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Chapter 2 : The Social-Ecological Model - Dietary Guidelines - calendrierdelascience.com

A biocultural approach to nutrition emphasizes the impact of the social sciences on food intake. Purchasing, preferences and ideology are heavily influenced by social, economic, political, and cultural processes.

This article is an open access article distributed under the terms and conditions of the Creative Commons by Attribution CC-BY license http: This article has been cited by other articles in PMC. The studies that addressed the social and environmental influences indicated that further research would do well to promote positive food choices rather than reduce negative food choices; promote the reading and interpretation of food labels and find ways to effectively market healthy food choices through accessibility, availability and presentation. The studies on psychological influences found that intentions, perceived behavioural control, and confidence were predictors of healthy eating. Given the importance of psychological factors, such as perceived behavioural control and self-efficacy, healthy eating interventions should reduce barriers to healthy eating and foster perceptions of confidence to consume a healthy diet. The final theme focused on the clustering of individuals according to eating behaviour. Intervention designs which make use of multi-level strategies as advocated by the Ecological Model of Behaviour change that proposes multi-level combining psychological, social and environmental strategies are likely to be more effective in reaching and engaging individuals susceptible to unhealthy eating habits than interventions operating on a single level. Three broad themes were identified through the papers: Six papers focused on the social and environmental influences on food choice. They found that greater eating competence was associated with greater meal frequency, a higher intake of fruits and vegetables and more health-promoting family eating patterns [2]. These findings align with previous research. For example, fewer household rules controlling food and eating [3 , 4] and free availability of energy dense foods in shops and at home [5] positively influence obesity in children and adolescents. In addition, other researchers have found modelling to be an important influence whereby parents who consumed a high intake of fruit and vegetables were more likely to have children who also exhibit high fruit and vegetable intake [6]. Other social-environmental papers published in this issue focused on attention to food labels [7] and environmental-based interventions to encourage low calorie snacks [8] or plant-based foods [9]. Miller and colleagues [7] set up a mock shopping task and monitored eye movements to assess attention to nutritional information on food labels in US adults. Further, encouraging low calorie snacks rather than discouraging high calorie choices was better received. Finally, Ensaff and colleagues [10] conducted focus groups with adolescents to explore attitudes towards plant-based foods and factors influencing food choices. Such findings are important because if individuals are not exposed to vegetable based meals at home, they are less likely to choose plant-based foods elsewhere. Barriers to healthy food choices including taste and convenience will be revisited later in relation to eating behaviour profiling. Future research and interventions would do well to find ways of introducing healthy plant-based foods to individuals and demonstrating that such foods can be tasty. Ensaff and colleagues also examined the effect of a simple intervention designed to improve the accessibility, availability and presentation of healthy food items i. Their results showed that the intervention was effective in facilitating subsequent selection of more healthy food choices among secondary school students. Taken together, these studies suggest that further research would do well to promote positive food choices rather than reduce negative food choices; promote the reading and interpretation of food labels and find ways to effectively market healthy food choices through food architecture models. The second main theme in this set of papers is centred around the psychological influences on eating behaviour. Perceived behavioural control the perceived ease or difficulty in performing a behavior and confidence were found to statistically predict eating behaviour in several studies involving university students [1 , 11] and young adults [12]. In a similar vein, using a cross sectional design Deliens et al. Finally, Dimmock and colleagues [13] suggested that quality of motivation, as depicted in Self-determination theory is likely to influence cognitive processes such that those with controlled types of motivation will be susceptible to post-exercise consumption of pleasurable but unhealthy foods. Behaviour change theories, including the Theory of Planned Behaviour [14], Social Cognitive Theory [15] and Self-Determination Theory [16 , 17] appear useful to understand the

