

4 | Social influences on health and wellbeing



Learning aim A:
Explore the effects of socialisation on the health and wellbeing of individuals

- ▶ Topic A.1 Primary and secondary socialisation
- ▶ Topic A.2 Effects of socialisation

Learning aim B:
Understand the influences that relationships have on the health and wellbeing of individuals

- ▶ Topic B.1 Influences of relationships on individuals

Learning aim C:
Investigate the effects of social factors on the health and wellbeing of individuals

- ▶ Topic C.1 How social factors influence health and wellbeing

Primary and secondary socialisation

Introduction to this chapter

People are social animals. We need and develop relationships with those around us, forming important emotional bonds with members of our families and with friends. The people we are close to, especially those we spend time with during infancy and childhood, are very influential in shaping our attitudes, behaviour and beliefs. This chapter focuses on different types of social relationship, as well as a range of broader social factors that influence human development, health and wellbeing.

Socialisation processes

Socialisation is the process of learning values, ideas, practices and roles; it is about becoming a socially aware and socially skilled member of a society. As a newborn baby, you came into the world with no sense of self and no knowledge of the rules of your society. You didn't know about acceptable behaviours, or how you should relate to others. You learnt this through **primary** and **secondary socialisation**.

Primary socialisation

Your primary socialisation as a member of society began within your family during infancy and early childhood. A child's family (parents, carers and siblings) are known as **agents** of primary socialisation. They usually teach an individual:

- the **norms** or expectations of society
- attitudes and values about what is right and wrong
- basic **social skills**, like the importance of saying 'please' and 'thank you'
- ways of speaking and behaving towards others.

Young children are taught how to behave normally so that they can fit in, becoming accepted members of social groups and our broader society. Primary socialisation also has an important influence on a child's ways of thinking and their expectations of people outside of their family.



Primary socialisation involves teaching basic care skills as well as social skills

Key terms

Agent (of socialisation): an individual who is involved in socialising others as a result of their work role or personal relationship

Norms: the rules of socially appropriate behaviour in a society

Primary socialisation: the process through which infants and children begin learning the norms or expectations of society; this usually happens within their family

Secondary socialisation: the process of learning attitudes, values and social norms outside of the family, usually through education, work and friendship relationships

Social skills: the talking, listening and relationship skills a person needs to communicate and interact with others.

Your assessment criteria:

- 1A.1** Identify agents involved in the primary and secondary socialisation processes
- 2A.P1** Explain the influence of agents of primary and secondary socialisation

Case study

Jan is a nursery nurse. She works in an early years playgroup with children aged three to five years of age. Jan sets up a range of indoor and outdoor play activities and supports the children who take part in them. Jan also helps the children to manage their personal hygiene, to get their shoes and coats on and off and encourages them to talk and behave in socially acceptable ways. As part of this, she praises the children when they make a 'good choice' but also points out when they have made a 'bad choice' in the way they behave or relate to others.

1. Identify two ways in which Jan is socialising the children at nursery.
2. Describe how Jan teaches the children the difference between 'right' and 'wrong'.
3. Explain why it is important that Jan demonstrates appropriate behaviour and tells the children about ways of speaking and relating to others.



Secondary socialisation

Secondary socialisation occurs from later childhood onwards and continues to the end of an individual's life. It involves learning a range of new skills and attitudes, and also modifying our existing attitudes, values and behaviours. Agents of secondary socialisation include:

- friends
- peer groups
- the media
- teachers and youth workers
- faith leaders (such as priests, imams and rabbis, for example)
- social workers
- employers and work colleagues.

We develop and change as individuals as a result of going to school, getting a job and spending time with non-family members, for example. Schools, the mass media, workplaces, friends and peer groups all play an important part in our secondary socialisation, shaping the person we become. This process continues throughout our lives.



Discuss

How might the media (TV programmes and adverts, radio, magazines and books) and other young people (at school or college perhaps) also play a part in the socialisation of adolescents? Give an example of how each of these factors might influence a young person's development.

Case study

Emma is in her second year of nurse training. Her interest in nursing developed from watching hospital dramas on television when she was younger. Emma has since learnt that real-life nursing is much harder work and less glamorous than the programmes led her to believe. She is currently working in an assessment unit for older people with medical problems. Heidi, the ward sister, is Emma's workplace mentor and assessor. Emma has learnt a lot from watching and listening to Heidi. She says that she would like to be as confident and compassionate as Heidi is when faced by difficult care situations and when dealing with relatives and other senior staff in the hospital.

1. How did the media influence Emma's socialisation as a nurse?
2. What role has Heidi played in Emma's professional socialisation?
3. How has Emma's contact with Heidi helped her to develop as a nurse?

How does socialisation happen?

Socialisation processes are sometimes deliberate and easy to observe. For example, when a parent tells a child what to do or when a person is penalised or punished in some way for breaching social norms, socialisation is happening. Parents and carers, as well as siblings and other people who have a close relationship with a young child, may:

- explain how or why a child should behave (say 'please' or 'thank you')
- show the child what to do (holding cutlery or a cup properly, for example)
- model behaviour (greeting people, being friendly towards others).

In all of these cases the agent of socialisation is trying to shape or develop the child's attitudes, values and behaviour to enable them to fit in with social norms. Socialisation can also occur in more subtle ways too; when a young person learns from the example being set by a parent or sibling or when they are given praise for behaving in a way that conforms to what is expected and acceptable in society.



