

# Psychological and social factors



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**Discuss the psychological and social factors that influence people” adoption of healthy or unhealthy lifestyles**

Evidence from various researches has shown that major causes of death are from individual behaviour. Health behaviour with regards to alcohol consumption, smoking, type of diet and exercise plays an important role when projecting the life span of an individual. Hence behaviour and lifestyle have a significant correlation to good health and longevity (Naidoo & Will 2008).

Individual have the free will to choose whether or not to adopt a healthy lifestyle. An individual” lifestyle reflects their values and beliefs, though it is a combination of habits and conventional ways of doing things (Knok 2006).

There are several factors affecting the choice of healthy or unhealthy lifestyle by an individual. This essay will focus on alcohol abuse which is one of the various unhealthy lifestyles that people adopts. In order to gain in-depth knowledge of the factors that affect and contribute to the unhealthy behaviour of alcohol abuse; this essay would identify contents such as social learning theory, health belief model, genetic theories, cognitive and behavioural theories, social economic status, culture, effect of media and some examples from real life.

A healthy lifestyle is an element of choice and behaviour that is aimed at preventing disease and enhancing health and well- being (Ogden 2000). Beliefs and values has been highlighted by Tones and Tilford (2001); Tones and Green (2004) as major influence that affects the practice of a healthy lifestyle.

The health belief model, health locus of control and the theory of reasoned action are some of the theories that seek to explain individual behaviour that affects their health.

It has been suggested that preventive health behaviour is influenced by perceived susceptibility, perceived severity and perceived beliefs and barriers (For example a cousin of mine by name Mr B was driven to stop drinking alcohol.. When my uncle (his father) who has been a heavy drinker of this stuff, suddenly became seriously sick and within a short period time he died. He was diagnosed with cirrhosis of liver. The cause of the death of my uncle has played a role in the behaviour change of my cousin (Mr B). He has the perception of the risk and seriousness of the illness. This means that he felt susceptible to the illness. However individuals have beliefs related to both their health and illness. These beliefs influence their behaviour which in turn have impact on how healthy they are. Hence Leventhal et al 1980, 1997 clearly defined illness belief as patient own implicit common sense belief about illness.

The kind of lifestyle an individual chooses is determined by the beliefs and attitudes. According to Jennie Naidoo and Jane Wills 2008, theory of planned behaviour consisted of attitude, subjective norm and perceived behavioural control. If for example an individual believed that cutting down on drinking would make life more productive (attitude) and believed that people that are important in his/her life wanted him/her to stop (subjective norm ) and on evaluation of internal and external control factor (behaviour control) this would predict him/her a high intention to stop. This concept relates to what

happened to mine cousin (Mr B) having evaluated the consequences and influence of the family, he decided to stop.

he theories of planned behaviour in psychology as suggested by Rise et al 2002 relates to belief which strongly affects behaviour and therefore make the belief a subjective probability that a specific behaviour will generate an outcome.

Individuals that adopt unhealthy behaviour drinking alcohol has been classified as either binge or a steady drinking (Carlson 2004). The evidence suggests that binge drinking has a both an environmental and a genetic component. Ciccocioppo and Hyytia 2006, Goldman et al 2005, Kreek et al 2001 was of the opinion that some people are born alcoholic. They strongly believed that these people are genetic tendency to alcoholism. Even though a person may have a genetic tendency to alcoholism, the general influence of environment over genes has to be taken into consideration.

Pavlov (1949) in social learning theory reflects learning by modelling and associating behaviour. It is pertinent to note that this may involve classical conditioning (internal and external cues) reinforced positively or negatively conditioning and observational learning (Walker 2004) Children learn lots of habits from parents, relations and peers. This may result in them coping in their behaviour through observational learning. For instance sons of steady drinkers have a seven times greater risk of being a steady drinker themselves than sons of non-drinkers. Daughters of steady drinkers often show somatization disorder, where they complain frequently about illness even in non-existence of provable illness problems (Carlson 2004).

