They intersect in a way that can create inequalities in health among people. For example, women from a low socio-economic background are likely to be in poorer health than those from a higher social class (Baum 2008; Germov 2009). Men from ethnic minority groups and lower social classes are also likely to be disadvantaged in terms of health and well-being in comparison to white Anglo-Celtic men with a higher income (Jones & Creedy 2008; Julian 2009). We have witnessed examples

of such relationships. Saggers and colleagues (2011) suggest that the most influential indicator of health inequalities is life expectancy at birth. From 2005 to 2007, the life expectancy of Indigenous males was 67.2 years and 72.9 for Indigenous females. They live 11.5 and 9.7 years less than their non-Indigenous counterparts (ABS 2009b, p. 7). Indigenous Australians also fare worse in health issues. For example, they are three times more likely than non-Indigenous Australians to suffer heart attacks, more than twice as likely to die from them and, even if admitted to hospital, likely to receive different treatment from their non-Indigenous counterparts (Mathur et al. 2006). The health inequalities of Indigenous Australians are the consequences of 'poorer socio-economic status, long-standing marginalisation from mainstream society and healthcare and, in many instances, geographical location and isolation' (Taylor 2008a, p. 18; see also Genat & Cripps 2009; Gray & Saggers 2009; MacDonald 2010; Saggers et al. 2011).

We have also seen that there are a number of circumstances and conditions which have created basic inequalities that not only contribute to the ill health of people, but also establish a recurrence of adverse physical and mental health consequences for many individuals and groups within the current socio-cultural, economic, and political contexts around the globe including in Australia (Lawn 2008). As such, there exists health inequality among populations. Health inequality, according to Kawachi and colleagues (2002, p. 647), is a term that is employed 'to designate the differences, variations, and disparities in the health achievements of individuals and groups'. Inequalities are the consequence of inequitable societies and are addressed through social justice. As such, it has been suggested that social justice approaches to health are crucial for any healthcare system that aims to fulfil individuals' rights to good health (Marmot 2000; Keleher & MacDougall 2009; Wilkinson & Pickett 2009).

Stop and Think

» Consider the following examples. What do they tell you about our society and our own values?

• Rachel is an old woman who has been widowed for more than ten years. She has little education and has always been poor. She does not have her own house to live in and has been renting a house in a suburb in Sydney. Recently, she was told to leave the house because the owner wishes to renovate it and increase the rent. Rachel does not have another place to move into and it has been very difficult to find rental accommodation in Sydney.

• Due to some difficulties in his life, Jack has become an alcoholic. He has been drinking heavily recently and as a result he was asked to leave his job. He is separated from his wife and two young children, and has been living on his own in a small flat. Because of his drinking problem and the difficulty he has caused to his family, his colleagues and social network do not wish to have anything to do with him. Virtually, he has lost all of his social support.

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⚘ Summary

Health, illness, and well-being are inevitable aspects of our lives and have always played a part in the life of all human beings. However, the concepts of health, illness, and well-being are socially and culturally constructed because individuals and cultures see them differently. Diverse factors can have an impact on the health, illness, and well-being of individuals, groups, and populations. These are known as determinants of health and include biological, environmental, social, cultural, and economic determinants. These determinants can affect how healthy or sick an individual can be. Additionally, within the social determinants of health, there are three crucial social structures that can affect the health and well-being of people: gender, ethnicity, and social class. These three factors do not operate in isolation, but rather interrelate to the extent that they create inequality in health among people.

⚘ Tutorial exercises

1   Form a group of five with your peers in the class. Each of you needs to write down as many definitions of health as you can. Then compare your answers with your peers in the group. Are there similarities in your definitions? Are they different? Discuss the similarities and differences that you have noted in the group and how they have come about.

2   After finishing this chapter, have a tour around the university campus and take note of any determinants that can make you healthy or ill. What have you noticed?

3   It has been suggested that women live longer and men die sooner. What is your view about this suggestion? Is it true? What would be the determinants of this difference?

4   As a group, watch the documentary *The Shape of Water* (2006) (available online: www.theshapeofwatermovie.com). Discuss the possible determinants that can create inequalities and social justice in different groups of people.

Further reading

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Websites

<www.unep.org>

This is the website of the United Nations Environment Program (UNEP). It gives a number of resources regarding environmental issues, for example urban issues, waste, water quality, sanitation, air quality, climate change, and ozone depletion.

<www.who.int/social_determinants/en>

This is the website of the World Health Organization's Commission on Social Determinants of Health. It is a good source of discussions on social determinants and provides crucial background papers and reports as well as examples of actions in relation to social determinants.

<http://phmovement.org/cms>

The website of the People's Health Movement (PHM) provides discussions about health and inequalities in health. It contains information about health networks and activists who have their concerns about the inequalities and inequities in health.

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