Your assessment criteria:

- 1A.1** Identify agents involved in the primary and secondary socialisation processes
- 2A.P1** Explain the influence of agents of primary and secondary socialisation

? Reflect

How might a person's work role and experiences influence their social development? Give a couple of examples to show how work roles and experiences could affect an individual's social skills and relationships.

Discuss

Reflect on your own experience as a child or your more recent experiences with young children (as a parent, carer or sibling, perhaps) and try to identify ways in which:

- you experienced some form of socialisation by other family members
- you acted as an agent of socialisation.

Share your examples and experiences with class colleagues. How do you think your own experiences of socialisation have shaped you as a person?

Effects of socialisation

Socialisation outcomes

A wide range of socialising agents contribute to the socialisation processes that run through the whole of the human life course, having a major impact on an individual's personal identity, relationships and behaviour. Socialisation influences who we become and how we learn to fit into society, as well as many of our lifestyle choices and behaviours.

Gender roles

A person's sex refers to whether they are biologically male or female. **Gender** refers to the behaviour society expects from men and women. The gender expectations that are imposed on girls and boys during childhood and adolescence have a powerful impact on the kind of people men and women become. In Western societies girls are socialised to express so-called feminine qualities, such as being kind, caring and gentle. This leads to assumptions about gender **roles**, such that women should look after children, cook and do non-manual work. In contrast, boys are socialised to express accepted masculine characteristics such as being boisterous, aggressive and tough. This leads to assumptions that men should go out to work, do physical, manual jobs and be decision-makers. Parents, schools, friends and the media all play a part in gender socialisation.

The gender expectations that an individual experiences influence the way their identity develops, how they relate to others and the opportunities that may be open to them. The idea that boys and men should experience better opportunities than girls and women – especially in education and employment – because they are thought to be the 'superior sex' is not as powerful as it once was. However, gender does still play an important part in an individual's intellectual, social and emotional development because ideas about socially acceptable ways for men or women to behave remain very powerful in society.

Attitudes, values and social norms

Parents are a key socialising influence on children during the early years of life. In particular, children learn basic **attitudes**, **values** and **norms** from parents throughout childhood and into adolescence. Children absorb and learn a set of attitudes and values from their parents or carers through:

- what they hear their parents say
- observing the way their parents react and behave
- listening to what their parents tell them about how they *ought* to behave and think.

Your assessment criteria:

- 1A.2** Outline the main effects of socialisation on the health and wellbeing of individuals
- 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 individual, with reference to relevant examples

Key terms

Attitude: a way of thinking and behaving that expresses beliefs

Gender: the social and behavioural expectations that are associated with males (masculine) and females (feminine) in society

Norms: expected patterns of behaviour and belief

Role: an expected pattern of behaviour

Values: ideals that a person believes are important

Discuss

What does 'growing up as a girl' involve in today's society? How are the expectations placed on girls different to those of boys? Has this changed much since the time when your mother and grandmother were your age? Share and discuss ideas about this with class colleagues.

For example, if children see their parents expressing **prejudiced** attitudes about a minority group, they are likely to see this behaviour (and the attitudes being expressed) as acceptable. Children are not born with prejudiced attitudes towards others – they learn or acquire them through what they see, hear and experience from others.

Social norms and behaviour

Parents teach their children a set of social norms and what is acceptable behaviour by responding to their child's own behaviour with approval or disapproval. Part of this involves teaching a child 'manners' and 'good behaviour'. Parents use a variety of methods to do this including encouragement, explanation and even punishment. Many parents also model (demonstrate) what they see as acceptable social behaviours so that the child copies. These norms then become a feature of the child's social behaviours inside and outside of the family.

A parent who encourages and reinforces tolerant behaviour in their child is more likely to raise a tolerant child than a parent who does not value tolerance or who neglects this aspect of their child's behaviour. Similarly, where a child's parents show little respect or are hostile to those in positions of authority (such as teachers, social workers or police officers), the child is likely to absorb this kind of attitude. Where this happens the child may express what they have learnt in hostile or disrespectful relationships with authority figures.

Making moral choices

During childhood children learn to base their judgments about right and wrong, and good and bad, on rules (**morals**) that they have been taught by people who have authority in their lives, such as parents, teachers and religious leaders. Children generally obey rules if this means that they will avoid being punished or that they will receive rewards. The standards of morality that are taught or demonstrated by parents tend to have a big influence on young children who wish to be a 'good boy' or 'good girl'. As children move into adolescence, making moral choices becomes more complicated as other factors like **peer group pressure**, religious and other beliefs, and role models all influence thinking and behaviour. Moral rules passed on by parents seem less helpful when adolescents are faced with the complexities of adult life; they are more likely to use principles like truth, equality and social justice to make their decisions.

Your assessment criteria:

- 1A.2** Outline the main effects of socialisation on the health and wellbeing of individuals
- 2A.P2** Describe the effects of socialisation on the health and wellbeing of individuals

Key terms

Morals: principles of right and wrong

Prejudice: a biased, unfounded and usually negative belief about a group of people

Peer group: typically a group of people of about the same age who see themselves (and are seen by others) as belonging together in some way

Peer group pressure: the emotional and moral influence that a **peer group** can have on an individual's behaviour

Reflect

Can you remember how you were socialised into developing 'manners' and 'good behaviour' by your parents? How would you socialise a child of your own to behave at the dinner table? Think about what you feel is important, socially acceptable behaviour and how you would develop this in your own child.

