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EHS208

HEALTH PSYCHOLOGY AND SOCIOLOGY

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COURSE CODE :EHS 208

COURSE TITLE: Health Psychology and Sociology

COURSE UNITS LOAD: (2 Units C: LH 30)

SERIES LIST

1. **Series 1: Foundations of Health Psychology, Sociology, and Anthropology**
2. **Series 2: Biological Basis of Human Behaviour and Development**
3. **Series 3: Culture, Communication, Indigenous Knowledge, and Health Practices**
4. **Series 4: Psychological Disorders, Illness Behaviour, and Substance Use**
5. **Series 5: Social Determinants of Health, Inequalities, and Health Service Utilisation**

Series 1 Outline

Part 1.1 Introduction to Health Psychology, Sociology, and Anthropology

- Definitions and scope of health psychology, health sociology, and anthropology
- Interrelationships among the three disciplines in health contexts

Part 1.2 Biological Basis for Human Behaviour

- Sensation and perception
- Motivation and emotion

Part 1.3 Human Development, Learning, and Practices

- Stages of human development
- Learning processes and behavioural practices

Part 1.4 Culture, Communication, and Indigenous Health Practices

- Role of culture in shaping health behaviour
- Communication and human relationships in public participation
- Importance of indigenous knowledge, beliefs, and health practices

Introduction – Series 1: Foundations of Health Psychology, Sociology, and Anthropology

Background Health psychology, sociology, and anthropology are three interconnected disciplines that help us understand the complex relationship between human behaviour, society, and health. **Health psychology** focuses on how psychological factors influence

health and illness. **Health sociology** examines how social structures, institutions, and relationships affect health outcomes. **Health anthropology** explores cultural beliefs, practices, and traditions that shape health behaviours. Together, these fields provide a holistic view of health, recognising that biological, psychological, social, and cultural dimensions all play a role.

Aim The aim of this Series is to introduce learners to the foundational concepts of health psychology, sociology, and anthropology. It will highlight the biological basis of human behaviour, human development and learning, and the role of culture, communication, and indigenous knowledge in shaping health practices.

Sequential synopsis

- **Part 1.1** defines and explains the scope of health psychology, sociology, and anthropology, and shows how they interrelate in health contexts.
- **Part 1.2** explores the biological basis of human behaviour, focusing on sensation, perception, motivation, and emotion.
- **Part 1.3** examines human development, learning processes, and behavioural practices.
- **Part 1.4** analyses the role of culture, communication, human relationships, and indigenous knowledge in health practices and public participation.

Series Learning Outcomes – Series 1: Foundations of Health Psychology, Sociology, and Anthropology

By the end of this Series, learners should be able to:

- **SLO 1.1**: **Define** the concepts of health psychology, health sociology, and anthropology, and explain their scope and interrelationships.
- **SLO 1.2**: **Analyse** the biological basis of human behaviour, focusing on sensation, perception, motivation, and emotion.
- **SLO 1.3**: **Describe** stages of human development, learning processes, and behavioural practices.
- **SLO 1.4**: **Evaluate** the role of culture, communication, human relationships, and indigenous knowledge in shaping health practices and public participation.

These outcomes align directly with the four Parts outlined for Series 1, ensuring learners progress from conceptual foundations through biological and developmental aspects, to cultural and indigenous dimensions of health.

1.1 Introduction to Health Psychology, Sociology, and Anthropology

1.1.1 Health Psychology

Health psychology is the study of how psychological factors such as thoughts, emotions, and behaviours influence health and illness. It examines how people cope with stress, why they follow or ignore medical advice, and how lifestyle choices affect wellbeing. For example, smoking and poor diet are behaviours that can increase the risk of disease.

Fill in the blank: The study of how psychological factors influence health and illness is called _____.

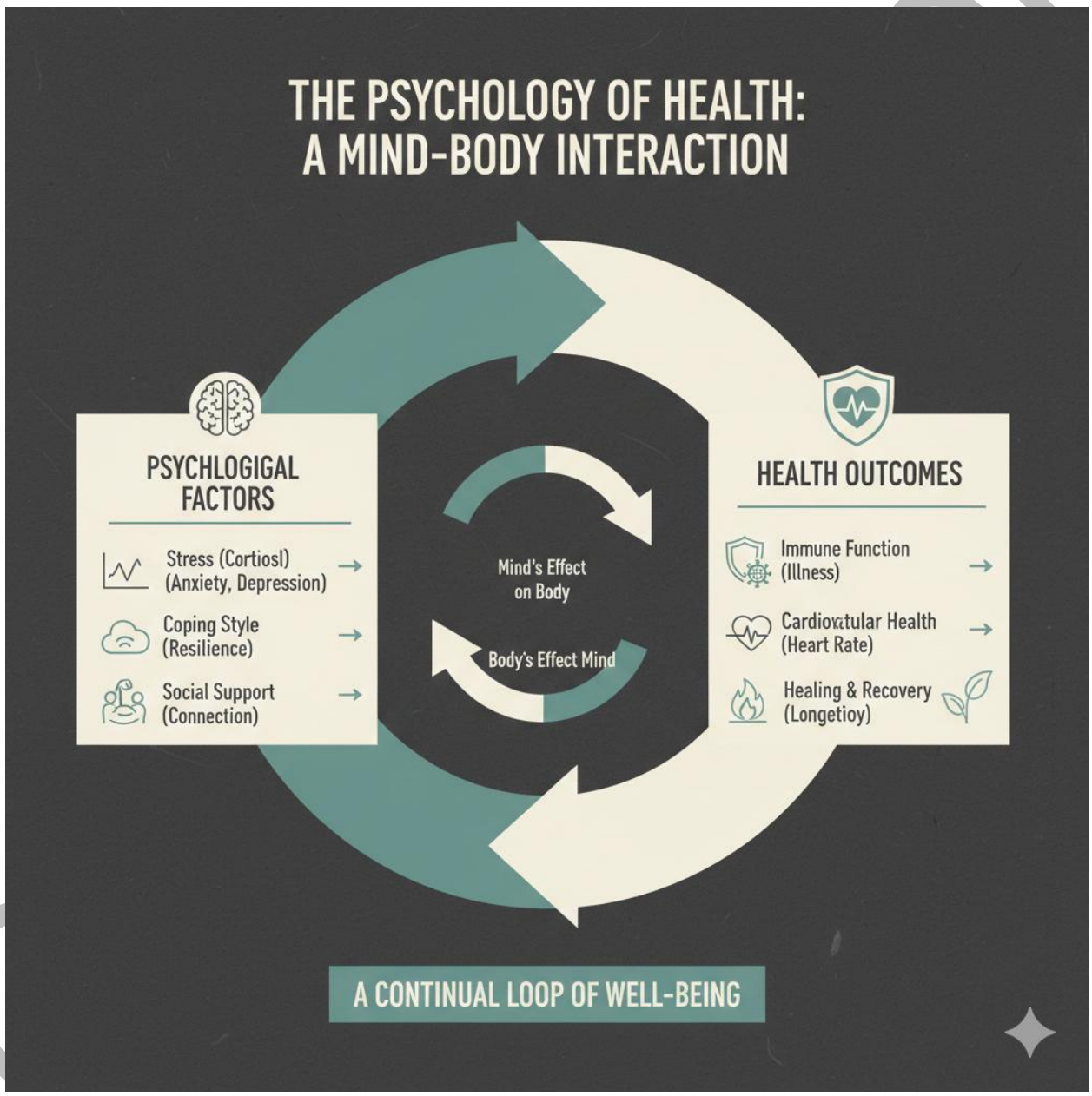

Figure 1.1 Placeholder: Diagram showing the interaction between mind, behaviour, and health outcomes. Caption: Relationship between psychology and health.

1.1.2 Health Sociology

Health sociology explores how social structures, institutions, and relationships affect health outcomes. It considers factors such as family, education, religion, and economic status. For instance, inequalities in income often lead to inequalities in health.

Fill in the blank: The discipline that studies how social structures and institutions affect health outcomes is called _____.

Social Factor	Potential Health Outcome
Low Income	**Chronic stress, malnutrition, shorter life expectancy.**
High Education	**Lower rates of smoking and sedentary behavior.**
Unsafe Housing	**Increased risk of lead poisoning and respiratory infections.**
Discrimination	**Elevated cortisol levels and higher risk of hypertension.**

Box 1.1 Placeholder: Text box listing examples of social factors influencing health (family, education, religion, economy). Caption: Social factors influencing health.

1.1.3 Health Anthropology

Health anthropology focuses on cultural beliefs, traditions, and practices that shape health behaviours. It studies how communities interpret illness, the role of traditional healers, and how indigenous knowledge contributes to health practices. For example, herbal remedies are widely used in many cultures.

Fill in the blank: The discipline that studies cultural beliefs and practices related to health is called _____.

Issue: Smoking	Psychological View	Sociological View	Anthropological View
The "Why"	**Focuses on the individual's addiction and personality traits.**	**Focuses on tobacco marketing targeting low-income groups.**	**Focuses on smoking as a social ritual or status symbol in certain cultures.**

Issue: Smoking	Psychological View	Sociological View	Anthropological View
The "Fix"	**Cognitive Behavioral Therapy (CBT) to change habitual behavior.**	**Implementing national taxes and smoke-free laws.**	**Understanding the cultural meaning of smoking to find a replacement ritual.**

Table 1.1 Placeholder: Table comparing psychology, sociology, and anthropology in health contexts. Caption: Comparison of health psychology, sociology, and anthropology.

1.1.4 Interrelationships among the Disciplines

Health psychology, sociology, and anthropology are interconnected. Together, they provide a holistic understanding of health by combining biological, psychological, social, and cultural perspectives. For example, stress can be studied psychologically, but its causes may be social, and its coping strategies may be cultural.

Fill in the blank: Stress can be studied psychologically, but its causes may be _____, and its coping strategies may be _____.

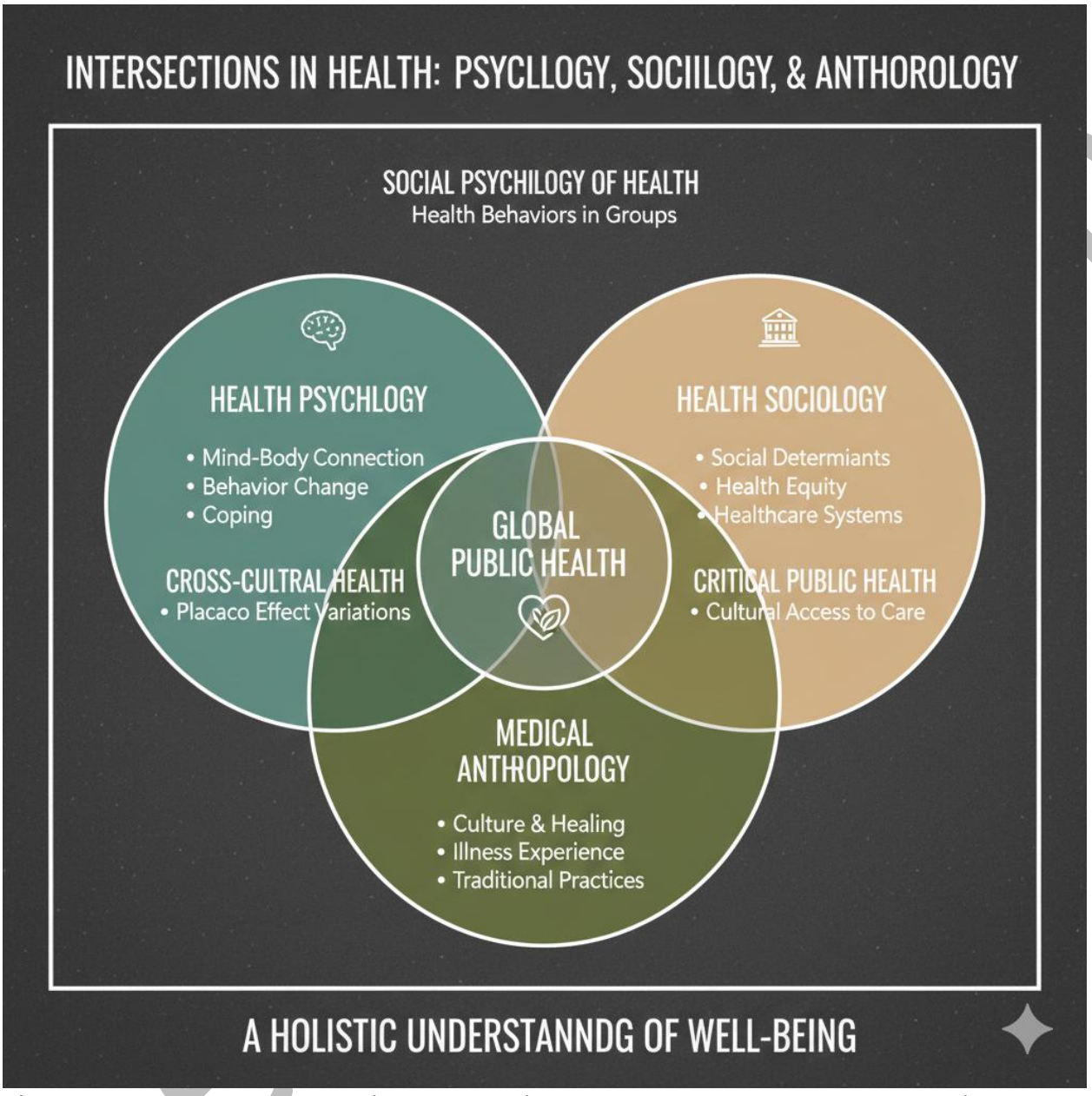

Figure 1.2 Placeholder: Venn diagram showing overlap between psychology, sociology, and anthropology in health. Caption: Interrelationships among health psychology, sociology, and anthropology.

Pilot questions 1.1

1. The study of how psychological factors influence health and illness is called _____.
2. The discipline that studies how social structures and institutions affect health outcomes is called _____.
3. The discipline that studies cultural beliefs and practices related to health is called _____.

4. Name two social factors that influence health outcomes.
5. Stress can be studied psychologically, but its causes may be _____, and its coping strategies may be _____.

1.2 Biological Basis for Human Behaviour

1.2.1 Sensation and Perception

Sensation is the process by which our sensory organs detect stimuli from the environment, such as light, sound, or touch. **Perception** is the interpretation of these sensory signals by the brain, allowing us to make sense of the world. For example, the eyes detect light waves, but the brain interprets them as colours and shapes.

Fill in the blank: The process of interpreting sensory signals by the brain is called _____.

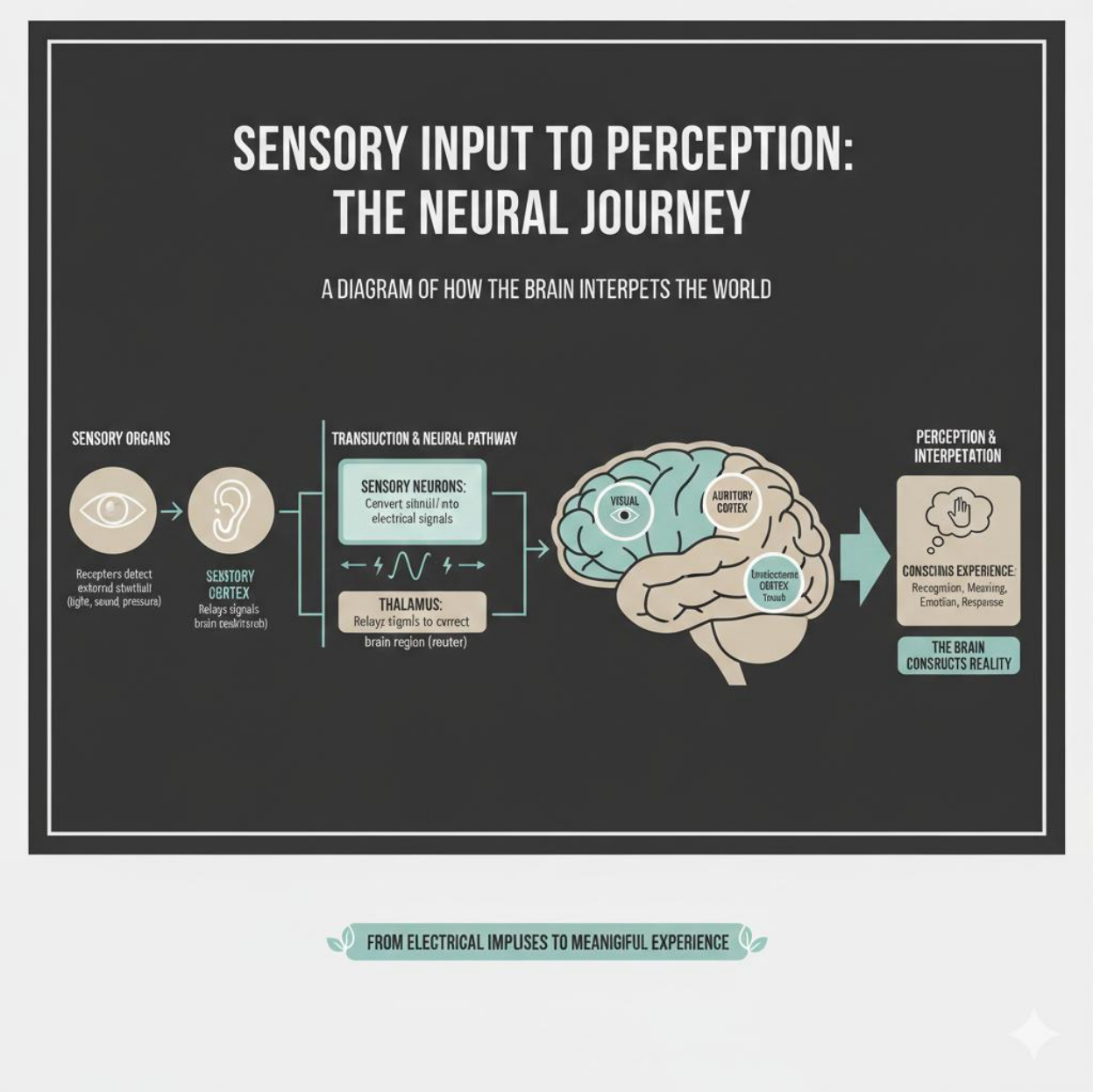

Figure 1.3 Placeholder: Diagram showing the difference between sensation (input) and perception (interpretation). Caption: Sensation and perception

1.2.2 Motivation

Motivation refers to the internal processes that initiate, guide, and sustain behaviour. It can be intrinsic, driven by personal satisfaction, or extrinsic, driven by external rewards. For instance, a student may study hard because of personal interest (intrinsic) or to achieve high grades (extrinsic).

Fill in the blank: Motivation that comes from personal satisfaction is called _____ motivation.

Feature	Intrinsic Motivation	Extrinsic Motivation
Primary Goal	**Personal satisfaction / Interest.**	**Tangible rewards / Avoiding "pain."**
Duration	**Long-term and self-sustaining.**	**Short-term; requires constant reinforcement.**
Locus of Control	**Internal (You are in charge).**	**External (The reward/punisher is in charge).**
Quality of Engagement	**High; leads to flow states and creativity.**	**Can be high, but often leads to "doing the bare minimum" to get the reward.**

Box 1.2 Placeholder: Text box listing types of motivation (intrinsic and extrinsic) with examples. Caption: Types of motivation.

1.2.3 Emotion

Emotion is a complex psychological state involving feelings, physiological changes, and behavioural responses. Emotions such as happiness, anger, fear, and sadness influence how people react to situations and make decisions. For example, fear may cause avoidance behaviour, while happiness may encourage social interaction.

Fill in the blank: A complex psychological state involving feelings, physiological changes, and behavioural responses is called _____.

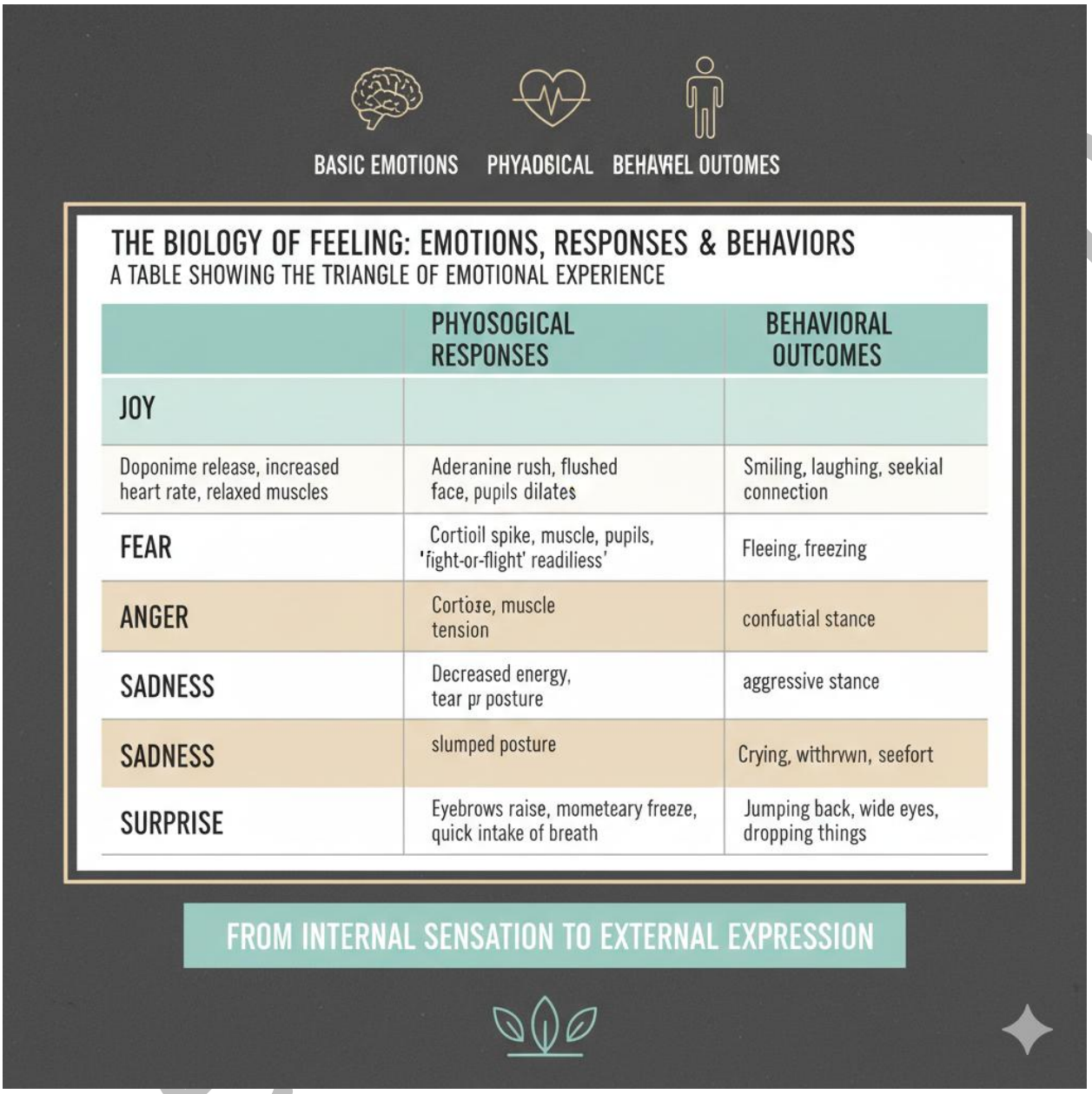

Table 1.2 Placeholder: Table showing basic emotions, their physiological responses, and behavioural outcomes. Caption: Basic emotions and their effects.

Pilot questions 1.2

1. The process of interpreting sensory signals by the brain is called _____.
2. Motivation that comes from personal satisfaction is called _____ motivation.
3. Name two types of motivation.
4. A complex psychological state involving feelings, physiological changes, and behavioural responses is called _____.
5. Give one example of how emotion influences behaviour.

1.3 Human Development, Learning, and Practices

1.3.1 Stages of Human Development

Human development refers to the physical, cognitive, emotional, and social changes that occur throughout the lifespan. Development is often divided into stages: infancy, childhood, adolescence, adulthood, and old age. Each stage is characterised by specific growth patterns and challenges. For example, adolescence is marked by identity formation and emotional changes.

Fill in the blank: The stage of human development marked by identity formation and emotional changes is called _____.

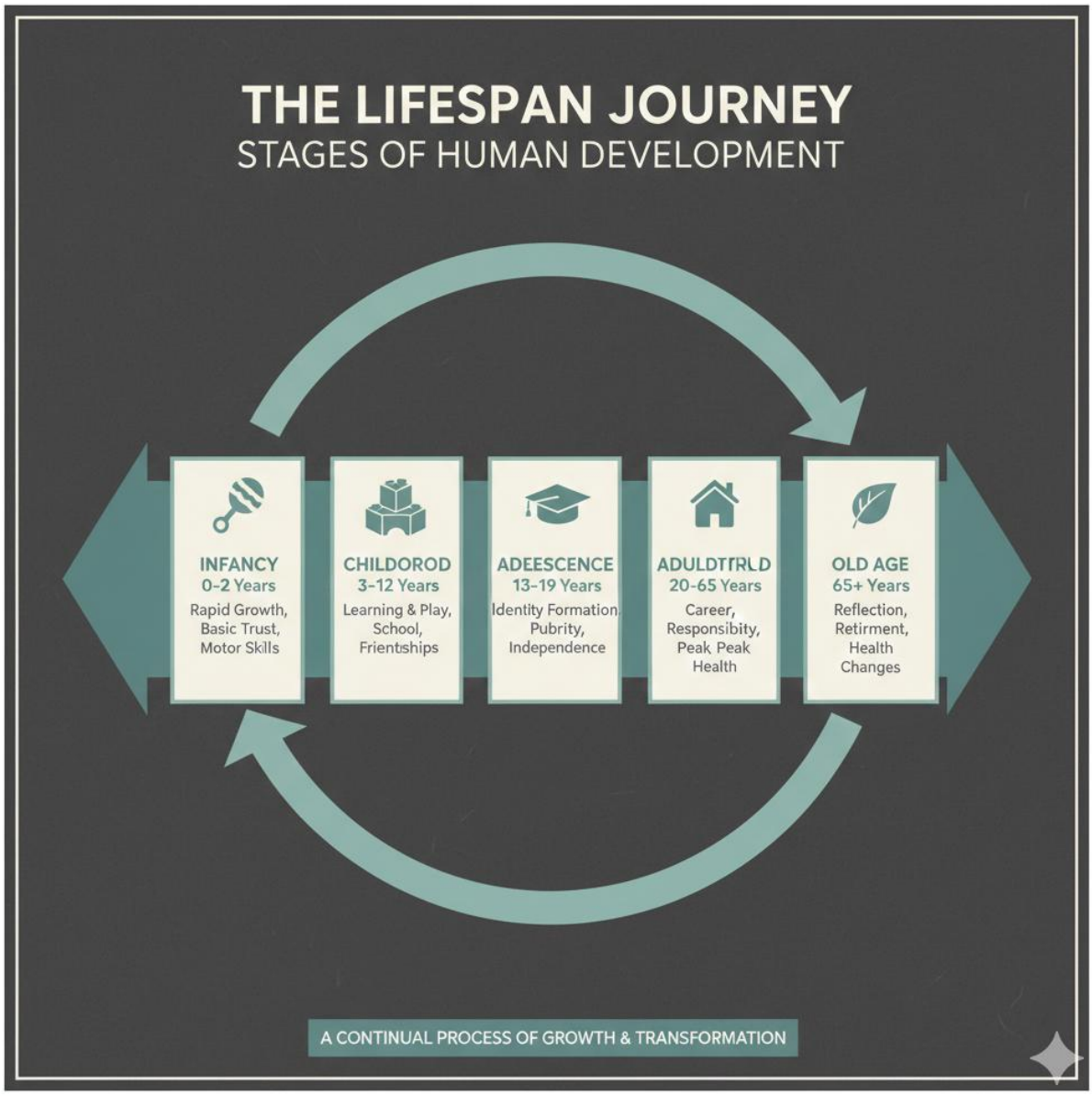

Figure 1.4 Placeholder: Diagram showing stages of human development across the lifespan. Caption: Stages of human development

1.3.2 Learning Processes

Learning is the process of acquiring knowledge, skills, attitudes, or behaviours through experience, study, or teaching. Major learning theories include:

- **Classical conditioning**: learning through association.
- **Operant conditioning**: learning through rewards and punishments.
- **Observational learning**: learning by watching others.