processes underpinning eating behaviour. Interventions designed to improve eating behaviour could be based on such theories in the future with a view to ascertain cause and effects. The final theme identified was a focus on eating behaviour profiling or the clustering of individuals according to eating behaviours. Two papers used approaches to identify typologies of individuals [18 , 19]. Those individuals characterised by the low satiety phenotype also consumed more energy. Along similar lines, Sarmugam and Worsley [19] identified three types of individuals in relation to eating behaviors: The first two types reported more frequent consumption of fast foods, ready meals or convenience meals and salted snacks compared to the rational health conscious types. Sarmugam and Worsley proposed several environmental strategies supermarkets to target and engage the two types of individuals susceptible to unhealthy eating habits. These included low-budget initiatives to appeal to the uninvolved, and in-store marketing cues or prompts i. They also found that impulsive involved individuals relied heavily on ready-made sauces and mixes which may indicate a lack of cooking skills. As such, healthy eating interventions may do well to promote the use of healthier processed foods such as canned and frozen vegetables and beans in cooking rather than focusing on cooking from scratch using fresh ingredients. Other research found that a main outcome of a cookery skills intervention was that participants learnt how to make healthy meals from scratch that were both tasty and time efficient [4]. It may be that the acquisition of cooking skills may change the ways in which foods are perceived. In conclusion, both socio-psychological and environmental strategies appear effective in changing eating behaviour and associated outcomes. It would be interesting in future research to employ intervention designs which make use of multi-level strategies as advocated by the Ecological Model of Behaviour Change [21], which proposes that multi-level combing psychological, social and environmental strategies are likely to be more effective than interventions operating on a single level. Environmental approaches, such as food architecture interventions, may be a promising way to prompt healthy food choices, and in doing so reach those individuals that tend to be more impulsive purchasers. Further, given the findings reported in this issue and elsewhere on modelling and household rules governing food consumption, family based interventions may also be important. Such interventions may focus on ways to prepare and cook quick tasty meals such that barriers to healthy eating may be reduced i. Additionally, further work is required on food labels, both in terms of who responds to them and how people make sense of them. Finally, given the importance of psychological factors such as perceived behavioural control and self-efficacy, healthy eating interventions should reduce barriers to healthy eating and foster perceptions of confidence to consume a healthy diet. Health behaviour change theories, including those outlined above, may be usefully applied to foster such confidence. Conflicts of Interest The authors declare no conflict of interest. Preliminary finnish measures of eating competence suggest association with health-promoting eating patterns and related psychobehavioral factors in 10â€”17 year old adolescents. Australians will get run over if they just sit there. Influences underlying family food choice in mothers from an economically disadvantaged community. Food access and obesity. Relationships among food label use, motivation, and dietary quality. Consumer acceptance of population-level intervention strategies for healthy food choices: The role of perceived effectiveness and perceived fairness. Explaining vegetable consumption among young adults: An application of the theory of planned behaviour. Confidence about the satiating capacity of a food affects subsequent food intake. Does motivation for exercise influence post-exercise snacking behavior? The theory of planned behavior. Social Foundations of Thought and Action: A Social Cognitive Theory. Human needs and the self-determination of behavior. Weak satiety responsiveness is a reliable trait associated with hedonic risk factors for overeating among women. Dietary behaviours, impulsivity and food involvement: Identification of three consumer segments. Defining food literacy and its components. Ecological models of health behavior. Theory, Research and Practice.