Lifestyle and behaviour

Most people live as part of a family at some point in their early life. Parents are very powerful role models and influence development and lifestyle choices in both deliberate and subtle ways. A range of other socialisation factors can also influence an individual's lifestyle choices. These include, for example:

- when and in what way an individual enters employment or experiences unemployment, particularly when young
- a person's choice of career and the subsequent choices they make in developing their career
- whether a person chooses to use illegal substances, misuse alcohol or smoke cigarettes, which are all likely to have a damaging effect on health
- whether a person marries or develops a long-term relationship and the extent to which this contributes to their health and wellbeing
- an individual's religious beliefs or involvement in an alternative lifestyle (such as communal living, environmentalism or veganism, for example)
- the extent to which a person participates in sport and exercise and uses medical services to maintain their health and wellbeing.

The way in which these and other factors interact to influence personal development will vary. However, as a general rule, a person's lifestyle and the impact this has on their health, development and wellbeing is strongly affected by socialisation processes.

The impact of socialisation on health and wellbeing

Primary and secondary socialisation can shape an individual's health and wellbeing in many different ways. The positive impacts of socialisation could include:

- learning effective social and relationship-building skills
- developing self-confidence and self-esteem
- learning effective practical skills to deal with everyday life situations
- developing positive, constructive attitudes and values
- learning basic problem-solving and coping skills.

However, not everybody has positive early socialisation experiences. Neglectful, inconsistent or ineffective parenting can lead to the development of poor social skills and negative self-esteem, for example. Similarly, bad experiences of education or work situations in which colleagues are unsupportive, critical or even hostile can undermine a person's self-confidence, leading to a variety of emotional difficulties and mental health problems.



Relationships, health and wellbeing

People form different types of relationship at different stages of their life. Family relationships tend to be most important during infancy and childhood. There is then a gradual shift in adolescence as friendships become more important, though emotional support from within the family – or from other supportive carers – is also essential for adolescent development. A whole range of new personal and working relationships are formed as the individual progresses into adulthood.

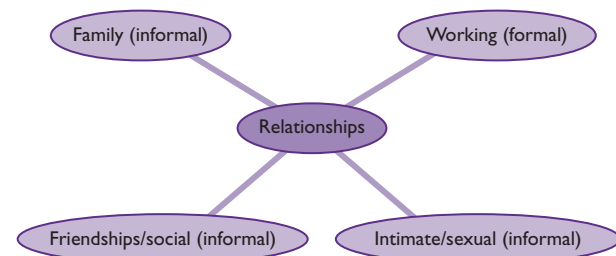


Figure 4.1 Different types of relationship

Family relationships

There are many different types of family structure. Whatever type of family structure a person lives in, their relationship with their parent(s) will play a big part in their development, health and wellbeing. Relationships with **siblings** are also important within family relationships. An individual's feelings about their family and the skills they develop (or don't develop) in relating to others within the family play an important part in the relationships they develop with others outside of the family during each life stage.

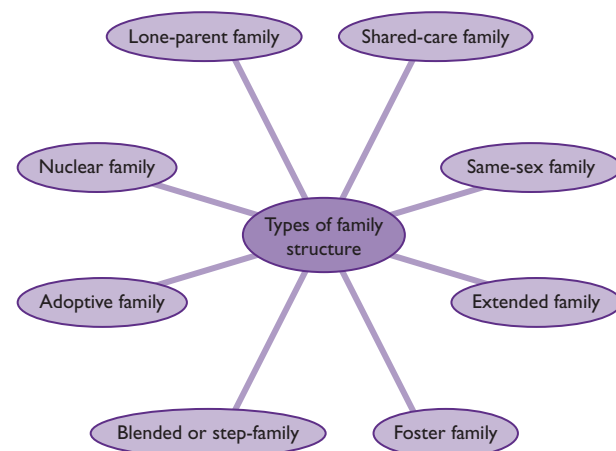


Figure 4.2 Types of family

Your assessment criteria:

- 1B.3** Outline the different types of relationships that have an impact on the health and wellbeing of individuals
- 2B.P3** Describe the influences that different types of relationships have on the health and wellbeing of individuals

Key term

Siblings: brothers and sisters in the family

An individual's family relationships develop and change as they move through different life stages. Family relationships are usually seen as special because of the biological connections and close emotional bonds between family members. However, while family relationships can be a source of love, protection and mutual support, negative family relationships that involve abuse, neglect or violence can result in physical hurt or psychological and emotional damage. Family relationships are often complex and many people have both good experiences of family relationships that support their personal development and some difficult and challenging experiences.

Table 4.1 Types of family structure

Type of family	Key characteristics
Nuclear family	Two heterosexual parents and dependent child(ren)
Extended family	Nuclear family plus additional relatives living together
Single-parent family	Single parent and dependent child(ren)
Reconstituted family	Two parents with dependent children from previous relationships and/or their own child(ren)

Nuclear families

A nuclear family is based around two heterosexual parents and their dependent children living together in the same household. A nuclear family tends to have some contact with other relatives who may also live in nuclear families but not in the same household. Though they have family connections to other relatives, nuclear families tend to be seen as independent, self-sufficient units. This doesn't mean that the parents in a nuclear family will necessarily provide all of the care for children. Some nuclear families use childminders, grandparents or other child care services to look after children during working hours, for example. However, on the whole, the parents do have the main responsibility and spend most time caring for their children.

Extended families

Extended families are nuclear families that are extended by the presence of grandparents or other relatives living in the same household, all part of the same family unit. Extended families were much more common in the United Kingdom in the nineteenth and early twentieth centuries. Despite this, extended families are still present in the United Kingdom, particularly in South Asian, Chinese and some other minority ethnic communities.