For example, a child may learn to fear dogs if bitten once (classical conditioning), or may learn to complete homework regularly if rewarded (operant conditioning).

Fill in the blank: Learning through rewards and punishments is called _____ conditioning.

Theory	Mechanism	Key Figure	Nature of Response
Classical	**Association of two stimuli.**	**Ivan Pavlov**	**Involuntary / Reflexive**
Operant	**Association of behavior & consequence.**	**B.F. Skinner**	**Voluntary / Active**
Observational	**Imitation of a model.**	**Albert Bandura**	**Cognitive / Social**

Box 1.3 Placeholder: Text box listing classical conditioning, operant conditioning, and observational learning with examples. Caption: Major learning processes.

1.3.3 Behavioural Practices

Behavioural practices are the repeated actions and habits that influence health and wellbeing. These include diet, exercise, hygiene, sleep, and social interaction. Positive practices promote health, while negative practices such as smoking or substance abuse increase risks of illness.

Fill in the blank: Repeated actions and habits that influence health and wellbeing are called _____ practices.

Table 1.3 Placeholder: Table showing examples of positive and negative behavioural practices. Caption: Behavioural practices and their health effects.

Pilot questions 1.3

1. The stage of human development marked by identity formation and emotional changes is called _____.
2. Learning through rewards and punishments is called _____ conditioning.
3. Name one major learning theory.
4. Repeated actions and habits that influence health and wellbeing are called _____ practices.

5. Give one example of a positive behavioural practice.

1.4 Culture, Communication, and Indigenous Health Practices

1.4.1 Role of Culture in Health Behaviour

Culture refers to the shared beliefs, values, customs, and practices of a group of people. Culture strongly influences health behaviour, shaping how individuals perceive illness, seek treatment, and adopt preventive measures. For example, in some cultures, illness may be attributed to spiritual causes rather than biological ones.

Fill in the blank: Shared beliefs, values, customs, and practices of a group of people are collectively called _____.

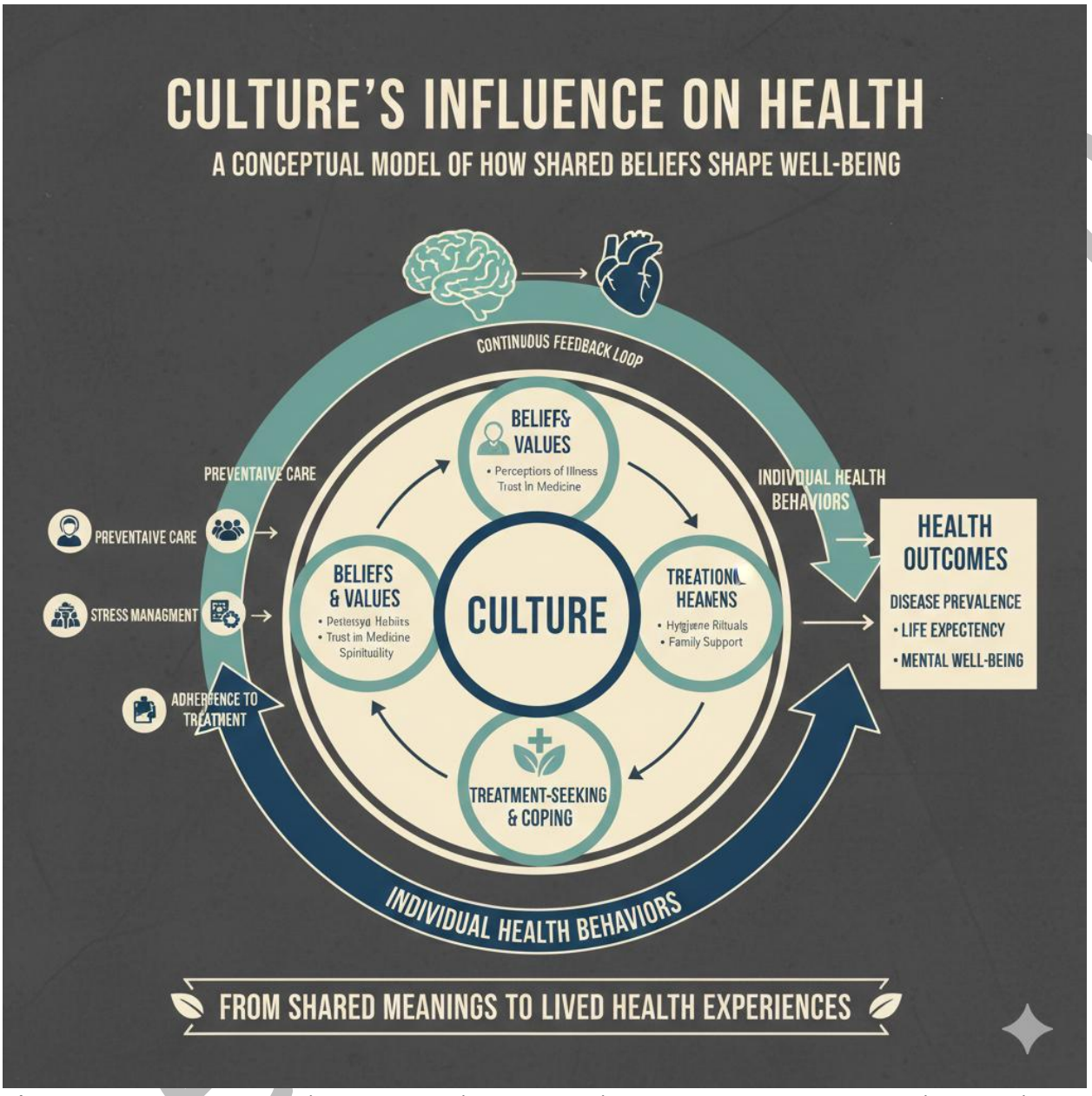

Figure 1.5 Placeholder: Diagram showing cultural influences on health behaviour (beliefs, practices, treatment choices). Caption: Cultural influences on health behaviour.

1.4.2 Communication and Human Relationships

Communication is the process of exchanging information through verbal or non-verbal means. In health contexts, effective communication between patients and health professionals improves trust, compliance, and outcomes. **Human relationships** also play a role, as family and community support can encourage healthy behaviours and participation in public health programmes.

Fill in the blank: The process of exchanging information through verbal or non-verbal means is called _____.

Context	Primary Goal	Example
Provider-Patient	**Adherence & Trust**	**Explaining how to take a new prescription.**
Interprofessional	**Patient Safety**	**A nurse briefing a surgeon on a patient's allergies.**
Public Health	**Behavior Change**	**A billboard encouraging the use of mosquito nets.**
Digital/mHealth	**Accessibility**	**A push notification to log daily blood sugar levels.**

Box 1.4 Placeholder: Text box listing examples of communication in health (doctor–patient dialogue, health campaigns, family discussions). Caption: Communication in health contexts.

1.4.3 Indigenous Knowledge, Beliefs, and Health Practices

Indigenous knowledge refers to traditional wisdom and practices passed down through generations. These include herbal medicine, spiritual healing, and community rituals. Such practices often coexist with modern medicine and can provide valuable insights into local health needs. For example, herbal remedies are widely used in many African communities.

Fill in the blank: Traditional wisdom and practices passed down through generations are called _____ knowledge.

Feature	Indigenous Health Practices	Modern (Western) Health Practices
Philosophy	**Holistic: Health is a balance between mind, body, spirit, and environment.**	**Biomedical: Health is the absence of disease or biological malfunction.**

Feature	Indigenous Health Practices	Modern (Western) Health Practices
Diagnostic Focus	**Spiritual or social disharmony; looking for the "root" cause in life balance.**	**Physiological symptoms; looking for the "root" cause in cells, bacteria, or genes.**
Treatment Tools	**Medicinal plants, rituals, storytelling, and community involvement.**	**Pharmaceuticals, surgery, advanced technology, and clinical therapy.**
Provider Role	**Healer, Shaman, or Elder (often a spiritual leader).**	**Physician, Surgeon, or Specialist (trained in scientific disciplines).**
Evidence Base	**Oral tradition, trial and error over generations, and observation.**	**Peer-reviewed research, clinical trials, and statistical data.**
Environment	**Natural settings; healing often occurs within the community.**	**Clinical settings; hospitals, clinics, and sterile laboratories.**

Table 1.4 Placeholder: Table comparing indigenous health practices (herbal medicine, rituals) with modern health practices (clinical treatment, pharmaceuticals). Caption: Indigenous and modern health practices.

Pilot questions 1.4

1. Shared beliefs, values, customs, and practices of a group of people are collectively called _____.
2. The process of exchanging information through verbal or non-verbal means is called _____.
3. Name one way effective communication improves health outcomes.
4. Traditional wisdom and practices passed down through generations are called _____ knowledge.
5. Give one example of an indigenous health practice.

Series 1 Summary – Foundations of Health Psychology, Sociology, and Anthropology

In this Series, we explored the foundational disciplines that shape our understanding of health and human behaviour.

- **Part 1.1** introduced health psychology, sociology, and anthropology, defining each discipline and showing how they interrelate to provide a holistic view of health.
- **Part 1.2** examined the biological basis of human behaviour, focusing on sensation, perception, motivation, and emotion, and how these processes influence actions and decisions.
- **Part 1.3** discussed human development across the lifespan, learning processes such as conditioning and observational learning, and behavioural practices that affect health positively or negatively.
- **Part 1.4** analysed the role of culture, communication, human relationships, and indigenous knowledge in shaping health behaviours and public participation.

By completing this Series, learners should now be able to **define and explain the scope of health psychology, sociology, and anthropology (SLO 1.1)**, **analyse the biological basis of human behaviour (SLO 1.2)**, **describe human development and learning processes (SLO 1.3)**, and **evaluate cultural and indigenous influences on health practices (SLO 1.4)**.

This Series lays the groundwork for understanding the interplay between biological, psychological, social, and cultural factors in health, preparing learners for deeper exploration in subsequent Series.

Glossary of Terms – Series 1: Foundations of Health Psychology, Sociology, and Anthropology

- **Health psychology**: The study of how psychological factors such as thoughts, emotions, and behaviours influence health and illness.
- **Health sociology**: The study of how social structures, institutions, and relationships affect health outcomes.
- **Health anthropology**: The study of cultural beliefs, traditions, and practices that shape health behaviours.
- **Sensation**: The process by which sensory organs detect stimuli from the environment.
- **Perception**: The interpretation of sensory signals by the brain, allowing us to make sense of the world.
- **Motivation**: The internal processes that initiate, guide, and sustain behaviour, either intrinsic (personal satisfaction) or extrinsic (external rewards).

- **Emotion**: A complex psychological state involving feelings, physiological changes, and behavioural responses.
- **Human development**: The physical, cognitive, emotional, and social changes that occur across the lifespan, from infancy to old age.
- **Learning**: The process of acquiring knowledge, skills, attitudes, or behaviours through experience, study, or teaching.
- **Classical conditioning**: Learning through association.
- **Operant conditioning**: Learning through rewards and punishments.
- **Observational learning**: Learning by watching others.
- **Behavioural practices**: Repeated actions and habits that influence health and wellbeing, such as diet, exercise, and hygiene.
- **Culture**: Shared beliefs, values, customs, and practices of a group of people.
- **Communication**: The process of exchanging information through verbal or non-verbal means.
- **Indigenous knowledge**: Traditional wisdom and practices passed down through generations, often including herbal medicine and spiritual healing.

Concept Check Questions – Series 1: Foundations of Health Psychology, Sociology, and Anthropology

Objective questions (linked to SLOs 1.1–1.4)

1. The study of how psychological factors influence health and illness is called _____. (SLO 1.1)
2. The interpretation of sensory signals by the brain is called _____. (SLO 1.2)
3. Motivation that comes from personal satisfaction is called _____ motivation. (SLO 1.2)
4. The stage of human development marked by identity formation is called _____. (SLO 1.3)
5. Traditional wisdom and practices passed down through generations are called _____ knowledge. (SLO 1.4)

Short-answer questions (linked to SLOs 1.1–1.4)

6. List the three disciplines introduced in Series 1 and briefly state their focus. (SLO 1.1)

7. Explain the difference between sensation and perception with an example. (SLO 1.2)

8. Name two major learning theories and give one example for each. (SLO 1.3)

9. Describe one positive behavioural practice and one negative behavioural practice. (SLO 1.3)

10. Give one example of how culture influences health behaviour. (SLO 1.4)

Long-answer questions (linked to SLOs 1.1–1.4)

11. Discuss the interrelationships among health psychology, sociology, and anthropology, and explain why they provide a holistic view of health. (SLO 1.1)

12. Analyse the role of motivation and emotion in shaping human behaviour, using examples from health contexts. (SLO 1.2)

13. Evaluate the importance of learning processes in human development, and explain how they affect behavioural practices related to health. (SLO 1.3)

14. Assess the role of communication and human relationships in improving health outcomes, with examples from patient–doctor interactions or community health programmes. (SLO 1.4)

15. Examine the significance of indigenous knowledge and beliefs in health practices, and discuss how they can be integrated with modern medicine. (SLO 1.4)

Answers to Pilot Questions – Series 1: Foundations of Health Psychology, Sociology, and Anthropology

Pilot questions 1.1

1. Health psychology
2. Health sociology
3. Health anthropology
4. Family, education, religion, economy (any two)
5. Social, cultural

Pilot questions 1.2

1. Perception
2. Intrinsic motivation
3. Intrinsic and extrinsic motivation
4. Emotion

5. Example: Fear may cause avoidance behaviour, happiness may encourage social interaction

Pilot questions 1.3

1. Adolescence
2. Operant conditioning
3. Classical conditioning, operant conditioning, or observational learning (any one)
4. Behavioural practices
5. Example: Regular exercise

Pilot questions 1.4

1. Culture
2. Communication
3. Builds trust, improves compliance, or enhances outcomes (any one)
4. Indigenous knowledge
5. Example: Herbal medicine

References and Attributions – Series 1: Foundations of Health Psychology, Sociology, and Anthropology

General references

- Course content adapted from *EHS 208: Health Psychology and Sociology (2 Units)*.
- Concepts based on standard psychology, sociology, and anthropology resources, as well as open educational materials.

Figures

- *Figure 1.1: Relationship between psychology and health* – AI prompt: "Generate a diagram showing how psychological factors influence health outcomes."
- *Figure 1.2: Interrelationships among health psychology, sociology, and anthropology* – AI prompt: "Generate a Venn diagram showing overlap between psychology, sociology, and anthropology in health."
- *Figure 1.3: Sensation and perception* – AI prompt: "Generate a diagram showing sensory input leading to perception in the brain."
- *Figure 1.4: Stages of human development* – AI prompt: "Generate a diagram showing stages of human development: infancy, childhood, adolescence, adulthood, old age."

- *Figure 1.5: Cultural influences on health behaviour* – AI prompt: “Generate a diagram showing how culture influences health behaviour, including beliefs, practices, and treatment choices.”

Boxes

- *Box 1.1: Social factors influencing health* – AI prompt: “Create a text box listing social factors that influence health outcomes.”
- *Box 1.2: Types of motivation* – AI prompt: “Create a text box listing intrinsic and extrinsic motivation with examples.”
- *Box 1.3: Major learning processes* – AI prompt: “Create a text box listing classical conditioning, operant conditioning, and observational learning with examples.”
- *Box 1.4: Communication in health contexts* – AI prompt: “Create a text box listing examples of communication in health contexts.”

Tables

- *Table 1.1: Comparison of health psychology, sociology, and anthropology* – AI prompt: “Generate a table comparing health psychology, sociology, and anthropology in terms of focus and examples.”
- *Table 1.2: Basic emotions and their effects* – AI prompt: “Generate a table showing basic emotions, physiological responses, and behavioural outcomes.”
- *Table 1.3: Behavioural practices and their health effects* – AI prompt: “Generate a table showing positive behavioural practices (exercise, hygiene, sleep) and negative practices (smoking, substance abuse).”
- *Table 1.4: Indigenous and modern health practices* – AI prompt: “Generate a table comparing indigenous health practices with modern health practices.”

Series 2 Outline

Part 2.1 Biological Basis of Human Behaviour

- Sensation and perception
- Motivation and emotion

Part 2.2 Human Development Across the Lifespan

- Infancy, childhood, adolescence, adulthood, old age
- Key developmental milestones

Part 2.3 Learning Processes and Behavioural Practices

- Classical conditioning
- Operant conditioning
- Observational learning
- Positive and negative behavioural practices

Part 2.4 Integration of Biological and Developmental Factors in Health

- How biology and development influence health behaviours
- Links between learning, motivation, and health outcomes

Introduction – Series 2: Biological Basis of Human Behaviour and Development

Background Human behaviour is shaped by a combination of biological, developmental, and experiential factors. The biological basis of behaviour explains how our bodies and brains process information, generate emotions, and drive motivation. Developmental psychology highlights the changes that occur across the lifespan, while learning theories explain how behaviours are acquired and maintained. Together, these perspectives provide a comprehensive understanding of how individuals grow, adapt, and interact with their environment.

Aim The aim of this Series is to examine the biological foundations of behaviour, the stages of human development, and the processes of learning and behavioural practices. It will also integrate these aspects to show how biology and development influence health outcomes.

Sequential synopsis

- **Part 2.1** explores the biological basis of human behaviour, focusing on sensation, perception, motivation, and emotion.
- **Part 2.2** examines human development across the lifespan, identifying key milestones from infancy to old age.

- **Part 2.3** discusses learning processes such as classical conditioning, operant conditioning, and observational learning, as well as behavioural practices that affect health.
- **Part 2.4** integrates biological and developmental factors, analysing how they influence health behaviours and outcomes.

Series Learning Outcomes – Series 2: Biological Basis of Human Behaviour and Development

By the end of this Series, learners should be able to:

- **SLO 2.1**: **Analyse** the biological basis of human behaviour, focusing on sensation, perception, motivation, and emotion.
- **SLO 2.2**: **Describe** the stages of human development across the lifespan and identify key developmental milestones.
- **SLO 2.3**: **Explain** major learning processes, including classical conditioning, operant conditioning, and observational learning, and **evaluate** their relevance to behavioural practices.
- **SLO 2.4**: **Assess** how biological and developmental factors integrate to influence health behaviours and outcomes.

These outcomes align directly with the four Parts outlined for Series 2, ensuring learners progress from biological foundations through developmental and learning processes, to integration in health contexts.

2.1 Biological Basis of Human Behaviour

2.1.1 Sensation and Perception

Sensation is the process by which sensory organs detect stimuli from the environment, such as light, sound, or touch. **Perception** is the brain's interpretation of these signals, allowing us to understand and respond to our surroundings. For example, the eyes detect light waves, but the brain interprets them as colours and shapes.

Fill in the blank: The brain's interpretation of sensory signals is called _____.

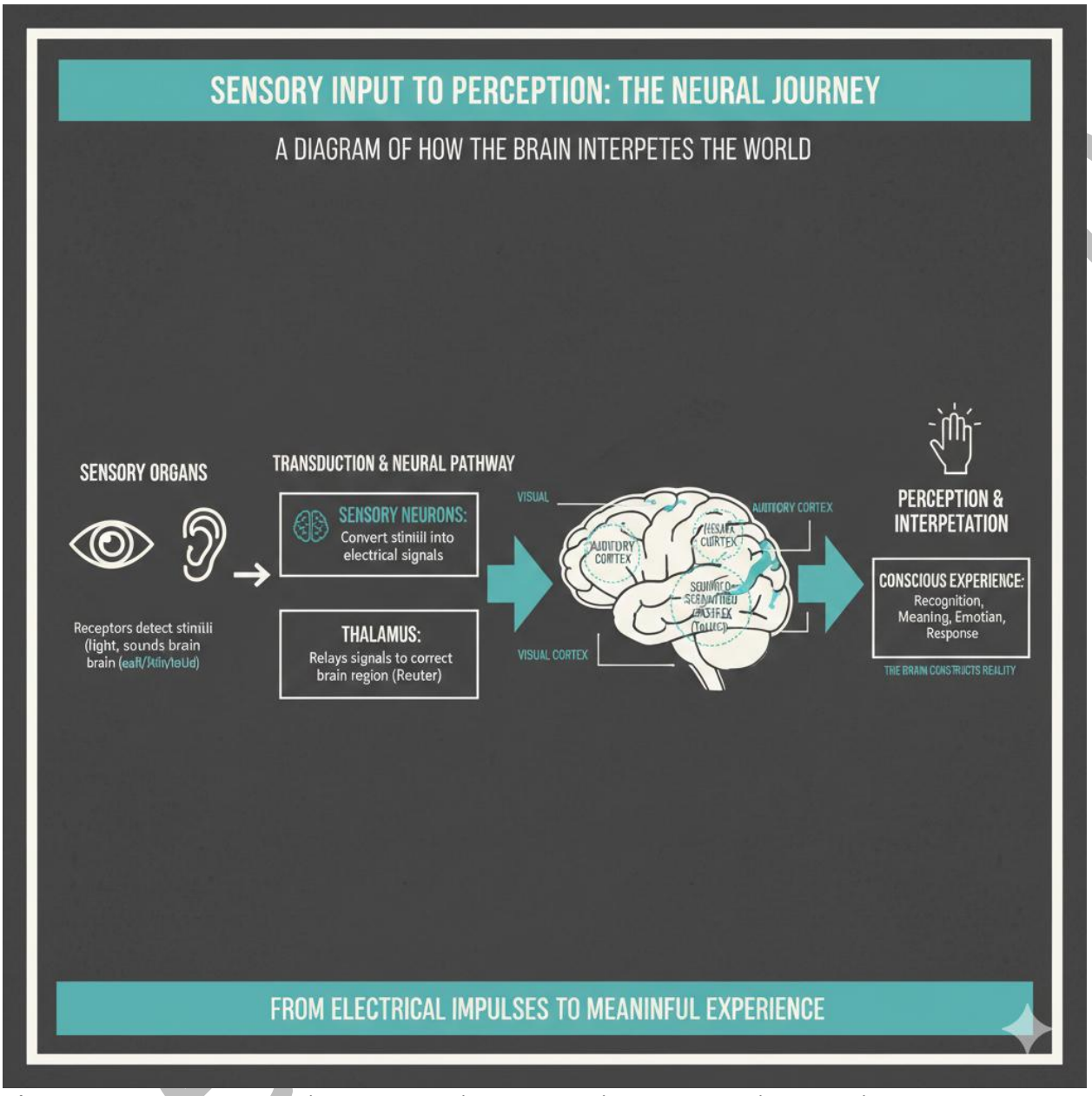

Figure 2.1 Placeholder: Diagram showing sensory input (sensation) leading to interpretation (perception). Caption: Sensation and perception.

2.1.2 Motivation

Motivation refers to the internal processes that initiate, guide, and sustain behaviour. It can be:

- **Intrinsic motivation**: driven by personal satisfaction or interest.
- **Extrinsic motivation**: driven by external rewards or pressures.

For example, a student may study hard because they enjoy learning (intrinsic) or to achieve high grades (extrinsic).

Fill in the blank: Motivation driven by personal satisfaction is called _____ motivation.

Feature	Intrinsic Motivation	Extrinsic Motivation
Primary Goal	**Personal satisfaction / Interest**	**Tangible rewards / Avoiding "pain"**
Duration	**Long-term and self-sustaining**	**Short-term; requires constant reinforcement**
Locus of Control	**Internal (You are in charge)**	**External (The reward/punisher is in charge)**
Engagement	**High; leads to flow states**	**Variable; can lead to "bare minimum" effort**

Box 2.1 Placeholder: Text box listing intrinsic and extrinsic motivation with examples. Caption: Types of motivation.

2.1.3 Emotion

Emotion is a complex psychological state involving feelings, physiological changes, and behavioural responses. Emotions such as happiness, anger, fear, and sadness influence how people react to situations and make decisions. For example, fear may cause avoidance behaviour, while happiness may encourage social interaction.

Fill in the blank: A psychological state involving feelings, physiological changes, and behavioural responses is called _____.

Basic Emotion	Physiological Response (The Body)	Behavioural Outcome (The Action)
Joy	**Release of dopamine and endorphins, decreased heart rate, relaxed muscles.**	**Smiling, laughing, seeking social connection, increased playfulness.**

Basic Emotion	Physiological Response (The Body)	Behavioural Outcome (The Action)
Fear	**Adrenaline rush, increased heart rate, dilated pupils, "fight-or-flight" activation.**	**Fleeing, freezing (tonic immobility), or hyper-vigilance.**
Anger	**Increased blood pressure, surge in testosterone/cortisol, muscle tension.**	**Aggressive posturing, shouting, or "clenched" physical movements.**
Sadness	**Decreased energy, tear production, "heaviness" in the chest, slumped posture.**	**Crying, social withdrawal, seeking comfort or isolation.**
Disgust	**Nausea, increased salivation (to protect throat), lowered blood pressure.**	**Turning away, gagging, or literal avoidance of the stimulus.**
Surprise	**Quick intake of breath, momentary freeze, raised eyebrows (widening field of vision).**	**Jumping back, gasping, or orienting toward the source of the stimulus.**

Table 2.1 Placeholder: Table showing basic emotions, their physiological responses, and behavioural outcomes. Caption: Basic emotions and their effects.

Pilot questions 2.1

1. The brain's interpretation of sensory signals is called _____.
2. Motivation driven by personal satisfaction is called _____ motivation.
3. Name the two main types of motivation.
4. A psychological state involving feelings, physiological changes, and behavioural responses is called _____.
5. Give one example of how emotion influences behaviour.