Studies have revealed that alcohol abuse is a form of drug dependence. It has been stated that more than a quarter of adults aged 16-24 in England are drinking more than the recommended limits which could harm their health. It was also implied that 8.2 million adults need some form of intervention (Drummond et al 2004).

It has been highlighted that 27% of men are drinking more than 21 units a week and 17% of women are drinking more than 14 units a week in the United Kingdom (Office of National Statistics General Household Survey 2003).

Excessive alcohol use can damage body organs for example cirrhosis of the liver and violent tantrums which sometimes lead to suicide. It is also widely acknowledged that alcohol misuse and abuse has a great impact on health and social well-being (Miller and Rollnick 2002). The question then arises, why do people engage in such unhealthy behaviour?

It has been noted that parents are more important at early stage but individual may therefore be unrealistically optimistic if they focus on the times when they drink in moderation when assessing their own risk and ignore the times when they do not. In addition focussing on the times when others around them drink to excess and ignoring the times when they are more sensible. Hence Weinstein (1984) emphasised that individuals focus more on overlooking their own risk-increasing behaviour and concentrating mainly upon their risk reducing behaviour. People hold beliefs about their own vulnerability to a given problem and make judgements concerning the extent to which they are at risk. They believed that they were less likely than

others to get the health problem (Weinstein 1987 ) In view of this therefore unrealistic optimism determines unhealthy lifestyles of alcohol users who under estimate the risks of having oral cancer (Dillard Mccauley & Kleen 2006)

Health psychology relates to health and behaviour and the fact that human being has a complex system and unique in nature made illness as a multitude of interacting factors such as biological, behaviours, beliefs and social interactions. (Engel 1997 &1980 ) However locus of control in health psychology determines the extent to which people have control over event that have impact in their lives. Some people suppose that their actions and what happens to them is up to them and consider events as personally controllable. These individual strongly belief that the events of outcomes are their own behaviour and is regarded as internal locus of control. While some people believe that outcomes of events are largely not controlled by them but lies in the hand of fate (Wallston and Wallston 1982, Hudson 2001) From all inactions people with high internal control are likely to live a healthier life style in contrast to the external locus control since they would be looking for rationale behind the events that leads to the behaviour Sociology health and illness concept which relates to socioeconomic status, ethnicity, culture and media have important role in determining the lifestyle of individual. There are constraints embedded in people” lives that may be dormant factor in the decision to practice a healthy lifestyle and these constraints may in fact leave people with little or no choice in exposing themselves to unhealthy conditions (British Journal 2006).

Social class does impact in health and illness. There is a great correlation between the level of profession and mortality: through the correlation

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between the level of profession and morality, it is hinted that the higher up the social level the longer the life expectancy (Mark 2005, Scmitter 2004) emphasised those in the lower social class have a poorer health status than those in higher social classes. Individual in diverse social classes frequently have different nutritional styles, leisure time activities and manners towards health (Townsend et al, 1988, 1992 cited by British Journal 2006). People in the lower social class often adopt more dangerous and health damaging behaviour. They prefer not to eat well, prefer to smoke more cigarettes and prefer to drink more (Devinder Rana and Dominic Upton 2009). People choose this unhealthy behaviour because they found it as the only way known to them, that works for them and is available for them to get through difficult situations and problems. An example is my cousin Mr B who is a 45 years African British man who was brought to live in Britain at the age of 10 years due to the father migration to work in the United Kingdom. Mr B often truanted from school and began binge drinking from the age of 12-13 years old. He went out of the school at the age of 14 years without any certificate. And went out of the parent's house and followed his peers who also abuse drugs (cannabis) and alcohol. The extended family effort in modelling his life and not to follow his father's footsteps proved abortive as he never sleeps at home nor takes their advice. At the age of 17 years, he got a job as a warehouse clerk but could not hold the job more than six months because he always uses the money on alcohol to the extent that he could not afford his house rents and bills. He started living on benefit and had a council flat. As he had been addicted to alcohol he could not even use the benefit for food. He uses it on alcohol. He became having malnutrition due to lack of good dietary intake. At the age of 35 years he was diagnosed with oral cancer.