Extended families typically include grandparents as well as parents and children

One of the benefits of living in an extended family is that there are more adults around to provide assistance with domestic activities and child care. Extended families can be very supportive, boosting family members' self-esteem and giving feelings of security. However, living closely with lots of relatives can also be stressful and may lead to higher levels of anxiety where there are disagreements, tensions in relationships or communication problems between family members.

Single-parent families

The single-parent family is one of the fastest growing, though not the most common, type of family structure in the United Kingdom. It consists of a single parent (usually the mother) and at least one dependent child. The parent living with the child may share custody and responsibility for child care with the child's other parent. Though it is not always the case, many single-parent families have previously been part of a nuclear or extended family. Separation, divorce or the death of one partner may be the reason why a single-parent family is formed. Changes in social attitudes, particularly a decline in the stigma associated with being an 'unmarried mother', have made one-parent families and the birth of children outside of marriage more socially acceptable. Single-parent families are no less secure or supportive than other types of family. However, single-parent families may experience stress where the parent feels unsupported or is under a great deal of pressure to cope with all of the parental responsibilities alone. Similarly, where children feel abandoned or unsupported by a parent who has left the family, they may become less trusting, have lower self-esteem and feel less secure than children living in a supportive two-parent family.

Reconstituted families

Reconstituted families are also known as reconstructed, blended and, more popularly, as step-families. What all of these ideas have in common is the notion of two families merging into a new family. The 'merger' that occurs when a reconstituted family is created usually involves two partners bringing dependent children from their previous relationships into a new family situation. A reconstituted family may also develop further when the new partners produce children themselves.

Approximately 10 per cent of children live with a step-parent in the United Kingdom and many enjoy a safe, happy and supportive family environment that contributes to their health, wellbeing and personal development. However, reconstituted families are often poorer than other types of families and relationships between step-parents and step-children can be emotionally difficult. The self-concept of each member of a reconstituted family is likely to be changed by the 'merger' and the new set of relationships that develop.

Your assessment criteria:

1B.3 Outline the different types of relationships that have an impact on the health and wellbeing of individuals

2B.P3 Describe the influences that different types of relationships have on the health and wellbeing of individuals

Key term

Stigma: disapproval of personal characteristics, behaviour or beliefs

Reflect

How do you think people view single parents? In your opinion has the stigma associated with being part of a single parent family changed? What are your own thoughts about the impact that having only one parent at home has on children's health, wellbeing and development?

For some individuals, life in a reconstituted family can have a negative effect on their emotional development and wellbeing, especially if they struggle to come to terms with the loss or ending of their original, birth family and subsequently reject opportunities to form new relationships with step-parents or step-children.

Working relationships

Working relationships are different to other forms of relationship because the relationship serves a particular, non-personal purpose – it is about getting a particular job done. Most working relationships are formed between individuals who are not of equal status; one person usually has more power or authority in the relationship than the other. Relationships between teachers and students, between employers and employees and between work colleagues are examples of working relationships.



Figure 4.3 Features of good working relationships

Effective work relationships tend to be based on good communication, trust and respect between the people involved. Positive working relationships contribute to social, emotional and intellectual development and wellbeing because they can lead to:

- higher self-esteem
- positive self-image
- development of new skills and understanding
- a positive sense of self-worth
- a clear sense of personal identity.

Reflect

Why do you think respect, trust and mutual support are particularly important aspects of work relationships in health and social care settings?

Teacher–student relationships

Learning is the specific focus of relationships between teachers and students. Relationships with class teachers and nursery workers become important in children’s lives from the point at which they begin attending nursery or primary school. A child needs to trust their teacher or nursery worker to establish the kind of relationship that enables them to develop their communication skills, self-confidence and self-esteem. A lack of trust and a negative, unsupportive relationship is likely to hamper the child’s social, emotional and intellectual development and wellbeing.

The relationship between a student and teacher becomes more of a partnership during adolescence. Both parties have an interest in promoting learning and general intellectual development. The teacher may still have more authority in the relationship but learning cannot occur without the student’s willing and active participation. A good working relationship between student and teacher is likely to contribute positively to the self-esteem, self-confidence and self-concept of both individuals and provides the basis for the student’s intellectual development and emotional wellbeing.

Employer–employee relationships

The employer–employee relationship is an example of a **formal relationship**. That is, it is based on a set of rules and expectations about how people should relate to each other because of their employment relationship. The employer has more power and authority, directing the activities of the employee. Employment relationships can affect an individual’s self-image, their social skills and their intellectual development – depending on the type of work they do and the development opportunities they are given. A person’s relationship with their employer may also influence their attitudes, values and behaviour as well as their self-concept. A negative relationship with an employer, or the experience of being made redundant, may cause an individual to experience high stress levels and can be damaging to their self-esteem and sense of security.

Work colleagues

Some work colleagues are peers. That is, they are people of equal status and similar background. People involved in these types of working relationships may also be friends. Effective relationships with peers and other work colleagues are important because people often need to co-operate in work situations. Being liked and valued by work colleagues also increases an individual’s self-confidence and self-esteem. However, in work environments where bullying and other negative behaviours occur, an individual’s self-esteem may be undermined. The higher stress levels that result can also lead to emotional and mental health problems.