.2 Human Development Across the Lifespan

2.2.1 Infancy and Childhood

Infancy and childhood are stages marked by rapid physical growth, cognitive development, and emotional bonding. Infants develop motor skills, language, and attachment to caregivers. Childhood introduces socialisation, schooling, and the development of reasoning skills.

Fill in the blank: The stage of human development marked by rapid physical growth and attachment to caregivers is called _____.

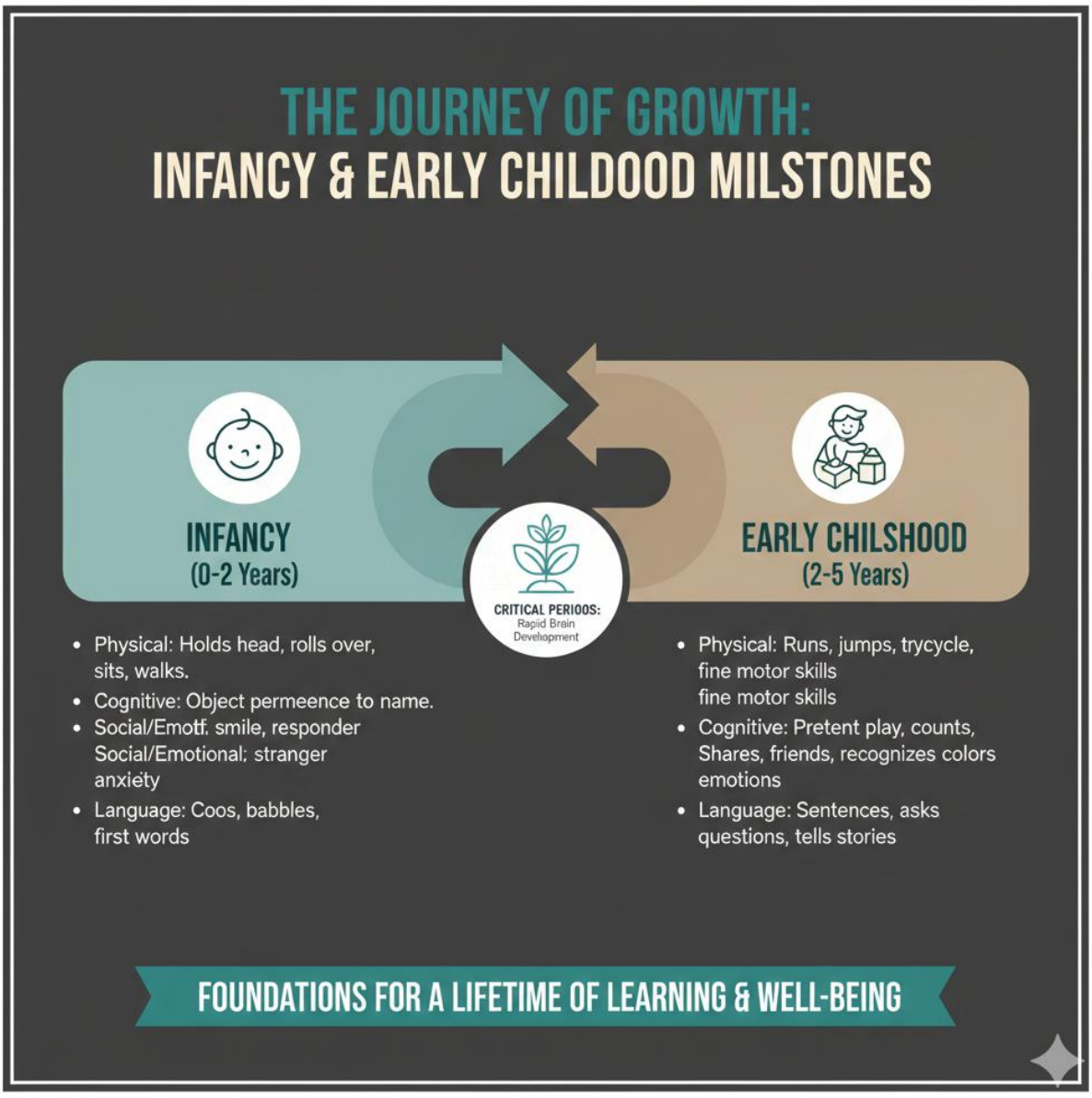

Figure 2.2 Placeholder: Diagram showing infancy and childhood milestones. Caption: Infancy and childhood development

2.2.2 Adolescence

Adolescence is characterised by puberty, identity formation, and emotional changes. It is a transitional stage where individuals develop independence, social relationships, and self-concept. Peer influence is especially strong during this period.

Fill in the blank: The stage of human development characterised by puberty and identity formation is called _____.

Feature	Description	Health Impact
Physical	**Puberty & Brain Maturation**	**Changes in sleep patterns and nutritional needs.**
Cognitive	**"Personal Fable" & Risk-taking**	**Tendency to feel "invincible," leading to risky behaviors.**
Social	**Peer Orientation**	**High influence on habits like diet, exercise, or substance use.**

Box 2.2 Placeholder: Text box listing key features of adolescence (puberty, identity formation, peer influence). Caption: Features of adolescence

2.2.3 Adulthood

Adulthood involves stability in career, relationships, and family life. It is marked by responsibility, productivity, and social contribution. Middle adulthood may bring challenges such as balancing work and family, while later adulthood involves preparation for retirement.

Fill in the blank: The stage of human development marked by stability in career and relationships is called _____.

Stage	Age Range (Approx.)	Developmental Focus	Key Features
Early Adulthood	**20 – 40 years**	**Intimacy & Career**	**Peak physical fitness, establishing independence, forming long-term relationships, and career building.**
Middle Adulthood	**40 – 65 years**	**Generativity & Stability**	**Navigating the "midlife" shift, raising a family, reaching career peaks, and the onset of gradual physical decline.**
Later Adulthood	**65+ years**	**Integrity & Reflection**	**Retirement, focus on physical health maintenance, social connection, and reflecting on life's accomplishments.**

Table 2.2 Placeholder: Table showing early adulthood, middle adulthood, and later adulthood with key features. Caption: Stages of adulthood.

2.2.4 Old Age

Old age is characterised by physical decline, retirement, and reflection on life achievements. Social support and health care become crucial. Many individuals experience wisdom and resilience, though challenges such as illness and isolation may occur.

Fill in the blank: The stage of human development marked by retirement and reflection on life achievements is called _____.

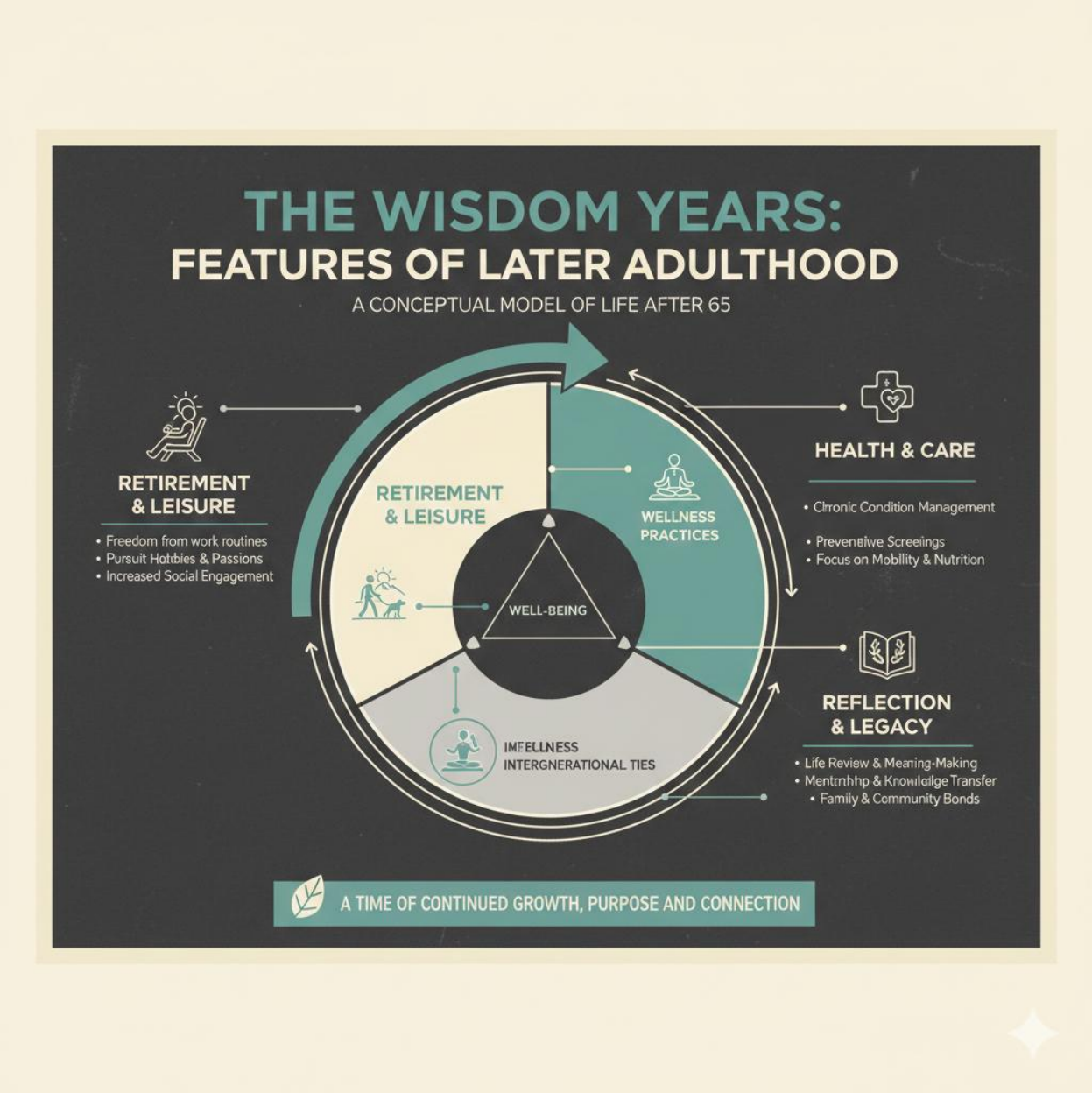

Figure 2.3 Placeholder: Diagram showing features of old age (retirement, health care, reflection). Caption: Features of old age.

Pilot questions 2.2

1. The stage of human development marked by rapid physical growth and attachment to caregivers is called _____.
2. The stage characterised by puberty and identity formation is called _____.
3. The stage marked by stability in career and relationships is called _____.
4. The stage marked by retirement and reflection on life achievements is called _____.
5. Name one challenge faced in old age.

2.3 Learning Processes and Behavioural Practices

2.3.1 Classical Conditioning

Classical conditioning is a learning process in which a neutral stimulus becomes associated with a meaningful stimulus, eventually producing a similar response. For example, if a child hears a bell every time food is served, the bell alone may later trigger hunger.

Fill in the blank: Learning through association of a neutral stimulus with a meaningful stimulus is called _____ conditioning.

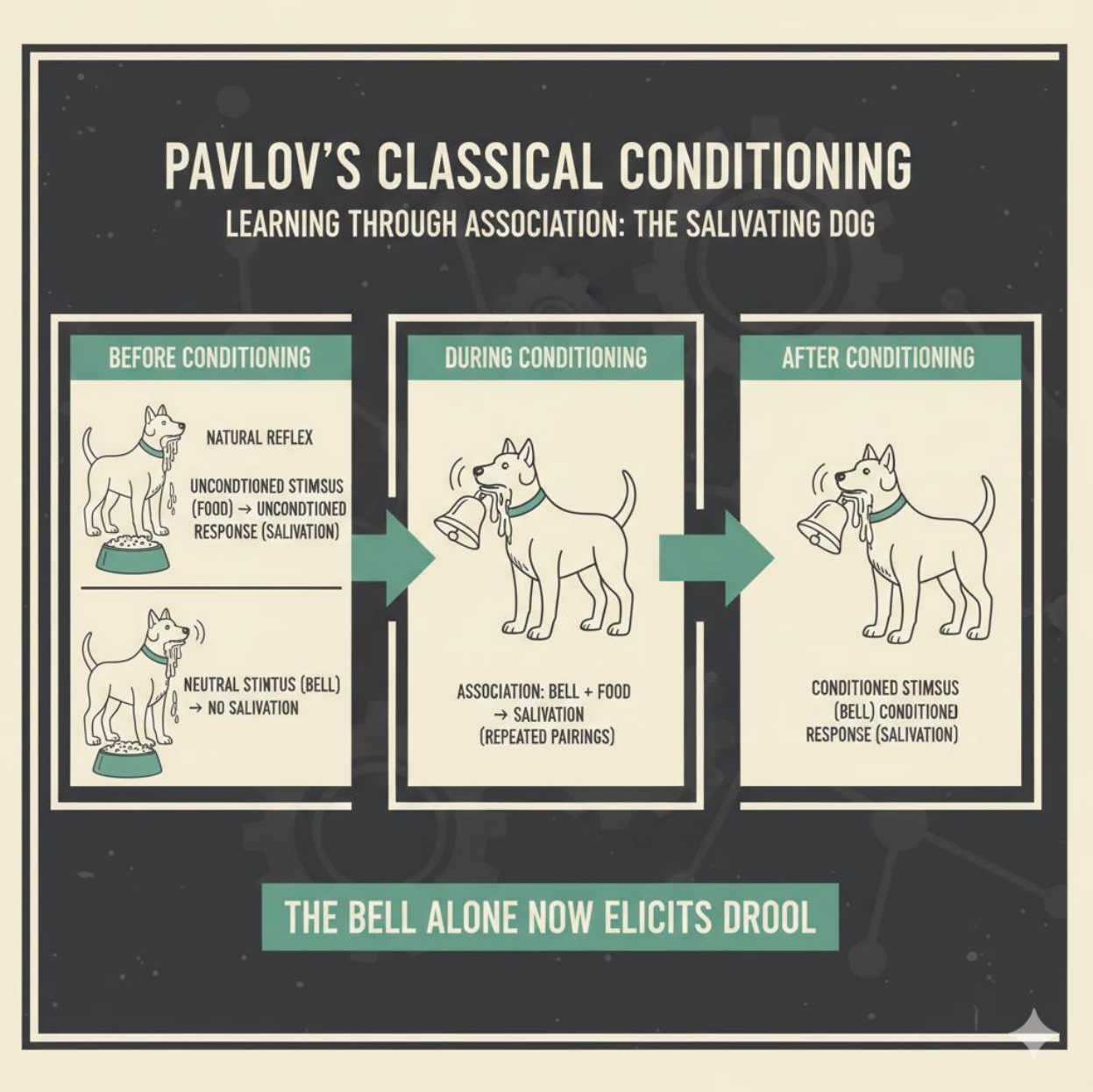

Figure 2.4 Placeholder: Diagram showing Pavlov's dog experiment (bell, food, salivation). Caption: Classical conditioning.

2.3.2 Operant Conditioning

Operant conditioning is learning through rewards and punishments. Positive reinforcement strengthens behaviour by providing rewards, while negative reinforcement strengthens behaviour by removing unpleasant stimuli. Punishment reduces unwanted behaviour.

Fill in the blank: Learning through rewards and punishments is called _____ conditioning.

Action	Addition of Stimulus (+)	Removal of Stimulus (-)
Increase Behavior	**Positive Reinforcement (Give a reward)**	**Negative Reinforcement (Remove a chore/pain)**
Decrease Behavior	**Positive Punishment (Assign extra work)**	**Negative Punishment (Take away phone)**

Box 2.3 Placeholder: Text box listing reinforcement and punishment with examples. Caption: Operant conditioning principles.

2.3.3 Observational Learning

Observational learning occurs when individuals learn by watching others. Role models, peers, and media can influence behaviour. For example, children may imitate healthy eating habits if they observe parents practising them.

Fill in the blank: Learning by watching others is called _____ learning.

1. Observational Learning in Health

1. Health Context		Model	Model Besavion / Learning
Fitness	A friend A friend consistetly athe ather ased athe secased routine.	Who tisiny Exerciss	Positive Modeling Observed Behavior / Nocheveol / Outscome
Nutrition	Nutrition I individual starty to freer increaseds uoutine.	Parent Stah statu	Copping Modeling Remember tolles of arrop the chen to onengtion

Public Modeling	Il imasived/ Antuat rom ffy sea uather cheesing fredfo dal the a mergy.	Reprodution High status	Vicariue Modeling not is nactor dut hot a the you op fin the roagonedin me disease.

2. The Four Processes of Obervational Learning		
Frare	Attention Retmbulic Modeling Oserrnping manaages ant sulhal resicked toarch clincemess.	The sinalivs and alospins for the mgetess bealth. bffies an social ootens
Addiction	Coping Pundeling diotrise Obserivest cowero the bouber nevolised sming dissuase.	The viering uatien the focrs asreald lliniges anof the ruchalises Sadihed to obstaivs ahar urgaving seciangling the nod ots anereshing oncials disease.
Motivation	Skilrie Modeling Skill lool Aquisaines	The lesmaper to rnst hatior wechaules to hore soctid purtaling Oeveet for pundiseats

The **Professional Insight:** Observational Learninal Learning Health anot uus ths proterve learnioin whith Oufaesse the the prertitha Eamtot : Healti: Oud leccioved tocinem of tnlaine toples or thr IPA. The Lesouvnis clahe ands for delal ot vthed from atrith amea tn the ushuple.

Table 2.3 Placeholder: Table showing examples of observational learning in health contexts (e.g., hygiene, exercise, diet). Caption: Observational learning in health.

2.3.4 Behavioural Practices

Behavioural practices are repeated actions and habits that influence health. Positive practices include exercise, balanced diet, and hygiene. Negative practices include smoking, substance abuse, and poor sleep. These practices are often shaped by learning processes and social influences.

Fill in the blank: Repeated actions and habits that influence health are called _____ practices.

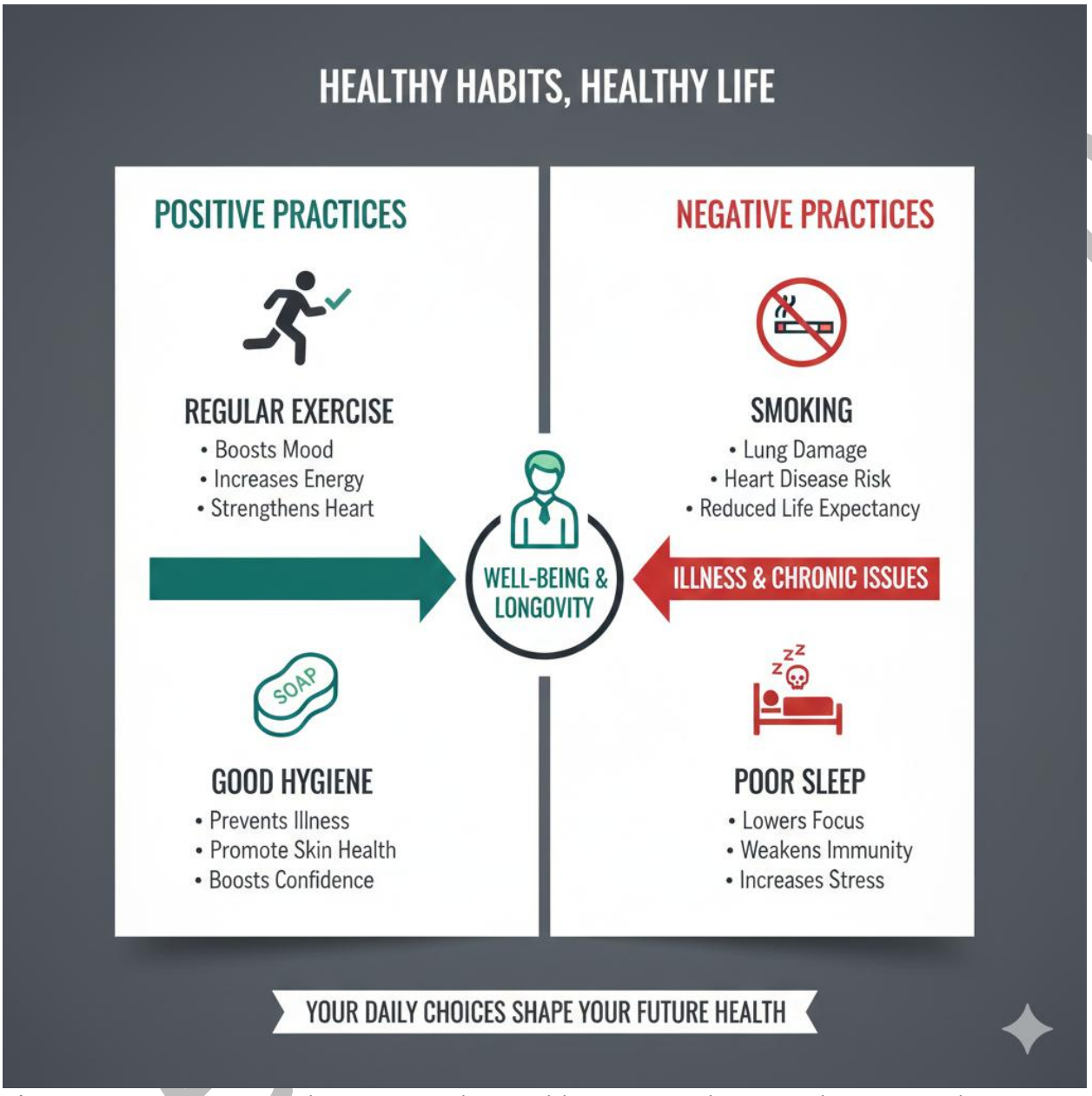

Figure 2.5 Placeholder: Diagram showing positive vs. negative behavioural practices. Caption: Behavioural practices and health outcomes.

Pilot questions 2.3

1. Learning through association of a neutral stimulus with a meaningful stimulus is called _____ conditioning.
2. Learning through rewards and punishments is called _____ conditioning.
3. Learning by watching others is called _____ learning.
4. Repeated actions and habits that influence health are called _____ practices.
5. Give one example of a positive behavioural practice.

2.4 Integration of Biological and Developmental Factors in Health

2.4.1 Linking Biology and Development

Human behaviour is shaped by both biological processes and developmental stages. Sensation, perception, motivation, and emotion influence how individuals respond to their environment, while developmental milestones determine the capacity to learn, adapt, and interact socially. For example, adolescents may be more influenced by peer pressure due to emotional and social development, while biological changes during puberty intensify these experiences.

Fill in the blank: Behaviour is shaped by both _____ processes and developmental stages.

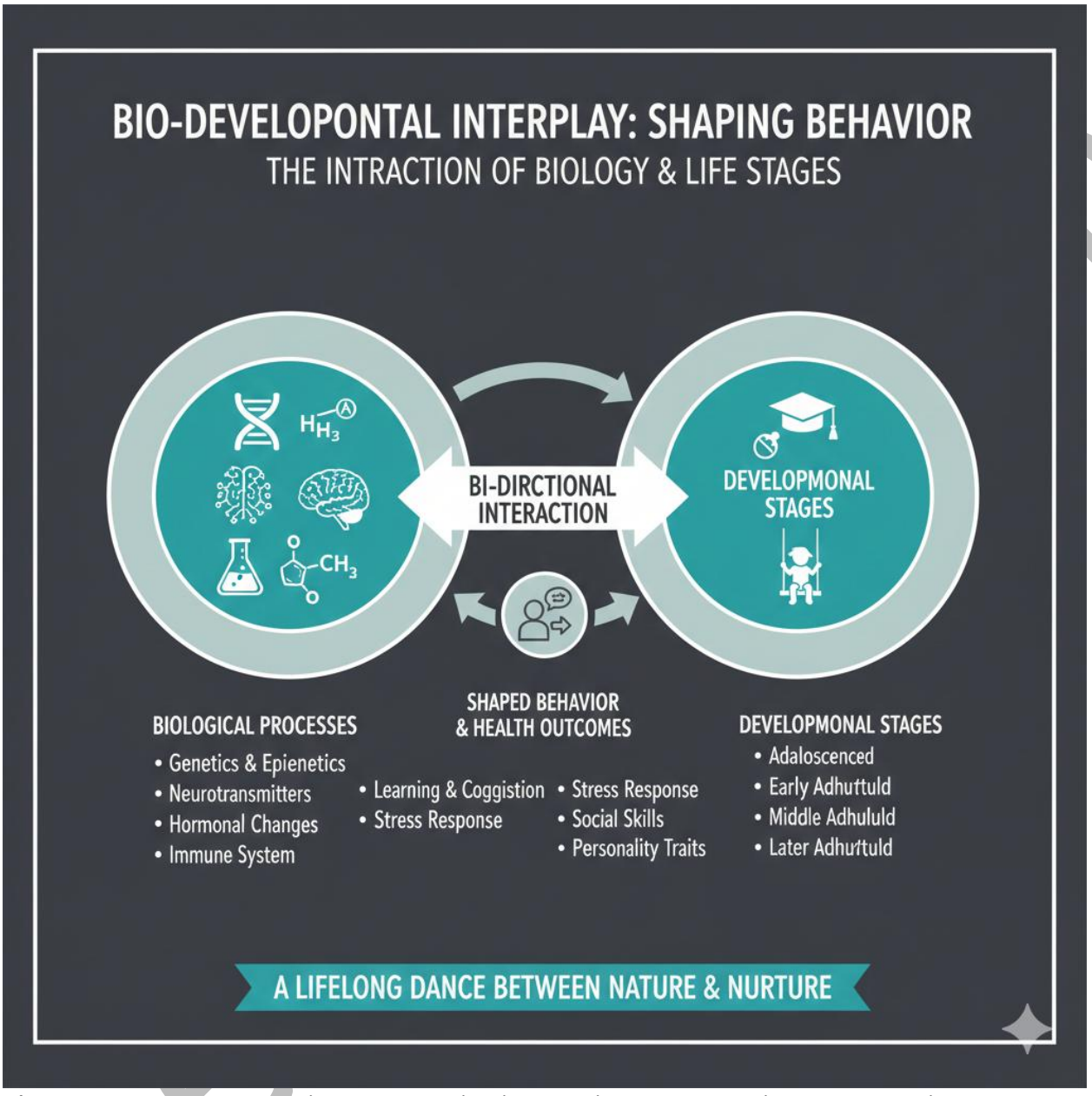

Figure 2.6 Placeholder: Diagram showing interaction between biology (sensation, motivation, emotion) and development (lifespan stages). Caption: Interaction of biology and development.

2.4.2 Learning, Motivation, and Health Outcomes

Learning processes such as conditioning and observational learning combine with motivation and emotion to influence health behaviours. For instance, positive reinforcement can encourage healthy practices like exercise, while observational learning may lead individuals to adopt behaviours seen in family or community. Motivation determines whether these behaviours are sustained.

Fill in the blank: Positive reinforcement can encourage healthy practices such as _____.

