
# NATIONAL OPEN UNIVERSITY 0F NIGERIA

## FACULTY OF HEALTH SCIENCES

**DEPARTMENT OF ENVIRONMENTAL HEALTH SCIENCES**

**COURSE CODE: EHS 208**

**COURSE TITLE: HEALTH PSYCHOLOGY AND SOCIOLOGY**

# COURSE GUIDE

**EHS 208: HEALTH PSYCHOLOGY AND SOCIOLOGY**


Course Developer/Writers: Dr. Emmanuel Ejembi ANYEBE
Department of Nursing Science
Faculty of Health Sciences,
National Open University of Nigeria
Jabi - Abuja

Course Developer(s): Dr. Anetor Gloria
Department of Public Health Science
Faculty of Health Sciences,
National Open University of Nigeria
Jabi - Abuja

Course Coordinator: Professor Grace C. Okoli
Department of Environmental Health Science
National Open University of Nigeria

Programme Coordinator: Professor Grace C. Okoli
Department of Environmental Health Science
National Open University of Nigeria



**National Open University of Nigeria**
**Headquarters**
**91 Cadastral Zone**
**Nnamdi Azikiwe Expressway,**
**Jabi Abuja**

**Nigeria**

Abuja Annex

245Samuel Adesujo Ademulegun Street

Central Business District
Opposite Arewa Suites Abuja
E-mail:centralinfo@nou.edu.ng

URL: www.nou.edu.ng



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National Open University of Nigeria

Headquarters
91 Cadastral Zone
University Village
Nnamdi Azikiwe Express Way
Jabi, Abuja

**e-mail: centrainfo@nou.edu.ngur/:**
**www.nou.edu.ng**

**COURSE GUIDE**

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# EHS 208:- HEALTH PSYCHOLOGY AND SOCIOLOGY

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COURSE UNIT: 2 UNITS

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## INTRODUCTION

Health psychology and sociology is a twin course in Environmental Health which forms basis for the understanding of the society in the environmental health practitioner hopes to express his/her expertise. While sociology focuses on social actions between individuals and between groups, psychology will help practitioner to understand internal sources of human behaviour in relation to health especially environmental health. These behaviours usually occur in a cultural context, hence one of the modules will focus on Anthropology, which shares some interest in the impact of social structure and culture on behaviour, particularly with emphasis on non-western societies, preliterate societies, local communities, or small groups.

This course will provide the environmental health professional answers to questions such as:

- How can social structure determine the promotion of environmental health?
- To what extent do the social institutions affect pathways to health?
- What factors impinge on the health and illness behaviour of people?
- Are diseases equally distributed in the human population? What social factors account for the such distribution?
- Are the social science theories that can help the professional environmental health practitioners to understand the environment better to improve human health?

**EHS 208:Health Psychology and Sociology**is a two-credit course for students in the Bachelor of Science in Environmental Health**.** The course is divided into four (4) modules with 13 study units. It intends to present to the students the basic of psychology and sociology relevant to their professional area of practice.

At the end course, the student is expected to demonstrate a clear understanding of health psychology and sociology in relation planning and implementing environmental health in the community to improve human health.In addition, the student is provided with what to expect in the course as a distant learner who will have to study alone or in company of other distant learners. Thus, copious self-assessment exercises are given in each unit to facilitate self-directed learning. In several places, the student is expected to pause and attempt the given exercises and share the same with other learners. This will stimulate lasting and reflective learning experience.

**What You will Learn in this Course**

Nigeria is multi-ethno-religious entity with over 180 million people. With the diverse cultural and religious affiliations, there is a need to understand social science principles to practice environmental health in such a pluralistic setting. Since the professional is also being prepared for beyond the border practice, the theories and examples in this course go beyond the boundaries of Nigeria. **EHS 208 Health Psychology and Sociology** provides this unique opportunity in a concise form to help you get a clear, simple approach to the understanding to the basics of social science explanations to environmental health.

**Course Aim:**

This course aims at providing learners with an understanding of the health psychology and sociology and its relevance in environmental health practice to better prepare professionals for the improved environmental health practice to enhance human health

**Course objectives**

The broad of the course is to equip learners with the knowledge of health psychology and sociology as they relate to environmental health.

In addition each unit has its specific objectives at the beginning of the unit. Students are advised to read these specific objectives carefully to guide their learning.

On successful completion of the course, the student should be able to:

i. Describe the sociological principles and theoretical bases of environmental health.
ii. Highlight the roles of social institutions in relation to environmental health.
iii. Understanding human behaviour in health and illness
iv. Demonstrate an understanding of the social determinants of the health
v. Apply social science theoretical theories to the understanding of environmental health.

**Working through this Course**

To complete this course, you are required to study through the units, the recommended textbooks and other relevant materials.You are encouraged to always refer to the Unit objectives after completing a unit. This is the way you can be certain that you have done what is required of you in the unit. Learners are advised to read them carefully before going through the unit. You will have to refer to them during the course of your study to monitor your progress. Each unit contains some self-assessment exercises and tutor marked assignments and at some point in this course, you are required to submit the tutor marked assignments. This will be followed by an end of semester examination.

## STUDY UNITS

This course EHS 208: Health Psychology and Sociology will be presented in four (4) modules, made up of 13 study units. These are as follows.

**MODULE 1: INTRODUCTION OF SOCIOLOGY**

Unit 1: Role of social institutions; Communication, human relationship and public participation

Unit 2: Illness behaviour and Health service utilization behaviours

Unit 3: Social aspect of environmental planning and built-up environment

Unit 4:Social epidemiology and Social determinants of health and factors in inequalities in health

**MODULE 2: INTRODUCTION OF ANTHROPOLOGY**

Unit 1: The Role of Culture in Health

Unit 2: Religion and Health

Unit 3: Indigenous Knowledge, Beliefs and Practices

**MODULE 3: INTRODUCTION OF PSYCHOLOGY**

Unit 1: Human Development

Unit 2: Biological basis of Human Behaviour (sensation, perception, motivation, and emotions; learning and practices; Compliance behaviours; behaviours in illness/disease causation)

Unit 3: Personality Disorders and Drug and substance abuse and addiction (including smoking, alcoholism, addiction)

Unit 4: Sources of Psychological Disorders (stresses, emotional disorders, etc)

**MODULE 4: APPLICATION OF SOCIAL SCIENCE THEORIES**

Unit 1: Social Science theories

Unit 2: Behavioural Aspects of Health and Medical Care

## TEXTBOOKS, REFERENCES AND WEBSITE RESOURCES


Aknisola, H.Y. (2002). *Behavioural Sciences for Nurses: Perspectives in Medical Sociology and Psychology;* 2nd edition. Gaborone: Bay Publishing Company Botswana (Pty) Limited.

Gatchel, R.J., Baum, A. and Krantz, D.S. (1989).*An Introduction to Health Psychology;* 2nd edition. New York: McGraw-Hill Publishing Company.

Sutton, P.W. (2010). *Anthony GiddensSociology;* 6th edition. Cambridge UK: Polity Press

Goldthorpe, J.E. (1985). *Introduction to Sociology*. Cambridge: Cambridge University Press.

Gowda, K. (2011). *Sociology for Nurses;* 5th edition. New Delhi: CBS Publishers and Distributors PUT Limited.

Guest C, Ricciordi, W, Kowachi I, and long 1 (2013).*Oxford Handbook of Public Health Practice* 3rd Edition. Oxford: Oxford University Press.

Parvonta C, Nelson D.E. Porvanta, S.A. and Horner R.N. (2011),*Essentials of Public Health Communication.*Ontario: Jones &Bortlet Learning.

Ritzer, G. (2012).*Sociological Theory*, 8th edition. New York: McGraw Hill.

Wilmot, P.F. (1998). *Sociology: A New Introduction.* Zaria: S. Asekome and Company Limited.

## ASSIGNMENT FILE

The assignment file will contain the Tutor-Marked Assignments (TMA) as part of the continuous assessment (CA) of the course. There are also assignments and activity/exercise in this course in each unit for you. These are to facilitate your individual and group learning.

## PRESENTATION SCHEDULE

This presentation schedule in this course provides important dates for completion of each tutor marked assignment. Please make efforts to follow the schedule to make your learning worthwhile.

## ASSESSMENT

There are two aspects to the assessment of the course. These are the Tutor marked assignments and written examination. You are expected to study this course material to enable you apply information, knowledge and strategies learned from the course. Completing the TMAs requires in-depth study of the course material. An individual learner's attention is needed to make the TMA exercise interesting and a long-lasting learning experience. The assignments must be turned in to your tutor for formal assessment in accordance with the stated presentation schedules. The works you submit to your tutor for assessment will count for 30% of your total course work.

At the end of the course you will need to sit for a final written examination of three hours' duration. This examination will also count for 70% of your total course mark.

## TUTOR-MARKED ASSIGNMENT

There are Tutor-marked assignments in each of the units of this course. You are advised in your own interest to attempt and go through all the assignments at your time within the duration of the activity period. You will be able to complete the assignments from the information and materials contained in your reading and study units. Those to be submitted for evaluation will be communicated to you through the platform or study centre. Therefore, you are expected to remain regular on the portal.

There are other self-directed activities contained in the instructional material to facilitate your studies. Try to attempt all. Feel free to consult any of the references to provide you with broader view and a deeper understanding of the course.

## FINAL EXAMINATION AND GRADING

The final examination of EHS 208 will be of 2 hours duration and have a value of 70% of the total course grade. The examination will consist of questions which have bearings with the attempted self assessment exercises and tutor marked assignments that you have previously encountered. Furthermore, all areas of the course will be evaluated. Make sure you give enough time to revise the entire course.

## COURSE ASSEESMENT SCHEME

Continuous Assessment/TMAs 30 marks

Final Examination 70 marks

**MODULE 1: INTRODUCTION OF HEALTH SOCIOLOGY**

In Module1, the term "sociology" will be explained, with highlights of the sociological theories that will help environmental health experts to better understand the dynamics of environment and human behaviour in health and illness. Social institutions will also be identified with their specific and general roles, in relation to environmental health. In addition, communication as a means of human relationship and public participation within the environment will be highlighted.

Unit 1: Sociology and Role of Social Institutions; Communication, human relationship and public participation

Unit 2: Illness behaviour and Health service utilization behaviours

Unit 3: Social aspect of environmental planning and built-up environment

Unit 4:Social epidemiology, social determinants and factors in inequalities in health

**UNIT 1: SOCIOLOGY AND ROLE OF SOCIAL INSTITUTIONS; COMMUNICATION, HUMAN RELATIONSHIP AND PUBLIC PARTICIPATION**

**CONTENTS**



## 1.0 INTRODUCTION

Before discussing the Health Sociology to Environmental Health, let us highlight what we consider are the concerns of Environmental Health (services). This should guide and focus our discussions in the ensuing units.

### 1.0.1 Concerns of Environmental Health (Services)

The main concerns of Environmental Health (services) include:

i. Improvement of and adequate supplies of
    - Safe drinking water to families
    - Refuse collection and disposal
    - Supervision of housing conditions
    - Factories and schools
    - Prevention and control of communication diseases
    - Health education

ii. Other services include
    - Pollution
    - Public nuisances and health hazards
    - Provision and supervision of sanitation
    - Enforcement of regulations concerning health issues (e.g. food hygiene, slaughter house, among other services.

The delivery of the Environmental Health (services) occurs within the orbit of society. This necessitates a sound knowledge and application of Health Sociology and Psychology by the Environmental Health experts to deliver quality evidence-based services while researching into Environmental Health issues.

## 2.0 Study Objectives

At the end of this unit, you should be to:

- Define Sociology
- Identify the scope and branches of sociology
- Highlight sociological theories relevant in environmental health
- Describe social institutions and their roles in health
- Identify the basic principles of communication as a social process in health
- Highlight the need for public participation in environmental health

## 3.0 Health Sociology and role of the sociologist in environment health

Society is a complex term or concept which has been explained in various ways by diverse thinkers. From the environmental scientist through the core health practitioners to the social scientist, society remains a diffuse concept. All societies exist in a particular environment which to very large extent determines their health-illness perceptions and pathways. Social sciences especially Sociology, Psychology and Economics among others are key determinants of these health-illness explanations.

The sociologists as a social scientists study the society and the social interactions between individuals and between groups within a particular environment. They also look at the nature of social action itself, the different activities that create the larger pattern of society as well as the social structure and cultural intersection of the environment.