Your assessment criteria:

- 1B.3** Outline the different types of relationships that have an impact on the health and wellbeing of individuals
- 2B.P3** Describe the influences that different types of relationships have on the health and wellbeing of individuals

Key terms

Formal relationship: a relationship based on a set of established rules, such as the employer–employee relationship

Secular: non-religious

Reflect

Think about your own relationships with teachers. Have they all been positive and productive? If not, what has been missing from those that were less successful?



Work colleagues sometimes disagree but must always respect each other to prevent bullying from occurring

Social relationships

Social relationships are voluntary, made out of choice by individuals who are not related to each other, largely because they enjoy each other’s company. Friendships and membership of religious and **secular** groups are examples of social relationships.

Friendships

Friends are people we generally see as likeable and dependable, and with whom we can communicate easily. People form friendships for a variety of reasons, such as common attitudes, values and interests, and a need for emotional support and companionship. Friendships tend to boost a person’s self-esteem and self-confidence, and help to develop social skills. Overall, friendships make an important contribution to an individual’s emotional and social wellbeing, and the formation of their self-concept.

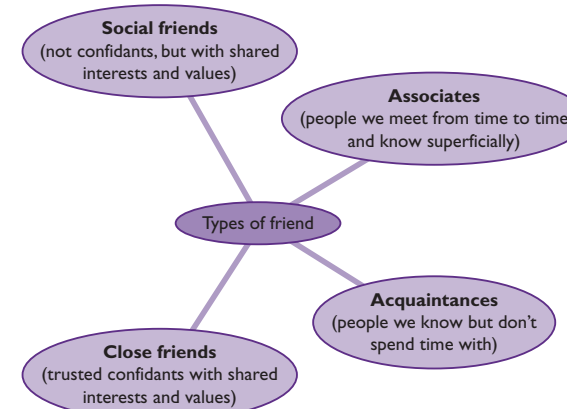


Figure 4.4 Types of friendship

Early friendships

Throughout childhood, friendships play an important part in developing a child’s self-esteem. Being liked and accepted by other children is very important for self-confidence and self-image. By contrast, children who struggle to make friends or who are rejected or bullied are likely to suffer low self-confidence and to have lower self-esteem because they become aware of this lack of social acceptance. This can damage the child’s long-term social and emotional wellbeing and they may develop a negative self-concept as a result.

Friendships become increasingly important and are often more intense during adolescence. Boys and girls now begin to form opposite-sex friendships, in contrast to childhood when friendships are mainly with members of the same sex. Girls tend to belong to smaller friendship groups and have emotionally intense friendship relationships, whereas boys tend to belong to larger friendship groups in which members share common practical or sporting interests.

Your assessment criteria:

- 1B.3** Outline the different types of relationships that have an impact on the health and wellbeing of individuals
- 2B.P3** Describe the influences that different types of relationships have on the health and wellbeing of individuals
- 2B.M2** Explain the influences that different types of relationships have on the health and wellbeing of individuals

Reflect

Can you recall your first (or early childhood) friends? What did you do together? How do you think that your early friendships affected your development during childhood?

Belonging to a friendship group provides an adolescent with an important sense of belonging and social acceptance outside of their family. Some adolescents who lack social skills, who have significantly different values to their peers or who are physically different in some way can be ostracised or left out of friendship groups. This can be damaging to self-esteem and to social and emotional development generally. Similarly, adolescents who lack self-confidence and self-esteem may find themselves vulnerable to peer group pressure within friendship groups. This can lead some young people into activities, such as drinking, petty crime, drug use or sex, that make them feel uncomfortable but which they go along with to remain a member of the group.

Adult friendships

Adult friendships tend to be carefully chosen and based on shared interests and values. They usually last longer if both parties meet each other's emotional needs for support, loyalty and honesty in the relationship. Adult friends can be very important for social development and emotional wellbeing as they provide the basis for a supportive social network. Friends are particularly important when an individual experiences significant life events, such as divorce, unexpected illness or stress, when they need people to offer emotional support. The loss of friends can lead to loneliness, isolation and feelings of insecurity.

Case study

Ffion, Nia and Eleri are all 32 years of age. They have known each other since they started primary school at five years of age. The three women are all now married, have two children each and live in different parts of the United Kingdom. Living hundreds of miles from each other hasn't got in the way of their friendship. All three communicate regularly, sending text messages a couple of times a week and speaking quite frequently on the phone. Ffion still lives in the part of Wales where the three friends grew up. When Nia and Eleri visit their families at Christmas and in the summer, the women also arrange to go out for a meal or to have a barbeque at Ffion's house. Ffion, Nia and Eleri discuss personal feelings and seek advice from each other when they have problems. All trust one another and believe they have an honest, supportive and genuine friendship that they can rely on, whatever else is happening in their lives.

1. Which aspects of the women's wellbeing and development are likely to have been affected by their friendship?
2. Explain why the friendship between these three women is likely to have had a positive effect on each individual's self-concept.
3. Using the information provided, identify possible reasons why the friendship between the three women has been successful and has lasted so long.

Your assessment criteria:

- 1B.3** Outline the different types of relationships that have an impact on the health and wellbeing of individuals
- 2B.P3** Describe the influences that different types of relationships have on the health and wellbeing of individuals

? Reflect

People with learning difficulties such as autism and enduring mental health problems, like depression, can struggle to make and maintain adult friendships. How do you think this might affect an individual's social and emotional development or their wellbeing?