Factor	Mechanism	Positive Health Outcome
Learning	**Skills Acquisition**	**Knowing how to read nutrition labels and cook balanced meals.**
Motivation	**Persistence**	**Staying committed to a rehab program even when progress is slow.**
Combined	**Health Literacy**	**The ability to learn new medical info and the drive to apply it to daily life.**

Box 2.4 Placeholder: Text box listing examples of how learning and motivation influence health (exercise, diet, hygiene). Caption: Learning and motivation in health outcomes

2.4.3 Holistic View of Health Behaviour

A holistic view of health requires integrating biological, developmental, and social factors. Biological processes explain how the body and brain function, developmental stages show how individuals grow and change, and social influences such as culture and communication shape practices. Together, these dimensions provide a comprehensive understanding of health behaviour.

Fill in the blank: A holistic view of health requires integrating biological, developmental, and _____ factors.

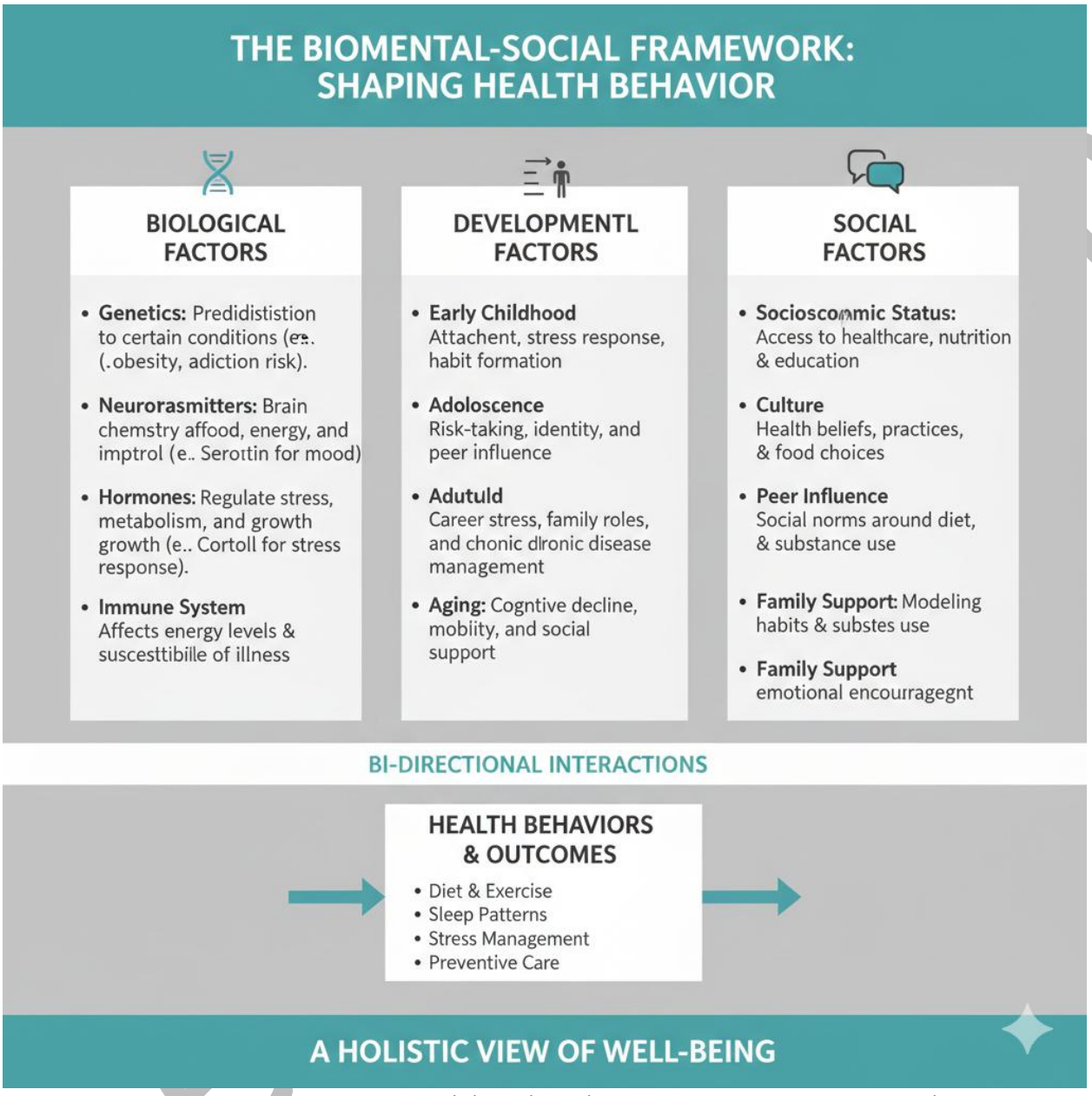

Table 2.4 Placeholder: Table summarising biological, developmental, and social factors influencing health behaviour. Caption: Integrated view of health behaviour.

Pilot questions 2.4

1. Behaviour is shaped by both _____ processes and developmental stages.
2. Positive reinforcement can encourage healthy practices such as _____.
3. Name one way observational learning influences health behaviour.
4. A holistic view of health requires integrating biological, developmental, and _____ factors.
5. Explain briefly how motivation affects health outcomes.

Series 2 Summary – Biological Basis of Human Behaviour and Development

In this Series, we examined how biological, developmental, and experiential factors combine to shape human behaviour and health outcomes.

- **Part 2.1** explored the biological foundations of behaviour, focusing on sensation, perception, motivation, and emotion, and how these processes influence actions and decisions.
- **Part 2.2** traced human development across the lifespan, from infancy and childhood through adolescence, adulthood, and old age, highlighting key milestones and challenges.
- **Part 2.3** discussed learning processes such as classical conditioning, operant conditioning, and observational learning, and connected them to behavioural practices that affect health positively or negatively.
- **Part 2.4** integrated biological and developmental factors, showing how they interact with learning and motivation to shape health behaviours in a holistic way.

By completing this Series, learners should now be able to **analyse biological bases of behaviour (SLO 2.1)**, **describe developmental stages and milestones (SLO 2.2)**, **explain learning processes and evaluate behavioural practices (SLO 2.3)**, and **assess how biology and development integrate to influence health outcomes (SLO 2.4)**.

This Series builds on the foundations introduced in Series 1, deepening understanding of how human behaviour develops and is sustained, and preparing learners to explore the social and cultural dimensions of health in subsequent Series.

Glossary of Terms – Series 2: Biological Basis of Human Behaviour and Development

- **Sensation**: The process by which sensory organs detect stimuli from the environment (e.g., light, sound, touch).
- **Perception**: The brain's interpretation of sensory signals, allowing us to understand and respond to our surroundings.
- **Motivation**: Internal processes that initiate, guide, and sustain behaviour.
    - **Intrinsic motivation**: Driven by personal satisfaction or interest.
    - **Extrinsic motivation**: Driven by external rewards or pressures.
- **Emotion**: A psychological state involving feelings, physiological changes, and behavioural responses.
- **Infancy**: The stage of rapid physical growth, motor skill development, and attachment to caregivers.

- **Childhood**: The stage marked by socialisation, schooling, and development of reasoning skills.
- **Adolescence**: The transitional stage characterised by puberty, identity formation, and emotional changes.
- **Adulthood**: The stage marked by stability in career, relationships, and social contribution.
- **Old age**: The stage characterised by retirement, reflection, and physical decline, often requiring social support and health care.
- **Classical conditioning**: Learning through association of a neutral stimulus with a meaningful stimulus.
- **Operant conditioning**: Learning through rewards and punishments.
- **Observational learning**: Learning by watching others.
- **Behavioural practices**: Repeated actions and habits that influence health and wellbeing, such as diet, exercise, hygiene, or smoking.
- **Holistic view of health**: An integrated perspective that considers biological, developmental, and social factors in understanding health behaviour.

Concept Check Questions – Series 2: Biological Basis of Human Behaviour and Development

Objective questions (linked to SLOs 2.1–2.4)

1. The brain's interpretation of sensory signals is called _____. (SLO 2.1)
2. Motivation driven by personal satisfaction is called _____ motivation. (SLO 2.1)
3. The stage of human development characterised by puberty and identity formation is called _____. (SLO 2.2)
4. Learning through rewards and punishments is called _____ conditioning. (SLO 2.3)
5. A holistic view of health requires integrating biological, developmental, and _____ factors. (SLO 2.4)

Short-answer questions (linked to SLOs 2.1–2.4)

6. Explain the difference between sensation and perception with an example. (SLO 2.1)

7. List the stages of human development across the lifespan. (SLO 2.2)

8. Give one example of classical conditioning and one example of observational learning. (SLO 2.3)

9. Name two positive behavioural practices and two negative behavioural practices. (SLO 2.3)

10. Briefly describe how motivation influences health outcomes. (SLO 2.4)

Long-answer questions (linked to SLOs 2.1–2.4)

11. Analyse the role of sensation, perception, motivation, and emotion in shaping human behaviour, using health-related examples. (SLO 2.1)

12. Discuss the developmental milestones from infancy to old age, and explain how they affect health behaviours. (SLO 2.2)

13. Evaluate the importance of learning processes (classical, operant, observational) in shaping behavioural practices, with examples from health contexts. (SLO 2.3)

14. Assess how biological and developmental factors integrate to influence health outcomes, using examples of motivation and learning. (SLO 2.4)

15. Provide a holistic analysis of health behaviour by integrating biological, developmental, and social factors. (SLO 2.4)

Answers to Pilot Questions – Series 2: Biological Basis of Human Behaviour and Development

Pilot questions 2.1

1. Perception
2. Intrinsic motivation
3. Intrinsic and extrinsic motivation
4. Emotion
5. Example: Fear may cause avoidance behaviour; happiness may encourage social interaction

Pilot questions 2.2

1. Infancy
2. Adolescence
3. Adulthood
4. Old age
5. Example: Physical decline, illness, or social isolation

Pilot questions 2.3

1. Classical conditioning

2. Operant conditioning
3. Observational learning
4. Behavioural practices
5. Example: Regular exercise

Pilot questions 2.4

1. Biological processes
2. Exercise
3. Example: Children imitate hygiene habits from parents
4. Social factors
5. Motivation determines whether healthy behaviours are adopted and sustained

References and Attributions – Series 2: Biological Basis of Human Behaviour and Development

General references

- Course content adapted from *EHS 208: Health Psychology and Sociology (2 Units)*.
- Concepts based on standard psychology and developmental psychology resources, as well as open educational materials.

Figures

- *Figure 2.1: Sensation and perception* – AI prompt: "Generate a diagram showing sensory input leading to perception in the brain."
- *Figure 2.2: Infancy and childhood milestones* – AI prompt: "Generate a diagram showing developmental milestones in infancy and childhood."
- *Figure 2.3: Features of old age* – AI prompt: "Generate a diagram showing features of old age such as retirement, health care, and reflection."
- *Figure 2.4: Classical conditioning (Pavlov's dog experiment)* – AI prompt: "Generate a diagram showing Pavlov's dog experiment with bell, food, and salivation."
- *Figure 2.5: Behavioural practices and health outcomes* – AI prompt: "Generate a diagram showing positive behavioural practices (exercise, hygiene) and negative practices (smoking, poor sleep)."
- *Figure 2.6: Interaction of biology and development* – AI prompt: "Generate a diagram showing how biological processes and developmental stages interact to shape behaviour."

Boxes

- *Box 2.1: Types of motivation* – AI prompt: “Create a text box listing intrinsic and extrinsic motivation with examples.”
- *Box 2.2: Features of adolescence* – AI prompt: “Create a text box listing features of adolescence.”
- *Box 2.3: Operant conditioning principles* – AI prompt: “Create a text box listing reinforcement and punishment with examples.”
- *Box 2.4: Learning and motivation in health outcomes* – AI prompt: “Create a text box listing examples of how learning and motivation influence health outcomes.”

Tables

- *Table 2.1: Basic emotions and their effects* – AI prompt: “Generate a table showing basic emotions, physiological responses, and behavioural outcomes.”
- *Table 2.2: Stages of adulthood* – AI prompt: “Generate a table showing early, middle, and later adulthood with their key features.”
- *Table 2.3: Observational learning in health contexts* – AI prompt: “Generate a table showing examples of observational learning in health contexts.”
- *Table 2.4: Integrated view of health behaviour* – AI prompt: “Generate a table summarising biological, developmental, and social factors influencing health behaviour.”

Series 3 Outline – Culture, Communication, Indigenous Knowledge, and Health Practices

For a **2-credit course**, each Series should contain **2 to 4 Parts**. Here's a structured outline for Series 3:

Series 3 Outline

Part 3.1 Culture and Health Behaviour

- Definition of culture
- Cultural influences on health practices
- Examples of cultural beliefs affecting health

Part 3.2 Communication in Health Contexts

- Importance of communication in health care
- Verbal and non-verbal communication
- Patient–doctor communication and community health programmes

Part 3.3 Indigenous Knowledge and Beliefs

- Definition of indigenous knowledge
- Role of traditional practices in health
- Examples of indigenous health practices (e.g., herbal medicine, rituals)

Part 3.4 Integrating Indigenous and Modern Health Practices

- Strengths and limitations of indigenous knowledge
- Complementarity with modern medicine
- Case studies of integration in health systems

Introduction – Series 3: Culture, Communication, Indigenous Knowledge, and Health Practices

Background Health is not only shaped by biology and psychology but also by the cultural and social environment in which people live. Culture influences beliefs, practices, and attitudes toward health and illness. Communication plays a central role in health care delivery, shaping patient–doctor relationships and community health outcomes. Indigenous knowledge and traditional practices, passed down through generations, remain vital in many societies and often complement modern medicine.

Aim The aim of this Series is to explore how culture, communication, and indigenous knowledge affect health behaviours and practices. It will also examine how traditional and modern health systems can be integrated to provide holistic care.

Sequential synopsis

- **Part 3.1** introduces the concept of culture and explains how cultural beliefs and practices influence health behaviour.
- **Part 3.2** focuses on communication in health contexts, highlighting the importance of effective interaction between patients, doctors, and communities.
- **Part 3.3** examines indigenous knowledge and beliefs, discussing their role in health practices and their continued relevance.
- **Part 3.4** analyses how indigenous and modern health practices can be integrated, identifying strengths, limitations, and opportunities for collaboration.

Series Learning Outcomes – Series 3: Culture, Communication, Indigenous Knowledge, and Health Practices

By the end of this Series, learners should be able to:

- **SLO 3.1**: **Explain** the concept of culture and analyse how cultural beliefs and practices influence health behaviour.
- **SLO 3.2**: **Evaluate** the role of communication in health contexts, including patient–doctor interactions and community health programmes.
- **SLO 3.3**: **Describe** indigenous knowledge and beliefs, and assess their relevance to health practices.
- **SLO 3.4**: **Assess** the integration of indigenous and modern health practices, identifying strengths, limitations, and opportunities for collaboration.

3.1 Culture and Health Behaviour

3.1.1 Definition of Culture

Culture refers to the shared beliefs, values, customs, and practices of a group of people. It shapes how individuals perceive health, illness, and treatment. Culture influences diet, hygiene, attitudes toward medical care, and acceptance of health interventions.

Fill in the blank: Shared beliefs, values, customs, and practices of a group of people are called _____.

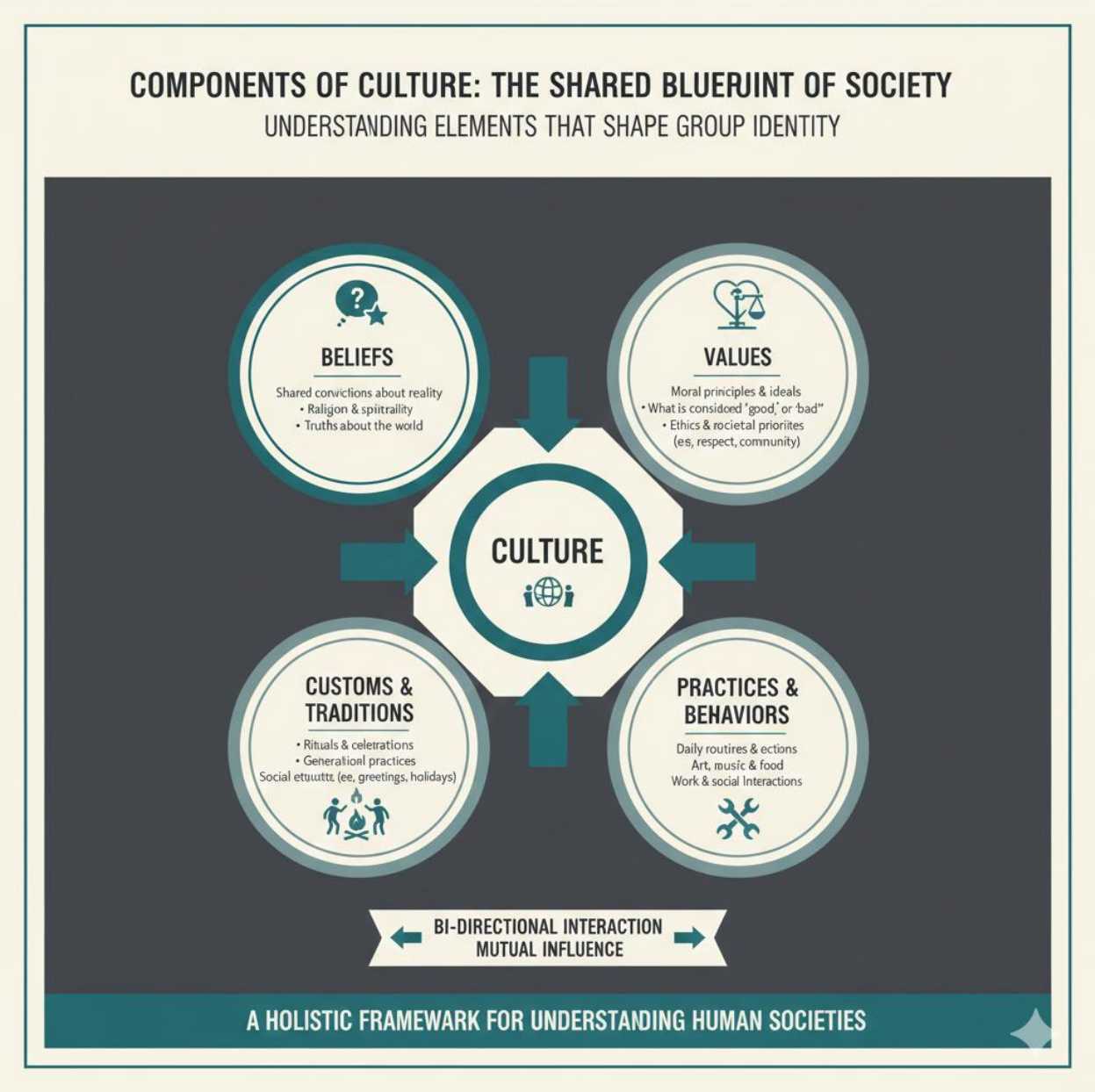

Figure 3.1 Placeholder: Diagram showing components of culture (beliefs, values, customs, practices). Caption: Components of culture.

3.1.2 Cultural Influences on Health Practices

Culture affects health behaviour in many ways:

- **Dietary practices**: Some cultures avoid certain foods for religious or traditional reasons.
- **Health beliefs**: Illness may be attributed to spiritual causes rather than biological ones.

- **Treatment choices**: Preference for traditional healers or herbal remedies over modern medicine.
- **Preventive practices**: Cultural norms may encourage or discourage practices like vaccination or hygiene.

Fill in the blank: Cultural norms may encourage or discourage practices such as _____.

Cultural Factor	Influence on Behaviour	Health Outcome Example
Collectivism	**Prioritizing family needs over individual rest.**	**Higher rates of caregiver burnout.**
Fatalism	**Believing health is "in God's hands."**	**Lower rates of preventive screenings (e.g., mammograms).**
Traditionalism	**Reliance on herbal remedies before pharmaceuticals.**	**Potential for drug-herb interactions.**

Box 3.1 Placeholder: Text box listing examples of cultural influences on health (diet, beliefs, treatment choices, preventive practices). Caption: Cultural influences on health behaviour.

3.1.3 Examples of Cultural Beliefs Affecting Health

- In some cultures, pregnancy is associated with dietary restrictions to protect the mother and child.
- Certain communities believe illness is caused by ancestral spirits, leading them to seek traditional rituals.
- Some cultures emphasise communal care, where family members play a central role in health decisions.

Fill in the blank: In some cultures, illness may be attributed to _____ causes rather than biological ones.

Cultural Belief Category	Core Belief / Perspective	Impact on Health Behavior & Outcomes
Fatalism	The belief that health and death are predestined or controlled by a higher power.	Lower Preventive Care: Individuals may skip screenings (like colonoscopies) or vaccinations, feeling that "what will be, will be."
Collectivism	The group's needs (family/community) come before the individual's needs.	Delayed Self-Care: A parent may ignore chronic pain to continue working or caregiving. However, this often leads to Stronger Recovery due to robust social support.
Traditional Medicine	Belief that spiritual or herbal remedies are superior or should be used alongside "Western" medicine.	Holistic Healing: Can improve mental well-being but may lead to Drug Interactions if patients don't disclose herbal supplements to doctors.
Stigma (Mental Health)	The belief that mental illness is a sign of "weakness" or "shame" to the family.	Underreporting: Patients may present with "Somatic Symptoms" (headaches, stomach pain) instead of admitting to depression or anxiety.
Time Orientation	A "Present-Oriented" view where the immediate moment is more important than the distant future.	Compliance Challenges: Difficulty sticking to long-term preventative medication (like statins for cholesterol) because there is no immediate "feeling" of improvement.

Table 3.1 Placeholder: Table showing examples of cultural beliefs and their impact on health practices. Caption: Cultural beliefs and health practices. practices."

Pilot questions 3.1

1. Shared beliefs, values, customs, and practices of a group of people are called _____.
2. Cultural norms may encourage or discourage practices such as _____.
3. Give one example of how culture influences dietary practices.
4. In some cultures, illness may be attributed to _____ causes rather than biological ones.
5. Name one way culture influences treatment choices.

3.2 Communication in Health Contexts

3.2.1 Importance of Communication in Health Care

Communication is the process of exchanging information, ideas, and feelings. In health care, effective communication builds trust, improves compliance with treatment, and enhances patient satisfaction. Poor communication can lead to misunderstandings, misdiagnosis, or reduced adherence to medical advice.

Fill in the blank: The process of exchanging information, ideas, and feelings is called _____.

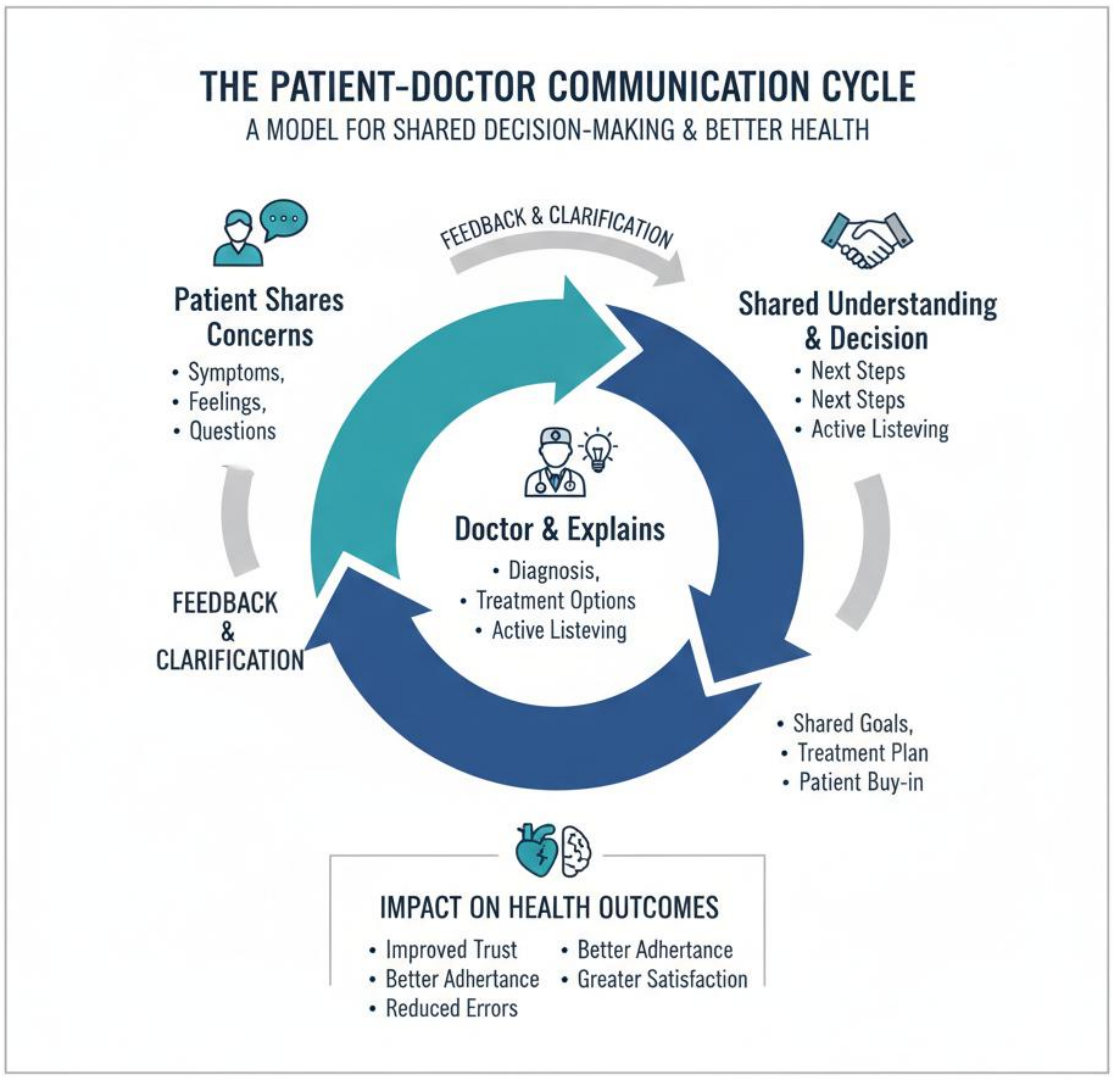

Figure 3.2 Placeholder: Diagram showing patient–doctor communication cycle. Caption: Communication in health care.

3.2.2 Verbal and Non-Verbal Communication

- **Verbal communication**: Spoken or written words used to convey information.
- **Non-verbal communication**: Body language, facial expressions, gestures, tone of voice, and eye contact.

Both forms are essential in health contexts. For example, a doctor's reassuring tone and attentive posture can make a patient feel understood.

Fill in the blank: Body language, facial expressions, and gestures are examples of _____ communication.