Sociologists look at the workings of society and the effects that social class, gender roles, age, new technologies, changing attitude towards reckless behaviour, or political revolutions

have on people. Sociologist, too, study communities and small groups, but they also examine modem industrial societies and large-scale.

### 3.1 Definition of Sociology

Sociology is the systematic study of the groups and societies in which people live, how social structures and cultures are created and maintained or changed, and how they affect our behaviour. Like other social sciences, sociology is concerned with human behaviour within the social context, i.e. focusing more on the external sources of behaviour.

### 3.2 Scope of Sociology

The scope of study of sociology is extremely wide beginning from studying and understanding interactions among individuals up to the scientific analysis of global social processes such as globalisation and information technology; globalisation and sustainable economic development.

### 3.3 Branches of Sociology

Sociology has developed separate interests in both health and the environment,with health and illness the largest sociological sub-specialty, and a growing number ofclimate change specialists. Research has explored the negative health effects of both the urban builtenvironmentand the countryside, applying a broad notion of environment as a contextfor social action, in which ‘the environment’ is basically everything that is not part of ahuman body, a product of human agency, or a human construction.

They analysed theinteractions between society and the environment – usually focusing upon how to manipulatethe natural environment for the benefit of human kind, for example, to manage water or foodsupplies, or to enhance human health. Social scientists have sought

understanding of the part that the physicalenvironment has played in shaping human existence: for instance, the particularities ofclimate and geology that determine cultural stability or environmental events such as frequentflooding; longer-term climatic changes that affect human endeavour; or the psychologicaland social effects of the environment, the effects of theenvironment on humans, pointing to the social, psychological and cultural mediation of linksbetween health and ill-health and the material environmentand offered criticalinsights into public understanding and construction of environmental hazards.Sociologists expressed concerns that 'the environment' as a system isprogressively being damaged by human social and economic activity, which needs to be protected from the ravagesin which the physicalattributes of our planet are increasingly affected (possibly irrevocably) by human activity. This can occur at large-scale levels or at individual human level.

On this basis, some sociologists (such as Ritzer, 2012 Giddens, 2010) look at the Branches of Sociology from the analytic viewpoint. While one group sees society from large-scale level, others view it as small scale. Thus there can be three branches of sociology from this categoric classification:

i. Macro-sociology
ii. Micro-sociology
iii. Macro-micro sociology

### *3.3.1 Macro-level sociology*

The term "macro" refers to large scale processes. Therefore, macro sociology looks at large-scale social processes, such as social stability and change. Macrosociology is an approach to sociology which emphasizes the analysis of social systems and populations on a large scale, at the level of social structure, and often at a necessarily high level of theoretical abstraction. For example,

analyses of social institutions like hospitals, family, etc. or organisations and groups will fall under the purview of macro-sociology.

### *3.3.2 Micro-level sociology*

The term "micro" refers to small-scale, individual or small group interactions. In the same vein, micro-level sociology refers to the small-scale interactions between individuals, such as conversation or group dynamics.Microsociology thus focuses on the individual social agency. For example, interactions between the health practitioner and the client (as an individual) or analysis of interaction between two individuals can be viewed at the micro level sociology.

### *3.3.3 Macro-micro sociology*

This looks at the society from a mixed analytic perspective, combining large-scale analysis with small level viewpoints (both macro ad micro).

The theories of sociology which we will discuss shortly in the next section provide basis for this broad analytic categorization. On your own, have you heard about any theory of sociology before? Attempt to write it down somewhere before you proceed.

**Exercise:** Briefly engage a colleague in discussing the branches of sociology you know. Can you attempt to find out in what other way branches of sociology can be discussed.

## 3.4 Theories of sociology

Sociology has sought in various ways to explore, theorise and problematise the study of the environment, and interactions between environment and human health. The maintheoretical approachesof sociology of the environment and its health implications should help experts to create a strong base for both research and practice. We hope that public health professionals may

deem it a worthy challenge to apply practically these perspectives for action. This action should include: guiding public/environmental health policy formulation and implementation as well as understanding the social dynamics of the society in the environmental health professional hopes to practice.

For this lecture, we will present the three main sociological perspectives which are:

i. The Functionalist Perspective (aka structural functionalism)
ii. The Conflict Perspective
iii. The Interpretive Perspective

### *3.4.1 The Functionalist Perspective*

This is also called structural functionalism, originates from Emile Durkheim's work and others like Herbert Spencer, Talcott Parsons, Robert Merton, as founding thinkers of sociology. Durkheim's work focused on maintaining social order and stability in the society. The functionalist perspective operates on the macro-theoretical level, viewing society as consensual frame analogous to a biological unit whose subsystems are inseparably inter-related and interdependent.

This theory helps us to see the environment as made up of several subunits which must be maintained as a whole for the benefit as human health. any malfunction or dysfunction in any component of the environment will result in environmental damage, with implications on human health.

### *3.4.2 The Conflict Perspective*

Karl Marx is said to be the founding father of this perspective. He assumes that conflicts usually arise when resources, status, and power are unevenly distributed between groups in society, resulting inequality. Power and authority are social variables in this perspective that may take the form of control of material resources and wealth, of politics and the social institutions in society. This power can be measured as a function of one's social status relative to others, considering social variables such as race, class, and gender, among other things).

Conflict theories are also macro-sociological perspectives, explaining the broad structures of the society and environment. They help to explain, describe and predict inequalities in health and disease distribution within society and in the environment. This is further discussed in Unit 4 of this module.

### *3.4.3 The Interactionist Perspective*

An American sociologist called George Herbert Mead is believed to be in the forefront of this perspective. Unlike the functionalist and conflict perspectives, the interactive perspective focuses on understanding how meaning is generated through processes of social interaction. Thisis called a micro-theoretical approach.

It assumes that everyday social interactions generate the meanings we attach to social interaction. That's why a common example of interactive perspective is symbolic interactionism, which was developed by another American sociologist called Herbert Blumer. Blumer's theory believes that social interaction usually focuses on communication as an interpretive undertaking. His perspective focuses on how we use as symbols, like clothing, language and other social symbols to communicate with each other to create, maintain, and present ourselves to those

around us. He goes further to say"how through (this) social interaction we create and maintain a certain understanding of society and what happens within it."

This perspective is very important in helping us to explain and predict human behaviour in health and illness, as well as in health service utilization as pathways to health, as will be discussed later in Unit 2 of this module.

**Self-Assessment Exercise:**

### 3.5 The Relevance of Sociology to Environment Health

Sociology seeks to understand the overall changes taking place in human societies especially with the advent of industrial revolution across the world. Its focus is on how society influences human behaviour and vice-versa. It illuminates a more general behaviour of why do communities worship gods of health, fertility, etc or specific health behaviours such as the why an individual resorts to native treatment in preference to orthodox ones.

An environmental sociologist is a sociologist who studies society-environment interactions such as the environmental movement, how people in societies perceive environmental problems, the relationships between population, health, and the environment, globalization, and the mechanisms behind environmental injustice. The environmental health expert assumes the role of the environmental sociologist in his/her daily practice, for a better understanding of the society for he/she provides quality services.

Often, environmental sociologist focuses on studying social factors that cause environmental problems, and how those problems in turn impact society. In specific terms, the relevance of the sociology in environmental health can be summarised thus:

i. It provides more adequate and clearer understanding of social situations.

ii. It gives practical implications in terms of assessing the results of policy initiatives.

iii. It makes possible the promotion of cultural awareness on the different groups in society.

iv. It promotes deep self-understanding, etc.

## 3.6 Social Institutions and Their Roles

As you must have understood from the discussions outside this course, a society is made up of fundamental units or *functional units* called social institutions. These social institutions are characterised by inter- and intra-institutional communications and various types of social (human) interactions. In the process, students of environmental students must understand these social arrangements in an effort to enhance public participation in environmental health issues.

### 3.6.1 Definition and Meaning of Social Institution

According to Akinsola (2002), a social institution is an establishment or an organ that carries out certain functions for the benefit of society. For him, every society no society can survive without social institutions.In other words, social institutions are established patterns of action and thought that organize important social activities. These institutions provide ready-made answers to the recurring problems of life; how to arrange house-holds and provide child-care (the family), how to make community decisions (the political system), how to produce and distribute goods and services (the economic system), and so on.

### 3.6.2 Basic Provisions of Social Institutions

There are at least five basic needs that social institutions provide for, namely:

i. Child rearing
ii. Spiritual needs
iii. Education
iv. Government for providing social control and the possession of goods and services,
v. Health

This means there are different types of social institutions that environmental health professionals must be aware of because of their roles in the creation and maintenance of the health of members of the society. Let us therefore highlight some key social institutions and their general and specific (health) roles in the following section.

## 3.7 Types of Social Institutions and their roles

There are many social institutions, with various specific and overlapping functions/roles. Some of the common social institutions include:

i. The Family institution
ii. The Educational system
iii. The Religious Institution,
iv. The Political system and
v. The Economic systems

### 3.7.1 The Family as a Social Institution

The family is the basic social and biological unit of society. It is known as a primary group (Gowda, 2011). All societies have one form of family or the other. Thus, you will notice that many social sociologists and theorists have attempted to explain the family from different

theoretical viewpoints. The family that creates the first environment for the survival and socialization of members of the society

The family varies by size, composition, and closeness. Generally, you must remember that virtually all the definitions see the family as a group. This means that a group dynamics/process is key to the formation (and marriage) of the family

#### *3.7.1.1 Definition of Family*

The word "family" refers to two or more persons who are related in any way—biologically, legally, or emotionally.Many other different definitions of family exist, among family theorists. The following are concise meanings from various perspectives:

- Sociologists define the family asa group of people living together.
- Psychologistsdefine it as agroup with strong emotional ties.
- Traditional definitions usually include a legally marriedwoman and man with their children. However, the family structure is changing globally, and so are definitions of the family. Despite this, a traditional definition taken deliberately from an old source will be presented to emphasise the long standing attempt to define the family in diverse ways.

According to Murdock (1948), the family is a social group characterised by common residence, economic cooperation and reproduction; possess some common emotional bond; engage in interrelated social positions, roles, and tasks; and share a sense of affection and belonging: both sexes, at least two of whom maintain a socially approved sexually relationship, and one or more children, own or adopted, of the sexually cohabiting adults.

A function-oriented definition of the family sees the The family is a universal institution whose most important functions are socializing and nurturing the younger generations (Duberman and Hartjen, 1979). This definition focuses on the role of the family.

### *3.7.1.2 Types of Family*

There are classifications of the family, but most scholars agree on the two common types:

i. Nuclear family
ii. Extended family

**Nuclear (dyad "twoness") family**

Nuclear (dyad "twoness") family is characterised by married or committed pair (a husband and wife living together); husband, wife, and children living together in the same household. There are also dependent children, an independent household and are bound to outside kin by voluntary ties of affection or duty

**Extended/Modified Extended family**

Extended/Modified Extended family is characterised by all relatives connected by blood or marriage, have no children or who have grown children living outside the home or grand-parents, and brothers and sisters.

***3.7.1.3 Functions of the Family:*** The family has both primary and secondary functions.

The primary functions include:

i. Stable satisfaction of sex needs
ii. Procreation and rearing of children
iii. Socialization function

iv. Affectional function

The secondary functions include:

i. Economic functions
ii. Educational functions
iii. Religious functions
iv. Recreational function
v. Health functions

#### *3.7.1.4 The Role of the Family in Health including Environmental Health*

Relationship between the family and health is well established. It can be inform of family diet and nutrition, attitude moulding, health habits and beliefs, etc. The family performs many health roles via its members. Some of the specific health-related roles include:

a. The improvement of nutrition in the community, as a key role of the family. Thesecut across what to eat, who decides and provides what to eat, how much is available to eat, when to eat, etc are all functions of the family.
b. Infant feeding is associated with the nutritional role of the family. For example, the beliefs of family about issues of feeding such as exclusive breast feeding, food taboos, etc are determined by the family. Hence the need for the education of all members of the family to enhance nutritional improvement.
c. Immunisation services are prerogatives of the family.
d. Family planning services are decisions of the family.
e. Provision of personal hygiene, toileting training, etc
f. Waste and refusal disposal are decisions of the family

### 3.7.2 The Educational system

***3.7.2.1*** ***Definition***It can be defined as a system which ensures the preservation and transmission of culture from one generation to another. This formal transmission of culture takes place in the schools where deliberate and formal instructions are given.Educational institutions, like other social institutions, come into existence because they are one of the means by which social systems are maintained. They are developed to perform certain functions. The structure and organization of educational institutions depend on the needs of the society and their level of development; hence the system differs in different geographical locations.