Intimate and sexual relationships

People generally start to become interested in personal relationships in their early teens. Adolescents tend to fall in and out of love quite frequently as they experience 'crushes' or infatuations during puberty. This can be emotionally painful, but most teenagers use these experiences to learn more about the emotional aspects of relationships and to extend their understanding of their own needs and preferences. Girls tend to seek and engage in romantic, intimate and, to a lesser extent sexual, relationships at a younger age than boys. For many teenagers their first intimate relationship is an intense emotional experience rather than a sexual one.



Intimacy in adolescence

Intimate relationships do develop out of sexual attraction, though sexual intercourse is not necessarily a part of teenagers' intimate relationships. Kissing, hand-holding and other forms of physical contact are more frequently used to express physical and emotional attraction during this life stage. Intimate personal relationships tend to be short-lived during early adolescence but become longer with greater emotional and physical involvement in later adolescence. These longer-term relationships are based on greater emotional maturity and a stronger sense of personal identity. They also help to prepare young people for future relationships with the partners they will meet as adults.

Intimacy in adulthood

Sexual relationships are a normal part of intimate personal relationships during all phases of adulthood. For most adults, engaging in sexual activity with a partner expresses both physical and emotional needs. Sexuality often becomes a feature of an individual's self-concept during adulthood. During adulthood people typically search for a partner, developing emotionally and physically intimate relationships with one or more individuals before they form a long-term, usually monogamous, relationship. While some people avoid sexual relationships outside of marriage, many other people form intimate relationships before, or without, getting married. The physical and emotional intimacy of a close personal and sexual relationship contributes to an individual's social and emotional development and wellbeing. Unprotected sex, promiscuity and extramarital affairs may damage an individual's existing relationship and personal development because of the risk of unwanted pregnancy, sexually transmitted disease and the emotional distress that this can cause to existing partners. Adults who find themselves in sexually abusive relationships are also likely to experience significant emotional distress and sometimes physical injury, as well as low self-esteem.

Positive and negative influences of relationships on health and wellbeing

People form different types of relationship at different stages of their life. Family relationships tend to be most important during infancy and childhood. Friendships become important during adolescence and intimate personal relationships are significant during early adulthood, for example. Relationships have a positive impact on health and wellbeing when they are consistent and supportive. These types of relationships are good for health and wellbeing because they:

- provide emotional security through trust
- promote self-confidence and self-esteem
- influence the development of self-concept
- help us to develop our social skills.



Relationships that are abusive, neglectful or unsupportive tend to have a negative effect on an individual's health and wellbeing. People who don't have supportive relationships can experience loneliness and low self-esteem, as well as a range of mental health problems that result from being treated badly and not having their needs met by others who are important to them. Researchers have shown that people who lack close, supportive relationships are much more likely to experience depression.

Your assessment criteria:

2B.D2 Compare the potential positive and negative influences of different relationships on the health and wellbeing of individuals



Investigate

Is there a befriending scheme for vulnerable people in your local area? Using local library or Internet resources, find out what this offers and who uses it. If there is no local scheme, go to *The Befriending Scheme* at <http://www.thebefriendingscheme.org.uk> and watch the short film in which people explain what they enjoy about a scheme in Sussex.

How social factors influence health and wellbeing

Society, health and wellbeing

Health and social care workers are aware that a range of social factors influence people's experiences of health and wellbeing. Research studies that show the links between social factors and health refer to patterns of experience within a large population of people, such as a social class. There may be individuals within a social class whose health experience doesn't follow the general trend or pattern. However, the key point to understand is the general pattern or trend that is revealed by the research.

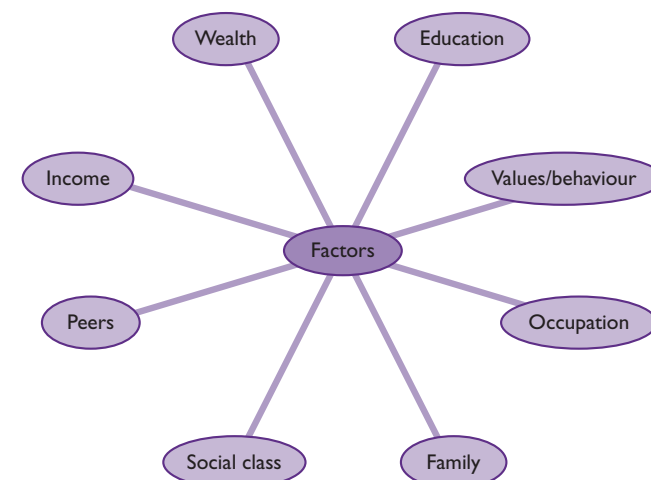


Figure 4.5 Socio-economic factors affecting health and wellbeing

Social influences on health and wellbeing

A range of **socio-economic factors** can influence health, wellbeing and development across the life course (see Figure 4.5).

Income and wealth

Income refers to the money that a family or individual receives on a regular basis. People receive money through working, pension payments, welfare benefits and other sources such as investments. Wealth refers to the assets and resources that people own. People with high incomes tend to build up greater levels of wealth than people on low incomes.

An individual's (or a family's) income and wealth, and the things they spend it on, affect their quality of life and health choices. As a result, people from wealthy families tend to have better opportunities to make the most of their potential and to reduce their health risks than people from low-income families.

Your assessment criteria:

- 1C.4** Identify the effects of social factors on the health choices of individuals
- 2C.P4** Describe how social factors can affect the health and wellbeing of individuals
- 2C.M3** Explain how social factors can affect the health and wellbeing of individuals, with reference to relevant examples

Key term

Socio-economic factors: non-biological influences, such as relationships, lifestyle (socio) and money-related (economic) factors, which influence an individual's living circumstances, personal development and experiences

Education, values and behaviour

Educational experiences are part of secondary socialisation. Friends, peers and teachers at school or college all influence an individual's attitudes, values and behaviour in relation to health and lifestyle.