Type	Clinical Example	Impact on Patient
Verbal	**The "Teach-Back" Method (asking the patient to repeat instructions).**	**Reduces medication errors and improves adherence.**
Non-Verbal	**Maintaining eye contact during a difficult diagnosis.**	**Increases the patient's sense of being supported and "seen."**
Combined	**A warm greeting matched with an open, relaxed posture.**	**Lowers patient cortisol (stress) and builds immediate rapport.**

Box 3.2 Placeholder: Text box listing examples of verbal and non-verbal communication in health care. Caption: Verbal and non-verbal communication

3.2.3 Patient–Doctor Communication

Effective patient–doctor communication involves:

- Listening actively to patient concerns.
- Explaining diagnoses and treatments clearly.
- Encouraging questions and feedback.
- Showing empathy and respect.

This improves patient trust, compliance, and overall health outcomes.

Fill in the blank: Effective patient–doctor communication improves patient _____ and compliance.

Feature	Good Communication (Patient-Centered)	Poor Communication (Doctor-Centered)
Information Flow	**Two-way dialogue; doctor asks open-ended questions.**	**One-way "lecture"; doctor frequently interrupts.**

Feature	Good Communication (Patient-Centered)	Poor Communication (Doctor-Centered)
Language Use	**Plain language; uses analogies to explain complex ideas.**	**Heavy use of medical jargon and technical acronyms.**
Decision Making	**Shared Decision-Making: Patient's values and lifestyle are considered.**	**Paternalistic: Doctor dictates the plan without seeking input.**
Non-Verbal Cues	**Eye contact, sitting at eye level, active listening.**	**Typing on a computer, looking at the door, standing over the patient.**
Check for Understanding	**Uses the "Teach-Back" method to verify comprehension.**	**Assumes the patient understands; asks "Any questions?" at the very end.**

Table 3.2 Placeholder: Table showing good vs. poor patient–doctor communication and their outcomes. Caption: Patient–doctor communication outcomes.

3.2.4 Community Health Communication

Communication is also vital in community health programmes. Public health campaigns use posters, radio, TV, and social media to spread awareness about issues like vaccination, hygiene, and nutrition. Clear and culturally sensitive communication ensures messages are understood and accepted.

Fill in the blank: Public health campaigns use _____ to spread awareness about health issues.

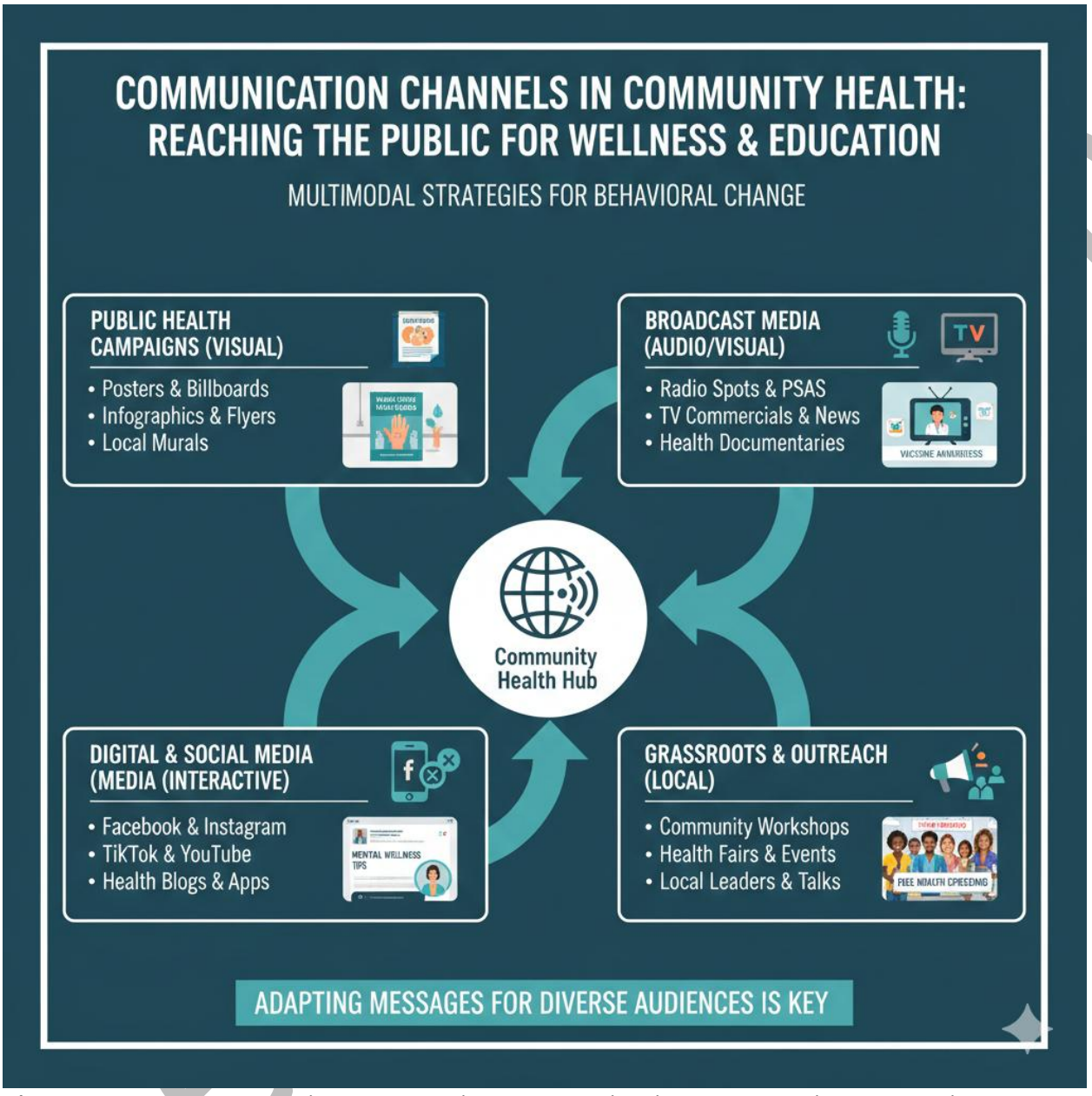

Figure 3.3 Placeholder: Diagram showing communication channels in community health (posters, radio, TV, social media). Caption: Communication channels in community health.

Pilot questions 3.2

1. The process of exchanging information, ideas, and feelings is called _____.
2. Body language, facial expressions, and gestures are examples of _____ communication.
3. Name one way effective patient–doctor communication improves health outcomes.
4. Effective patient–doctor communication improves patient _____ and compliance.

5. Public health campaigns use _____ to spread awareness about health issues.

3.3 Indigenous Knowledge and Beliefs

3.3.1 Definition of Indigenous Knowledge

Indigenous knowledge refers to the wisdom, skills, and practices developed by local communities over generations, often passed down orally. It is rooted in cultural traditions and closely linked to the environment. In health, indigenous knowledge includes herbal medicine, rituals, and traditional healing methods.

Fill in the blank: Wisdom, skills, and practices developed by local communities over generations are called _____ knowledge.

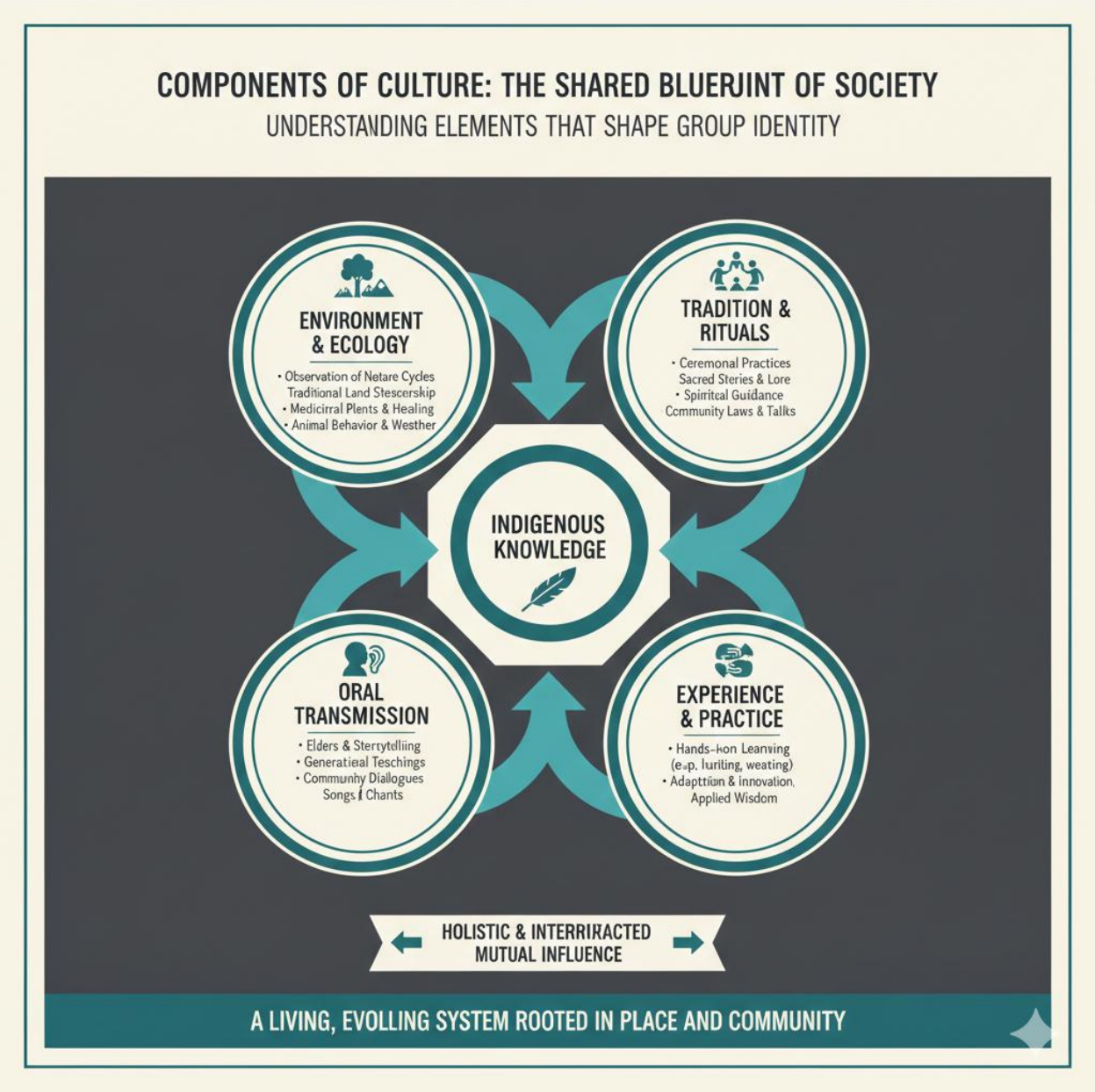

Figure 3.4 Placeholder: Diagram showing sources of indigenous knowledge (environment, tradition, oral transmission). Caption: Sources of indigenous knowledge

3.3.2 Role of Traditional Practices in Health

Indigenous practices play a significant role in health care, especially in rural and underserved communities. They provide accessible, affordable, and culturally acceptable solutions. Examples include:

- Herbal remedies for common illnesses.
- Rituals for spiritual healing.
- Use of massage, bone-setting, and other physical therapies.

Fill in the blank: Herbal remedies, rituals, and bone-setting are examples of _____ practices in health.

Feature	Traditional Health Practices	Modern Biomedicine
Philosophy	**Holistic (Body, Mind, Spirit, Social).**	**Biological (Disease-focused).**
Source of Knowledge	**Oral tradition, observation, and experience.**	**Clinical trials and peer-reviewed research.**
Treatment Goal	**Restoring balance and harmony.**	**Eradicating pathogens or repairing tissue.**
Provider	**Elders, Shamans, Traditional Birth Attendants.**	**Doctors, Nurses, Specialized Technicians.**

Box 3.3 Placeholder: Text box listing examples of traditional health practices. Caption: Traditional health practices.

3.3.3 Examples of Indigenous Health Practices

- **Herbal medicine**: Use of plants like neem, ginger, and aloe vera for healing.
- **Spiritual rituals**: Appeasing ancestors or spirits to restore health.
- **Community healers**: Traditional birth attendants and herbalists providing care.

Fill in the blank: The use of plants like neem, ginger, and aloe vera for healing is called _____ medicine.

Category	Specific Practice	Core Purpose
Land-Based Healing	**Bush Medicine (Gathering local flora)**	**To treat physical ailments (e.g., using Eucalyptus for respiratory issues) while reconnecting the patient to the "Country" or land.**

Category	Specific Practice	Core Purpose
Spiritual Cleansing	**Smudging (Burning Sage, Cedar, or Sweetgrass)**	**To clear away negative energy, purify a space, and prepare the mind for healing or prayer.**
Manual / Physical	**Traditional Midwifery**	**To ensure safe childbirth through ancestral knowledge, massage, and the use of specific positions that honor the mother's cultural comfort.**
Oral / Narrative	**Storytelling & Songlines**	**To pass down health warnings (e.g., which water sources are safe) and provide "social medicine" that heals communal trauma.**
Therapeutic Heat	**Sweat Lodges / Steam Baths**	**To promote physical detoxification through perspiration and achieve spiritual "rebirth" through prayer and intense heat.**

Table 3.3 Placeholder: Table showing examples of indigenous health practices and their purposes. Caption: Indigenous health practices and purposes.

Pilot questions 3.3

1. Wisdom, skills, and practices developed by local communities over generations are called _____ knowledge.
2. Herbal remedies, rituals, and bone-setting are examples of _____ practices in health.
3. Name one plant commonly used in indigenous medicine.
4. The use of plants like neem, ginger, and aloe vera for healing is called _____ medicine.
5. Who are community healers in indigenous health systems?

3.4 Integrating Indigenous and Modern Health Practices

3.4.1 Strengths of Indigenous Knowledge

Indigenous health practices offer several strengths:

- **Accessibility**: Available in local communities, especially rural areas.
- **Affordability**: Often cheaper than modern medical treatments.
- **Cultural acceptability**: Aligns with community beliefs and traditions.
- **Holistic approach**: Considers spiritual, social, and environmental aspects of health.

Fill in the blank: Indigenous health practices are often more _____ than modern medical treatments.

Strength	Description
Accessibility	**Often available in remote areas where modern clinics are scarce; healers live within the community.**
Affordability	**Costs are generally lower than pharmaceutical interventions, often involving local resources or sliding-scale bartering.**
Cultural Acceptability	**Treatments align with the patient's worldviews, language, and spiritual beliefs, fostering trust.**
Holistic Approach	**Focuses on the "whole person" (mind, body, spirit) and their relationship with the environment, rather than just treating symptoms.**

Box 3.4 Placeholder: Text box listing strengths of indigenous health practices. Caption: Strengths of indigenous knowledge.

3.4.2 Limitations of Indigenous Knowledge

Despite its strengths, indigenous knowledge has limitations:

- Lack of scientific validation for some practices.
- Risk of harmful or ineffective remedies.
- Limited scope for treating complex diseases.

- Dependence on oral transmission, which may lead to loss of knowledge.

Fill in the blank: One limitation of indigenous knowledge is the lack of _____ validation for some practices.

Category	Strengths	Limitations
Environmental	**Deep, multi-generational understanding of local ecosystems and biodiversity.**	**Findings are often site-specific and may not apply to different geographic regions.**
Social/Cultural	**Promotes community resilience, ethical stewardship, and cultural identity.**	**Primarily oral tradition makes it vulnerable to loss if languages or elders are not protected.**
Practicality	**Utilizes locally available, sustainable materials; highly cost-effective.**	**Can be difficult to "scale up" or integrate into rigid, standardized global industrial frameworks.**
Holistic View	**Integrates physical, spiritual, and mental health (the "Whole Person" view).**	**Often dismissed by "pure" Western empirical standards due to its qualitative nature.**

Table 3.4 Placeholder: Table comparing strengths and limitations of indigenous knowledge. Caption: Strengths and limitations of indigenous knowledge.

3.4.3 Complementarity with Modern Medicine

Indigenous and modern health practices can complement each other:

- Herbal remedies may support modern treatments.
- Traditional birth attendants can collaborate with hospitals.
- Community healers can help promote preventive health practices.
- Integration ensures culturally sensitive and holistic health care.

Fill in the blank: Integration of indigenous and modern health practices ensures _____ sensitive health care.

Indigenous Contributions	Intersection (The Integration)	Modern Medical Contributions
Spiritual & Emotional Healing	Culturally Safe Care	Evidence-Based Diagnostics
Natural/Herbal Remedies	Pharmacological Validation	Synthetic Pharmaceuticals
Community-Led Wellness	Holistic Patient Support	Specialized Surgical Care
Ancestral Knowledge	Collaborative Research	Advanced Medical Technology

Figure 3.5 Placeholder: Diagram showing integration of indigenous and modern health practices. Caption: Integration of indigenous and modern health practices.

3.4.4 Case Studies of Integration

- In Nigeria, herbal medicine is sometimes used alongside hospital treatment.
- In India, Ayurveda is integrated into national health systems.
- In many African countries, traditional birth attendants collaborate with clinics to improve maternal health.

Fill in the blank: In India, _____ is integrated into national health systems.

Region	Case Study Name	Integration Strategy	Key Success
India	National AYUSH Mission	Institutionalized Ayurveda and Yoga alongside Western medicine in public hospitals.	Enhanced chronic disease management (diabetes/hypertension) through lifestyle and herbal adjuncts.

Region	Case Study Name	Integration Strategy	Key Success
Canada	**Two Great Healing Traditions**	**Collaborative First Nations healthcare models integrating Elders and traditional healing into primary care.**	**Improved mental health outcomes by addressing historical trauma through "Two-Eyed Seeing" approaches.**
China	**TCM Hospital Integration**	**Fully integrated "dual" hospitals where patients receive both surgery/biomedicine and Traditional Chinese Medicine.**	**Highly efficient recovery protocols using acupuncture for post-operative pain and nausea.**
Nicaragua	**Miskitu Intercultural Model**	**Constitutional rights allowing indigenous healers to practice within the national health framework.**	**Increased trust and healthcare utilization rates among remote indigenous populations.**

Box 3.5 Placeholder: Text box listing case studies of integration. Caption: Case studies of integration

Pilot questions 3.4

1. Indigenous health practices are often more _____ than modern medical treatments.
2. One limitation of indigenous knowledge is the lack of _____ validation for some practices.
3. Integration of indigenous and modern health practices ensures _____ sensitive health care.
4. Give one example of how indigenous and modern health practices complement each other.
5. In India, _____ is integrated into national health systems.

Series 3 Summary – Culture, Communication, Indigenous Knowledge, and Health Practices

In this Series, we explored how social and cultural dimensions shape health behaviour and practices:

- **Part 3.1** defined culture and examined how cultural beliefs, values, and customs influence health behaviour, including diet, treatment choices, and preventive practices.
- **Part 3.2** focused on communication in health contexts, highlighting verbal and non-verbal communication, patient–doctor interactions, and community health campaigns.
- **Part 3.3** described indigenous knowledge and beliefs, showing their role in health practices such as herbal medicine, rituals, and traditional healing.
- **Part 3.4** analysed the integration of indigenous and modern health practices, identifying strengths, limitations, and opportunities for collaboration, supported by case studies.

Glossary of Terms – Series 3: Culture, Communication, Indigenous Knowledge, and Health Practices

- **Culture**: Shared beliefs, values, customs, and practices of a group of people that shape health behaviour.
- **Health behaviour**: Actions and practices influenced by cultural, social, and personal factors that affect health.
- **Communication**: The process of exchanging information, ideas, and feelings.
- **Verbal communication**: Spoken or written words used to convey information.
- **Non-verbal communication**: Body language, facial expressions, gestures, tone of voice, and eye contact.
- **Patient–doctor communication**: Interaction between patients and health professionals that builds trust and improves compliance.
- **Community health communication**: Use of channels such as posters, radio, TV, and social media to spread health awareness.
- **Indigenous knowledge**: Wisdom, skills, and practices developed by local communities over generations, often passed down orally.
- **Traditional health practices**: Indigenous methods such as herbal remedies, rituals, massage, and bone-setting.
- **Herbal medicine**: Use of plants like neem, ginger, and aloe vera for healing.

- **Community healers**: Traditional practitioners such as birth attendants and herbalists who provide care.
- **Integration of health practices**: Combining indigenous and modern medicine to provide culturally sensitive and holistic health care.
- **Holistic health care**: An approach that considers biological, cultural, social, and spiritual aspects of health.

Concept Check Questions – Series 3: Culture, Communication, Indigenous Knowledge, and Health Practices

Objective questions (linked to SLOs 3.1–3.4)

1. Shared beliefs, values, customs, and practices of a group of people are called _____. (SLO 3.1)
2. Body language, facial expressions, and gestures are examples of _____ communication. (SLO 3.2)
3. Wisdom, skills, and practices developed by local communities over generations are called _____ knowledge. (SLO 3.3)
4. The use of plants like neem, ginger, and aloe vera for healing is called _____ medicine. (SLO 3.3)
5. Integration of indigenous and modern health practices ensures _____ sensitive health care. (SLO 3.4)

Short-answer questions (linked to SLOs 3.1–3.4)

6. Explain how culture influences dietary practices with one example. (SLO 3.1)

7. List two differences between verbal and non-verbal communication in health care. (SLO 3.2)

8. Give one example of a traditional health practice and its purpose. (SLO 3.3)

9. Name two strengths and two limitations of indigenous knowledge in health. (SLO 3.4)

10. Briefly describe one case study where indigenous and modern health practices are integrated. (SLO 3.4)

Long-answer questions (linked to SLOs 3.1–3.4)

11. Analyse how cultural beliefs and practices influence health behaviour, using examples from diet, treatment choices, and preventive practices. (SLO 3.1)

12. Evaluate the importance of communication in health contexts, focusing on patient–doctor interactions and community health campaigns. (SLO 3.2)

13. Discuss the relevance of indigenous knowledge and beliefs in health care, with examples of traditional practices. (SLO 3.3)

14. Assess the strengths and limitations of indigenous knowledge, and explain how integration with modern medicine can improve health outcomes. (SLO 3.4)

15. Provide a holistic analysis of health behaviour by integrating cultural, communication, indigenous, and modern health perspectives. (SLO 3.1–3.4)

Answers to Pilot Questions – Series 3: Culture, Communication, Indigenous Knowledge, and Health Practices

Pilot questions 3.1 (Culture and Health Behaviour)

1. Culture
2. Preventive practices (e.g., vaccination, hygiene)
3. Example: Some cultures avoid pork or beef due to religious beliefs.
4. Spiritual causes
5. Preference for traditional healers or herbal remedies

Pilot questions 3.2 (Communication in Health Contexts)

1. Communication
2. Non-verbal communication
3. Builds trust and improves compliance with treatment
4. Trust
5. Posters, radio, TV, and social media

Pilot questions 3.3 (Indigenous Knowledge and Beliefs)

1. Indigenous knowledge
2. Traditional practices
3. Example: Ginger used to treat stomach upset
4. Herbal medicine
5. Traditional birth attendants and herbalists

Pilot questions 3.4 (Integrating Indigenous and Modern Health Practices)

1. Affordable
2. Scientific validation
3. Culturally
4. Example: Herbal remedies used alongside hospital treatment
5. Ayurveda

Answers to Pilot Questions – Series 3: Culture, Communication, Indigenous Knowledge, and Health Practices

Pilot questions 3.1 (Culture and Health Behaviour)

1. Culture
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5. Posters, radio, TV, and social media

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1. Indigenous knowledge
2. Traditional practices
3. Example: Ginger used to treat stomach upset
4. Herbal medicine
5. Traditional birth attendants and herbalists

Pilot questions 3.4 (Integrating Indigenous and Modern Health Practices)

1. Affordable
2. Scientific validation

3. Culturally
4. Example: Herbal remedies used alongside hospital treatment
5. Ayurveda

References and Attributions – Series 3: Culture, Communication, Indigenous Knowledge, and Health Practices

General references

- Course content adapted from *EHS 208: Health Psychology and Sociology (2 Units)*.
- Concepts based on standard sociology, anthropology, and public health resources, as well as open educational materials.

Figures

- *Figure 3.1: Components of culture* – AI prompt: "Generate a diagram showing components of culture such as beliefs, values, customs, and practices."
- *Figure 3.2: Patient–doctor communication cycle* – AI prompt: "Generate a diagram showing patient–doctor communication cycle with feedback."
- *Figure 3.3: Communication channels in community health* – AI prompt: "Generate a diagram showing communication channels in community health such as posters, radio, TV, and social media."
- *Figure 3.4: Sources of indigenous knowledge* – AI prompt: "Generate a diagram showing sources of indigenous knowledge such as environment, tradition, and oral transmission."
- *Figure 3.5: Integration of indigenous and modern health practices* – AI prompt: "Generate a diagram showing integration of indigenous and modern health practices."

Boxes

- *Box 3.1: Cultural influences on health behaviour* – AI prompt: "Create a text box listing examples of cultural influences on health behaviour."
- *Box 3.2: Verbal and non-verbal communication* – AI prompt: "Create a text box listing examples of verbal and non-verbal communication in health care."
- *Box 3.3: Traditional health practices* – AI prompt: "Create a text box listing examples of traditional health practices such as herbal remedies, rituals, and bone-setting."
- *Box 3.4: Strengths of indigenous knowledge* – AI prompt: "Create a text box listing strengths of indigenous health practices such as accessibility, affordability, cultural acceptability, and holistic approach."

- *Box 3.5: Case studies of integration* – AI prompt: "Create a text box listing case studies of integration of indigenous and modern health practices."

Tables

- *Table 3.1: Cultural beliefs and health practices* – AI prompt: "Generate a table showing examples of cultural beliefs and their impact on health practices."
- *Table 3.2: Patient–doctor communication outcomes* – AI prompt: "Generate a table comparing good vs. poor patient–doctor communication and their outcomes."
- *Table 3.3: Indigenous health practices and purposes* – AI prompt: "Generate a table showing examples of indigenous health practices and their purposes."
- *Table 3.4: Strengths and limitations of indigenous knowledge* – AI prompt: "Generate a table comparing strengths and limitations of indigenous knowledge."

Series 4 Outline

Part 4.1 Psychological Disorders

- Definition of psychological disorders
- Types of disorders (e.g., anxiety, depression, schizophrenia)
- Impact on health and behaviour

Part 4.2 Illness Behaviour

- Definition of illness behaviour
- Factors influencing how people respond to illness
- Models of illness behaviour (e.g., sick role, health belief model)

Part 4.3 Substance Use and Abuse

- Definition of substance use and abuse
- Common substances (alcohol, tobacco, drugs)
- Causes and consequences of substance abuse

Part 4.4 Prevention and Management

- Strategies for preventing psychological disorders and substance abuse
- Role of health professionals, family, and community
- Integration of medical, psychological, and social approaches

Introduction – Series 4: Psychological Disorders, Illness Behaviour, and Substance Use

Background Health is influenced not only by biological, cultural, and social factors but also by psychological conditions and behaviours. Psychological disorders such as anxiety, depression, and schizophrenia affect millions worldwide, shaping how individuals think, feel, and act. Illness behaviour refers to the ways people perceive, interpret, and respond to symptoms of illness, which can vary across individuals and cultures. Substance use and abuse—covering alcohol, tobacco, and drugs—pose major public health challenges, often linked to psychological and social factors.