Learning is a social process. It takes place by the interaction between the teacher, the students and the environment. The teacher and the students communicate with each other through writing and discussion. During this interaction, the teacher imparts knowledge, attitude and skills to the students. The environment where learning takes place is an important factor in success or failure of the learning process. An unstimulating, noisy, and hostile environment hinders learning, while stimulating environment facilitates learning. Institutional learning is usually structured according to the aims and objectives of the school and the major aim of the schools is to change the attitude and behaviour of their students by exposing them to different learning experiences.

***3.7.2.2*** ***Types***

The continuous existence of a society depends largely on the ability of its new members to learn its social norms, values and goals. In the past this function was performed by the family but today much of this task has been taken over by the educational institutions which can generally be divided into three subsections (Aknisola, 2002):

1. Junior schools
2. Intermediate schools and;
3. Higher institutions

Junior schools include nursery, primary and modern schools, while intermediate schools include secondary schools, trade centres, teachers' training college, etc. Under higher institutions we have universities, colleges, nursing schools, advanced teachers' colleges, polytechnics and various other post-educational institutions. However, the set-up may vary from one country to another.

#### *3.7.2.3 Functions*

The function of education can be classified into primary and secondary functions.

The primary functions include:

1. The transmission of values, attitudes and behaviour from one generation to another
2. The transmission of skills and knowledge and;
3. The provision of job security and economic stability

The secondary functions are:

1. Social/psychological functions
2. Custodial functions
3. Innovative functions
4. Political functions
5. Selection function

#### *3.7.2.4 The Role of the Educational Institutionin Environmental Health*

The educational institution plays significant roles in health in the following ways:

i. It is responsible for the training of health care professionals including environmental health experts
ii. It facilitates health education for improved environmental health on variety of health issues.
iii. It helps to give correct information to address misconceptions and misperceptions.
iv. It brings about change of behaviour towards health and environmental issues

### 3.7.3 The Religious Institution

According to Goldthorpe (1985), quoting Durkheim famous definition, religion is a system of beliefs and practices. It is stated that beliefs are indeed logical prior to practices. What this means is that adherents to a religious system act upon what they believe in various social settings, including health-illness situations.

#### *3.7.3.1 Definition*

According to Giddens (2009), religion is a cultural system of commonly shared beliefs and rituals that provides asense of ultimate meaning and purpose by creating an idea of reality that is sacred, all-encompassing and supernatural. To him, there are three (3) elements of religion, namely:

i. it is a form of culture
ii. it involves beliefs that take the form of internalized practice
iii. it provides a senses of purpose

#### *3.7.3.2 **Types***

In the social sciences, particularly in sociology, nowhere there mentioned of God, but rather theism, that is, a belief in one or more supernatural deities, as basic to religion. This is because some religions believe in the existence of spiritual forces rather than a particular God. The environmental health expert should open to this sociological viewpoint to enhance his/her functioning in diverse cultures. He/she must take the religious beliefs of his clientele environment into cognizance for better environmental health**.** On this basis, religion can be discussed in two categories:

i. Monotheism – those that believe in one God such as Judaism, Christianity and Islam

ii. Polytheism – those that believe in many supernatural forces such as Buddism and Hinduism

#### *3.7.3.3 Functions*

Akinsola (2002) lists the functions as follows:

i. As group integration
ii. A form of social control
iii. Control of stress
iv. Humanitarian function
v. Negative function – such as conflicts between members of different groups and creates opportunity to evade responsibility such as resigning to fate as a 'quack sick role' instead of taking proactive measures to find solution to health problems

#### *3.7.3.4 The Role of Religion in Environmental Health*

i. Religion can be a powerful tool for health-illness behaviour. This can be positive or negative.

ii. More discussions in Module 2 Unit II

### 3.7.4 The Political system

Wilmot (1988) states that the political institution is the government, which prescribes the accepted ways (rules) of behaving. However, it is not everyone in society abides by such rules. Government therefore provides social control to protect society from internal and external threats. Without the government the society will collapse.

#### *3.7.4.1 Definitionof Government*

Government is a social institution concerned with the protection of society from internal and external threats and serves as an agency of social control.

#### *3.7.4.2 Types of Government*

There are four (4) types of government:

i. Oligarchy – government by a small group where power is concentrated in the hands of a few people at the top. It is common in military rule. It is often ascribed or inherited.
ii. Monarchy – a form of government where only one person rules. It can take two forms, namely, absolute (in Ethiopia where Emperor Haile Selassie is considered as given leadership by God) or constitutional (Queen Elizabeth II of England).
iii. Dictatorship – one controls power but unlike monarchy dictators do not inherit position but seize powers.
iv. Democracy – a government of the people, by the people, for the people, based on rule by the consent of the majority. Elected leaders rule by the manifestoes and representation at different levels of government.

#### *3.7.4.3 Functions*

The government performs three (3) major functions:

i. Maintenance of social order
ii. Coordination of social and necessary activities of the society through the ministries assigned to specific functions, e.g. Ministry of Health.
iii. Protection of citizens from both internal and external threats

Among the coordination of activities, government and private sectors work to provide an economic environment for productivity and life enhancing activities. Some scholars discuss the economic institution and health care institutions as separate systems.

#### *3.7.4.4 The Role of the Political Institution in Environmental Health*

Generally it is through health education, technology and legislation.Environmental health control is the responsibility of the Ministry of Environment and Local Government Authorities but health care professionals must work with the agencies and the people to get the best out of the environment for the health of the people Therefore knowledge and skills in environmental health is crucial.

**Self-Assessment Exercise:** Identify social institutions and their roles in health.

## 3.8 Communication as Basis of Human Interaction

Communication is a key component of the social interaction. It is a feature of human relationships although it has evolved from primitive to hi-tech forms over the centuries. In environmental health which focuses on the impact of the environment on human health, a huge component is anchored on effective communication. So what does communication really mean?

### 3.8.1 Definition and Meaning of Communication

There are several definitions of communication. Few will be selected and presented here to convey the meaning of communication.

Harryman, Kresheck, and Nicolosi (1996), Communication is any means by which an individual relates experiences, ideas, knowledge, and feelings to another. Communication can be expressed through both speech and gestures.

### 3.8.2 The Process of Communication

An effective communication is important in health care issues so that the care messages can go through the process, with a clear feedback. Effective communication is meant to develop

trust between the environmental health professional and the community, and even within between community members and with other health care service providers. To do this, here are some guidelines.

### 3.8.3 Guidelines for Communication

To encourage the development of trust in the social interaction relationship, Harryman, Kresheck, and Nicolosi (1996) suggest the following guidelines:

i. Make communication positive, clear, and specific.

ii. Recognize that each individual sees things from a different point of view.

iii. Be open and honest about your feelings and accept others' feelings.

iv. Ask questions for clarification on an issue.

v. Learn to listen. Allow time for the student to talk without interruptions.

These suggestions should be used as guidelines. There may be situations that require mentors to actdifferently (Parvonta, Nelson,Porvanta, and Horner, 2011).

### 3.8.4 Modes of Communication

- Print including newspapers, books, magazines
- Visual such as television (TV) and films
- Aural e.g. radio

### 3.8.5 Functions of Communication

1. Acquiring information – Information is a message received and understood and it is probably our greatest possession. We need a vast amount of information in our lives. Communication plays a very important role in acquiring information. It makes the process of acquiring information simpler

2. Forming self-concept – Communication is useful in the formation of self-concept. That how we perceive ourselves greatly influences our communication behaviour. If you believe you are worthwhile and a success, you say these in many ways and on many occasions. Your verbal messages reflect optimism and confidence in yourself. Nonverbally, your posture, gestures, tone of voice, and facial expression say you have positive beliefs about yourself.
3. Communication as entertainment – communication may be a vital tool for the entertainment communities in form of passing vital health information. This can be inform of environmental health messages packages in movies, plays, comedies, books and magazines.
4. Creating cooperation – Communication is very important in enabling people to coordinate their efforts and to produce a variety of goods and services. There are other instances in our lives when we use communication to enlist the cooperation of others. It is probably accurate to say that we do not live a day without asking for the cooperation of others and also cooperating with the request made by others. The cooperation individuals receive varies from person to person. Some people get more cooperation than others and this could be attributed to the levels of communication skills individuals possess.

Creating cooperative communities is a social process which requires social skills. This in turn facilitates public participation. Let us now turn to a discussion on public participation in environmental health. As a social process, it requires group dynamics.

## 4.0 Conclusion

Sociology is the society, social processes and groups. Its scope covers three levels using functionalist, conflict and micro-level theories. Social institutions forms the social structure, and these perform various roles to ensure stability. Each social institution also contributes to health in diverse ways. Within the social institutions, communication and interactions take place as social processes.

## 5.0 Summary

Sociology has been defined the systematic study of the groups and societies in which people live, how social structures and cultures are created and maintained or changed, and how they affect our behaviour. Its branches can be macro, meso and micro, depending on the theoretical and analytic viewpoints. Many social institutions such the family, religion, school, the government make up the social structure. Health is maintained by contributions or roles played by these social institutions/

## 6.0 Tutor-Marked Assignment

i. What is sociology?

ii. Identify three (3) theoretical viewpoint of sociology of environment.

iii. List four social institutions and their roles maintaining health.

## 7.0 References/Further Reading


Aknisola, H.Y. (2002). *Behavioural Sciences for Nurses: Perspectives in Medical Sociology and Psychology;* 2nd edition. Gaborone: Bay Publishing Company Botswana (Pty) Limited.

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## UNIT 2: ILLNESS BEHAVIOUR AND HEALTH SERVICE UTILIZATION BEHAVIOURS

## CONTENTS



### 1.0 Introduction:

Health and Illness Behaviour has studied by many social scientist including Mechanic, Suchman and Talcott Parsons. He is credited with the Parsons Sick Role which will be highlighted in this unit and other subsequent unit in Module 3.

### 2.0 Study Objectives

At the end of this unit, you should be able to:

i. Define Illness Behaviour

ii. Highlight the rights and obligations of the sick role

## 3.0 Main Content

### 3.1 Definition of Illness Behaviour

Illness behaviour refers to "the way in which symptoms are perceived, evaluated, and acted upon by a person who recognizes some pain, discomfort or other signs of organic malfunction

### 3.2 The Sick Role

In 1951, Talcott parsons, a Sociologist, presented the concept of the "sick role." Parsons refused to see the idea of sickness as a biological situation in form of dysfunction in the human body but as a social concept in terms of social functioning. For him, to be ill or sick means "acting in different, deviant ways to the (social) norm."So be sick was therefore a form of social role, with people acting in particular ways according to the culture of society. This sick role, according to Parsons, has four (4) elements, divided into two (2) rights and two (2) obligations. These are:

**The Rights of the Sick Role**

1. The sick person has the right to be exempted from normal social responsibilities, such as going to duty, and carrying family activities. However, this depends on the severity of the sickness, subject to expert or folk validation. This means that the person must be reckoned to be truly sick, determined by a health care expert or lay/folk health decision maker.
2. The sick person has the right to be looked after by others. This is only feasible when the sick role is something that the person can do nothing about and for which they should not be blamed.

**The Obligations of the Sick Role**

1. The sick person must accept that the situation he/she is in is undesirable and that they should seek to get well as quickly as possible.
2. The sick person must seek professional help and cooperate with the medical profession to get better.

From the foregoing, it must be understood that an individual who consciously refuses to carry out the obligations automatically loses his/her rights as prescribed.

**Self-assessment Exercise:**

Can you think of situations when a sick individual you know would not take the prescribed treatment regimen? Discuss this and others with your colleagues.

What is malingering? What are secondary gains of illness?

## 3.3 Health Seeking Pathways: Health service utilization behaviours

Many studies indicate poor utilization of health care services and facilities across the world including Nigeria. Few other studies show high usage levels of such facilities in many parts. Can we briefly highlight some reasons why this mixed situation (non-use and use) of service utilization exists? Mention some clients' or people's behaviours in your community that indicate refusal or poor patronage or utilization of the health care services in your community.