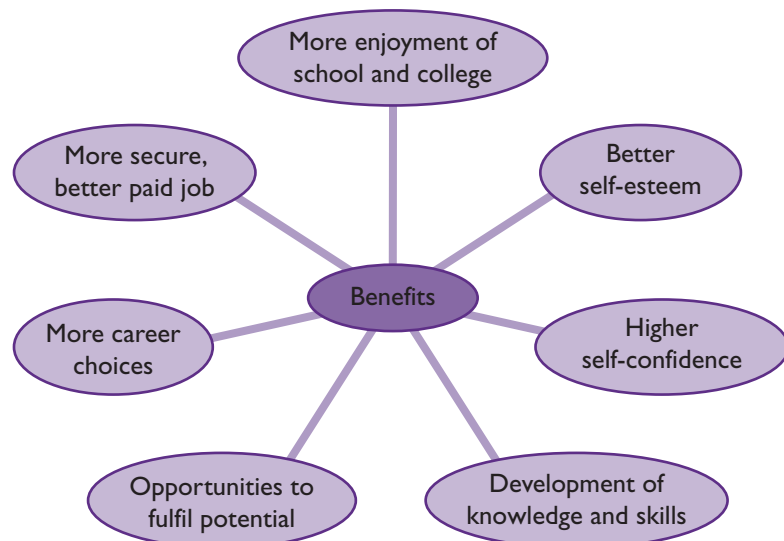


Figure 4.6 The benefits of a good education

Some people learn a lot at school, succeed in exams, make good friends and see education as a positive influence on their personal development and wellbeing. Educational success and strong friendships are very good for self-esteem and self-image and give the knowledge and understanding to make good health and lifestyle choices. However, not everybody enjoys school and not everybody succeeds. Failure and bad experiences in education can lead some people to develop a negative self-image, low self-esteem and may damage a person's sense of wellbeing.

Occupation and social class

Paid employment is the way in which most adults in the United Kingdom gain their income. However, some jobs provide a better income and working conditions and have a greater status than others. A person's employment status determines their **social class**. People in higher status employment are allocated to higher social class groups, and vice versa. As well as providing income, a person's occupation may influence their self-concept, their personal development and expose them to work situations that impact on their health and wellbeing.

Having high status employment, comfortable surroundings and stimulating work is likely to have a positive effect on health and development. Working in difficult or stressful conditions, in a low status job or in an unsupportive environment may have a negative effect.

Your assessment criteria:

- 1C.4** Identify the effects of social factors on the health choices of individuals
- 2C.P4** Describe how social factors can affect the health and wellbeing of individuals
- 2C.M3** Explain how social factors can affect the health and wellbeing of individuals, with reference to relevant examples

Key term

Social class: a group of people who are similar in terms of their wealth, income and job



People in the UK who have a higher than average income also tend to experience better than average health and wellbeing

Table 4.2 Effect of social class on health choices and outcomes

Aspect of health and wellbeing	Social patterns
Smoking rates	<ul style="list-style-type: none"> • Highest rates amongst manual groups, lowest in higher social classes. • Social disadvantage seen as cause of persistent class patterns.
Alcohol consumption	<ul style="list-style-type: none"> • People in higher income brackets drink most. • Higher social classes experience greatest risk of alcohol-related illnesses.
Diet	<ul style="list-style-type: none"> • People in higher social classes have better quality diet. • People in lower social classes eat more processed foods, and have higher obesity rates.
Exercise	<ul style="list-style-type: none"> • Men and women in lowest social classes with manual jobs are most physically active. • People in higher social classes are most likely to participate in sport or exercise for leisure.
Health care	<ul style="list-style-type: none"> • People in higher social classes are more likely to use preventive health services. • People in lower social classes are less likely to access hospital care.

Gender

Gender refers to the social expectations placed on men and women in society. Gender is linked to health behaviour; men being associated with more physically demanding, dangerous and risk-taking behaviours and women with more nurturing and caring activities. Both the different social expectations of men and women and their differing opportunities in society are linked to their diverse experiences of health and wellbeing. Women tend to experience more illness than men – and seek health care more often – but men die sooner, have higher rates of heart disease and are more likely to have fatal accidents than women.

Table 4.3 Effects of gender on health choices and outcomes

Aspect of health and wellbeing	Social patterns
Smoking rates	<ul style="list-style-type: none"> • Men are more likely to smoke than women. • Young mothers on low incomes are more likely to smoke than other women.
Alcohol consumption	<ul style="list-style-type: none"> • More men (40%) exceed recommended daily intake than women (23%). • Alcohol-related deaths for men are double those of women.
Diet	<ul style="list-style-type: none"> • Women are more likely to eat a balanced diet containing unprocessed wholefoods. • Men eat more meat, chips and cake than women.
Exercise	<ul style="list-style-type: none"> • Men take more exercise than women but too few people meet recommended levels of exercise. • Men are more likely to be overweight than women but women have higher rates of obesity.
Substance misuse	<ul style="list-style-type: none"> • Overall decline in substance misuse since 1998. • Men are more likely to misuse substances and experience negative health effects than women.
Health care	<ul style="list-style-type: none"> • Women visit GP more frequently and have higher rates of hospital in-patient stays. • Range of health services targeted at women is greater than those targeted specifically at men.