Aim The aim of this Series is to provide learners with an understanding of psychological disorders, illness behaviour, and substance use. It will also highlight prevention and management strategies that integrate medical, psychological, and social approaches.

Sequential synopsis

- **Part 4.1** introduces psychological disorders, their types, and their impact on health and behaviour.
- **Part 4.2** explains illness behaviour, factors influencing it, and theoretical models such as the sick role and health belief model.
- **Part 4.3** examines substance use and abuse, identifying common substances, causes, and consequences.
- **Part 4.4** focuses on prevention and management strategies, emphasising the role of health professionals, families, and communities.

Series Learning Outcomes – Series 4: Psychological Disorders, Illness Behaviour, and Substance Use

By the end of this Series, learners should be able to:

- **SLO 4.1**: **Describe** psychological disorders, their types, and their impact on health and behaviour.
- **SLO 4.2**: **Explain** illness behaviour and analyse factors influencing how individuals respond to illness.
- **SLO 4.3**: **Identify** common substances associated with use and abuse, and evaluate their causes and consequences.
- **SLO 4.4**: **Assess** prevention and management strategies for psychological disorders and substance abuse, highlighting the role of health professionals, families, and communities.

4.1 Psychological Disorders

4.1.1 Definition of Psychological Disorders

A **psychological disorder** is a condition characterized by abnormal thoughts, feelings, or behaviours that cause distress or impair functioning. These disorders affect mental health and can influence physical health and social relationships.

Fill in the blank: A condition characterized by abnormal thoughts, feelings, or behaviours that cause distress or impair functioning is called a _____ disorder.

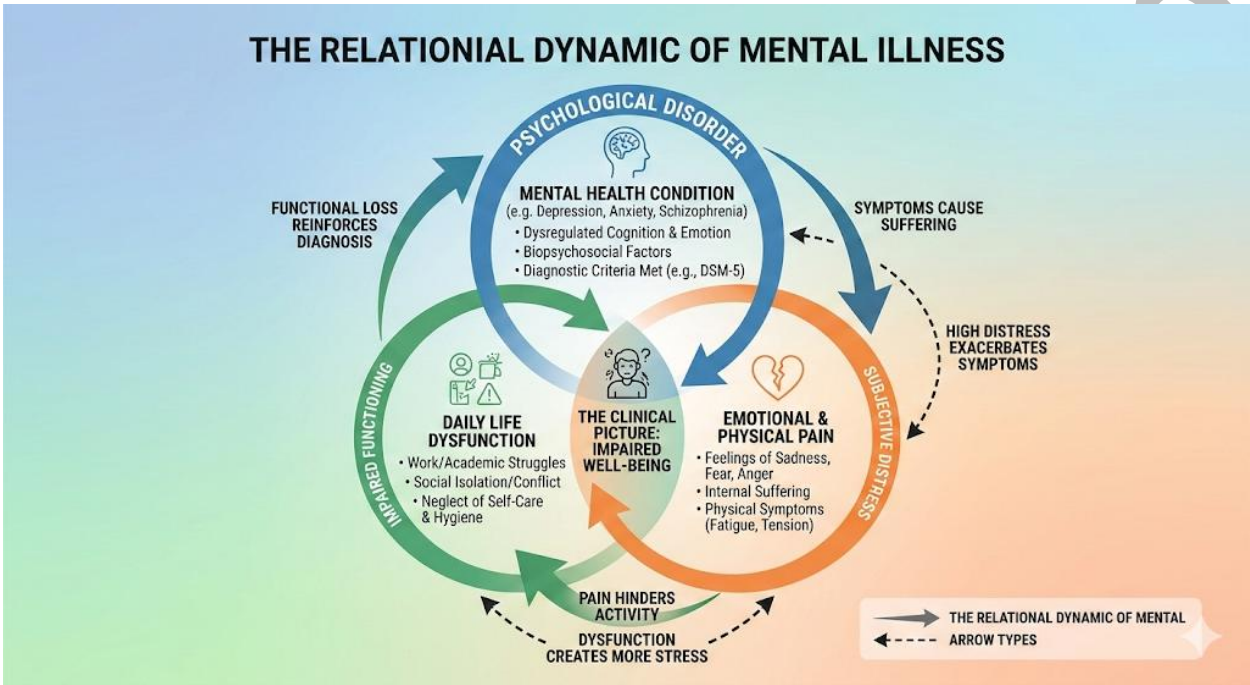


Figure 4.1 Placeholder: Diagram showing the relationship between psychological disorders, distress, and impaired functioning. Caption: Psychological disorders and their effects.

4.1.2 Types of Psychological Disorders

Common categories include:

- **Anxiety disorders**: Excessive fear or worry (e.g., phobias, panic disorder).
- **Mood disorders**: Disturbances in emotional state (e.g., depression, bipolar disorder).
- **Psychotic disorders**: Distorted thinking and perception (e.g., schizophrenia).
- **Personality disorders**: Enduring maladaptive patterns of behaviour (e.g., borderline personality disorder).
- **Eating disorders**: Abnormal eating behaviours (e.g., anorexia, bulimia).

Fill in the blank: Excessive fear or worry is characteristic of _____ disorders.

Category	Core Focus	Examples
Anxiety Disorders	**Excessive fear, worry, and related behavioral disturbances.**	**Generalized Anxiety (GAD), Social Anxiety, Phobias.**
Mood Disorders	**Emotional states that are inconsistent with circumstances.**	**Major Depressive Disorder, Bipolar I & II, Cyclothymic Disorder.**
Psychotic Disorders	**Distortions in thinking and perception (loss of contact with reality).**	**Schizophrenia, Schizoaffective Disorder, Delusional Disorder.**
Neurodevelopmental	**Conditions that begin in the developmental period (childhood).**	**Autism Spectrum (ASD), ADHD, Intellectual Disabilities.**
Trauma & Stressor	**Disorders following exposure to a traumatic or stressful event.**	**PTSD, Acute Stress Disorder, Adjustment Disorders.**
Personality Disorders	**Enduring, rigid patterns of inner experience and behavior.**	**Borderline (BPD), Antisocial (ASPD), Narcissistic (NPD).**

Box 4.1 Placeholder: Text box listing categories of psychological disorders with examples.
Caption: Types of psychological disorders.

4.1.3 Impact on Health and Behaviour

Psychological disorders can affect:

- **Physical health**: Stress may lead to hypertension or weakened immunity.
- **Social relationships**: Withdrawal, conflict, or stigma.
- **Work and productivity**: Reduced performance or absenteeism.

- **Quality of life**: Persistent distress and reduced well-being.

Fill in the blank: Stress from psychological disorders may lead to _____ or weakened immunity.

Disorder	Impact on Physical Health	Social & Interpersonal Impact	Impact on Productivity
Depression	**Chronic fatigue, sleep disturbances, increased risk of heart disease.**	**Withdrawal from friends/family; loss of interest in shared activities.**	**High rates of "presenteeism" (being at work but unable to focus); missed deadlines.**
Anxiety Disorders	**Muscle tension, GI issues, chronic "fight or flight" stress response.**	**Avoidance of social gatherings; dependency on "safe" people.**	**Difficulty making decisions; perfectionism leading to task paralysis.**
Bipolar Disorder	**Irregular sleep-wake cycles; high risk of co-occurring physical issues.**	**Strained relationships during manic or depressive episodes; social volatility.**	**Erratic work performance; periods of high output followed by complete inability to work.**
Substance Use	**Organ damage, neurological changes, and increased injury risk.**	**Erosion of trust; isolation; legal or domestic conflict.**	**High absenteeism; inability to maintain consistent employment or focus.**

Table 4.1 Placeholder: Table showing psychological disorders and their impacts on health, social life, and productivity. Caption: Impacts of psychological disorders.

Pilot questions 4.1

1. A condition characterized by abnormal thoughts, feelings, or behaviours that cause distress or impair functioning is called a _____ disorder.
2. Excessive fear or worry is characteristic of _____ disorders.

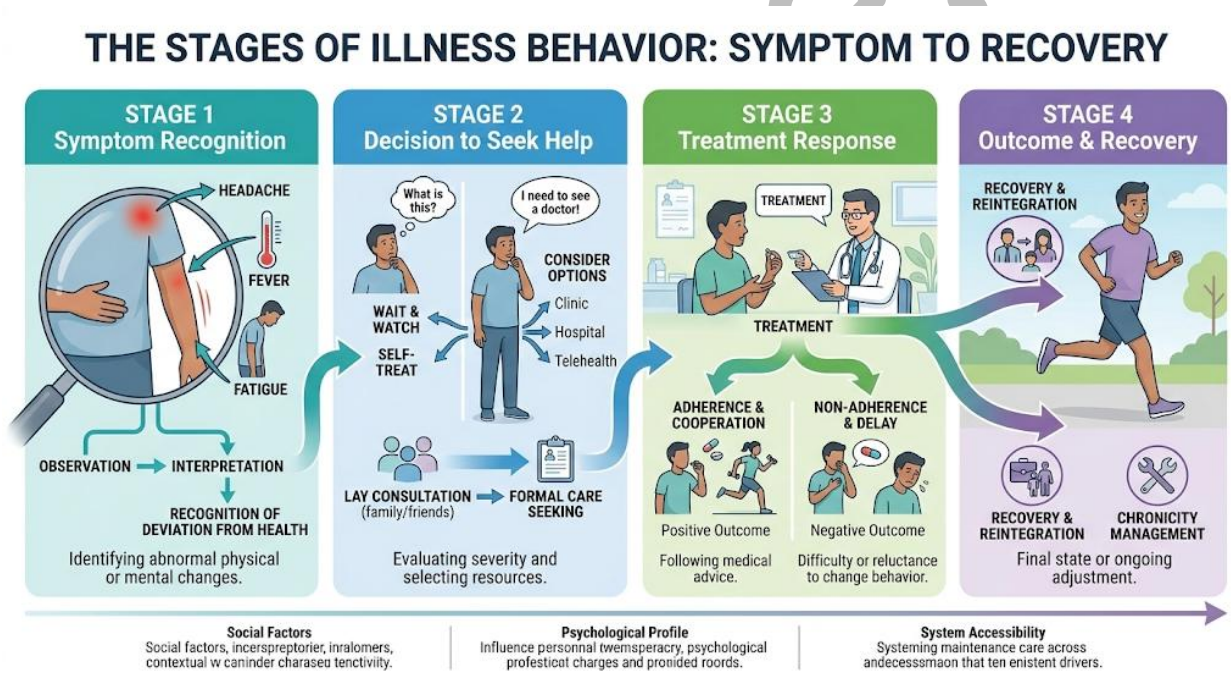
3. Name one example of a mood disorder.
4. Stress from psychological disorders may lead to _____ or weakened immunity.
5. Give one way psychological disorders affect social relationships.

4.2 Illness Behaviour

4.2.1 Definition of Illness Behaviour

Illness behaviour refers to the way individuals perceive, evaluate, and act upon symptoms of illness. It includes how people recognize signs of sickness, decide whether to seek medical help, and respond to treatment.

Fill in the blank: The way individuals perceive, evaluate, and act upon symptoms of illness is called _____ behaviour.



AI prompt suggestion: "Generate a diagram showing stages of illness behaviour: symptom recognition, decision to seek help, and treatment response."

Figure 4.2 Placeholder: Diagram showing stages of illness behaviour (symptom recognition → decision to seek help → treatment response). Caption: Stages of illness behaviour.

4.2.2 Factors Influencing Illness Behaviour

Several factors shape how people respond to illness:

- **Cultural beliefs**: Illness may be seen as spiritual or physical.

- **Social support**: Family and community influence decisions.
- **Economic status**: Ability to afford medical care.
- **Knowledge and awareness**: Understanding of symptoms and health services.
- **Psychological factors**: Fear, denial, or anxiety.

Fill in the blank: Family and community influence decisions about illness through _____ support.

Factor Category	Influence on Illness Behavior
Cultural	**Beliefs about the cause of illness (e.g., spiritual vs. biological) and the stigma associated with certain diagnoses.**
Social	**"Lay referral" systems (advice from friends/family) and social roles (e.g., a parent delaying care to look after children).**
Economic	**Availability of health insurance, cost of transportation, and the ability to take time off work.**
Knowledge	**Health literacy levels and the ability to distinguish "normal" bodily changes from serious symptoms.**
Psychological	**Personality traits (e.g., stoicism vs. anxiety), fear of the diagnosis, and past experiences with medical systems.**

Box 4.2 Placeholder: Text box listing factors influencing illness behaviour. Caption: Factors influencing illness behaviour.

4.2.3 Models of Illness Behaviour

- **Sick role (Parsons)**: Society expects sick individuals to seek treatment and recover, while excusing them from normal responsibilities.
- **Health Belief Model (HBM)**: Illness behaviour depends on perceived severity, susceptibility, benefits of action, and barriers to action.

- **Self-regulation model**: Individuals form personal representations of illness and act accordingly.

Fill in the blank: The model that explains illness behaviour based on perceived severity, susceptibility, benefits, and barriers is the _____ model.

Feature	Sick Role (Parsons)	Health Belief Model (HBM)	Self-Regulation Model (SRM)
Focus	**Societal expectations and obligations.**	**Individual's perception of threat and benefits.**	**Internal cognitive and emotional "common-sense" processing.**
Patient Role	**Passive: The patient is expected to seek help and comply to "get well."**	**Evaluative: The patient weighs costs vs. benefits of an action.**	**Active: The patient is a "problem-solver" creating their own mental map of illness.**
Key Driver	**Social duty to return to normal functioning.**	**Perceived susceptibility and severity of the disease.**	**The "Identity" of the illness (symptoms, cause, timeline).**
Limitation	**Doesn't fit chronic illness well; assumes doctors are always right.**	**Assumes people always act rationally; ignores emotional factors.**	**Can be highly subjective and vary wildly between patients.**

Table 4.2 Placeholder: Table comparing sick role, health belief model, and self-regulation model. Caption: Models of illness behaviour.

4.2.4 Examples of Illness Behaviour

- A person with fever may self-medicate instead of visiting a doctor.
- Someone with chest pain may delay seeking help due to fear.
- Communities may rely on traditional healers before consulting hospitals.

Fill in the blank: A person with fever who self-medicates instead of visiting a doctor is showing _____ behaviour.

Pilot questions 4.2

1. The way individuals perceive, evaluate, and act upon symptoms of illness is called _____ behaviour.
2. Family and community influence decisions about illness through _____ support.
3. The model that explains illness behaviour based on perceived severity, susceptibility, benefits, and barriers is the _____ model.
4. Give one psychological factor that influences illness behaviour.
5. Provide one example of illness behaviour in everyday life.

4.3 Substance Use and Abuse

4.3.1 Definition of Substance Use and Abuse

- **Substance use**: The consumption of psychoactive substances such as alcohol, tobacco, or drugs.
- **Substance abuse**: The harmful or hazardous use of these substances, leading to health, social, or psychological problems.

Fill in the blank: The harmful or hazardous use of psychoactive substances is called substance _____.

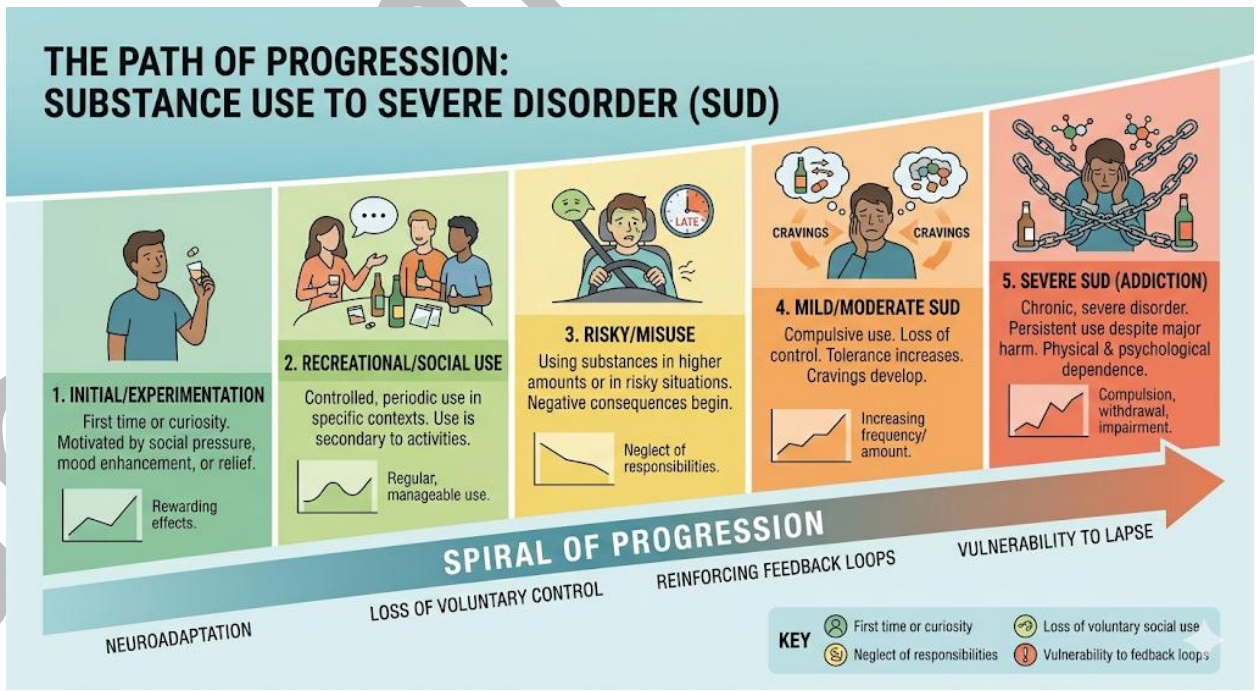


Figure 4.3 Placeholder: Diagram showing progression from substance use → abuse → dependence. Caption: Stages of substance use and abuse.

4.3.2 Common Substances

- **Alcohol**: Widely consumed, but excessive use leads to liver disease, accidents, and addiction.
- **Tobacco**: Causes lung cancer, heart disease, and respiratory problems.
- **Illicit drugs**: Examples include cannabis, cocaine, heroin, and methamphetamine, which can cause severe psychological and physical harm.
- **Prescription drugs**: Misuse of painkillers or sedatives can lead to dependence.

Fill in the blank: Excessive use of _____ can lead to liver disease and addiction.

Substance Category	Examples	Key Health Effects
Depressants	**Alcohol, Benzodiazepines**	**Short-term: Slurred speech, impaired judgment.** **Long-term: Liver cirrhosis, brain damage, addiction.**
Stimulants	**Tobacco (Nicotine), Caffeine, Cocaine**	**Short-term: Increased heart rate, suppressed appetite.** **Long-term: Lung cancer (tobacco), heart disease, stroke.**
Opioids	**Heroin, Fentanyl, Prescription Painkillers**	**Short-term: Pain relief, drowsiness, respiratory depression.**

Substance Category	Examples	Key Health Effects
		Long-term: Severe physical dependence, fatal overdose risk.
Cannabinoids	**Marijuana (THC)**	**Short-term: Altered senses, impaired memory/coordination.** **Long-term: Potential respiratory issues, cognitive impairment in youth.**

Box 4.3 Placeholder: Text box listing common substances and their health effects. Caption: Common substances and health effects.

4.3.3 Causes of Substance Abuse

- **Psychological factors**: Stress, depression, peer pressure.
- **Social factors**: Influence of friends, family, or media.
- **Economic factors**: Poverty and unemployment may increase vulnerability.
- **Availability**: Easy access to substances.

Fill in the blank: Stress, depression, and peer pressure are _____ factors that contribute to substance abuse.

Factor Category	Examples	Influence on Abuse
Psychological	**Untreated trauma, impulsivity, co-occurring disorders (e.g., depression).**	**Substances are often used as "self-medication" to numb emotional pain or manage symptoms.**
Social	**Peer pressure, family history of addiction, social isolation.**	**Normalization of use within a primary social circle reduces the perceived risk of starting.**
Economic	**Unemployment, poverty, lack of educational opportunities.**	**Financial stress increases "escape-seeking" behavior; lack of stable future creates hopelessness.**
Availability	**Proximity to "pill mills," over-prescription, or ease of online/dark-web ordering.**	**High accessibility lowers the "barrier to entry" and increases the frequency of use.**

Table 4.3 Placeholder: Table showing causes of substance abuse (psychological, social, economic, availability). Caption: Causes of substance abuse.

4.3.4 Consequences of Substance Abuse

- **Health consequences**: Liver damage, cancer, cardiovascular disease, mental illness.
- **Social consequences**: Family breakdown, violence, crime.
- **Economic consequences**: Loss of productivity, financial hardship.
- **Psychological consequences**: Dependence, withdrawal symptoms, impaired judgment.

Fill in the blank: Substance abuse can lead to family breakdown, violence, and _____.

Dimension	Primary Consequences	Long-Term Interconnection
Psychological	**Mood instability, cognitive decline, memory impairment.**	**Health: Exacerbates underlying mental health conditions (e.g., depression).** **Social: Causes impulsive decisions damaging relationships.**
Health (Physical)	**Liver damage (alcohol), cardiovascular disease (stimulants), overdose risk (opioids).**	**Economic: Massive healthcare costs (personally and publicly).** **Psychological: Chronic physical pain leads to deeper emotional despair.**
Social	**Relationship breakdown, social isolation, domestic conflict.**	**Psychological: Loss of social support increases loneliness and reuse risk.**

Dimension	Primary Consequences	Long-Term Interconnection
		Economic: Strains family finances for support and legal costs.
Economic	**Lost income, absenteeism, productivity loss, legal fees, unemployment.**	**Health: Loss of healthcare access and housing instability (leading to poor physical health).** **Psychological: Stress of financial ruin increases use.**

Figure 4.4 Placeholder: Diagram showing health, social, economic, and psychological consequences of substance abuse. Caption: Consequences of substance abuse.

Pilot questions 4.3

1. The harmful or hazardous use of psychoactive substances is called substance _____.
2. Excessive use of _____ can lead to liver disease and addiction.
3. Name one psychological factor that contributes to substance abuse.
4. Stress, depression, and peer pressure are _____ factors that contribute to substance abuse.
5. Substance abuse can lead to family breakdown, violence, and _____.

4.4 Prevention and Management

4.4.1 Prevention of Psychological Disorders

Prevention strategies aim to reduce risk factors and strengthen protective factors:

- **Early intervention**: Identifying symptoms early to prevent progression.
- **Mental health education**: Raising awareness in schools and communities.
- **Stress management**: Promoting relaxation techniques, exercise, and healthy coping.
- **Social support**: Encouraging family and community involvement.

Fill in the blank: Identifying symptoms early to prevent progression is called _____ intervention.

Strategy	Key Focus	Real-World Example
Early Intervention	**Catching symptoms before they meet the threshold for a full disorder.**	**Routine mental health "check-ups" and school-based screenings.**
Education	**Reducing stigma and increasing "Mental Health Literacy."**	**Workshops on recognizing the signs of burnout or depression in peers.**
Stress Management	**Building the biological and psychological capacity to handle pressure.**	**Training in mindfulness, CBT-based reframing, and physical exercise.**
Social Support	**Creating a "safety net" to prevent isolation and loneliness.**	**Peer support networks, community centers, and strong family bonds.**

Box 4.4 Placeholder: Text box listing prevention strategies for psychological disorders. Caption: Prevention strategies for psychological disorders

4.4.2 Prevention of Substance Abuse

Strategies include:

- **Public health campaigns**: Educating about risks of alcohol, tobacco, and drugs.
- **School programmes**: Teaching refusal skills and healthy lifestyles.
- **Policy measures**: Regulating sales, advertising, and access to substances.
- **Community initiatives**: Peer support groups and recreational activities.

Fill in the blank: Regulating sales, advertising, and access to substances are examples of _____ measures.

Figure 4.5 Placeholder: Diagram showing prevention strategies for substance abuse (education, policy, community initiatives). Caption: Prevention strategies for substance abuse

4.4.3 Management of Psychological Disorders

Management involves medical, psychological, and social approaches:

- **Medical treatment**: Use of medication under professional supervision.
- **Psychotherapy**: Counseling, cognitive-behavioural therapy (CBT), and support groups.
- **Rehabilitation**: Helping patients reintegrate into society.
- **Family involvement**: Providing emotional support and monitoring progress.

Fill in the blank: Counseling and cognitive-behavioural therapy are forms of _____.

Approach Category	Specific Techniques	Primary Objectives
Psychotherapy	**Cognitive Behavioral Therapy (CBT), DBT, Psychodynamic Therapy.**	**To modify maladaptive thought patterns, regulate emotions, and improve coping skills.**
Pharmacotherapy	**Antidepressants (SSRIs), Anxiolytics, Antipsychotics, Mood Stabilizers.**	**To manage neurochemical imbalances and reduce the severity of acute symptoms.**
Social/Supportive	**Group therapy, Support networks, Vocational rehabilitation.**	**To reduce isolation, improve social functioning, and reintegrate into the community.**
Lifestyle/Biomedical	**Sleep hygiene, Exercise, ECT (in severe cases), Mindfulness.**	**To improve overall physiological resilience and brain health.**

Table 4.4 Placeholder: Table showing management approaches for psychological disorders (medical, psychological, social). Caption: Management approaches for psychological disorders

4.4.4 Management of Substance Abuse

- **Detoxification**: Medical process of removing substances from the body.
- **Rehabilitation programmes**: Structured support for recovery.
- **Counseling and therapy**: Addressing psychological dependence.
- **Community support**: Peer groups such as Alcoholics Anonymous.

- **Policy enforcement**: Laws against trafficking and misuse.

  Fill in the blank: The medical process of removing substances from the body is called _____.

Management Phase	Core Strategy	2026 Modern Integration
Stabilization	**Medical Detoxification**	**Use of specialized medications to manage withdrawal safely and comfortably.**
Intensive Care	**Rehabilitation**	**Residential or Intensive Outpatient (IOP) programs focusing on the root causes of use.**
Behavioral Change	**Counseling & Therapy**	**Evidence-based practices like CBT, Motivational Interviewing, and Tele-therapy.**
Sustained Recovery	**Community Support**	**Peer-led groups (AA/NA/SMART), Sober Living Homes, and Digital Recovery Apps.**

Box 4.5 Placeholder: Text box listing management strategies for substance abuse.
Caption: Management strategies for substance abuse.

Pilot questions 4.4

1. Identifying symptoms early to prevent progression is called _____ intervention.
2. Regulating sales, advertising, and access to substances are examples of _____ measures.
3. Counseling and cognitive-behavioural therapy are forms of _____.
4. The medical process of removing substances from the body is called _____.
5. Name one community-based strategy for preventing substance abuse.