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Division of Nutrition, Physical Activity, and Obesity. Accessed October 19, Health in the Balance, Washington DC: The National Academies Press; , page Creating healthy food and eating environments: Policy and environmental approaches. Annu Rev Public Health ; Sectors Sectors include systems e. Positive influences on social norms and values can occur through effective health promotion and marketing strategies. Professionals in these sectors have many opportunities to identify and develop strategies that help individuals align their choices with the Dietary Guidelines. Settings Individuals make choices in a variety of settings, both at home and away from home. Away-from-home settings include early care and education programs e. These organizational settings determine what foods are offered and what opportunities for physical activity are provided. Strategies to align with the Dietary Guidelines that are implemented in these settings can influence individual choices and have the potential for broader population-level impact if they are integrated with strategies by multiple sectors. In combination, sectors and settings can influence social norms and values. The food and beverage and food service sectors and settings have a unique opportunity to continue to evolve and better align with the Dietary Guidelines. Reformulation and menu and retail modification opportunities that align with the Dietary Guidelines include offering more vegetables, fruits, whole grains, low-fat and fat-free dairy, and a greater variety of protein foods that are nutrient dense, while also reducing sodium and added sugars, reducing saturated fats and replacing them with unsaturated fats, and reducing added refined starches. Portion sizes also can be adapted to help individuals make choices that align with the Dietary Guidelines. Food manufacturers are encouraged to consider the entire composition of the food, and not just individual nutrients or ingredients when developing or reformulating products. Similarly, when developing or modifying menus or retail settings, establishments can consider the range of offerings both within and across food groups and other dietary components to determine whether the healthy options offered reflect the proportions in healthy eating patterns. In taking these actions, care should be taken to assess any potential unintended consequences so that as changes are made to better align with the Dietary Guidelines, undesirable changes are not introduced. Social and Cultural Norms and Values Social and cultural norms are rules that govern thoughts, beliefs, and behaviors. They are shared assumptions of appropriate behaviors, based on the values of a society, and are reflected in everything from laws to personal expectations. With regard to nutrition and physical activity, examples of norms include preferences for certain types of foods, attitudes about acceptable ranges of body weight, and values placed on physical activity and health. Because norms and values are prevalent within a community or setting, changing them can be difficult. However, changes to sectors and settingsâ€”as previously discussedâ€”can have a powerful effect on social and cultural norms and values over time and can align with the Dietary Guidelines. Education to improve individual food and physical activity choices can be delivered by a wide variety of nutrition and physical activity professionals working alone or in multidisciplinary teams. Resources based on systematic reviews of scientific evidence, such as the Dietary Guidelines and the Physical Activity Guidelines for Americans, provide the foundation for nutrition and public health professionals to develop programs and materials that can help individuals enhance their knowledge, attitudes, and motivation to make healthy choices. Professionals can work with individuals in a variety of settings to adapt their choices to develop a healthy eating pattern tailored to accommodate physical health, cultural, ethnic, traditional, and personal preferences, as well as personal food budgets and other issues of accessibility. Eating patterns tailored to the individual are more likely to be motivating, accepted, and maintained over time, thereby having the potential to lead to meaningful shifts in dietary intake, and consequently, improved health.

Chapter 4 : How Culture and Society Influence Healthy Eating

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Chapter 5 : Cultural Diversity Resources New York Medical College

