

UNIT 4

Social Influences on Health and Wellbeing

Unit 4: Social Influences on Health and Wellbeing is an internally assessed, optional, specialist unit with three learning aims:

- Learning aim A: Explore the effects of socialisation on the health and wellbeing of individuals.
- Learning aim B: Understand the influences that relationships have on the health and wellbeing of individuals.
- Learning aim C: Investigate the effects of social factors on the health and wellbeing of individuals.

The unit focuses on how social factors influence both our health and our wellbeing. In it we examine the development of beliefs about what is right and wrong and how relationships, social class, income and education affect health and wellbeing.

Learning aim A covers socialisation and how this can influence not only our health but also how we feel about ourselves. Learning aim B looks at the influence that relationships have on health and wellbeing. Finally, in learning aim C, we look at the effects of social factors such as social class, income and education on health and wellbeing.

Each learning aim is divided into two sections. The first section focuses on the content of the learning aim and each of the topics are covered. At the end of each section there are some knowledge recap questions to test your understanding of the subject. The answers for the knowledge recap questions can be found at the end of the guide.

The second section of each learning aim provides support with assessment by using evidence generated by a student, for each grading criterion, with feedback from an assessor. The assessor has highlighted where the evidence is sufficient to satisfy the grading criterion and provided developmental feedback when additional work is required.

At the end of the book are examples of assignment briefs for this unit. There is a sample assignment for each learning aim, and the tasks allow you to generate the evidence needed to meet all the assessment criteria in the unit.

Learning aim A

Explore the effects of socialisation on the health and wellbeing of individuals

Assessment criteria

- 2A.P1** Explain the influence of agents of primary and secondary socialisation.
- 2A.P2** Describe the effects of socialisation on the health and wellbeing of individuals.
- 2A.M1** Explain the effects of primary and secondary socialisation on the health and wellbeing of individuals, with reference to relevant examples.
- 2A.D1** Evaluate the impact of primary and secondary socialisation on the health and wellbeing of individuals, with reference to relevant examples.

Primary and secondary socialisation

There are two types of socialisation:

- Primary socialisation, which is the first way babies learn how to interact with people
- Secondary socialisation, which is the way that a young person learns about the world from others outside the immediate family.

Socialisation does not happen if a baby is totally isolated. Socialisation only happens when others (agents) show the individual how to behave. This can be directly, by parents saying 'thank you' to teach a baby to be polite, or it can be indirectly, through media influence, for example when a child watches a violent cartoon then hits his baby brother.

Primary socialisation

The agents of primary socialisation are parents, brothers and sisters, and grandparents – whoever cares for the baby. They influence how the baby learns to speak, how the baby develops beliefs about the world, and the values of what is acceptable and not acceptable.

Studied

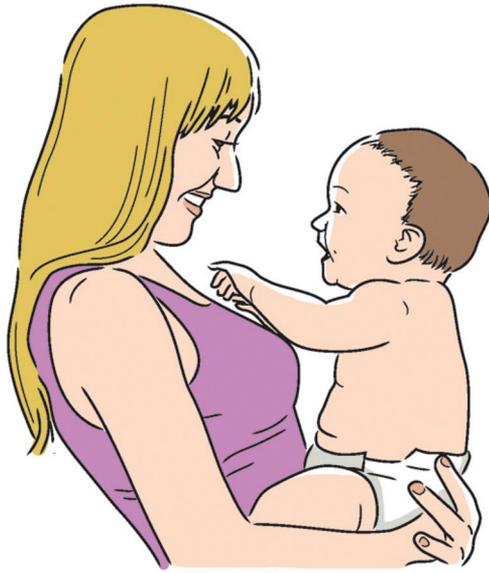


Figure 1 Primary socialisation

Secondary socialisation

Studied

The agents of secondary socialisation are:

- **friends and peers** – they may shape a person's behaviour
- **the media** – for example, advertising, social networking, television, celebrity culture, music, newspapers and magazines. These may influence what music a person listens to, or who they admire
- **other agents outside the immediate circle** – including early years workers at nursery or playgroup, then later on, teachers, youth workers, representatives of religions, work colleagues, social workers. These influence how a young person develops ideas of how to interact with others.



Figure 2 Secondary socialisation

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Effects of socialisation

Gender roles

Studied

Gender roles are shaped by the expectations of male and female behaviour that our family and our friends have. In some cultures, boys are expected to play football but girls are expected to play with dolls. The girls who want to play football and the boys who want to play with dolls are made to feel abnormal. This negatively affects their wellbeing. Some people are challenging this traditional view and raising their children to join in with everything with a positive sense of wellbeing.