**Factors affecting Utilization of Health Care Services and Facilities in Communities**

This can be discussed in two (2) ways:

1. Those facilitating Use of Services/Facilities – these are factors leading to high utilization
    i. Effective communication and community mobilization
    ii. Community involvement and participation
    iii. Good attitude of health care service providers
    iv. Availability of services
    v. Affordability of the services
    vi. Acceptability of the services
2. Those inhibiting Use of Services/Facilities – these are factors leading to poor utilization
    i. Misconceptions
    ii. Poor service delivery
    iii. Poor attitude and harsh behaviour of health care service providers
    iv. Lack of Availability of services
    v. Lack of Affordability of the services
    vi. Lack of Acceptability of the services

## 4.0 Conclusion

Illness behaviours are reactions of sick persons to ill health situations. Individuals who fall sick are said to assume a particular social role, called the sick role. They are at this time exempted from normal social roles for which they are expected to return to as quickly as they can.

## 5.0 Summary

Illness behaviour is defined as Illness behaviour refers to "the way in which symptoms are perceived, evaluated, and acted upon by a person who recognizes some pain, discomfort or other signs of organic malfunction. The sick person assumes the sick role, which has two (2) rights which are exemption from normal duties and care from others and two (2) obligations including seeing the sickness as undesirable and seeking help to get well as quickly as possible.

There are factors that make people exhibit certain behaviours to health facilities. These are discussed as factors facilitating and inhibiting utilization of these services or facilities.

## 6.0 Tutor-Marked Assignment

i. Describe the rights and obligations of the sick person.

ii. List factors that may make people to under-utilize health facilities in your community.

## 7.0 References/Further Reading


Aknisola, H.Y. (2002). *Behavioural Sciences for Nurses: Perspectives in Medical Sociology and Psychology;* 2nd edition. Gaborone: Bay Publishing Company Botswana (Pty) Limited.

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## UNIT 3: SOCIAL ASPECT OF ENVIRONMENTAL PLANNING AND BUILT-UP ENVIRONMENT

## CONTENTS



### 1.0 Introduction

Let us turn our attention to the concept of environment, as environmental health students. From previous other courses, this concept must have been defined in various ways. All such discussion could have captured the environment as being made of physical, psychological and social (cultural) aspects, all combining to provide the environment in which health care professionals provide care services. The physical surrounding in which we live also has huge

social processes within it as people interact in the environment. This unit focuses on the social component of the environment.

## 2.0 Study Objectives

At the end of this unit, you should be to:

6.1 Define the environment

6.2 Describe the components of the environment

6.3 Highlight the social aspects of environmental planning and social processes

## 3.0 Main Content

### 3.1 Definition of environment

The term environment comes from the French word “environ” and means everything that surround us. It means the totality of the surrounding conditions for comfortable living of organism. Environment is therefore the area in which we live.

### 3.2 Components of the environment

The three parts represent the three important states of matter constituting the environment. This physical component of environment only consists of non-living things like air, water and soil. All these nonliving things influence much to all living organisms including man.

### 3.3 Environmental Planning and Social Processes

**Definition:** Environmental planning is the process of facilitating decision making to carry out land development with the consideration given to the natural environment, social, political, economic and governance factors and provides a holistic framework to achieve sustainable outcomes.

Planning is so importantto protect the environment, so it is sustainable for generations to come with many considerations because of the complexities of nature and the varying needs and desires of society. Particularly important because health implications of the environment. According Florence Nightingale, the environment is the most important, because the human body requires an excellent for the nature to act on the body for health and good health maintenance.

**What are the key issues in environmental planning?**

Any planning of the environment must be seen and accepted by the community for which such planning is being undertaken. In other words, such planning must suit the needs of the society. Thus, general and specific social aspects of such planning are cardinal to the successful build-up of the environment. According to (2016), the general social aspects of environmental planning should include:

- Community information
- Community mobilisation/involvement
- Community participation

This should take in cognizance specific social aspects of any health planning including environmental health planning should includethe type of environment, culture, beliefs and Folk health care system.

**Type of environment:** Whether the environment is urban or rural should guide the planning activities. There is need to note the characteristics and demographic properties of all environments during planning

**Culture:** The culture of people for whom the environment is being planned constitute a significant parameter in environmental planning. Culture determines the social processes that occur in any society. The political set up of the environment (chiefs, custodians of the culture of the society, and other significant traditional system) must be taken into account in the planning process.

**Belief system:** This is closely tied to the culture. However, the beliefs of the people in a particular culture may be diverse. For example, people in the same culture may have different religious or even political affiliations. This must also be taken into account.

**Folk health care system:** Indigenous health care system (how people manage their health situations before the advent of modern medical care) must be considered. Most times, this system operates side by side with orthodox, and this should be considered when planning.

### 4.0 Conclusion

Environmental planning is a key component of environmental health. This involves Community information, Community mobilisation/involvement and Community participation. For community to participate actively, they msut be adequately informed and mobilized.

## 5.0 Summary

Environment is defined as the totality of the surrounding conditions for comfortable living of organism and is therefore the area in which we live. The environment needs to be planned to sustain health. Such planning is significantly a social process which must take into account the type of environment, the culture and beliefs of the people as well as their traditional, indigenous medical care system.

## 6.0 Tutor-Marked Assignment

i. What is environmental planning?

ii. Described four (4) social considerations when carrying out effective environmental planning.

## 7.0 References/Further Reading


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## UNIT 4: SOCIAL EPIDEMIOLOGY: SOCIAL DETERMINANTS OF HEALTH AND INEQUALITIES IN HEALTH

## CONTENTS



### 3.1 What is social epidemiology of health?

**Definitions:** One of the most acceptable definitions of epidemiology is by Last (1988), namely: "The study of the distribution and determinants of health related status or events in specified populations." Other definitions abound. For instance, epidemiology can be defined as the study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems. Or it refers the

study of how often diseases occur in different groups of people and why. According to Parakoyi(2009: i), epidemiology is the study of the distribution, determinants of diseases and injuries in human population, focused on observing, measuring and analyzing health-related occurrences in human populations. To him, epidemiologyapplies to all diseases, conditions and health-related events.Social epidemiology focuses on the social determinants of the distribution, determinants of diseases and injuries in human population.

According to Giddens (2010), improvement in overall health can be attributed far more to social and environmental changes than to medical skill. Haralambos and Holborn (2004) also corroborated this by stating that living conditions are more important than medicine in combating disease. They argued that level of illness and death actually began to decline before the advent of modern medical techniques, further stressing that if health and illness are simply the results of physiological factors, illnesses should spread randomly across the various social classes, and to a lesser extent gender and 'race'. This suggests that social factors play a more important role in health and illness. Environmental health experts therefore need to focus on following social determinants of health and diseases to reduce health problems in society.

### 3.2 Social Determinants of Health: Factors in Inequalities in Health

Health and illness is a continuum, which means that is it is a spectrum of health status of either individuals, groups or the whole community. Health and illness are generally believed to be genetic determined and sometimes by chance occurrence. From the biomedical viewpoint, this may be explainable to a large extent, especially at the individual client level. The bacteria, viruses, and parasites that cause them are dynamic and ever changing, able to mutate into forms that at times make them more or less virulent, transmissible, and/or resilient. Even for this to occur, the environment must be conducive to make this happen. Thus to reduce the impact,

robust public health infrastructure must be maintained or developed to enable rapid detection and response. Hence environment health becomes very important; and social science explanations are necessary to guide research and practice of the professional environmental health expert.It is in the light of this that social sciences believe that genetic, germ or chance explanations alone cannot sufficiently provide explanations for disease distribution in the society.

Health sociology presents the argument that the distribution of diseases, illnesses (morbidity) and deaths (mortalities) is socially determined based on structural and material determinism. It is noted that morbidities and mortalities are not evenly distributed as claimed, but distributed along gender and other socio-economic status lines.Social factors 'cause' diseases and deaths. Even the distribution of health facilities and services are socio-economically determined. This indicates a clear relationship between health and disease, health facilities and socio-economic conditions of the people and community. This is what is referred to as (social) inequalities in health

### 3.3 Explanations for Health Inequalities

Several explanations have been put forward for the existence of inequalities in the distribution of diseases, and health facilities. Haralambos and Holborn (2014) present the following differing social explanations for health inequalities, namely:

i. **Gender differences** – this is a social causation of inequalities. The female gender in many societies is socially, physically, and psychologically deprived with their attendant health implications. Similarly, certain female roles endanger their health. For instance, when resources are limited, girl children and women are more likely to be deprived for the benefits of their male counterparts. Similarly, at such times too

(when resources are limited), women are more likely to spend less on themselves but on household and male partners.

ii. **Statistical artefacts** – which show that there are higher morbidities and mortalities in the lower socio-economic class than those in the higher socio-economic groups. Similarly, health facilities are less available scarce in the lower socio-economic environments than in the higher socio-economic environments.

iii. **Self-selection** – healthier people are more able to work into higher socio-economic status (SES) than those in the lower class. This has direct implication for the distribution of diseases and health care services.

iv. **Cultural differences** – people in the lower SES are believed to engage in more risky health behaviours and live unhealthy lifestyles. This is often associated with lower educational attainment as well. For example, women who have higher educational attainments are more able to take better health decisions about themselves and their families than those with lower education.

v. **Material differences** – lifestyles are determined by material accumulation. Many health issues are associated with the type of lifestyles of the individual. Communities' material conditions also contribute to the environmental health of the community. For instance, in some communities, alcohol and other substances may be readily available to all age groups at specific or most of the times. This has implications for disease distribution of health problems.

## 4.0 Conclusion

Poor health and high death rates are not the result f random factors but are patterned along the lines of ethnicity, gender and socio-economic status (SES). Although with arguments,

evidences show that these factors are key drivers of inequalities in health, playing powerful roles in deciding the health chances and life span of individuals in the society.According to WHO (2010), Malvárez (2008) and Townsend (2006), the distribution of health problems in the population is common among:

i. Those excluded from participating fully in society
ii. Those with reduced access to health and other social services
iii. Those that exclusion from income generation and employment opportunities
iv. Increased disability and premature death precipitate mental health disorders.
v. Individuals facing maturational crisis and situational crisis.
vi. Sex: Women
vii. Age: Older adults, and children
viii. Health status: the disabled individuals, individuals with long-term health disorders
ix. Migration: Victims of violence, conflicts and disasters

## 5.1 Summary

Social epidemiology focuses on the social determinants of the distribution, determinants of diseases and injuries in human population. Social scientists believe that the distribution of diseases and other health issues is socially determined by structural and material realities. It is noted that morbidities and mortalities are not evenly distributed as claimed, but distributed along gender and other socio-economic status lines. The social factors 'cause' diseases and deaths are therefore social artefacts, socio-economic status, age, sex and gender role assignment, social restiveness such as forced migration, among others. Environmental health practitioners will solve

many health problems in society if they will understand these factors and make deliberate plans to ameliorate them.

## 6.0 Tutor-Marked Assignment

i. Define social epidemiology.

ii. Describe any four (4) explanations for inequality in the distribution of diseases among human population.

## 7.0 References/Further Reading


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## MODULE 2: INTRODUCTION OF SOCIAL ANTHROPOLOGY

**Unit 1: The Role of Culture in Health**

**Unit 2: Religion and Health**

**Unit 3: Indigenous Knowledge, Beliefs and Practices**

## UNIT 1: THE ROLE OF CULTURE IN HEALTH

## CONTENTS

## 1.0 INTRODUCTION

Social Anthropology refers to the scientific study of human culture, which includes human values, rules, and behaviour and conduct as they exist in different cultures. Anthropology focuses on the study of human societies especially looking at the *micro*- or *meso*-levels of society, usually by direct observation. Social anthropologists usually live with the people they intend to study, mixing freely and learning their cultural patterns. Anthropology shares Sociology's interest in the impact of social structure and culture on behaviour; but anthropologists usually study non-western societies, preliterate societies, local communities, or small groups.

For the anthropologist, the society is the unit of analysis. A society is a relatively independent and self-contained group of people who interact with each other within a particular territory and share a distinct culture (Akinsola, 2002). This is different from a community, which is a smaller group of people who are more closely related and contained within a society (ibid).

## 2.0 Objectives

At the end of this unit, learners should be able to:

i. Define culture

ii. Identify the characteristics and components of culture

iii. Describe the role culture on the health and illness pattern of the people

iv. Describe the role of culture on pathways to health

3.0 Main Content

### 3.1 Definition and meaning of Culture

Cox and Mead (1975), as cited by Aknisola (2002), defines culture as a "a body of learned values, beliefs, and behaviour expectations which individuals derive from those with whom they interact." Culture is seen by some scholars as social traits inherited from a particular society to enable them interact with the wider world.