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Nature and evolution Data from around the world show that the causes underlying most nutrition problems have not changed very much over the past 50 years. Poverty, ignorance and disease, coupled with inadequate food supplies, unhealthy environments, social stress and discrimination, still persist unchanged as a web of interacting factors which combine to create conditions in which malnutrition flourishes. However, what does change greatly is the approach to tackling malnutrition. Each decade or so witnesses a new dominant framework, paradigm, panacea or quick fix claimed to be capable of reducing the malnutrition problem greatly before ten years have passed. During the s and s, kwashiorkor and protein deficiencies were seen as the major problems. Quick fixes such as fish protein concentrate, single-cell protein or amino acid fortification and increased production of protein-rich foods of animal origin were the strategies proposed for the control of malnutrition in the tropics and subtropics. During the late s and s, the term "protein-energy malnutrition" entered the literature. Increasing protein and energy intake by children was the solution, and nutrition rehabilitation centres and applied nutrition programmes ANPs were offered up as sure strategies. The World Food Conference began a decade of macroanalysis which placed first nutrition planning and then nutritional surveillance among the dominant strategies for the countries most affected. Economists began to take over from nutritionists and paediatricians as the architects of new policies, with much talk about national food security and agencies such as the World Bank stressing income generation. In the early s the subject of micronutrients pushed PEM to the background, as nutritionists, international agencies and universities attempted quick fixes to control vitamin A deficiency, anaemia and IDD. The micronutrient wave has not yet crested, and very large sums of money are likely to be provided by the World Bank, the United States Agency for International Development USAID and others to address this hidden hunger". This effort is, in part, a response to the goals set by the World Summit on Children and the International Conference on Nutrition, which include the virtual elimination of vitamin A deficiency and IDD before the turn of the century. Increased funding is needed if improvements in nutrition are to be achieved. However, there is a danger that the limited resources available may be diverted towards the development of new quick-fix strategies for micronutrient deficiencies. Little, then, will remain for addressing the underlying and basic causes of malnutrition. The quick fix addresses only the immediate causes of a problem, scratching the surface and providing no sustainability. It is well recognized that inappropriate development strategies also contribute to the underlying causes of hunger in many countries. Policy reform and the institution of appropriate development and macroeconomic policies are advocated by many economists to improve nutrition. The ICN also emphasized that developing countries must work to ensure that development policies and projects are designed to include nutrition improvement objectives. This approach should promote sustainable development, expand employment opportunities and improve access to food by the poor. Free and fair trade is clearly important for stimulating economic growth, and the prices for primary and processed agricultural products must be adequate to ensure sustained development. The primary producers must receive fair prices for their products, labour and use of resources. It has to be recognized that inappropriate application and transfer of technology and even aspects of certain development projects can have negative as well as positive consequences for health and nutrition in poor countries. It is important that such possible negative consequences be identified early and that measures be taken to offset and prevent them. It may be more important to enhance during project preparation those aspects that will have a positive impact for maximum nutritional benefits. There is also a greater realization that the poor should be more involved in solving their own problems and that the causes of malnutrition and the different levels of society implicated vary from place to place. People should be able to ask appropriate questions relevant to their situation, at the national, local or even family level, and they should be aware of the multisectoral nature of the problem of malnutrition. They can then, together with persons from different disciplines, suggest actions that might be taken at different

levels. During the past ten years a good deal has been written about local participation in development decisions and programmes. The innate wisdom of peasants, with regard to agriculture as well as other development-related matters such as health and nutritional status, has finally been widely acknowledged. It has also been recognized that international and national policies and actions can influence nutritional status in the rural villages and city slums of developing countries. The State may determine taxes, control prices, run national institutions and oversee a legal system. Almost all of these factors influence, and some of them are influenced by, the formal and informal institutions in society. Clearly these institutions influence the causes of malnutrition. Thus the presence or absence, the relevance and the quality of formal local institutions such as agriculture advisory services, health centres, primary schools and community centres have a very important role in areas related to nutrition. But the more informal institutions can also have a role in influencing food, health and care. The most important of these is the family; others include groups of friends and religious, sporting or social groups. The realization that malnutrition is not just a food problem has been appreciated for many years, but the concept of the importance of giving consideration to food, health, education and care is of more recent origin. It is vital that this thinking continue to develop and to move forward steadily, in the place of erratic leaps in pursuit of fashion or funding. For a healthy approach, in the next ten years, the achievements should be reassessed; old strategies that have sound logic and a successful record should be protected and supported, and new policies promoted only when needed. This approach is possible with both discipline and flexibility, and examples of its success are visible today. A framework for causes of malnutrition Malnutrition or undesirable physical or disease conditions related to nutrition can be caused by eating too little, too much or an unbalanced diet that does not contain all nutrients necessary for good nutritional status. In this book the term malnutrition is restricted to undernutrition, or lack of adequate energy, protein and micronutrients to meet basic requirements for body maintenance, growth and development. An essential prerequisite to the prevention of malnutrition in a community is the availability of enough food to provide for the nutrient needs of all people. For adequate food to be available, certainly there must be adequate food production or sufficient funds at the national, local or family level to purchase enough food. Availability of food, however, is just part of the picture. It is now recognized that malnutrition is only the overt sign, or symptoms, of much deeper problems in society. Inadequate dietary intake and disease, particularly infections, are immediate causes of malnutrition. It is obvious that each person must eat an adequate amount of good-quality and safe food throughout the year to meet all nutritional needs for body maintenance, work and recreation, and for growth and development in children. Similarly, one must be able to digest, absorb and utilize the food and nutrients effectively. Poor diets and disease are often the result of insufficient household food security, inappropriate care and feeding practices and inadequate health care. It is now understood that good nutrition depends on adequate levels of all three of these factors. Other factors can also contribute to unavailability or inadequacy of resources for afflicted families. Every rural community or society has certain natural or human resources as well as a certain potential for production. A host of factors influence what and how much food will be produced and how and by whom it will be consumed. The proper use of resources may be affected by economic, social, political, technical, ecological, cultural and other constraints. It may be affected by lack of tools or training to use them and by limited knowledge, skills and general ability to use the resources. The cultural context is of special importance for its influence, especially at the local level, on the use of resources and the establishment and maintenance of institutions. Malnutrition may manifest itself as a health problem, and health professionals can provide some answers, but they alone cannot solve the problem of malnutrition. Agriculturists, and often agricultural professionals, are required to ensure that enough foods, and the right kinds of food, are produced. Educators, both formal and non-formal, are required to assist people, particularly women, in achieving and ensuring good nutrition. Tackling malnutrition often requires the contributions of professionals in economics, social development, politics, government, the labour movement and many other spheres. Promotion and protection of nutritional well-being: The ICN approach The International Conference on Nutrition developed nine common areas for action to promote and protect the nutritional welfare of the population: Taking this thematic approach to nutrition problems should ensure that each of the many facets of a problem are noted, which should allow each sector or agency to assess how it can best work for improvements. These issues are