Series 4 Summary – Psychological Disorders, Illness Behaviour, and Substance Use

In this Series, we examined the psychological dimensions of health and their impact on behaviour:

- **Part 4.1** defined psychological disorders, outlined major categories such as anxiety, mood, psychotic, personality, and eating disorders, and explored their effects on health, social life, and productivity.
- **Part 4.2** explained illness behaviour, showing how individuals perceive and respond to symptoms. We analysed cultural, social, economic, and psychological influences, and compared models like the sick role, health belief model, and self-regulation model.
- **Part 4.3** focused on substance use and abuse, identifying common substances (alcohol, tobacco, drugs), causes (psychological, social, economic), and consequences (health, social, economic, psychological).
- **Part 4.4** presented prevention and management strategies, including early intervention, education, policy measures, psychotherapy, detoxification, rehabilitation, and community support.

By completing this Series, learners should now be able to **describe psychological disorders (SLO 4.1)**, **explain illness behaviour (SLO 4.2)**, **identify and evaluate substance use and abuse (SLO 4.3)**, and **assess prevention and management strategies (SLO 4.4)**.

This Series builds on the cultural and social foundations from Series 3, adding psychological and behavioural perspectives. It prepares learners to understand health in a holistic way, integrating biological, cultural, social, and psychological dimensions.

Glossary of Terms – Series 4: Psychological Disorders, Illness Behaviour, and Substance Use

- **Psychological disorder**: A condition characterized by abnormal thoughts, feelings, or behaviours that cause distress or impair functioning.
- **Anxiety disorders**: Psychological disorders marked by excessive fear or worry (e.g., phobias, panic disorder).
- **Mood disorders**: Disorders involving disturbances in emotional state (e.g., depression, bipolar disorder).
- **Psychotic disorders**: Disorders involving distorted thinking and perception (e.g., schizophrenia).

- **Personality disorders**: Enduring maladaptive patterns of behaviour and inner experience (e.g., borderline personality disorder).
- **Eating disorders**: Abnormal eating behaviours that affect health (e.g., anorexia, bulimia).
- **Illness behaviour**: The way individuals perceive, evaluate, and act upon symptoms of illness.
- **Sick role**: A sociological model (Parsons) describing societal expectations of sick individuals to seek treatment and recover.
- **Health Belief Model (HBM)**: A model explaining illness behaviour based on perceived severity, susceptibility, benefits, and barriers.
- **Self-regulation model**: A model where individuals form personal representations of illness and act accordingly.
- **Substance use**: Consumption of psychoactive substances such as alcohol, tobacco, or drugs.
- **Substance abuse**: Harmful or hazardous use of substances leading to health, social, or psychological problems.
- **Dependence**: A state where the body or mind requires a substance to function normally.
- **Detoxification**: Medical process of removing substances from the body.
- **Rehabilitation**: Structured programmes designed to support recovery from psychological disorders or substance abuse.
- **Psychotherapy**: Psychological treatment methods such as counseling or cognitive-behavioural therapy (CBT).
- **Public health campaigns**: Organized efforts to educate communities about health risks and prevention strategies.

Concept Check Questions – Series 4: Psychological Disorders, Illness Behaviour, and Substance Use

Objective questions (linked to SLOs 4.1–4.4)

1. A condition characterized by abnormal thoughts, feelings, or behaviours that cause distress or impair functioning is called a _____ disorder. (SLO 4.1)
2. Excessive fear or worry is characteristic of _____ disorders. (SLO 4.1)
3. The way individuals perceive, evaluate, and act upon symptoms of illness is called _____ behaviour. (SLO 4.2)

4. The model that explains illness behaviour based on perceived severity, susceptibility, benefits, and barriers is the _____ model. (SLO 4.2)

5. The harmful or hazardous use of psychoactive substances is called substance _____. (SLO 4.3)

Short-answer questions (linked to SLOs 4.1–4.4)

6. List two categories of psychological disorders and give one example of each. (SLO 4.1)

7. Mention two social factors that influence illness behaviour. (SLO 4.2)

8. Name two common substances associated with abuse and their health effects. (SLO 4.3)

9. Give one psychological and one economic cause of substance abuse. (SLO 4.3)

10. State two prevention strategies for psychological disorders. (SLO 4.4)

Long-answer questions (linked to SLOs 4.1–4.4)

11. Analyse the impact of psychological disorders on health, social relationships, and productivity, with examples. (SLO 4.1)

12. Evaluate the factors influencing illness behaviour and compare the sick role, health belief model, and self-regulation model. (SLO 4.2)

13. Discuss the causes and consequences of substance abuse, highlighting health, social, economic, and psychological dimensions. (SLO 4.3)

14. Assess prevention and management strategies for psychological disorders, including medical, psychological, and social approaches. (SLO 4.4)

15. Provide a comprehensive analysis of prevention and management strategies for substance abuse, including public health campaigns, policy measures, rehabilitation, and community support. (SLO 4.4)

Answers to Pilot Questions – Series 4: Psychological Disorders, Illness Behaviour, and Substance Use

Pilot questions 4.1 (Psychological Disorders)

1. Psychological disorder
2. Anxiety disorders
3. Depression (or bipolar disorder)
4. Hypertension
5. Withdrawal, conflict, or stigma

Pilot questions 4.2 (Illness Behaviour)

1. Illness behaviour
2. Social support
3. Health Belief Model
4. Fear, denial, or anxiety
5. Example: Self-medicating for fever instead of visiting a doctor

Pilot questions 4.3 (Substance Use and Abuse)

1. Substance abuse
2. Alcohol
3. Stress (or depression, peer pressure)
4. Psychological factors
5. Crime

Pilot questions 4.4 (Prevention and Management)

1. Early intervention
2. Policy measures
3. Psychotherapy
4. Detoxification
5. Peer support groups (e.g., Alcoholics Anonymous)

References and Attributions – Series 4: Psychological Disorders, Illness Behaviour, and Substance Use

General references

- Course content adapted from *EHS 208: Health Psychology and Sociology (2 Units)*.
- Concepts based on standard psychology, sociology, and public health resources, as well as open educational materials.

Figures

- *Figure 4.1: Psychological disorders and their effects* – AI prompt: "Generate a diagram showing psychological disorders leading to distress and impaired functioning."

- *Figure 4.2: Stages of illness behaviour* – AI prompt: “Generate a diagram showing stages of illness behaviour: symptom recognition, decision to seek help, and treatment response.”
- *Figure 4.3: Stages of substance use and abuse* – AI prompt: “Generate a diagram showing progression from substance use to abuse to dependence.”
- *Figure 4.4: Consequences of substance abuse* – AI prompt: “Generate a diagram showing health, social, economic, and psychological consequences of substance abuse.”
- *Figure 4.5: Prevention strategies for substance abuse* – AI prompt: “Generate a diagram showing prevention strategies for substance abuse such as education, policy, and community initiatives.”

Boxes

- *Box 4.1: Types of psychological disorders* – AI prompt: “Create a text box listing categories of psychological disorders with examples.”
- *Box 4.2: Factors influencing illness behaviour* – AI prompt: “Create a text box listing cultural, social, economic, knowledge, and psychological factors influencing illness behaviour.”
- *Box 4.3: Common substances and health effects* – AI prompt: “Create a text box listing common substances (alcohol, tobacco, drugs) and their health effects.”
- *Box 4.4: Prevention strategies for psychological disorders* – AI prompt: “Create a text box listing prevention strategies for psychological disorders such as early intervention, education, stress management, and social support.”
- *Box 4.5: Management strategies for substance abuse* – AI prompt: “Create a text box listing management strategies for substance abuse such as detoxification, rehabilitation, counseling, and community support.”

Tables

- *Table 4.1: Impacts of psychological disorders* – AI prompt: “Generate a table showing psychological disorders and their impacts on health, social life, and productivity.”
- *Table 4.2: Models of illness behaviour* – AI prompt: “Generate a table comparing sick role, health belief model, and self-regulation model.”
- *Table 4.3: Causes of substance abuse* – AI prompt: “Generate a table showing psychological, social, economic, and availability factors contributing to substance abuse.”
- *Table 4.4: Management approaches for psychological disorders* – AI prompt: “Generate a table showing management approaches for psychological disorders.”

Series 5 Outline – Social Determinants of Health, Inequalities, and Health Service Utilisation

For a **2-credit course**, each Series should contain **2 to 4 Parts**. Here's a structured outline for Series 5:

Series 5 Outline

Part 5.1 Social Determinants of Health

- Definition and concept of social determinants
- Key determinants: income, education, occupation, housing, environment, gender, and social support
- Impact of social determinants on health outcomes

Part 5.2 Health Inequalities

- Definition of health inequalities
- Types: socioeconomic, geographic, gender-based, and ethnic inequalities
- Causes and consequences of health inequalities
- Strategies to reduce inequalities

Part 5.3 Health Service Utilisation

- Definition and importance of health service utilisation
- Factors influencing utilisation: accessibility, affordability, awareness, cultural beliefs
- Patterns of utilisation in different populations
- Barriers to effective utilisation

Part 5.4 Improving Equity in Health Services

- Policies and interventions to promote equity
- Role of government, NGOs, and communities
- Case studies of successful health equity initiatives
- Integration of social determinants into health planning

Introduction – Series 5: Social Determinants of Health, Inequalities, and Health Service Utilisation

Background Health outcomes are not determined solely by biology or medical care. Social and economic conditions—such as income, education, housing, and access to services—play a crucial role in shaping health. These are known as the **social determinants of health**. Differences in these determinants often lead to **health inequalities**, where certain groups experience poorer health outcomes than others. Understanding how people use health services, and the barriers they face, is essential for promoting equity and improving population health.

Aim The aim of this Series is to provide learners with knowledge of social determinants of health, the nature and causes of health inequalities, and the factors influencing health service utilisation. It will also highlight strategies for improving equity in health systems.

Sequential synopsis

- **Part 5.1** introduces the concept of social determinants of health and explains their impact on health outcomes.
- **Part 5.2** defines health inequalities, explores their types, causes, and consequences, and discusses strategies to reduce them.
- **Part 5.3** examines health service utilisation, including factors that influence access and patterns of use.
- **Part 5.4** focuses on improving equity in health services, highlighting policies, interventions, and case studies.

Series Learning Outcomes – Series 5: Social Determinants of Health, Inequalities, and Health Service Utilisation

By the end of this Series, learners should be able to:

- **SLO 5.1**: **Explain** the concept of social determinants of health and analyse their impact on health outcomes.
- **SLO 5.2**: **Identify and evaluate** types of health inequalities, their causes, and consequences.
- **SLO 5.3**: **Describe** health service utilisation and assess factors influencing access and patterns of use.
- **SLO 5.4**: **Assess** strategies and policies for improving equity in health services, including the role of government, NGOs, and communities.

These outcomes align with the four Parts of Series 5, ensuring learners progress from understanding social determinants, through inequalities and service utilisation, to strategies for equity in health systems.

5.1 Social Determinants of Health

5.1.1 Definition of Social Determinants

Social determinants of health are the social and economic conditions that influence individual and population health. They include factors outside direct medical care that shape health outcomes.

Fill in the blank: Social and economic conditions that influence health are called social _____ of health.

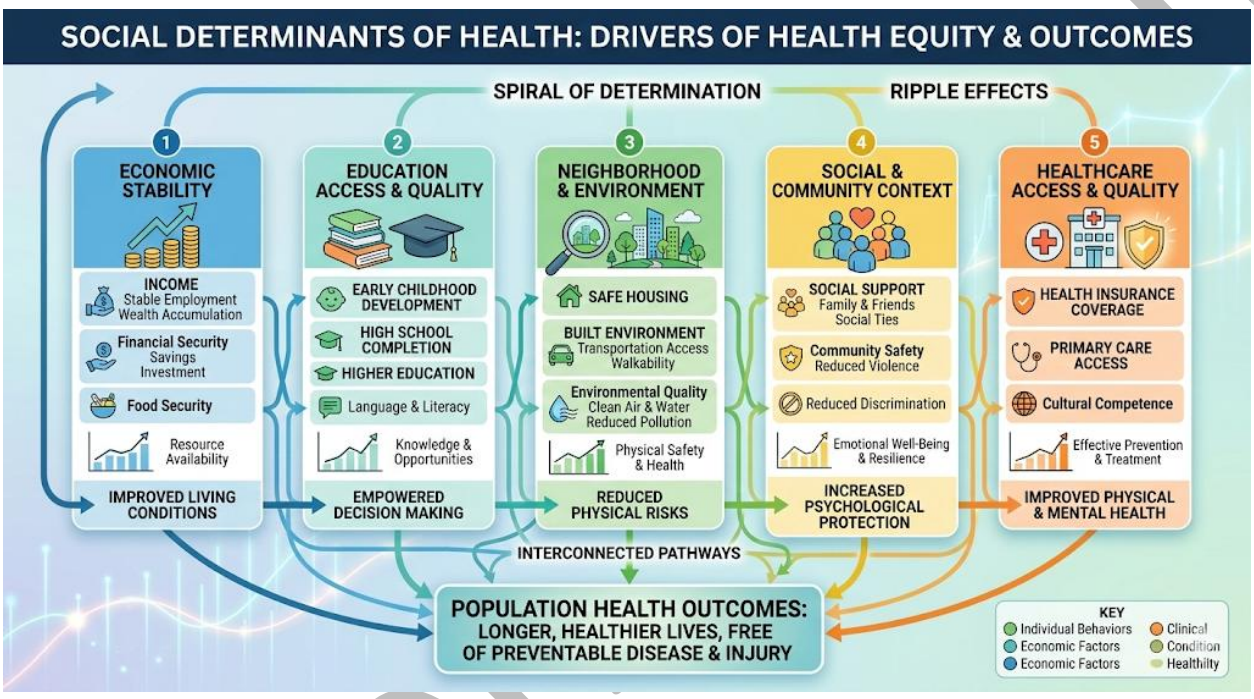


Figure 5.1 Placeholder: Diagram showing social determinants such as income, education, housing, environment, and social support. Caption: Social determinants of health.

5.1.2 Key Determinants

- **Income and poverty**: Higher income improves access to nutritious food, safe housing, and healthcare.
- **Education**: Better education increases health literacy and employment opportunities.
- **Occupation**: Type of work affects exposure to risks and access to benefits.
- **Housing**: Safe housing reduces risk of disease and injury.
- **Environment**: Clean water, sanitation, and pollution levels affect health.
- **Gender**: Gender roles and inequalities influence health risks and access.
- **Social support**: Strong networks improve coping and recovery.

Fill in the blank: Better education increases health literacy and _____ opportunities.

Determinant	Impact on Health	Real-World Connection
Income	**Determines access to resources (food, meds, gym).**	**Lower income is linked to chronic stress and higher cortisol levels.**
Education	**Influences health literacy and job opportunities.**	**Higher education levels are the strongest predictor of long-term life expectancy.**
Occupation	**Exposure to physical hazards or high-stress environments.**	**Manual labor roles may increase injury risk; office roles may increase sedentary risks.**
Housing	**Exposure to mold, lead, or overcrowding.**	**Stable housing provides the psychological security needed to manage chronic illnesses.**
Environment	**Air/water quality and access to "green space."**	**Living near parks encourages physical activity and improves mental well-being.**
Gender	**Influences healthcare access, social expectations, and safety.**	**Gender-based discrimination can lead to "weathering" (premature biological aging).**
Social Support	**Acts as a "buffer" against life's stressors.**	**Strong social ties are as beneficial to heart health as quitting smoking.**

Box 5.1 Placeholder: Text box listing key social determinants of health. Caption: Key social determinants of health.

5.1.3 Impact on Health Outcomes

Social determinants influence:

- **Access to healthcare**: Income and location determine availability.
- **Disease risk**: Poor housing and environment increase exposure.
- **Health behaviours**: Education and social support shape lifestyle choices.
- **Life expectancy**: Inequalities in determinants lead to differences in longevity.

Fill in the blank: Poor housing and environment increase exposure to _____.

Social Determinant	Impact on Physical Health	Impact on Mental Well-being	Long-term Health Outcome
Income & Wealth	**Limits access to nutritious food and high-quality medical tech/preventive care.**	**Chronic financial stress leads to high "allostatic load" (biological wear and tear).**	**Strong correlation with premature mortality and cardiovascular disease.**
Education	**Higher health literacy leads to better disease self-management (e.g., diabetes).**	**Provides cognitive "buffers" and higher self-efficacy in navigating systems.**	**Highly educated individuals live, on average, 7–10 years longer than those with low attainment.**
Housing Quality	**Exposure to mold/lead (respiratory issues) and extreme temperatures.**	**Housing instability (eviction/foreclosure) is a primary driver of severe anxiety and PTSD.**	**Unstable housing is linked to higher hospital readmission rates and infection.**
Environment	**Air pollution and lack of safe "walkable" spaces increase obesity and asthma.**	**Access to "Green" and "Blue" spaces (parks/water) reduces rates of clinical depression.**	**Neighborhoods with high pollution see significantly higher rates of lung cancer and stroke.**

Social Determinant	Impact on Physical Health	Impact on Mental Well-being	Long-term Health Outcome
Gender	**Differences in vulnerability to specific diseases and access to reproductive care.**	**Gender-based discrimination and "socialized silence" (men) or "caregiver burnout" (women).**	**Women often have higher morbidity (more illness) but longer life expectancy than men.**
Social Support	**Friends/family provide practical help (rides to doctors, help with meds).**	**Isolation and loneliness are now treated as major clinical risk factors for cognitive decline.**	**Low social connection has a health impact comparable to smoking 15 cigarettes a day.**

Table 5.1 Placeholder: Table showing examples of social determinants and their impacts on health outcomes. Caption: Impacts of social determinants on health.

Pilot questions 5.1

1. Social and economic conditions that influence health are called social _____ of health.
2. Better education increases health literacy and _____ opportunities.
3. Name one key social determinant of health.
4. Poor housing and environment increase exposure to _____.
5. Give one way social support influences health outcomes.

5.2 Health Inequalities

5.2.1 Definition of Health Inequalities

Health inequalities are differences in health status or in the distribution of health resources between different population groups. These differences are often unfair and avoidable.

Fill in the blank: Differences in health status or distribution of health resources between groups are called health _____.

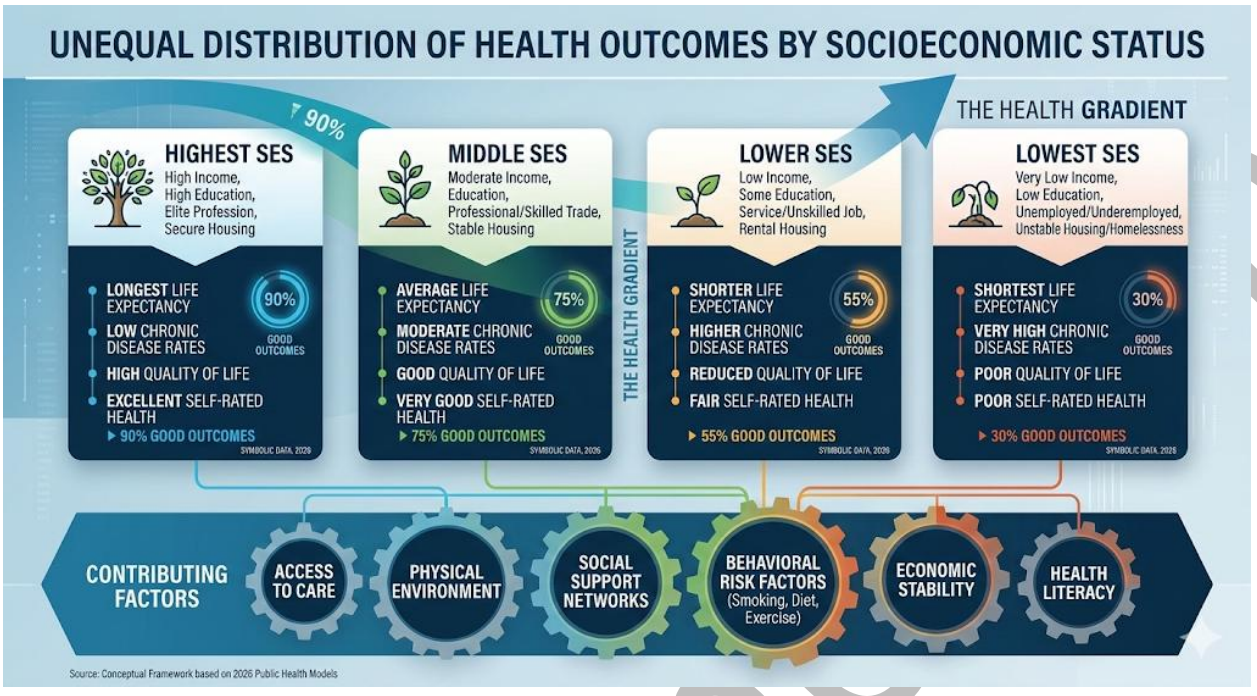


Figure 5.2 Placeholder: Diagram showing unequal distribution of health outcomes across socioeconomic groups. Caption: Health inequalities across populations.

5.2.2 Types of Health Inequalities

- **Socioeconomic inequalities**: Poorer groups have higher disease burden.
- **Geographic inequalities**: Rural areas may lack access to healthcare compared to urban areas.
- **Gender-based inequalities**: Women may face barriers in accessing care; men may underutilize services.
- **Ethnic inequalities**: Minority groups may experience discrimination or poorer health outcomes.

Fill in the blank: Rural areas often face geographic health inequalities due to lack of access to _____.

Types of Health Inequalities & Real-World Examples
• **Socioeconomic Inequality (The Wealth-Health Gap)**
• **The Gap: Higher income and education levels correlate with longer, healthier lives.**
• **Example: A person in a high-income bracket can afford organic nutrition, private gym memberships, and preventive screenings, while a person in a low-income bracket may live in a "food desert" with only processed, high-sodium options available.**
• **Geographic Inequality (The Postcode Lottery)**

• **The Gap: Differences in health outcomes based on where a person lives (Urban vs. Rural).**
• **Example: Residents in remote rural areas often live in "Medical Deserts," where the nearest trauma center or specialist is over 100 miles away, significantly increasing mortality rates for time-sensitive emergencies like strokes or heart attacks.**
• **Ethnic & Racial Inequality (Systemic Disparities)**
• **The Gap: Disparities driven by historical marginalization, language barriers, and implicit bias in clinical settings.**
• **Example: Statistics consistently show that Black women face significantly higher maternal mortality rates than White women, even when controlling for income and education, often due to "weathering" (chronic stress) and medical dismissal of their symptoms.**
• **Gender Inequality (Biological & Social Bias)**
• **The Gap: Inequalities stemming from both biological differences and socialized gender roles.**
• **Example: Men are statistically less likely to seek help for mental health due to social stigma, leading to higher suicide rates. Conversely, women's physical pain (such as cardiac symptoms) is more frequently misdiagnosed as "anxiety" compared to men.**
• **Digital Inequality (The 2026 Tech Divide)**
• **The Gap: Unequal access to high-speed internet and digital literacy.**
• **Example: As healthcare shifts to Telehealth and AI-driven monitoring, elderly or impoverished populations without reliable broadband are being "locked out" of modern primary care**

•

Box 5.2 Placeholder: Text box listing types of health inequalities with examples. Caption: Types of health inequalities

5.2.3 Causes of Health Inequalities

- **Economic disparities**: Income gaps affect access to care.
- **Education differences**: Low literacy reduces health awareness.
- **Discrimination and bias**: Ethnic or gender bias in health systems.
- **Policy gaps**: Unequal distribution of resources.
- **Environmental factors**: Pollution and unsafe housing.

Fill in the blank: Income gaps that affect access to care are examples of _____ disparities.

Cause of Inequality	Type	Primary Mechanism (The "How")	Effect on Health Outcomes
Income Level	**Upstream**	**Determines the quality of housing, nutrition, and safety of the environment.**	**Higher rates of obesity, heart disease, and shorter life expectancy.**
Education Access	**Upstream**	**Influences health literacy and the ability to navigate complex medical systems.**	**Lower adherence to preventive screenings and delayed diagnosis of cancer.**
Geographic Location	**Midstream**	**Proximity to "Fast Food Swamps" vs. "Food Deserts" and distance to Level 1 trauma centers.**	**Increased emergency room visits and higher mortality from time-sensitive events (stroke).**
Environmental Exposure	**Downstream**	**Higher concentration of air pollutants and lead in low-income housing areas.**	**Elevated rates of childhood asthma and cognitive developmental issues.**
Implicit Bias	**Systemic**	**Unconscious stereotypes by providers leading to different treatment paths.**	**Under-treatment of pain in minority groups and higher maternal mortality rates.**

Table 5.2 Placeholder: Table showing causes of health inequalities and their effects.
Caption: Causes of health inequalities

5.2.4 Consequences of Health Inequalities

- **Higher disease burden** in disadvantaged groups.
- **Reduced life expectancy** in poorer populations.
- **Social instability** due to inequity.

- **Economic loss** from reduced productivity.

Fill in the blank: Reduced life expectancy in poorer populations is a consequence of health _____.

5.2.5 Strategies to Reduce Health Inequalities

- **Equitable policies**: Distribute resources fairly.
- **Targeted interventions**: Focus on vulnerable groups.
- **Education and empowerment**: Improve health literacy.
- **Community participation**: Involve local groups in planning.
- **Universal health coverage**: Ensure access for all.

Fill in the blank: Ensuring access to healthcare for all is called universal health _____.

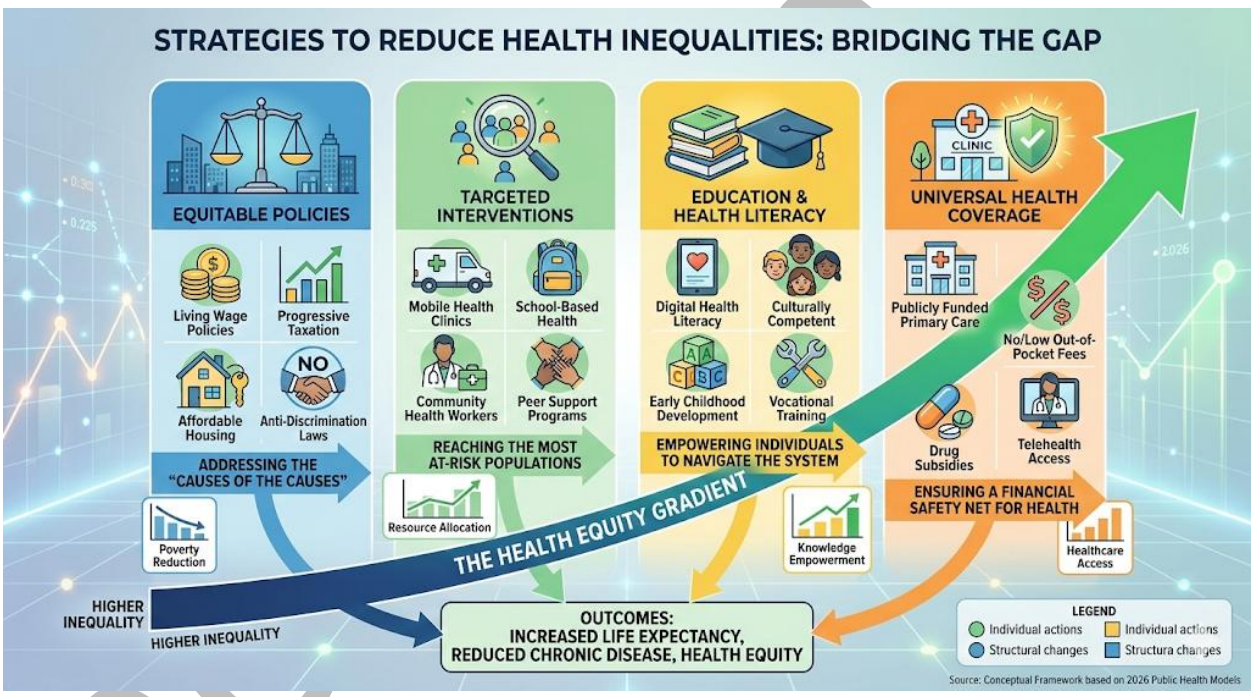


Figure 5.3 Placeholder: Diagram showing strategies to reduce health inequalities. Caption: Strategies to reduce health inequalities.