### 3.2 Identify the characteristics and components of culture

#### 3.2.1 Characteristics of Culture

There are many ways culture is characterized. Aknisola(2002) identifies four (4) characteristics of culture, namely:

i. A pattern of learned behaviour

ii. A pattern of life of a people, group, or society

iii. Transmitted from generation to generation

iv. Made up of rules, values, religion, language, arts, music and every other thing the society teaches its members.

#### 3.2.2 The Components of Culture

Depending on the source, many social scientists classify the components differently. However, most scholars (such as Gowda, 2011; Akinsola, 2002; Wilmot, 1986) agree on the following as components of culture:

i. Ideas

ii. Norms – folkways, mores and laws

iii. Material culture

iv. Cultural patterns

v. Cultural universals

vi. Cultural diversities

***Cultural Ideas***

These are the cherished properties in forms of values, superstitions, myths and religious beliefs and even folk science. Witchcraft could be a religious beliefs. These values and beliefs are attached to every aspect of the life of the people, and guide their decisions on a variety of issues including marriage, education and health. Hence, an understanding of such issues is important in environmental health.

***Norms***

These are standards of behaviours accepted in given situation or society. It cuts across salutation patterns, rituals (eating, cleansing, civil responsibilities, etc). norms can be categorized into three:

i. *Folkways* – that is, customs of the people violations for which punishments are not likely given. For example, not washing hands after before or eating.

ii. *Mores* – such customs are taken seriously, violation attract punishments. For example, do not steal. Anyone caught stealing will be punished.

iii. *Laws* – people in authorities (kings, chiefs, government agencies) make formalized norms called laws, violations for which there are presecribedpunishments. Law

enforcement agents at different levels may be used to prosecute offenders or deviants.

***Material Culture***

This includes cultural artefacts such as clothings, books,farming implements and other tools,cooking utensils such as pots, etc. house designs and architecture are among the material culture

***Cultural Patterns***

These are generalized ways of behaving with a culture with particular reference to individuals. The way of greeting elders and those in authorities, eating with strangers or elder, etc constitute cultural patterns. They vary from culture to culture. Health practitioners need to be conversant with these patterns in their practice.

***Cultural Universals***

These behaviours shared by all human being irrespective of their origin. For example, categorizing people as sex and age (male or female, child and adult respectively), recreation/playing, dancing, marriage, language, etc.

***Cultural Diversities***

Although there are cultural universals, the ways these are donne may differ. These are cultural variations in different culture. For example, although greeting is universal, the way it is done differ across culture. Similarly, marriage, dancing, recreation etc are universals, different cultures have diverse ways of doing so. These are cultural

diversities. Health care practitioners working with communities must understand these and build them in health care planning and implementation.

## 3.3 Role of Culture in Health and illness

Culture plays very important roles in health and illness. In health, roles are discussed in terms of food patterns, hygiene, and occupation while in illness it covers illness perception, illness behaviour and pathways to recovery to health. these are discussed as follows:

***3.3.1 Food patterns***– these include the selection of food, cooking methods, how food is served and even how the food items are stored have cultural dimensions. Food taboos are also culture-specific and could be a source of health concerns for the environmental health expert.

3.3.2 Hygiene – the state of hygiene of a society has cultural attachments. Customs of a people determine hygiene and this has implications for risk of contracting diseases. For example, during child birth, hygienic status or otherwise of the razor blade or even knife as practiced in some cultures used to cut the umbilical cord by the attending 'midwife' could be responsible for neonatal tetanus.

***3.3.3 Occupation*** – in many culture, their traditional occupational practice constitute health risks and hazards. for example, flock herding and fishing expose the herdsmen and fishermen to risks of attacks by snakes and other wild animals, and drowning respectively.

***3.3.4 Perception of illness***– the way people perceive illness is based on their cultural beliefs about the causes and courses (progression) of the illness. If a people believe that the cause of a disease is ancestral anger, such ill health would be believed to be only resolvable by appeasement of ancestors, however that will be conducted. This must be understood by the health care expert, for health education and change of behaviour if feasible.

***3.3.5 Illness Behaviour***- Certain elements are associated with individual and cultural illness behaviour, in diverse cultural origins. Townsend (2010) identified two of these elements as incomprehensibility and cultural relativity. Incomprehensibility relates to the inability of the general population to understand the motivation behind the behaviour. The element of cultural relativity considers that these rules, conventions and understandings used to interpret behaviours are considered within an individual's own particular culture.

Behaviour is categorized as "normal" or "abnormal" according to one's cultural or societal norms. When people are ill, "medical shopping" (i.e. making several consultations for validation of the sick status and therapy) usually take place. Others resort to clergymen, priests, pastors, imams and traditional medicine men (TrMM) (Hellandendu, 1998).

***3.3.6 Pathways to Health*** – pathways to health are all the sources of treatment or remedies available to a sick in a cultural setting. It ranges from folk medicine through alternative medicine to orthodox (western) medical regimens. It may also include care and treatment provided by clergymen, priests, pastors, imams and traditional medicine.

## 4.0 Conclusion

Culture is a major determinant of health and illness interpretation. The characteristics and components of culture of a people must be considered by health care providers particularly those that will work closely with the community such the environmental health practitioner. Because culture influences both health and illness behaviours including their treatment choices, all practitioners must understand the cultural dimensions of the environment (community) in which they hope to practice before even designing the care or treatment plan.

## 5.0 Summary

In this unit, culture has defined as a body of learned values, beliefs, and behaviour expectations which individuals derive from those with whom they interact, with four (4) characteristics and six (6) components. We also highlighted six (6) cultural influences on health and illness.

## 6.0 Tutor-Marked Assignment

Identify the four (4) characteristics and the six (6) components of culture.

List the six (6) influences culture has on health and illness.

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**UNIT 2: RELIGION AND HEALTH**

## CONTENTS



### 1.0 Introduction

At part of cultural heritage, religion is a key component environmental health discussion at every level of practice. No environment exists without a system of religious beliefs. The health expert does not judge any religious beliefs and practices are true or false. Although the health care provider has his/her religious affiliation, he/she must be neutral, non-judgmental and open-minded in his/her practice of environmental health (recall your ethical codes of conduct, which emphasizes that "*every patient (or community) has a right to be treated fairly no matter the*

*sexual preference, values, religion, ethnicity background, economic status…"*This unit should be understood on this neutral ground for effective environmental health practice.

Religion has existed in some form in every society. It is therefore a universal phenomenon (a cultural universal) even though religious beliefs and practices vary from one society to another (a cultural diversity). This variation makes it difficult to define religion except in general terms.

## 2.0 Study Objectives

At the end of this Unit, you should be able to:

i. Describe the religious beliefs and practice
ii. Describe religion and its influence in health
iii. Highlight some religious remedies to health issues

## 3.0 MAIN CONTENT: RELIGIOUS PRACTICES AND BELIEFS

### 3.1 Definition and Meaning of religion

Religion has definedas a system of beliefs and practices or as a cultural system of commonly shared beliefs and rituals that provides asense of ultimate meaning and purpose by creating an idea of reality that is sacred, all-encompassing and supernatural, with three (3) elements of religion, namely:a form of culture, involving beliefs that take the form of internalized practice, and providing a senses of purpose.

Religious beliefs or practice existed in Africa before diffusion of western religion and Islam. This is often referred to as 'traditional religion'. Africans believe in many gods, and these gods are associated with certain important needs of the society worshiping them. There are, for

example, gods of profit, gods of war, gods of harvest and gods of fertility. The attitude of worshipers to these gods is ruled by fear and superstition rather than logic.

All religions include a belief in supernatural or sacred. These are things that lie beyond our knowledge and control, and according to Reuter and Hart (1933), 'Religion in its simplest and purest form is an emotional attitude towards the unknown and uncontrolled'.Religion in every society involves cultural beliefs which reflect man's attempt to come to terms with his environment, especially with those aspects of it which he does not understand, such as death, pain and suffering. Religion includes patterns of thoughts, action and feelings. It involves the whole personality of those who practice it and serves to maintain their social relationships by faith or belief in a common procedure or ritual.

In a more elaborate and boarder sense, religion could be defined as the ***shared beliefs and practices which not only make us recognize the existence of a supernatural being, the sacred, and man's relationship with them, but which also relate them to the world around us in a way that provides us with moral definitions as it what is good and what is bad.***

## 3.2 Functions of Religion

Religion is a powerful tool for health-illness behaviour. And as part of culture, religion influences health and illness in the same way culture affects health-illness situation (see Unit 1 of this module).

As discussed under social institutions. Akinsola (2002) summarised the functions as integrating groups, acts as a form of social control, helps to control of stress, has a humanitarian function, as well as having divisive and sometimes severe functionsuch as being sources of

conflicts between members of different religious groups and creates ‘quack sick role’ in some case.

The negative role of religious institutions has further created some health crises in Internally Displaced Persons (IDPs, post-traumatic stress disorders (PTSD) in many people, facilitated outbreaks of diseases like cholera and epidemic diseases. This is an aspect of concern for the environmental health expert for matured, professional handling while on the field.

### 3.3 The Role of Religion on Health

When believers in traditional religion want a disease cured, the consult an oracle who finds out the cause. Often sacrifices are offered to gods as prescribed by the oracles. Believers in traditional religion often have faith in the effectiveness of native medical preparations in the treatment of diseases. Herbalists, who use special mixtures of roots for treatment, are believed to be extremely effective in treating some diseases, especially psycho – social problems. Their perceived effectiveness in treating psycho-social diseases is mainly due to the fact that they take time to reassure their patients. Some traditional healers

### 3.4 Religious Remedies to Health-Illness Issues

Many health-illness situations in Nigeria and even other traditional settings have religious interpretations. For example, many religions believe that ill health is as a result of sins and transgressions (Giddens, 2009; Akinsola, 2002). Others believe that illnesses are due to bewitchment, sorcery and some magical or mystical manipulations to bring illnesses onto some people (Haramlambos and Holbron, 2004; Goldthorpe, 1998). Among the diverse religious

beliefs about the causation of ill health, spiritual release is the common remedies. This is done in several ways, some of which are listed here as religious remedies to health issues:

i. Prayers – Imams, priests, pastors and traditional religious leaders conduct prayers either at individual levels (by laying hands, use of handkerchiefs or other instruments of religion like holy water, 'anointing' oil, etc) or in groups for healing, undoing the evil cast on individuals or for forgiving their sins for which they are suffering the disease or illness;

ii. Fasting – many times prayers are combined with prayers. The sick individual with or without the family join in the fasting and prayers for healing, forgiveness of sins or "sending back the sickness (or witchcraft) to sender;"

iii. Appeasement of the gods by religious leaders on behalf of the sick person or persons;

iv. Concoctions may be prepared for administration – topically, or by ingestion (swallowing), or some other routes of administration.

v. Incense burning – this may be prescribed by TrMM, priests/pastors, Imams at specific times of the day or night to drive away devils or evil spirits.

vi. Other religious remedies: animal burying, talisman on waist, fingers, wrists or even hidden in particular places of the house or elsewhere

## 4.0 Conclusion

Religion is part of culture and therefore a main determinant of health and illness discussions. While no religious beliefs is inferior to another on the issues of justice and fairness, many religious beliefs and practices that have proved to be injurious to human

health must be carefully and diplomatically discouraged in the community. This requires tactics and professionalism. The environmental health expert must imbibe social anthropological tactics to do this. The assistance of other professionals in such desired behaviour change scenarios is also worthwhile.

## 5.0 Summary

Religion is theshared beliefs and practices which not only make us recognize the existence of a supernatural being, the sacred, and man's relationship with them, but which also relate them to the world around us in a way that provides us with moral definitions as it what is good and what is bad. Religious functions have integrative, positive aspects as well as divisive, negative sides. These have implications for its role in health and illness.

Several remedies related to religious beliefs and practices abound; negative remedies harmful to human health should be tactfully and professionally discouraged. The ones proven to be or apparently seen to be un-harmful can be integrated into the complementary health strategies being currently encouraged globally. For example, spiritual exhortation and non-invasive prayer practices have strong psycho-social efficacy. This is good for the holistic care model of the community and individuals

## 6.0 Tutor-Marked Assignment

i. Define religion.

ii. Describe six (6) ways by which religion influences health.

iii. Mention two religious remedies to ill health.

## 7.0 References/Further Reading

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## UNIT 3: INDIGENOUS KNOWLEDGE, BELIEFS AND PRACTICES

## CONTENTS



## 1.0 Introduction

Before colonialism in most places in Africa, Africans had robust knowledge on a number of issues and areas unique to them. There were indigenous knowledge, skills and attitudes passed on to future generations using indigenous teaching methods. This also includes knowledge on health and health issues especially treatment of diseases using this native knowledge.