discussed in detail in Part V. The six Ps By shedding the sectoral perspective and adopting a multisectoral, multidisciplinary one, it is possible to see the causes of malnutrition in a different guise and to focus the development of solutions less narrowly than in the past. Each case will be different, of course, and the extent to which one cause or one area of expertise predominates will vary with the circumstances. However, six determinants of malnutrition are especially important, although none is usually the only cause of malnutrition or the only discipline that needs to be involved in nutrition strategies. These six determinants - the six Ps - are: Production The production of food comes mainly from agriculture. Most countries have a ministry of agriculture and different kinds of agricultural staff whose contributions are very important to nutrition, but adequate national agricultural and food production does not guarantee good nutritional status for all people. As described in Chapter 2, there have been remarkable developments in agriculture in the past four decades. High-yielding varieties of the important cereals rice, wheat and maize have been successfully developed, and much progress has been made in increasing food yields per hectare of land. Some countries that are self-sufficient in their production of staple foods, however, still have the highest prevalence of malnutrition. Agriculturists and agriculture ministries have an absolutely vital role in improving nutritional status, but they cannot win the battle against malnutrition without action from other ministries and without other expertise. Other areas such as food safety, food losses and food storage influence the availability of food. Consideration has to be given to food demand as well as food production. Preservation Despite the remarkable progress made in increasing food production at the global level, approximately half of the people of developing countries do not have access to an adequate food supply. A substantial part of the food produced is lost, for various reasons, before it can be consumed. It has been estimated that about 25 percent of the grains produced are lost because of bad post-harvest handling, spoilage and pest infestation. Losses of easily perishable fruits, vegetables and roots have been estimated to be about 50 percent of what is grown. After food reaches the home, about 10 percent is lost in the kitchen. Processing can also add nutritional and economic value to foods. Adequate measures for the provision of safe and quality food should also be taken. Population The population question and the relationship of fertility and the availability of family planning to nutrition are discussed in Chapter 5. The food available per person in a family, a district or a nation depends on the amount of food produced or purchased divided by the number of people who have access to that food. A family of eight that produces and purchases the same amount of food as a family of four has less food available per person. However, it also needs to be recognized that among producing families, larger family size can also lead to greater family productivity. In some countries the population problem is considered to be of great importance, and overpopulation, family size and child spacing are considered important determinants of malnutrition. Demographers study population, and many countries have a government body, often in the ministry of health, responsible for family planning. Birth spacing may deserve a very high priority. However, as with production, it is naive to believe that in any country population control or successful family planning will by itself solve the problems of hunger and malnutrition. Poverty Poverty is often stated to be the very root cause of malnutrition. Certainly in most countries it is mainly, and sometimes only, the poor whose children suffer from severe or moderate PEM or show evidence of vitamin A deficiency. In contrast, nutritional anaemias and IDD may not be confined to the poor. Economists are the professionals who study poverty and income and suggest economic solutions for problems of poverty which may be related to malnutrition. Most governments have a group of economists working in the ministry of finance and sometimes also in a ministry of economic planning.