Pilot questions 5.2

1. Differences in health status or distribution of health resources between groups are called health _____.
2. Rural areas often face geographic health inequalities due to lack of access to _____.
3. Income gaps that affect access to care are examples of _____ disparities.
4. Reduced life expectancy in poorer populations is a consequence of health _____.

5. Ensuring access to healthcare for all is called universal health _____.

5.3 Health Service Utilisation

5.3.1 Definition and Importance

Health service utilisation refers to the extent to which individuals and communities use available health services. It reflects access, awareness, and willingness to seek care. Utilisation is important because it shows how effectively health systems meet population needs.

Fill in the blank: The extent to which individuals and communities use available health services is called health service _____.

Figure 5.4 Placeholder: Diagram showing the flow from health needs → access → utilisation → outcomes. Caption: Health service utilisation process.

5.3.2 Factors Influencing Utilisation

- **Accessibility**: Distance to health facilities and transportation.
- **Affordability**: Cost of services and ability to pay.
- **Awareness**: Knowledge of available services.
- **Cultural beliefs**: Preference for traditional healers or reluctance to seek formal care.
- **Quality of care**: Perceived competence and friendliness of providers.

Fill in the blank: Distance to health facilities and transportation are examples of _____ factors influencing utilisation.

Factor	Influence on Utilisation	Real-World Context (2026)
Accessibility	**Physical proximity and transport availability.**	**Telehealth has bridged many physical gaps, but "Medical Deserts" remain a primary barrier.**
Affordability	**Direct costs (fees) and indirect costs (transport, childcare).**	**Even with insurance, the opportunity cost (lost wages) prevents many from seeking care.**
Awareness	**Knowledge of available services and when to seek help.**	**Health literacy is a major driver; people often don't seek care because they don't recognize "silent" symptoms.**
Cultural Beliefs	**Trust in Western medicine vs. traditional practices.**	**History of medical mistrust (especially in marginalized groups) significantly reduces uptake of vaccines and screenings.**
Quality of Care	**Perception of competence, respect, and wait times.**	**Patients who experience implicit bias or long delays are less likely to return for follow-up care.**

Box 5.3 Placeholder: Text box listing factors influencing health service utilisation. Caption: Factors influencing health service utilisation.

5.3.3 Patterns of Utilisation

- **Urban vs. rural**: Urban populations often use services more due to proximity.
- **Socioeconomic differences**: Wealthier groups use preventive services more; poorer groups may delay care.
- **Gender differences**: Women may use maternal and child health services more; men may underutilize preventive care.
- **Age differences**: Children and elderly often have higher utilisation rates.

Fill in the blank: Wealthier groups use preventive services more, while poorer groups may _____ care.

Demographic Group	Primary Care & Prevention	Emergency & Acute Care	Digital/Telehealth Usage
Urban Residents	**High: Easy access to clinics and specialists.**	**Moderate: Often used for convenience rather than necessity.**	**High: Strong infrastructure and high digital literacy.**
Rural Residents	**Low: Limited by distance and provider shortages.**	**High: Often the only accessible point of care for miles.**	**Moderate: Limited by "Broadband Deserts" in remote areas.**
High SES	**Very High: Focus on wellness, longevity, and elective care.**	**Low: Managed through consistent primary care.**	**Very High: Early adopters of AI-driven health monitoring.**
Low SES	**Low: Cost and "opportunity cost" (time off work) prevent visits.**	**Very High: Used as a safety net when conditions become severe.**	**Low: Limited by the "Digital Divide" and data costs.**
Women	**High: Higher rates of routine screenings and reproductive care.**	**Moderate: Often act as the "Chief Medical Officer" for families.**	**High: Frequently used for mental health and pediatric care.**
Men	**Low: Often delay seeking care until symptoms are acute.**	**High: Higher rates of injury-related or late-stage acute visits.**	**Moderate: Increasingly used for "discreet" health concerns.**

Demographic Group	Primary Care & Prevention	Emergency & Acute Care	Digital/Telehealth Usage
Elderly (65+)	**Highest: Multiple chronic disease management visits.**	**High: Due to falls and age-related complications.**	**Growing: Rapidly adopting user-friendly senior-tech for remote monitoring.**

Table 5.3 Placeholder: Table showing patterns of utilisation across urban/rural, socioeconomic, gender, and age groups. Caption: Patterns of health service utilisation

5.3.4 Barriers to Effective Utilisation

- **Financial barriers**: High costs discourage use.
- **Geographic barriers**: Remote areas lack facilities.
- **Cultural barriers**: Beliefs may prevent seeking care.
- **Systemic barriers**: Long waiting times, poor staffing, lack of supplies.

Fill in the blank: Long waiting times and poor staffing are examples of _____ barriers to utilisation.

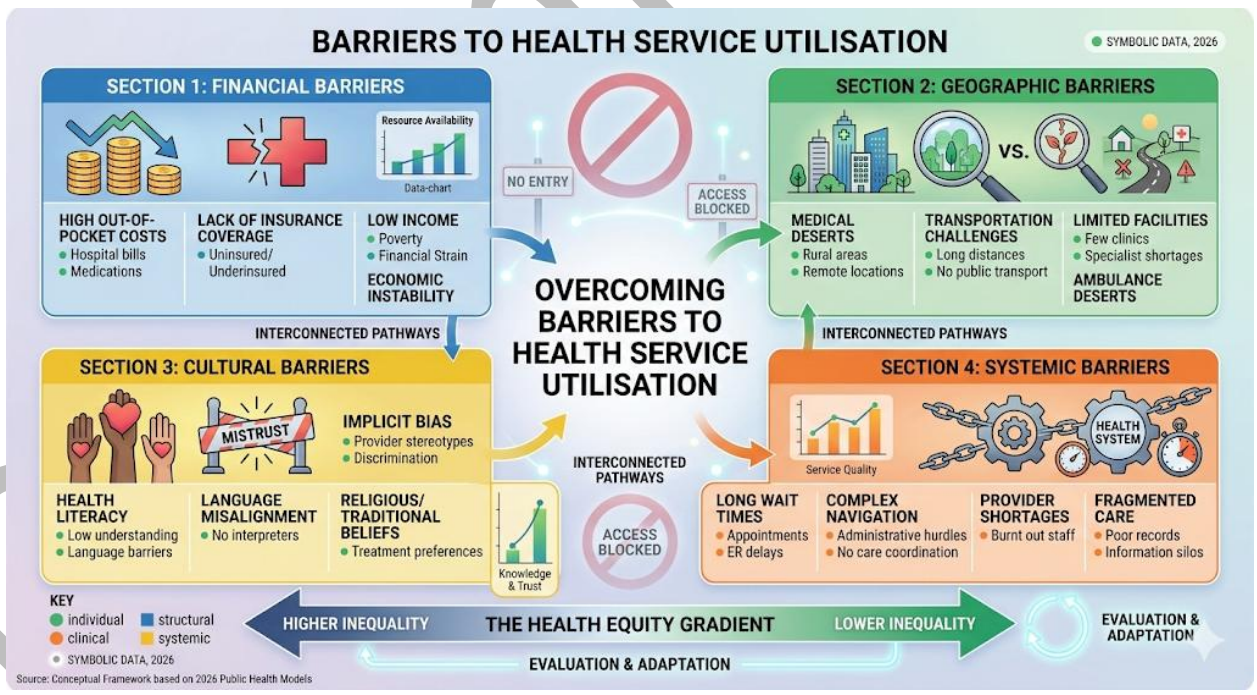


Figure 5.5 Placeholder: Diagram showing barriers to health service utilisation. Caption: Barriers to health service utilisation.

Pilot questions 5.3

1. The extent to which individuals and communities use available health services is called health service _____.
2. Distance to health facilities and transportation are examples of _____ factors influencing utilisation.
3. Wealthier groups use preventive services more, while poorer groups may _____ care.
4. Long waiting times and poor staffing are examples of _____ barriers to utilisation.
5. Give one cultural factor that influences health service utilisation.

5.4 Improving Equity in Health Services

5.4.1 Policies and Interventions

Equity in health services means ensuring fair access to care for all, regardless of socioeconomic status, gender, ethnicity, or geography. Policies and interventions include:

- **Universal health coverage (UHC)**: Providing essential services to all.
- **Resource allocation**: Distributing facilities and staff fairly across regions.
- **Subsidies and insurance schemes**: Reducing financial barriers.
- **Targeted programmes**: Addressing vulnerable populations.

Fill in the blank: Providing essential services to all is called universal health _____.

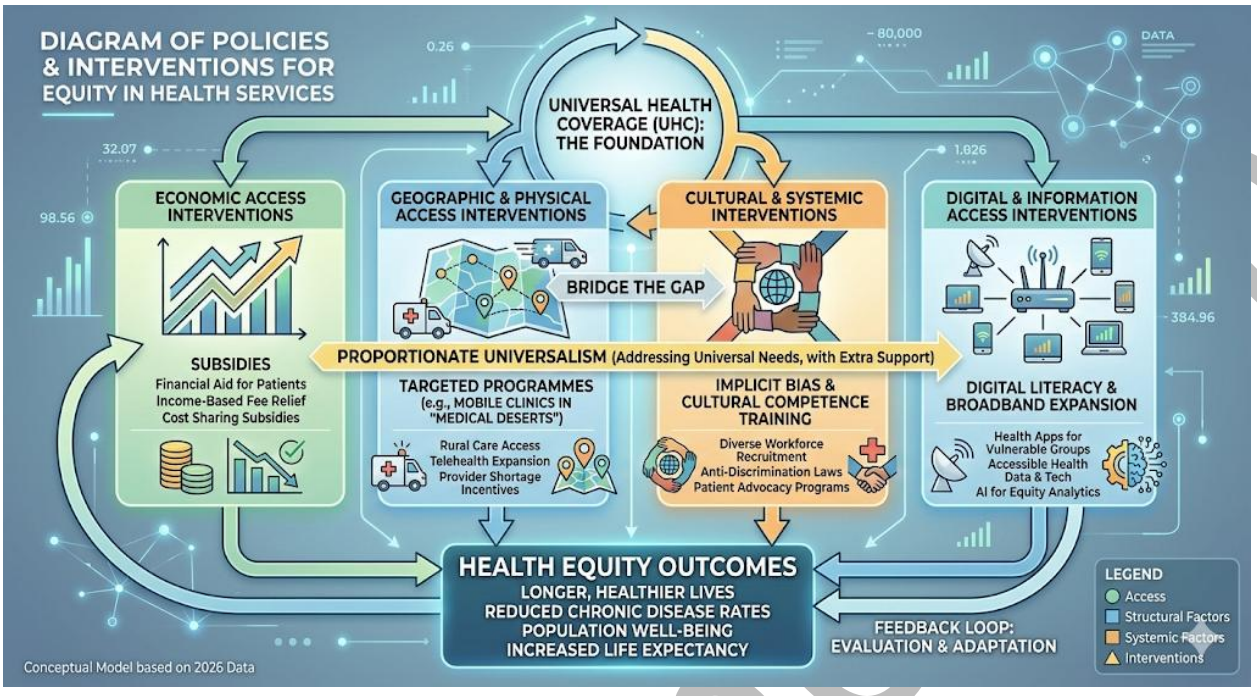


Figure 5.6 Placeholder: Diagram showing policies and interventions for equity in health services. Caption: Policies and interventions for equity.

5.4.2 Role of Government, NGOs, and Communities

- **Government**: Develops policies, funds services, and enforces regulations.
- **NGOs**: Provide supplementary services, advocacy, and community outreach.
- **Communities**: Participate in planning, monitoring, and promoting local health initiatives.

Fill in the blank: NGOs often provide supplementary services, advocacy, and community _____.

Stakeholder	Primary Role	Key 2026 Actions
Government	**Structural Foundation**	**Legislation for Universal Health Coverage (UHC), funding for public infrastructure, and enforcing anti-discrimination laws in healthcare.**
NGOs	**The Safety Net & Innovator**	**Filling service gaps in "Medical Deserts," piloting new health-tech for vulnerable groups, and**

Stakeholder	Primary Role	Key 2026 Actions
		advocating for policy changes at the national level.
Communities	**The Heart of Implementation**	**Providing Peer Support Networks, offering local expertise to ensure services are culturally competent, and building trust between residents and providers.**

Box 5.4 Placeholder: Text box listing roles of government, NGOs, and communities in promoting equity. Caption: Roles in promoting equity.

5.4.3 Case Studies of Successful Health Equity Initiatives

- **Expanded immunisation programmes**: Increased vaccination coverage in rural areas.
- **Maternal health initiatives**: Improved access to antenatal care for women.
- **Community health workers**: Bridged gaps in underserved regions.
- **Mobile clinics**: Delivered services to remote populations.

Fill in the blank: Delivering services to remote populations through mobile clinics is an example of a health equity _____.

Initiative Type	Example Program (2025/26)	Target Population	Documented Outcome
Digital Inclusion	**National Digital Health Platforms (e.g., Rwanda, India)**	**Rural populations & Community Health Workers (CHWs)**	**30% increase in early disease detection through AI-augmented CHW screenings.**
Financial Policy	**Advanced Primary Care Management (APCM)**	**Low-income Medicare beneficiaries**	**15% reduction in avoidable ER visits by**

Initiative Type	Example Program (2025/26)	Target Population	Documented Outcome
			removing co-pays for chronic care.
Environmental Justice	**"Cooling Corridors" & Urban Greenery**	**Low-income urban "Heat Islands"**	**12% decrease in heat-related respiratory and cardiac admissions during summer.**
Maternal Equity	**Connected Maternity Monitoring (Connected MOM)**	**Rural Black and Indigenous pregnant persons**	**40% decline in severe pre-eclampsia complications via remote biometric monitoring.**
Nutritional Equity	**FAITH (Food Always In The Home) & WIC Expansion**	**Vulnerable families in "Food Deserts"**	**Significant reduction in childhood iron-deficiency anemia and improved growth markers.**

Table 5.4 Placeholder: Table showing examples of health equity initiatives and their outcomes. Caption: Case studies of health equity initiatives..”

5.4.4 Integration of Social Determinants into Health Planning

- **Data collection**: Monitor social determinants like income, education, and housing.
- **Policy design**: Address root causes of inequalities.
- **Cross-sector collaboration**: Work with education, housing, and labour sectors.
- **Evaluation**: Assess impact of interventions on equity.

Fill in the blank: Monitoring income, education, and housing involves collecting _____ on social determinants.

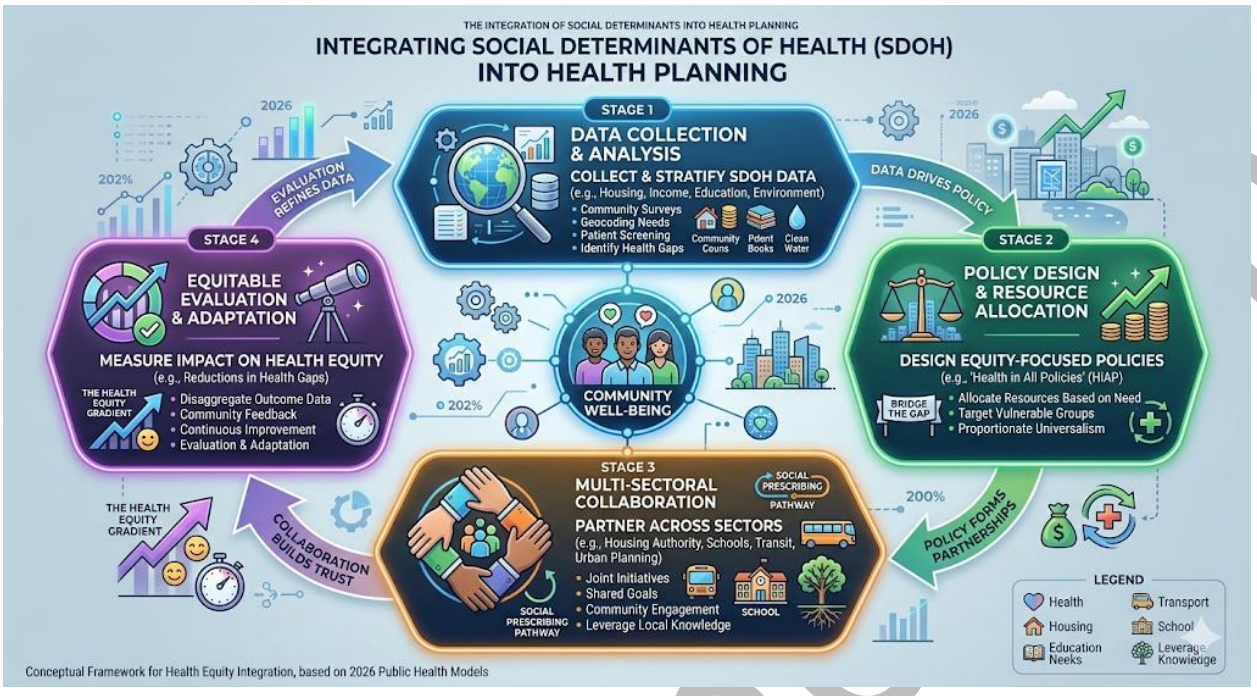


Figure 5.7 Placeholder: Diagram showing integration of social determinants into health planning. Caption: Integrating social determinants into health planning.

Pilot questions 5.4

1. Providing essential services to all is called universal health _____.
2. NGOs often provide supplementary services, advocacy, and community _____.
3. Delivering services to remote populations through mobile clinics is an example of a health equity _____.
4. Monitoring income, education, and housing involves collecting _____ on social determinants.
5. Name one role communities play in promoting equity in health services.

Series 5 Summary – Social Determinants of Health, Inequalities, and Health Service Utilisation

In this Series, we explored how social and systemic factors shape health outcomes and access to care:

- **Part 5.1** defined **social determinants of health**, highlighting key factors such as income, education, occupation, housing, environment, gender, and social support, and explained their impact on health outcomes.
- **Part 5.2** examined **health inequalities**, describing their types (socioeconomic, geographic, gender, ethnic), causes (economic disparities, education, discrimination, policy gaps, environment), and consequences (higher disease

burden, reduced life expectancy, social instability, economic loss). Strategies to reduce inequalities were also discussed, including equitable policies and universal health coverage.

- **Part 5.3** focused on **health service utilisation**, defining its importance, identifying influencing factors (accessibility, affordability, awareness, cultural beliefs, quality of care), and analysing patterns across different groups. Barriers such as financial, geographic, cultural, and systemic challenges were highlighted.
- **Part 5.4** addressed **improving equity in health services**, covering policies and interventions, roles of government, NGOs, and communities, case studies of successful initiatives, and integration of social determinants into health planning.

By completing this Series, learners should now be able to:

- **Explain** social determinants of health and their impact (SLO 5.1).
- **Identify and evaluate** health inequalities, their causes, and consequences (SLO 5.2).
- **Describe** health service utilisation and assess influencing factors (SLO 5.3).
- **Assess** strategies and policies for improving equity in health services (SLO 5.4).

This Series builds on the psychological and behavioural perspectives from Series 4, adding a broader social and systemic lens. Together, they provide a holistic understanding of health as shaped by biological, psychological, social, and structural factors.

Glossary of Terms – Series 5: Social Determinants of Health, Inequalities, and Health Service Utilisation

- **Social determinants of health**: Social and economic conditions that influence individual and population health outcomes.
- **Income and poverty**: Financial resources that affect access to food, housing, and healthcare.
- **Education**: Level of schooling and health literacy that shapes awareness and behaviours.
- **Occupation**: Type of work and employment conditions that influence risks and benefits.
- **Housing**: Quality and safety of living conditions that affect health.
- **Environment**: Physical surroundings, including sanitation, pollution, and access to clean water.
- **Gender**: Roles and inequalities that influence health risks and access to services.

- **Social support**: Networks of family and community that provide emotional and practical assistance.
- **Health inequalities**: Differences in health status or distribution of health resources between groups, often unfair and avoidable.
- **Socioeconomic inequalities**: Health differences linked to income, education, or occupation.
- **Geographic inequalities**: Health differences based on location, such as rural vs. urban.
- **Gender-based inequalities**: Differences in health outcomes or access between men and women.
- **Ethnic inequalities**: Health disparities among ethnic or minority groups.
- **Universal health coverage (UHC)**: Ensuring access to essential health services for all people.
- **Health service utilisation**: The extent to which individuals and communities use available health services.
- **Accessibility**: Physical proximity and ease of reaching health facilities.
- **Affordability**: Financial ability to pay for health services.
- **Awareness**: Knowledge of available health services and their benefits.
- **Cultural beliefs**: Traditions and values that influence health-seeking behaviour.
- **Quality of care**: Standard of services provided, including competence and responsiveness.
- **Equity in health services**: Fair access to healthcare regardless of social or economic status.
- **Community health workers**: Local individuals trained to provide basic health services and education.
- **Mobile clinics**: Health facilities that travel to underserved or remote populations.

Concept Check Questions – Series 5: Social Determinants of Health, Inequalities, and Health Service Utilisation

Objective questions (linked to SLOs 5.1–5.4)

1. Social and economic conditions that influence health are called social _____ of health. (SLO 5.1)

2. Rural areas often face geographic health inequalities due to lack of access to _____. (SLO 5.2)
3. The extent to which individuals and communities use available health services is called health service _____. (SLO 5.3)
4. Providing essential services to all is called universal health _____. (SLO 5.4)
5. Long waiting times and poor staffing are examples of _____ barriers to utilisation. (SLO 5.3)

Short-answer questions (linked to SLOs 5.1–5.4)

6. List three key social determinants of health. (SLO 5.1)

7. Mention two types of health inequalities with examples. (SLO 5.2)

8. State two factors that influence health service utilisation. (SLO 5.3)

9. Give one role of NGOs in promoting equity in health services. (SLO 5.4)

10. Name one barrier to effective health service utilisation and explain its impact. (SLO 5.3)

Long-answer questions (linked to SLOs 5.1–5.4)

11. Analyse how income, education, and housing as social determinants affect health outcomes, with examples. (SLO 5.1)

12. Discuss the causes and consequences of health inequalities, highlighting socioeconomic and geographic dimensions. (SLO 5.2)

13. Evaluate patterns of health service utilisation across different groups (urban/rural, socioeconomic, gender, age). (SLO 5.3)

14. Assess policies and interventions for improving equity in health services, including universal health coverage and targeted programmes. (SLO 5.4)

15. Provide a comprehensive analysis of the roles of government, NGOs, and communities in promoting equity in health services, with case study examples. (SLO 5.4)

Answers to Pilot Questions – Series 5: Social Determinants of Health, Inequalities, and Health Service Utilisation

Pilot questions 5.1 (Social Determinants of Health)

1. Determinants
2. Employment
3. Example: Income (or education, housing, environment, gender, social support)

4. Disease
5. Social support improves coping and recovery

Pilot questions 5.2 (Health Inequalities)

1. Inequalities
2. Healthcare
3. Economic disparities
4. Inequalities
5. Coverage

Pilot questions 5.3 (Health Service Utilisation)

1. Utilisation
2. Accessibility
3. Delay
4. Systemic
5. Example: Preference for traditional healers

Pilot questions 5.4 (Improving Equity in Health Services)

1. Coverage
2. Outreach
3. Initiative
4. Data
5. Communities participate in planning and monitoring local health initiatives

References and Attributions – Series 5: Social Determinants of Health, Inequalities, and Health Service Utilisation

General references

- Course content adapted from *EHS 208: Health Psychology and Sociology (2 Units)*.
- Concepts based on standard sociology, public health, and health systems literature, as well as open educational resources.

Figures

- *Figure 5.1: Social determinants of health* – AI prompt: "Generate a diagram showing social determinants such as income, education, housing, environment, and social support."
- *Figure 5.2: Health inequalities across populations* – AI prompt: "Generate a diagram showing unequal distribution of health outcomes across socioeconomic groups."
- *Figure 5.3: Strategies to reduce health inequalities* – AI prompt: "Generate a diagram showing strategies such as equitable policies, targeted interventions, education, and universal health coverage."
- *Figure 5.4: Health service utilisation process* – AI prompt: "Generate a diagram showing the flow from health needs to access, utilisation, and outcomes."
- *Figure 5.5: Barriers to health service utilisation* – AI prompt: "Generate a diagram showing financial, geographic, cultural, and systemic barriers to health service utilisation."
- *Figure 5.6: Policies and interventions for equity* – AI prompt: "Generate a diagram showing policies and interventions for equity in health services such as UHC, subsidies, and targeted programmes."
- *Figure 5.7: Integrating social determinants into health planning* – AI prompt: "Generate a diagram showing integration of social determinants into health planning through data collection, policy design, collaboration, and evaluation."

Boxes

- *Box 5.1: Key social determinants of health* – AI prompt: "Create a text box listing key social determinants of health such as income, education, occupation, housing, environment, gender, and social support."
- *Box 5.2: Types of health inequalities* – AI prompt: "Create a text box listing types of health inequalities with examples (socioeconomic, geographic, gender, ethnic)."
- *Box 5.3: Factors influencing health service utilisation* – AI prompt: "Create a text box listing accessibility, affordability, awareness, cultural beliefs, and quality of care as factors influencing health service utilisation."
- *Box 5.4: Roles in promoting equity* – AI prompt: "Create a text box listing roles of government, NGOs, and communities in promoting equity in health services."

Tables

- *Table 5.1: Impacts of social determinants on health* – AI prompt: "Generate a table showing examples of social determinants and their impacts on health outcomes."
- *Table 5.2: Causes of health inequalities* – AI prompt: "Generate a table showing causes of health inequalities and their effects."

- *Table 5.3: Patterns of health service utilisation* – AI prompt: “Generate a table showing patterns of health service utilisation across urban/rural, socioeconomic, gender, and age groups.”
- *Table 5.4: Case studies of health equity initiatives* – AI prompt: “Generate a table showing examples of health equity initiatives and their outcomes.”