Indigenous knowledge forms basis for certain practices and beliefs of a people. These practices ranges from their cultural practices and their beliefs systems including religious beliefs

and practices (see Unit 2 of this module). As already seen, these all impinge on health and illness. In this unit, indigenous will be briefly highlighted, and you will be made to see how this indigenous knowledge creates the foundation for the cultural (including religious) practices and beliefs).

## 2.0 Study Objectives

At the end of this unit, you should be to:

i. Define indigenous beliefs
ii. Understand the link between indigenous knowledge and practices and beliefs
iii. Highlight indigenous knowledge and folk medicine/health care

## 3.0 Main Content

### 3.1 Definitionand Meaning of Indigenous Knowledge

Indigenous knowledge (IK) is the local knowledge – knowledge that is unique to a given culture or society. IK contrasts with the international knowledge system generated by universities, research institutions and private firms. It is the basis for local-level decision making in agriculture, health care, food preparation, education, etc. Generally, there is cultural conflict between an Indigenous worldview and that of Western science that is taught as formal knowledge in school, in issues of health and other areas of human endeavor. Indigenous knowledge can also be called *Native Knowledge.*

### 3.1.1. Importance of Indigenous Knowledge

i. It helps shape and defines their very existence and provides the foundation for their beliefs and traditional practices.

ii. Indigenous knowledge provides the basis for problem-solving strategies for local communities, especially the poor.

iii. It represents an important component of global knowledge on development issues.

## 3.2 The Link between Indigenous Knowledge and Beliefs and Practices

Incorporating indigenous knowledge into health care practices has both beneficial and sometimes harmful effects.Indigenous knowledge systems in Africa (just like in similar other indigenous societies around the world) are traditionally applied in harmony with the natural and spiritual world. This is why alternative therapies and religious remedies as earlier discussed in preceding units must be understood by the environmental health personnel to enable him/her function effectively in any society. It is therefore noteworthy to see the link as follows:

i. Folk medicine springs or comes out this indigenous knowledge

ii. Native knowledge has explanations for diseases, hence the pathways to treatment

iii. Herbal therapies are derived from the indigenous knowledge of herbs and other medicinal plants as well as animal parts

iv. Others: human relations in treatment milieu (environment), sincerity in dispensing treatment regimens because it is often believed to handed down by ancestors (ascribed), among others.

Through socialization process, indigenous education specifically focuses on teaching indigenous knowledge, models, methods, and content within formal or non-formal educational systems.

## 3.3 Folk medicine

In simple terms, folk medicine is a practice of medicine using herbal and other remedies based on traditional beliefs. It is also referred as *Traditional Medicine.* According to Wikipedia (2018), *Traditional medicine* (also known as indigenous or *folk medicine*) comprises medical aspects of *traditional* knowledge that developed over generations within various societies before the era of modern *medicine.*

According to the Merriam-Webster online Medical Dictionary, folk medicine is a traditional medicine as practiced especially by people isolated from modern medical services and usually involving the use of plant-derived remedies on an empirical basis — compare home remedy. The use of honey feature prominently in folk medicine over several millennia (years); and this now forms basis for many modern medical compounds used in treatments.

## 4.0 Conclusion

Native knowledge sometimes referred to as indigenous knowledge (IK) far exists long before western knowledge came to Africa. IK is the foundation on which African beliefs rests. This is the source of folk or traditional medicine. Many aspects of traditional medicine are beneficial; some need modifications while others may need to be discarded with tact. Environmental health professionals need an understanding in specific indigenous knowledge in their practice arenas to functions effectively and professionally.

## 5.0 Summary

Indigenous knowledge has been with us long before the coming of western ideology. This knowledge has consistently been transmitted from generation unto

generations, using indigenous socializing processes, sometimes unique to us. Many of the transmitted knowledge has created basis for scientific breakthrough in health care, for example the use of some herbs and honey. There is need to harness indigenous knowledge with modern ideologies for safe, effective and acceptable health care delivery services.

## 6.0 Tutor-Marked Assignment

i. Define Indigenous knowledge.

ii. Identify three (3) importance of indigenous knowledge

## 7.0 References/Further Reading


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**MODULE 3: INTRODUCTION OF PSYCHOLOGY**

Unit 1: Human Development

Unit 2: Biological basis of Human Behaviour

Unit 3: Personality Disorders and Drug and substance abuse and addiction

Unit 4: Sources of Psychological Disorders (stresses, emotional disorders, etc)

**UNIT 1: HUMAN DEVELOPMENT**

## CONTENTS



## 1.0 INTRODUCTION

With the growing realization that psychological variables are important in health and illness, health psychology has been made of environmental health training. Human development is a complex process. It can be viewed from several perspectives – psychosexual (Freud), psychosocial (Erikson), or cognitive (Piaget), among others. Human behaviour is a major part of this development.

In this unit, we will look at few selected theories of human development particularly the psychological theories. Mention will only be made of the other categories of human development theories

## 2.0 Study Objectives

At the end of this unit, you should be to:

i. Define human development
ii. Identify the various theories of human development
iii. Describe the psychological theories of human development

## 3.0 Main Content

### 3.1 Definition and meaning of Human Development

Several definitions exit

**Definition 1:** Human development is the science that seeks to understand how and why the people of all ages and circumstances change or remain the same over time. It involves studies of the human condition with its core being the capability approach (Wikipedia, 2018).

**Definition 2:** Human development refers to the biological and psychological development of the human being throughout the lifespan. It consists of the development frominfancy, childhood, and adolescence to adulthood.

## 3.2 Theories of Human Development

There are many explanations of the complex process of human development, hence different types of theories for these explanations. The following are the diverse theories of human development, namely:

i. Psychological Theories – these include Freudian, Erikson and Piaget theories
ii. Social Cultural Theories – among which are the Vygotsky social cognitive theory, Durkheim functional theory, Kohlberg Moral Development and Symbolic Interaction
iii. Behavioral Theories – such as Skinner operant conditioning and Bandura Social Learning theories
iv. Biological Theories – these include Genetic Inheritance, Genetic Expression, Genetic Fitness and Genetic Evolution
v. Multi-Level Theories – some of which are the Bronfenbrenner/Ecological Theory (consisting of microsystem, mesosystem, exosystem, macrosystem) and Developmental Systems Theory – interactive levels of development

Of these theories, the psychological theories will further be highlighted in this section while the biological theories will be discussed in Unit 2 of this Module as one of biological bases for human behaviour.

## 3.3 Psychological Theories of Human Development

For the purposive of our discussion, three of the psychological theories of human development will be presented in a concise to convey the role these theories play in explaining human development. These three (3) are:

i. Freudian/Psychoanalytic Theory
ii. Erikson/Crisis DevelopmentalTheory
iii. Piaget Cognitive DevelopmentTheory

***Freudian/Psychoanalytic Theory***

Sigmund Freud's Psychoanalyttic theory presents the following facets to explain human development, namely:

- Structure of Personality which has three parts: The id, ego, superego. He statesthat there is a continual struggle between id, ego, and superego
- Stages - there are five (5) stages, namely oral stage, anal stage, phallic stage, latency stage, and genital stage, all with their characteristics and expectations (these are presented in the diagram below to show age and appropriate tasks expected).

**Table 2.2 The Stage Theories of Freud and Erikson**

| Freud's Psychosexual Theory | |
|---|---|
| **Stage (Age Range)** | **Description** |
| Oral stage (birth to 1 year) | Libido is focused on the mouth as a source of pleasure. Obtaining oral gratification from a mother figure is critical to later development. |
| Anal stage (1 to 3 years) | Libido is focused on the anus, and toilet training creates conflicts between the child's biological urges and the society's demands. |
| Phallic stage (3 to 6 years) | Libido centers on the genitals. Resolution of the Oedipus or the Electra complex results in identification with the same-sex parent and development of the superego. |
| Latent period (6 to 12 years) | Libido is quiet; psychic energy is invested in schoolwork and play with same-sex friends. |
| Genital stage (12 years and older) | Puberty reawakens the sexual instincts as youths seek to establish mature sexual relationships and pursue the biological goal of reproduction. |



*Courtesy:* David F. Bjorklund: Psychology of Development

***Erikson/Crisis Developmental Theory***

Erikson's theory is also called Crises Resolution and Development theory. It is said to be based on epigenetic Principle with eight stages, namely:

1. Basic Trust vs. Mistrust

2. Autonomy versus shame/dependence
3. Initiative vs. self-guilt
4. Industry vs. inferiority
5. Identity vs. confusion/identity crisis
6. Intimacy vs. isolation
7. Generativity vs. stagnation
8. Integrity vs. despair

These are presented in the diagram below to show age and appropriate developmental tasks).

**Table 2.2 The Stage Theories of Freud and Erikson**

| Erikson's Psychosocial Theory | |
|---|---|
| **Stage (Age Range)** | **Description** |
| Trust vs. mistrust (birth to 1 year) | Infants must learn to trust their caregivers to meet their needs. Responsive parenting is critical. |
| Autonomy vs. shame and doubt (1 to 3 years) | Children must learn to be autonomous—to assert their wills and do things for themselves—or they will doubt their abilities. |
| Initiative vs. guilt (3 to 6 years) | Preschoolers develop initiative by devising and carrying out bold plans, but they must learn not to impinge on the rights of others. |
| Industry vs. inferiority (6 to 12 years) | Children must master important social and academic skills and keep up with their peers; otherwise, they will feel inferior. |
| Identity vs. role confusion (12 to 20 years) | Adolescents ask who they are and must establish social and vocational identities; otherwise, they will remain confused about the roles they should play as adults. |
| Intimacy vs. isolation (20 to 40 years) | Young adults seek to form a shared identity with another person but may fear intimacy and experience loneliness and isolation. |
| Generativity vs. stagnation (40 to 65 years) | Middle-aged adults must feel that they are producing something that will outlive them, either as parents or as workers; otherwise, they will become stagnant and self-centered. |
| Integrity vs. despair (65 years and older) | Older adults must come to view their lives as meaningful to face death without worries and regrets. |



*Courtesy:* David F. Bjorklund: Psychology of Development

### *Piaget Cognitive Development Theory*

Piaget's theory has the following

i. Cognitive Functional Invariants—adaptation and organization

ii. Adaptation involves accommodation and assimilation

iii. Organization involves complex usage

iv. Four stages which include”

a. Sensorimotor – infantile physicality

b. Preoperational—initial symbols and language

c. Concrete operational – reasoning about physical objects

d. Formal operational – abstract thinking

## 4.0 Conclusion

Human development is a complex process but several theories attempt to explain this multi-faceted process. Psychological theories based on psychoanalysis, pschosocial development and cognitive development offer possible explanations. These three perspectives are commonly highlighted to make students try to understand the complex process of human development.

## 5.0 Summary

Human development has biological, psychological, socio-cultural and multi-level explanations. Hence, theories in all these domains are highlighted to describe human development. However, the psychological theories made up of those by Sigmund Freud, Erik Erikson and Piaget have been highlighted as examples.

## 6.0 Tutor-Marked Assignment

i. List four broad (4) theories of human development.

ii. Briefly describe three (3) psychological theories of human development.

## 7.0 References/Further Reading

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## UNIT 2: BIOLOGICAL BASIS OF HUMAN BEHAVIOUR

**CONTENTS**



### 1.0 Introduction

Human behaviour is complex, multi-faceted and reasonably predictable. An understanding of human behaviour requires elements from the fields of ecology, sociology,

psychology and anthropology. However, it is believed that the basis of most human behaviours are biological. This unit will focus on this biological basis of human behaviour, while previous modules particularly Modules I and II have provided the sociological and anthropological bases for the understanding human behaviour especially in health and illness**.**

Psychological principles now help in the promotion of health, prevention, diagnosis, and treatment of health problems. This is made because there is a mind-body relationship in health and illness. This dualism (i.e. the body and mind connection accounts for a discipline referred to as *Psychosomatic Medicine.* Hence, the basis for human behaviour is biological.