Attitudes

Studied

Socialisation shapes the way we think about things. If parents are willing to see people as individuals rather than 'the immigrant next door', their tolerance will shape their child's thinking. If on the other hand parents are prejudiced, the child will also learn to be prejudiced. Attitudes to religion and authority are transmitted through socialisation. If families respect religious leaders and authority figures such as teachers and police, then their children will learn to do the same. Later, secondary socialisation may change attitudes; a young person brought up to respect others may be influenced by friends who think it is fun to mock older people and the young person may adopt that behaviour.

Development of social norms and use of language

Studied

Socialisation affects the development of social norms and values, views of right and wrong, manners and behaviour. Norms are what people consider normal in that society. What choices people make about how to behave are influenced by their socialisation. Primary socialisation may have taught some to grab what they can, regardless of who owns it. This is the norm for them. Some people will join in a riot because they feel it is acceptable to break windows and loot shops. They may swear at the police. Others will move away and not join in. These choices are the result of socialisation. At times secondary socialisation changes what we learn through primary socialisation, so a rioter can change and become a model citizen.

The use of language is affected first of all by primary socialisation. We learn to speak the language our parents and family speak, whether it is English, Urdu or Spanish. We copy their accent and dialect, so someone from the north of England may speak English differently to a person from the south. Whether we swear or not as a child is influenced by our primary socialisation. Later, secondary socialisation may also influence our language. We learn new words as we become more educated, and develop specialist language as a result of secondary socialisation. Garage, grunge and rap are specialist words for music that may need to be explained to parents. We use words with friends that we do not use at home, and we use words in school essays that we do not use with friends. Secondary socialisation gives us a variety of languages to communicate with a variety of people.



Figure 3 How would you describe this band?

Influence on lifestyle choices

Studied

Socialisation influences lifestyle choices. Primary socialisation affects whether we are involved in sport. If mum and dad take their children swimming every weekend, the children are more likely to be able to swim and may get involved in other sports, but if mum and dad are working and the children are left to watch television, they are less likely to be involved in sport or take regular exercise.



Figure 4 Children are more likely to take part in sport if their parents are also involved

Whether we get a job or remain unemployed, and what careers we choose, are influenced by family and wider society. A child born into a family where no one has worked for three generations is less likely to become a doctor than one born into a family where grandparents, mother and father are all doctors. This is because of the influence of socialisation on lifestyle choices. To become a doctor needs hard work and determination, values which are instilled in early childhood. A young person also needs to have access to books and to be encouraged and supported to achieve. This attitude may not be there in a family that has opted to live totally on benefits for several generations.

The use and choice of medical care and treatment is also influenced by socialisation. Jehovah's Witnesses believe that we should not take blood and so refuse blood transfusions. This can at times pose a risk to life. Some people believe they have a right to decide when to end their own life, especially if they have a painful incurable disease. In this country it is illegal to do so and it is illegal to help someone to do so. Some of these people go abroad to make sure they can end their life when they wish.

Whether we take illegal drugs, stay faithful to a long-term partner, smoke, drink too much alcohol or attend a place of worship are all

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influenced by socialisation. It affects the choices we make about how to live. Some people adopt alternative lifestyles, perhaps living in a commune with a group of like-minded people, or they may try to live a more spiritual life by joining a religious community. Some people try to respect the planet and not waste resources or cause unnecessary pollution, so they may use public transport, recycle what they can and grow their own food. All these lifestyle choices are influenced by socialisation and some of these alternative practices are now becoming the norm.

Knowledge recap questions



1. What is socialisation?
2. What is primary socialisation?
3. What is secondary socialisation?
4. What aspects of life does socialisation affect?

Assessment guidance for Learning aim A

Scenario

You are helping at a local youth club and the organisers want young people to be aware of the effect of socialisation on health and wellbeing. They have asked you to write short stories based on fictional characters to show this. Your work will need to explore the effects of socialisation on the health and wellbeing of individuals.

2A.P1 Explain the influence of agents of primary and secondary socialisation.

Assessor report: The command verb in the grading criteria is explain. In the learner's answers we would expect to see details and reasons and/or evidence to support the arguments being made. The learner should start by introducing the topic, then give the 'how' or 'why'.

Learner answer

Socialisation is the process of learning to interact with others in society. Babies who are isolated from others at birth, if they survived, would not be socialised. Agents of socialisation are the means by which we are socialised. Usually agents of socialisation are people, but the media, television and other forms of communication such as social media have a role to play in secondary socialisation **(a)**.

Agents of primary socialisation are those people who care for us, our parents or carers, sometimes our grandparents or brothers and sisters. They show us how to interact. A mother smiles at her baby and the baby learns to smile back. The father baths the baby and shows him how to splash and enjoy water, so the baby develops confidence and is not scared of water. This is how agents of primary socialisation influence us **(b)**. They do this so that the child will grow and be accepted as part of that society **(d)**.