Culture

Culture is a complex and wide-ranging social influence on health and wellbeing; it can affect our dietary choices, the types of relationships we form and our general health beliefs, for example. We often take these cultural aspects for granted – we just think of them as being the 'normal' or right way of doing things. However, in a multicultural society like the United Kingdom cultural differences do result in different patterns of health and wellbeing. Minority ethnic groups in the UK are more vulnerable to ill health in general than white British people, for example. There are also significant differences in the types of physical and mental health problems experienced by members of different minority ethnic groups.

Family and peers

The family is often seen as the foundation of society because of the key role it plays in human development. The relationships we have with parents, brothers and sisters ensure that we are provided for, supported and protected as we grow and develop. For example, an individual's family:

- *provides* them with informal education and socialisation during infancy and childhood
- *supports* them emotionally, socially and financially from infancy through to adulthood
- *protects* their health and wellbeing by giving informal care, advice and guidance in every life stage.

Peer groups influence a person's social and emotional development and affect their sense of wellbeing. Adolescents often want to belong to a group of like-minded friends and have a strong need to be liked, respected and accepted by their peers.

Throughout life, an individual's personality, social skills and emotional development are all shaped by their friendships and peer group relationships. These relationships enable people to feel they belong, are wanted and liked by others and that there are people they can turn to for support. However, if an individual is bullied or rejected by their friends or peer group, they can lose self-confidence, feel very stressed and suffer low self-esteem.

Media

The media, including newspapers, television, radio and the Internet, have a powerful effect on the ideas and images that people develop about themselves and their health behaviour. Parents are often concerned

Your assessment criteria:

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Investigate

Use the Internet, the library or other sources of information to investigate cultural differences in diet, family relationships or the influence of religion on an individual's health and wellbeing. You should identify a cultural group different to your own, find out about the type of diet, family relationships or religious beliefs associated with this group and describe how this might influence the health and wellbeing of a person who belongs to the group you have chosen.

Discuss

With a class colleague, make a list of the different groups or communities living in your local area. Do members of these groups have any beliefs or make lifestyle choices that are different to your own? How might these have an impact on their members' health and wellbeing?

about fast-food advertising and television programmes that might have a negative effect on their children's health and wellbeing. However, at the same time as having a potentially negative influence on health, development and wellbeing, the media can also be used positively to deliver health education and to promote healthy living.



The media has a strong influence on how we think and behave in relation to health and wellbeing

Living conditions

A person's living accommodation provides them with physical shelter and protection. This is important for physical health and development. For example, lack of adequate heating, dampness and overcrowding can lead people of all ages to develop respiratory disorders, stress and mental health problems. Children who live in overcrowded homes are more likely to be victims of accidents.

People with low incomes sometimes have to choose between buying food and heating their homes. The consequence of not having enough heating can be hypothermia (a fall in body temperature to below 35°C – normal body temperature is 37°C). It is also important to note that a person's home provides them with a sense of emotional wellbeing and psychological security, so housing can affect an individual's emotional development too.

Effects of social factors on health and wellbeing

The links between social factors, such as social class and gender, health choices and their effects on health outcomes have been identified by health and social care researchers. Tables 4.2 and 4.3 summarise some of the patterns of health experience that provide evidence of social influences on health and wellbeing.

Your assessment criteria:

- 2C.M3** Explain how social factors can affect the health and wellbeing of individuals, with reference to relevant examples
- 2C.D3** Evaluate the link between social factors and the health and wellbeing of individuals, and the impact on health and wellbeing, with reference to relevant examples

Discuss

What is 'healthy housing'? Identify the features you feel are important in making a person's housing healthy.



Assessment checklist

To achieve level 1, my portfolio of evidence must show that I can:

Assessment criteria	Description
1A.1	Identify agents involved in the primary and secondary socialisation processes Page 000
1A.2	Outline the main effects of socialisation on the health and wellbeing of individuals Page 000
1B.3	Outline the different types of relationships that have an impact on the health and wellbeing of individuals Page 000
1C.4	Identify the effects of social factors on the health choices of individuals Page 000

To achieve a pass grade, my portfolio of evidence must show that I can:

Assessment criteria	Description
2A.P1	Explain the influence of agents of primary and secondary socialisation Page 000
2A.P2	Describe the effects of socialisation on the health and wellbeing of individuals Page 000
2B.P3	Describe the influences that different types of relationships have on the health and wellbeing of individuals. Page 000
2C.P4	Describe how social factors can affect the health and wellbeing of individuals Page 000

To achieve a merit grade, my portfolio of evidence must show that I can:

Assessment criteria	Description
2A.M1	Explain the effects of primary and secondary socialisation on the health and wellbeing of individuals, with reference to relevant example Page 000
2B.M2	Explain the influences that different types of relationships have on the health and wellbeing of individuals Page 000
2C.M3	Explain how social factors can affect the health and wellbeing of individuals, with reference to relevant examples Page 000

To achieve a distinction grade, my portfolio of evidence must show that I can:

Assessment criteria	Description
2A.D1	Evaluate the impact of primary and secondary socialisation on the health and wellbeing of individuals, with reference to specific examples Page 000
2B.D2	Compare the potential positive and negative influences of different relationships on the health and wellbeing of individuals Page 000
2C.D3	Evaluate the link between social factors and the health and wellbeing of individuals, and the impact on health and wellbeing, with reference to relevant examples Page 000