## 2.0 Study Objectives

At the end of this unit, you should be to:

i. Highlight the biological basis for human behaviour
ii. Describe health and illness behaviours

## 3.0 Main content

### 3.1 Biological basis of Human Behaviour

Biological explanation of behaviour or psychological issues is the trying to study the physical basis for human behaviour. It studies three (3) main areas in the body, namely:

i. The nervous system (brain, spinal cord, peripheral nervous system)
ii. Endocrine system
iii. The Immune system
iv. The genes

These three components form the biological basis for human behavior. These they do in the following ways:

**Nervous System**

The Nervous System consists of the following and function to form basis as follows

i. Central nervous system (CNS) – brain andspinal cord
ii. Peripheral nervous system – nerves that lieoutside the central nervous system
iii. Somatic nervous system – voluntary musclesand sensory receptors
iv. Autonomic nervous system (ANS) – controlsautomatic, involuntary functions
    – Sympathetic – Go (fight-or-flight)
    – Parasympathetic – Stop

They are responsible for sensation and perception

**Endocrine system**

This system contains the adrenal gland, the pituitary gland, the thyroid as well as the reproductive organs. The secretions called hormones from these glands are responsible alongside the nervous system to control the homeostasis of the individual, including behaviour. In addition to the nervous system, hormones also influence many other organs of the body which in turn may control behaviours.

**The Immune System**

Although the role of immune system is unclear, it has been implicated in defense of body regulated by T-cells and lymphocytes. Integrity of the immune system could help to control or determine the nervous system and endocrine system.

**Genetic basis of Human Development**

The genetic theory is one of the Biological Theories of Human Behaviour. Like all genetic explanation, individual characteristics are coded into DNA of individuals for their parents. This occurs through the four (4) modes which are (i) Genetic Inheritance, (ii) Genetic Expression, (iii) Genetic Fitness and (iv) Genetic Evolution

## 3.2 Behaviours in Illness and Disease Causation: Compliance behaviours

### 3.2.1 Definitions of Behaviour

**Definition 1: Behaviour can be defined as** the way in which one acts or conducts oneself, especially towards others.

**Definition 2:** The term behaviour generally refers to the actions or reactions of a person or animal or plant in response to external or internal stimuli (Agbu, 2006) or as an external change or activity exhibited by an organism.

There are three basic principles of behaviour (ibid), namely:

1. Stimulus and Response
2. Innate and Learned Behaviour
3. Reflex Behaviour

**Definition of Illness behavior**

Thisrefers to any actions or reactions of an individual who feels unwell for the purpose of defining their state of health and obtaining physical or emotional relief from perceived or actual illness (springer.com, 2018). Many scholars analsyse this behaviour in several ways.

**3.2.2 Stages of Illness behaviour:** Two of such scholars will be highlighted here:

i. Suchman Stages of Illness Behaviour

ii. Kubler Rose Stages

***Suchman's Stages of Illness Behaviour***

The illness experience is described and analyzed according to the following five stages:

i. Symptom-experience;

ii. Assumption of the sick role;

iii. Medical care contact;

iv. Dependent-patient role;

v. Recovery or rehabilitation.

**Stage 1:Symptom Experience:** Symptoms are viewed as the manifestation of bodily malfunction. It enables a person to report self-experiences of health on a day-to-day basis. In non-traditional health care systems, symptoms are believed to be manifestations of the intrusion of the supernatural. On the other hand, non-western ideologies explain disease causation as an object intrusion, spirit intrusion, an act of witchcraft, or the result of soul loss or neglected/transgressed social taboos

**Stage 2:Assumption of the Sick Role:** The sick role, one of the most fundamental concepts in medical sociology, was first introduced by Talcott Parsons as discussed in sick role in previous lecture. The sick has certain exemptions, rights, and obligations, and shaped by the society, groups, and cultural tradition to which the sick person belongs.

**Stage 3:Medical Care Contact:** This is described as the point at which an individual sought professional medical care. Factors such as culture, age, gender, race and ethnicity, and social class can affect s health seeking behavior.

**Stage 4: Dependent-Patient Role**: With the onset of the dependent-patient role, the patient is expected to make every effort to get well. Some people, of course, enjoy the benefits of this role (e.g., increased attention and escape for work responsibilities) and attempt to malinger.Because so many people derive their identity from their work/occupation, any disruption in work pattern or work accomplishment is very threatening. If remuneration is affected, an extra emotional burden is created

**Stage 5: Recovery and Rehabilitation:** The final stage varies depending on the type of illness. For acute patients, the process is one of relinquishing the sick role and moving back to normal role obligations. For chronic patients, the extent to which prior role obligations may be resumed ranges from those who forsake the sick role to those who will never be able to leave it.

***Kubler Rose Stages***

Kubler'sstages of illness behaviour is often associated with anticipatory grieving (Townsend, 2007). Some individuals react to ill health as shown in the table below.

**Table: Kubler Rose States of Grieving to Illness**

| | |
|---|---|
| **1 - Denial** | Denial is a conscious or unconscious refusal to accept facts, information, reality, etc., relating to the situation concerned. It's a defense mechanism and perfectly natural. Some people can become locked in this stage when dealing with a traumatic change that can be ignored. Death of course is not particularly easy to avoid or evade indefinitely. |
| **2 - Anger** | Anger can manifest in different ways. People dealing with emotional upset can be angry with themselves, and/or with others, especially those close to them. Knowing this helps keep detached and non-judgmental when experiencing the anger of someone who is very upset. |
| **3 - Bargaining** | Traditionally the bargaining stage for people facing death can involve attempting to bargain with whatever God the person believes in. People facing less serious trauma can bargain or seek to negotiate a compromise. For example "Can we still be friends?.." when facing a break-up. Bargaining rarely provides a sustainable solution, especially if it's a matter of life or death. |
| **4 - Depression** | Also referred to as preparatory grieving. In a way it's the dress rehearsal or the practice run for the 'aftermath' although this stage means different things depending on whom it involves. It's a sort of acceptance with emotional attachment. It's natural to feel sadness and regret, fear, uncertainty, etc. It shows that the person has at least begun to accept the reality. |
| **5 - Acceptance** | Again this stage definitely varies according to the person's situation, although broadly it is an indication that there is some emotional detachment and objectivity. People dying can enter this stage a long time before the people they leave behind, who must necessarily pass through their own individual stages of dealing with the grief. |

## 4.0 Conclusion

Human behaviour has strong biological basis from the nervous and endocrine systems, and the immune and genetic systems. In illness, individuals reactions called illness behaviour occurs in a variety of ways. The Suchman's and Kubler's stages can be used to explain this phenomenon.

## 5.0 Summary

Biological basis of human behaviour has been presented as having nervous, endocrine, immune and genetic theories. During illness and disease, Suchman's five stages of illness and the six stages by Kubler Rose can be used to understand how people behave when ill. This occurs based on many factors such as culture, age, gender and social status. The understanding of this process is important by environmental health professionals.

6.0 Tutor-Marked Assignment

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## UNIT 3: PERSONALITY DISORDERS AND DRUG AND SUBSTANCE ABUSE AND ADDICTION

**CONTENTS**



### 1.0 INTRODUCTION

While sociologists focus on roles, behaviours and attitudes that are characteristic of people in a given social position or situation regardless of their individual personalities, psychologists focus on the personality - on the behaviour and attitudes that are characteristics of person regardless of the situations. In psychology, human behaviours are linked with the personality of the individual. In what some people call character, the personality can help

practitioners predict or at least explain what individuals are likely to do or say in certain situations. In this unit, we will look at some typologies of personality in relation to health problems in society.

**2.0 Objectives**

At the completion of this unit, you should be to:

i. Define personality.

ii. Describe the structure of personality

iii. Highlight types of personality

iv. Identify the clusters of personality disorders

v. Discuss some health problems such as addiction in relation personality disorders

## 3.1 PERSONALITY AND PERSONALITY DISORDERS

**Definition:** A personality disorder is an enduring pattern of inner experience, of seeing the world and relating to others in a manner that markedly deviates from cultural expectations, and includes, and results in, problematic and habitual behaviours that are pervasive and inflexible. The onset of personality disorders occurs in adolescence or early adulthood, is stable over time, leads to impairment or distress and is not due to mental disorder or substance use.

Personality disorders are long-standing and maladaptive patterns of perceiving and responding to other people and to stressful circumstances. Personality traits are conspicuous features of personality and are not necessarily pathological, although certain styles of personality traits may cause interpersonal problems. Personality disorders are not regarded as illnesses. However, some dominant personality traits and personality disorders can be modified and some managed on a systemic level. They are discussed as clusters of disorders, as presented in the section below

**Personality disorder subtypes**

According to Townsend (2010), personality disorders can be categorized into three (3) broad clusters:

i. Cluster A
ii. Cluster B
iii. Cluster C

**Cluster A**

Cluster A personality disorder Includes paranoid, schizoid and schizotypal types. Individuals display odd and eccentric behaviour.

***Paranoid*** – Person displays patterns of distrust and suspiciousness such that others' motives are interpreted as malevolent.

***Schizoid*** – Person displays a pattern of detachment from social relationships and a restricted range of emotional expression.

***Schizotypal*** – Person displays a pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behaviour.

**Cluster B**

Cluster B personality disorder Includes antisocial, borderline, histrionic and narcissistic types. Individuals display dramatic, erratic and emotional behaviours.

***Antisocial*** – person displays a pattern of disregard for, and violation of, the rights of others.

***Borderline*** – person displays patterns of instability in interpersonal relationships, self image and effects as well as marked impulsivity.

***Histrionic*** – person displays patterns of excessive emotionality and attention-seeking behaviour.

***Narcissistic*** – person displays patterns of grandiosity, need for admiration and lack of empathy.

**Cluster C**

Cluster C personality disorder Includes avoidant, dependent and obsessive compulsive types. Individuals display anxious and fearful behaviours.

***Avoidant*** – person displays patterns of social inhibition, feelings of inadequacy and hypersensitivity to negative evaluation.

***Dependent*** – person displays patterns of submissive and clinging behaviour relating to the excessive need to be taken care of.

***Obsessive compulsive*** – person displays patterns of preoccupation with orderliness, perfectionism and control.

***Personality disorders not otherwise specified (NOS)*** – personality disorders not otherwise specified are those where:

i. The individual's personality pattern meets the general criteria for a personality disorder and traits of several different personality disorders are present, but the criteria for any specific personality disorder are not met.
ii. The individual's personality pattern meets the general criteria for a personality disorder, but the individual is considered to have a personality disorder that is not included in the classification.

## 3.2 Personality disorders,Substance Abuse/Addictionand Crime

Substance Use Disorders and Personality Disorders frequently occur together. Personality disorders are risk factors for substance abuse (Saddock and Saddock, 2003). Personality

disorders often are co-morbid with substance use disorders. Of all the different types of personality disorders, Cluster B personality disorders (including narcissistic, histrionic, borderline and antisocial) form a special attention of health providers and government crime control authorities the most.

The term ‘borderline’ was first used to capture the features of the personality disorder that is borderline between psychosis and neurosis and characterised by extremes of mood and thinking. Substance use is most common in those with Cluster B type personality disorder, in particular, borderline and antisocial personality disorder. People with antisocial personality disorders are frequently found in the criminal justice system.

Sansone and Sansone (2011) reported clear linkages exist between substance use disorders and personality disorders, particularly borderline personality disorder, with comorbidity ranging from 14 to 72 percent. Generally substance abuse is associated with dysfunctional behaviours. In addition to general substance use disorders, prescription substance abuse also appears to be more associated with borderline personality disorder. Here, rates for women reportedly appear to be equal to rates for men. Environmental health experts need to understand these personality types in order to guide the planning and implementation of health education and other intervention strategies against substance abuse, addiction and crime in society.

Some common substances to which people with personality disorders are addicted or which they are abuse include smoking and alcohol.

### 3.2.1 Smoking and Alcoholism

Some types of personality disorders are risk factors for destructive behaviours (Anyebe, 2015), and smoking is one of such self-destructive behaviours existed by certain individuals.Studies

have shown that cigarette smoking is associated with behavioral disinhibition, novelty seeking, and diminished threat sensitivity (Aycicegi,Sisman andDinn, 2014). According to them, evidence indicates partial, but weak, support to the notion that smokers are more likely to present with personality features associated with behavioral dyscontrol (cluster B personality disorder symptoms, e.g., antisocial and borderline) and novelty seeking.

According to Zvolensky and Jenkins (2010), personality disorders and smoking and alcoholic consumption differ by specific personality disorder, with some of the strongest relations being evident for antisocial personality disorder. Similarly, a history of deviant behaviour as often seen in certain personality disorders, lacking the social skills for dealing with distressed situation predisposes to smoking and alcoholism (Zucker and Golberg, 1986).