Agents of secondary socialisation are those influences – usually people – outside the immediate family, for example, teachers

and friends. Television is increasingly an agent of secondary socialisation. A toddler watches a cartoon where a mouse hits a cat, and the toddler copies this behaviour, hitting the pet cat. The toddler cannot understand why this is wrong when he is only doing what he has seen (c). The nursery may be the first place where a child meets people as agents of secondary socialisation. It is here that they may be interacting with others of the same age. Nursery nurses will teach them by showing them how to take turns, to care for others and to say 'please' and 'thank you'. At nursery or at home, children who are encouraged to become independent will find it easier to interact with others in the big wide world (d).

Friends become agents of secondary socialisation in the teenage years, as they influence each other. Suddenly a certain type of trainer is fashionable and everyone must have one. Those who do not have them are seen as not belonging (c).

Assessor report: The learner has defined socialisation and explained agents of primary socialisation but some of the work lacks depth. To achieve 2A.P1, the learner could improve their explanation of both positive and negative influences of the agents of primary and of secondary socialisation. To complete their work the learner should give both positive and negative examples of the influence for each type of socialisation. Agents of secondary socialisation require more explanation.

Assessor report – overall

What is good about this assessment evidence?

The learner has provided a definition of socialisation (a) and has explained the influence of agents of socialisation, both primary (b) and secondary (c). They have said how the process happens and mentioned why (d).

What could be improved about this assessment evidence?

In primary socialisation they should also look at the influence of agents on speech, beliefs and values. For secondary socialisation they should include friends and peers; media, e.g. advertising, social networking, television, celebrity culture, music, newspapers/magazines; and also other agents, e.g. early years workers at nursery/playgroup, teachers, youth workers, representatives of religions, work colleagues, social workers. They should span a wider age range and give more detail for the influence of agents of secondary socialisation.

2A.P2 Describe the effects of socialisation on the health and wellbeing of individuals.

Assessor report: The command verb in the grading criteria is describe. In the learner's answers we would expect to see a detailed account of the effects of socialisation on the health and wellbeing of individuals.

Learner answer

Health, which is not just the absence of disease, and wellbeing, which is how we feel about ourselves, are influenced by how we are socialised. Socialisation can affect health and wellbeing both positively and negatively. In particular, socialisation can affect gender roles, attitudes, the development of social norms and values, and it can influence lifestyle choices.

Primary socialisation around gender roles can have a positive effect on health and wellbeing; for example, if a child is raised in a family where both mum and dad cook, change nappies, and clean the car, the child will develop a positive sense of wellbeing which will help them when they are in a relationship. They will be secure in their identity – a boy will not feel his masculinity is questioned because he changes a nappy and a girl will not be unhappy if both share parenting.

Primary socialisation can affect attitudes and can positively influence health and wellbeing. Children who are brought up to accept people from different cultures and religions will not be stressed living in a multicultural society, whereas those brought up to be prejudiced will be unhappy.

Primary socialisation affects the development of social norms and values positively. A child brought up to have good manners, to respect others and say 'please' and 'thank you' will be welcomed and will have a greater sense of wellbeing than one who is brought up to be selfish.

Lifestyle choices influence health and wellbeing. Primary socialisation can affect lifestyle choices positively, by developing a healthy lifestyle with a well-balanced diet and plenty of exercise, or it can have a negative influence on health and wellbeing. Parents who smoke, drink too much and take drugs are socialising their children in a way that will negatively affect their future health and wellbeing. A child who sees an adult they love smoking is more likely to start smoking to copy them, and

is more likely to suffer the health problems associated with smoking such as asthma, lung disease and heart disease.

Secondary socialisation affects the health and wellbeing of individuals through gender roles, attitudes, the development of social norms and values and by influence on lifestyle choices. The effect may be positive or it may be negative.

Assessor report: The learner has made a good start in describing the effects of primary socialisation on health and wellbeing but needs to do the same for secondary socialisation.

Assessor report – overall

What is good about this assessment evidence?

The learner has given a detailed account of the effects of primary socialisation on gender roles, attitudes, the development of social norms and values and lifestyle choices.

What could be improved about this assessment evidence?

To achieve 2A.P2, the same detail is required for secondary socialisation and this should be applied to one or more fictional characters as set out in the scenario. Shaping of gender roles should include expectations for male and female behaviour. Shaping of attitudes should include the development of tolerance/prejudice, shaping of moral choices, religious and secular beliefs, and attitudes to authority. The development of social norms and values should include views of right and wrong, manners and behaviour and use of language. The effects of socialisation on lifestyle choices could include whether to enter employment, career choices, use of illegal substances, marriage and long-term relationships, alternative lifestyles, religion, use and choice of medical care and treatment, smoking, alcohol consumption and participation in sport or exercise.