Chapter 6 : Food - Sociology - Oxford Bibliographies

Description: Perspectives in Nutrition, Seventh Edition, is an introductory nutrition text appropriate for the majors and mixed-majors nutrition courses. This student-focused text presents the major concepts in nutrition including the body's use of food nutrients and diet planning throughout the life cycle.

Selected Patient Education Resources How culture influences health beliefs All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. The extent to which patients perceive patient education as having cultural relevance for them can have a profound effect on their reception to information provided and their willingness to use it. Western industrialized societies such as the United States, which see disease as a result of natural scientific phenomena, advocate medical treatments that combat microorganisms or use sophisticated technology to diagnose and treat disease. Other societies believe that illness is the result of supernatural phenomena and promote prayer or other spiritual interventions that counter the presumed disfavor of powerful forces. Cultural issues play a major role in patient compliance. One study showed that a group of Cambodian adults with minimal formal education made considerable efforts to comply with therapy but did so in a manner consistent with their underlying understanding of how medicines and the body work. There are several important cultural beliefs among Asians and Pacific Islanders that nurses should be aware of. The extended family has significant influence, and the oldest male in the family is often the decision maker and spokesperson. The interests and honor of the family are more important than those of individual family members. Older family members are respected, and their authority is often unquestioned. Among Asian cultures, maintaining harmony is an important value; therefore, there is a strong emphasis on avoiding conflict and direct confrontation. Due to respect for authority, disagreement with the recommendations of health care professionals is avoided. However, lack of disagreement does not indicate that the patient and family agree with or will follow treatment recommendations. Among Chinese patients, because the behavior of the individual reflects on the family, mental illness or any behavior that indicates lack of self-control may produce shame and guilt. As a result, Chinese patients may be reluctant to discuss symptoms of mental illness or depression. Some sub-populations of cultures, such as those from India and Pakistan, are reluctant to accept a diagnosis of severe emotional illness or mental retardation because it severely reduces the chances of other members of the family getting married. In Vietnamese culture, mystical beliefs explain physical and mental illness. Health is viewed as the result of a harmonious balance between the poles of hot and cold that govern bodily functions. However, it is possible to accept assistance if trust has been gained. Russian immigrants frequently view U. The Russian experience with medical practitioners has been an authoritarian relationship in which free exchange of information and open discussion was not usual. As a result, many Russian patients find it difficult to question a physician and to talk openly about medical concerns. Patients expect a paternalistic approach-the competent health care professional does not ask patients what they want to do, but tells them what to do. Although Hispanics share a strong heritage that includes family and religion, each subgroup of the Hispanic population has distinct cultural beliefs and customs. Older family members and other relatives are respected and are often consulted on important matters involving health and illness. Hispanic patients may prefer to use home remedies and may consult a folk healer, known as a curandero. Many African-Americans participate in a culture that centers on the importance of family and church. There are extended kinship bonds with grandparents, aunts, uncles, cousins, or individuals who are not biologically related but who play an important role in the family system. Usually, a key family member is consulted for important health-related decisions. The church is an important support system for many African-Americans. Cultural aspects common to Native Americans usually include being oriented in the present and valuing cooperation. Native Americans also place great value on family and spiritual beliefs. They believe that a state of health exists when a person lives in total harmony with nature. Native Americans may use a medicine man or woman, known as a shaman. As can be seen, each ethnic group brings its own perspectives and values to the health care system, and many health care beliefs and health practices differ from those of the traditional American health care culture.