Many personality types and disorders exhibit characteristics such as wanting to "impress" without paying adequate attention to their social capacity to do so. At such times, some individuals have resorted to some kind of enhancement such as smoking including smoking stimulants. Others smoke and take alcohol to "belong". This is common in adequate personality types.

**4.0 Conclusion**

Many types of personality disorders are clustered into three (3) main groups. Authorities discuss these personality disorders as non-psychiatric conditions but predisposing to psychiatric illnesses. An understanding of the types is necessary for health planning especially in a population mix which exhibit different characters in the environment.

**5.0 Summary**

Personality disorder has been defined an enduring pattern of inner experience, of seeing the world and relating to others in a manner that markedly deviates from cultural expectations,

and includes, and results in, problematic and habitual behaviours that are pervasive and inflexible, with onset from adolescence or early adulthood, is stable over time. Personality is associated r distress and substance use, due to maladaptive patterns of perceiving and responding to other people and to stressful circumstances. There are three clusters: A, B and C, each with specific types. Some type like borderline personality disorders are linked with substance use disorders (smoking and alcoholism). Certain types exhibit other self-destructive behaviours.

**6.0 Tutor-Marked Assignment**

i. Define personality disorder.

ii. Describe the types of personality disorders based on the clusters.

**7.0 References/Further Reading**


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## UNIT 4: SOURCES OF PSYCHOLOGICAL DISORDERS

**CONTENTS**



## 1.0 INTRODUCTION

Many psychological events in the life of people make them to break down psychologically. A combination of factors often account for the various psychological problems

that individuals face. In this unit, we will discuss some common disorders seen in our environment/community and try to identify the common sources of these disorders.

## 2.0 STUDY OBJECTIVES

At the end of this unit, you should be able to:

i. Discuss psychological disorders
ii. Identify the common sources of psychological disorders
iii. Outline the management of these disorders

## 3.1 Psychological Disorders

**Definition:** A psychological disorder broadly is defined as psychological dysfunction in an individual that is associated with distress or impairment and a reaction that is not culturally expected.

When considering if something is a symptom of a disorder, consider the three Ds:

i. Is it psychologically ***dysfunctional***?
ii. Is it ***distressing*** or handicapping to the individual or others?
iii. Is it associated with a response that is atypical or ***deviant***?

On the other hand, Psychological dysfunction refers to the cessation of purposeful functioning of cognition, emotions or behaviour. In some disorders, distress may result directly from emotional dysfunction as in GAD (generalized anxiety disorder) while many other disorders such as eating disorders personality disorders and mood disorders may cause emotional suffering with their symptoms. However, some people expressing a disorder may not be distressed about it.

3.2 **Sources of Psychological Disorders:** Generally sources of psychological disorders can be classified as follows:

i. Biological Factors: Genetic defects or inherited vulnerabilities; poor prenatal care, head injuries, exposure to toxins, chronic physical illness, or disability.

ii. *Psychological* Factors: Low intelligence, learning *disorders*.

iii. Social Conditions: Poverty, homelessness, overcrowding, stressful living conditions..

### 3.3 Management of Psychological Disorders

Management of psychological disorders can be classified as follows:

The treatments can be categorised into the following:

i. Physical Treatments – by using drugs (psychotropics), electroconvulsive therapy, physical restraints)

ii. Psychological therapies – these include behaviour therapies, cognitive therapies (combined: CBT – cognitive behaviour therapy)

iii. Social therapies – social skill training and education, social learning and human relations skills

iv. Occupational therapies – rehabilitation towards occupational skills or relearning a lost vocational skill

## 4.0 Conclusion

Psychological disorders are common and have several sources. Psychosocial factors impinge on predisposing, biological factors to cause psychological disorders. An understanding of these factors as highlighted is important for the environmental health professional.

## 5.0 Summary

A psychological disorder broadly can be defined as a dysfunction in an individual that is associated with distress or impairment and a reaction that is not culturally expected. For a psychological disorder to be established, it has to be dysfunctional, distressing or even deviant. There are biological, psychological and social origins of psychological disorders and these can be managed using physical, psychological, social and occupational regimens.

## 6.0 Tutor-Marked Assignment

i. What are the 3Ds in psychological disorder?

ii. Identify three (3) sources of psychological disorders.

iii. List four (4) management lines for psychological disorders.

## 7.0 References/Further Reading


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## MODULE 4: APPLICATION OF SOCIAL SCIENCE THEORIES

Unit 1: Social Science theories

Unit 2: Behavioural Aspects of Health and Medical Care

## UNIT 1: SOCIAL SCIENCE THEORIES

**CONTENTS**



## 1.0 INTRODUCTION

Social theorists explored the problems and challenges scientists face when recommending cultural or behavioural changes to address threats from the environment, and suggested methods to assess quantitatively people's concern with environmental threats

## 2.0 STUDY OBJECTIVES

At the end of this unit, you should be able to:

i. Identify two social science theories

ii. Apply the theories to environmental health issues

## 3.0 MAIN CONTENT

### 3.1 Sociological Theories

Our knowledge of societies, relationship and social behaviour can help us take informed decisions on the health of our communities. A look at the three (3) major perspectives in Module 1, Unit 1 represents the main theoretical thrusts of sociological explanations. In this section, we will break down these theoretical to sub-theories to help us apply these theories to every day practice. The following theories are highlighted:

#### 3.1.1 Application of Sociological Perspectives to the Environment

Sociological perspectives on 'environment' address the interactions between 'environment' and 'human health'. We can identify five discrete models for this interaction applied across both social and medical sciences.

i. Human health has been seen as threatened by environmental factors such as floods, drought or climate change. This is a view widely held in public health and associated social science literature, in which the environment is a potentially dangerous place, full of hazards for unwitting humans. The usual consequence of this perspective is an effort to find scientific, technological or social means to overcome these environmental threats.

ii. Improvements to the environment have been regarded as means to enhance human health. This is the obverse of the first perspective, and requires intervention by humanity against a risky environment, for example by developing more effective and efficient

means of growing food crops, improving the built environment to provide sanitation, or by building defences against natural hazards such as floods.

iii. Scholars have identified how improvements in health and well-being threaten the environment by degrading or exhausting its natural resources, for instance through exponential population growth, economic development or unsustainable farming practices. Critical social science responses to this have been to argue for the need to build environmental resilience into social development, and to recognize the finite resources of planet Earth.

iv. A specific sub-case of the third, addressing the negative impacts of human health-care on the environment: for example, run-off pollution from pharmaceutical manufacture, oestrogens from contraceptives and even waste water containing anti-bacterial mouthwash causing negative effects upon river life. The response here has been to develop initiatives that seek to reduce this negative environmental impact by managing health care systems.

v. Some holistic conceptions have regarded humans as part of a self-regulating environmental system. Over an extended span of time, this will compensate for the excesses of human social and economic activity, possibly quite dramatically, and in ways that will have very negative consequences for human health, including radical populationreduction or even extinction.

These five perspectives presents dualism (two opposing views), which constrains both how we may understand health and the environment and how we may explore possibilities for policy and practice that do not differentiate humans and their health from the rest of the natural world. To

overcome this dualistic perspective, we develop an idea of sociology of environment that is situation-, culture- and belief- specific.

## 3.2 Psychological Theories

There are psychological theories and perspectives. However, in this lecture, let us focus on seven (7) major perspectives. These are:

i. **Psychodynamic**. Freudian perspective, stating about unconscious mind and the existence of Id, Ego, and Superego.
ii. **Cognitive**. Studies memory, learning processes, cognitive capabilities of human mind, etc.
iii. **Behavioral**. Learning behaviors and observing reactions to stimuli. This perspective is heavily based on experimental studies.
iv. **Biological**. Studies brain and neural system from anatomic and physiological point of view. Relying mostly on MRI scans, Encephalogram studies and other modern methods to observe the processes.
v. **Cross-Cultural**. Studies how is the behavior is derived from cultural influences.
vi. **Evolutionary**. This is self-explanatory. What are the evolutional factors that cause our behaviors.
vii. **Humanistic**. - Focusing mainly on motivation theories by Maslow and Rogers. Finding answers about our needs of self-actualization, our desires and priorities.

These summarised psychological theoretical perspectives alongside the sociological standpoints can guide the environmental health personnel I research, practice and policy formulation and implementation.

## 4.0 Conclusion

Environmental health is practiced in society; thus social science theories can lend significant support to its practice by enhancing the experts' understanding of the dynamics of social processes at the three levels of social analyses. The sociological and psychological alongside their biological counterparts are sure blend to help in practice of the environmental health. Constant reference to these domains of social sciences will be very important.

## 5.0 Summary

Social science theories analsyse society to explore the problems and challenges of cultural or behavioural dimensions and in turn address threats from the environment. The mix of sociological and other social science theories and perspectives alongside biological explanations presented in this unit are useful tools for environmental health analsysis and practice.

## 6.0 Tutor-Marked Assignment

i. Identify five (5) psychological theories that can help understand individuals better.

ii. Mention three (3) sociological perspectives to help you understand society better for practice.

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## UNIT 2: BEHAVIOURAL ASPECTS OF HEALTH AND MEDICAL CARE

## CONTENTS

### 1.0 INTRODUCTION

Health and medical care is a system that consists of a group of professionals, who are in constant interaction with each other. Apart from the these professionals, there are those who access the services. The behavioral aspects in this unit will focus on the interactions i.e. behavioural exhibition among the groups.

### 2.0 STUDY OBJECTIVES

At this end of this unit, you should be able to:

i. Define behaviour.

ii. Identify inter-professional cohesion in health care

iii. Intra-professional dynamics in Health

iv. Client-care provider interactions

### 3.0 MAIN CONTENT

#### 3.1 Definition and meaning of Behaviour

**Definition 1:** Behavior or behaviour is the range of actions and mannerisms made by individuals, organisms, systems, or artificial entities in conjunction with themselves or their environment, which includes the other systems or organisms around as well as the physical environment

**Definition 2:** the way in which one acts or conducts oneself, especially towards others.

## 3.2 Inter-professional cohesion in health care

The environmental health professional will function within a heath care team. As a team member, he/she needs to understand Inter-professional cohesion. Hence Inter-professional Practice (IPP)will be defined is a collaborative practice which occurs when healthcare providers work with people from within their own profession, with people outside their profession and with patients and their families. Inter-professional teamwork encourages healthcare professionals to work in partnership with patients and carers to discuss their care and to make decisions to enhance patient care and outcomes

As a team, the practitioners must understand group dynamic which requires the following but not exhaustive characteristics:

i. Team values which must be shared be all members
ii. Knowledge – each team member must be knowledgeable, especially his/her unique area
iii. Leadership – this can be determined by the team based task at disposal
iv. Performance and evaluation must pre-determined
v. Effective communication
vi. Among others such as conflict resolution,

Characteristics of high-performing teams also include the following: People have solid and deep trust in each other and in the team's purpose — they feel free to express feelings and ideas. Everybody is working toward the same goals. Team members are clear on how to work together and how to accomplish tasks

**Barriers to effective team play include:**

a. Changing roles
b. Hierarchies

c. Individualistic nature of medicine

d. Instability nature of teams

### 3.3 Intra-professional dynamics in Health

Each professional group also has its dynamic and these are similar to the inter-professional behaviours. There may be intra-professional conflicts which must resolved as quickly as possible. Because they often belong to same professional association, resolution is faster and easier because of the same regulations and ethical codes of conduct which guide behaviour

### 3.4 Client-care provider interactions

The behaviours brought into the health care environment by clients and care providers requires understanding. Health care provider-client behaviours show a master-servant, boss-subordinate profile. Students of health services like the environmental health students in training must realsie that both clients and care providers are partners. The characteristics guiding team work should always apply

## 4.0 Conclusion

Behaviours brought into the health and medical care environment cuts across those exhibited by professionals towards themselves as team members or with their clients. In either case, same rules guiding team work should apply. This is to ensure effective health and medical care delivery services

## 5.0 Summary

Behaviour has several definitions but can be simply defined as the way in which one acts or conducts oneself, especially towards others.In the health care system, behaviours in the system ought to be a team behaviour, demonstrated by health care providers and clients alike. There are three categories that may be seen, inter-professional, intra-professional and between providers and clients. Same principles of team work ethics should guide all behaviours in the system. These levels constitute the system and should be cohesive to achieve its aims of providing effective care delivery.

## 6.0 Tutor-Marked Assignment

i. Define behaviour.

ii. Mention five characteristics of an effective team.

iii. Identify four barriers to team spirit

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