The role of family and social networks in shaping and sustaining life style in child development can not be over-emphasised. In view of this family, peer group, school has a great influence on an individual lifestyle (Ochieng 2003) In most cases people like my cousin Mr B realised their failure in life and then indulged in drinking in order to cover their weaknesses and believe that the use of alcohol as a means to get through their shortcomings and situations.(Devinder Rana Dominic Upton 2009).

From sociological perspective different ethnic groups have different health status. The term ethnic groups covers a large number of individuals (Rassol 2006) cited by DEvinder Rana & Dominic Upton. It is important to note that ethnic groupings include beliefs, tradition, languages and moral values. In addition factors such as lifestyles, custom or marriage, religion also influence these ethnic groupings. For example “ white Irish men (58%) and women (37%) were likely than other ethnic group to drink in excess of government lines followed by Black Caribbean (27%) men and (17%) of women while the least is the Pakistani Bangladesh and Chinese groups” (Devinder Raha & Dominic 2009. From this indication the mode of consumption of alcohol by these different ethnic groups would have great impact on their health status (Sangster et al cited by Devinder Raha & Dominic). Ethnic group with high level of alcohol of consumption would be more prone to cancer and other related diseases than ethnic with less consumption. (Adam-Campbell 2001) In essence white Irish consumed more alcohol than other EU countries (Goodman Lovejoy & Sherratt 2007

It has also been argued by sociologists and psychologists that environment in which people live due to social status have great impacts on their



behaviour. For example if individual found himself/herself in a volatile, unhealthy environment where people living in such area mostly indulge in alcohol use as lifestyle then there is the tendency that the individual would join the bandwagon in order to integrate into the community. On the other hand if the community is more engaged in physical lively lifestyle in order to deal with stress, boredom and problem then the individual would live a lifestyle that would project the image of the community. (Joens-Matre et al 2008)

Individuals have the right to choose whether or not to adopt a healthy lifestyle and therefore media plays a vital role in determining the choices. In essence therefore media affects behaviour and greatly accounts for structuring or shaping lifestyles (Bells & Hollows 2005). Generally the motive of mass media is to shape the common sense, cultural ideas and the interpretation of the world (Russell and Edgar 1988 cited by Jennis Naidoo and Jane Wills 2008). The social impact of media is to effect fundamental behavioural changes among a large section of the population and this effectively done in television broadcasting which has a massive influence on the viewers.

In conclusion alcohol is a drug that contributes to an estimated 40000 deaths per year with significant cost to the NHS (Taylor 2006). Undoubtedly there would be a continuous rise in the trend in alcohol consumption due to the relaxing of licensing laws related to public house opening hours. This RED signal or unhealthy behaviour of the people should be a great concern to the government and now Government should see people as 'first concern' not the monetary aspect. Recently a call has been made by health

practitioners that Government should ban advertisement of alcohol through sports and musical sponsorship. Policy should now be centred on how to provide vital information on health and accessibility of healthcare to all in respective of the social class, ethnic, or disadvantaged people. People adopt a good lifestyle based on information available.

(Great Britain 2000) emphasised and encouraged people to take up physical exercise in order to have a healthy lifestyle. A lifestyle can either be positively or negatively reinforced by source of information on positive lifestyle, family and social network. By and large the writer is of the view that whatever the attractions, appeals or social norms attached to alcohol, it is a drug that has psychological and sociological effect on lives of the people in particular and society in general. It is a stimulant and then a depressant that affects the reasoning and judgement of individual. To cap it all it is a mood changing and therefore leads to violence and poor health.

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