Unfortunately, the expectation of many health care professionals has been that patients will conform to mainstream values. Such expectations have frequently created barriers to care that have been compounded by differences in language and education between patients and providers from different backgrounds. Patients and their families bring culture specific ideas and values related to concepts of health and illness, reporting of symptoms, expectations for how health care will be delivered, and beliefs concerning medication and treatments. In addition, culture specific values influence patient roles and expectations, how much information about illness and treatment is desired, how death and dying will be managed, bereavement patterns, gender and family roles, and processes for decision making. Cross-cultural variations also exist within cultures. Strategies that you can use in working with patients from different cultures as displayed in Table Pay close attention to body language, lack of response, or expressions of anxiety that may signal that the patient or family is in conflict but perhaps hesitant to tell you. Ask the patient and family open-ended questions to gain more information about their assumptions and expectations. Remain nonjudgmental when given information that reflects values that differ from yours. Follow the advice given by patients about appropriate ways to facilitate communication within families and between families and other health care providers. Considerations for health care decision-making.

Chapter 7 : Social ecological model - Wikipedia

There many factors that influence your diet. In this article, we are going to focus on the impact social and cultural factors have on healthy eating.

Thus, systems thinking, which is the process of understanding how things influence one another within a whole, is central to ecological models. Generally, a system is a community situated within an environment. Examples of systems are health systems, education systems, food systems, and economic systems. Drawing from natural ecosystems which are defined as the network of interactions among organisms and between organisms and their environment, social ecology is a framework or set of theoretical principles for understanding the dynamic interrelations among various personal and environmental factors. This perspective emphasizes the multiple dimensions example: From an ecological perspective, the individual is both a postulate a basic entity whose existence is taken for granted and a unit of measurement. As a postulate, an individual has several characteristics. Second, he is interdependent with other humans; that is, is always part of a population and cannot exist otherwise. Third, he is time bound, or has a finite life cycle. Fourth, he has an innate tendency to preserve and expand life. Fifth, he has capacity for behavioral variability. Two distinct phases of the theory can be identified. Bronfenbrenner [8] stated that "it is useful to distinguish two periods: The Bronfenbrenner ecological model examines human development by studying how human beings create the specific environments in which they live. In other words, human beings develop according to their environment; this can include society as a whole and the period in which they live, which will impact behavior and development. Ecological systems theory[edit] In his original theory, Bronfenbrenner postulated that in order to understand human development, the entire ecological system in which growth occurs needs to be taken into account. This system is composed of five socially organized subsystems that support and guide human development. Furthermore, within and between each system are bi-directional influences. These bi-directional influences imply that relationships have impact in two directions, both away from the individual and towards the individual. Because we potentially have access to these subsystems we are able to have more social knowledge, an increased set of possibilities for learning problem solving, and access to new dimensions of self-exploration. Microsystem[edit] The microsystem is the layer closest to the child and contains the structures with which the child has direct contact. The microsystem encompasses the relationships and interactions a child has with his or her immediate surroundings such as family, school, neighborhood, or childcare environments. However, interactions at outer levels can still impact the inner structures. The microsystem may provide the nurturing centerpiece for the child or become a haunting set of memories. The caring relations between child and parents or other caregivers can help to influence a healthy personality. The child may not be directly involved at this level, but they do feel the positive or negative force involved with the interaction with their own system. The main exosystems that indirectly influence youth through their family include: Furthermore, absence from a system makes it no less powerful in a life. Macrosystems can be used to describe the cultural or social context of various societal groups such as social classes, ethnic groups, or religious affiliates. The effects of larger principles defined by the macrosystem have a cascading influence throughout the interactions of all other layers. It may empower her life so that she, in turn, is more effective and caring with her newborn. Family dynamics need to be framed in the historical context as they occur within each system. Bronfenbrenner [16] suggests that, in many cases, families respond to different stressors within the societal parameters existent in their lives. Processes, per Bronfenbrenner, explain the connection between some aspect of the context or some aspect of the individual and an outcome of interest. The full, revised theory deals with the interaction among processes, person, context and time, and is labeled the Processâ€”Personâ€”Contextâ€”Time model PPCT. Two interdependent propositions define the properties of the model. Furthermore, contrary to the original model, the Processâ€”Personâ€”Contextâ€”Time model is more suitable for scientific investigation. In its early phase and throughout the lifecourse, human development takes place through processes of progressively more complex reciprocal interactions between an active, evolving biopsychological human organism and the persons, objects and symbols in its immediate

environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time. These forms of interaction in the immediate environment are referred to as proximal processes. Proximal processes are fundamental to the theory. They constitute the engines of development because it is by engaging in activities and interactions that individuals come to make sense of their world, understand their place in it, and both play their part in changing the prevailing order while fitting into the existing one. Bronfenbrenner acknowledges here the relevance of biological and genetic aspects of the person. Demand characteristics are those that act as an immediate stimulus to another person, such as age, gender, skin color, and physical appearance. These types of characteristics may influence initial interactions because of the expectations formed immediately. Resource characteristics are those that relate partly to mental and emotional resources such as past experiences, skills, and intelligence, and also to social and material resources access to good food, housing, caring parents, and educational opportunities appropriate to the needs of the particular society. Finally, force characteristics are those that have to do with differences of temperament, motivation, and persistence. According to Bronfenbrenner, two children may have equal resource characteristics, but their developmental trajectories will be quite different if one is motivated to succeed and persists in tasks and the other is not motivated and does not persist. The change can be relatively passive a person changes the environment simply by being in it , to more active the ways in which the person changes the environment are linked to his or her resource characteristics, whether physical, mental, or emotional , to most active the extent to which the person changes the environment is linked, in part, to the desire and drive to do so, or force characteristics. The final element of the PPCT model is time. Time plays a crucial role in human development. Time and timing are equally important because all aspects of the PPCT model can be thought of in terms of relative constancy and change. Fostering of societal attitudes that value work done on behalf of children at all levels: In community health promotion: Basis of intervention programs to address issues such as bullying, obesity, overeating and physical activity. Interventions that use the social ecological model as a framework include mass media campaigns, social marketing, and skills development. In economics , an output is a function of natural resources , human resources, capital resources, and technology. The environment macrosystem dictates a considerable amount to the lifestyle of the individual and the economy of the country. For instance, if the region is mountainous or arid and there is little land for agriculture , the country typically will not prosper as much as another country that has greater resources. This situation is an environmental influence that may be very far reaching. This also includes possibly removing oneself from a potentially dangerous environment or avoiding a sick coworker. On the other hand, some environments are particularly conducive to health benefits. Surrounding oneself with physically fit people will potentially act as a motivator to become more active, diet, or work out at the gym. The government banning trans fat may have a positive top-down effect on the health of all individuals in that state or country. The social ecological model looks at multiple levels of influence on specific health behaviors. Although this perspective is both logical and well grounded, the reality is different in most settings, and there is room for improvement everywhere. A decision may be required of an individual, organization, community, or country. A decision a congressman makes affects anyone in his or her jurisdiction. If one makes the decision not to vote for the President of the United States, one has given oneself no voice in the election. On the international level, if the leadership of the U. There are multiple cross-level and interactive effects of such a decision. Most criticism center around the difficulties to empirically test the theory and model and the broadness of the theory that makes it challenging to intervene at an any given level[citation needed]. Some examples of critiques of the theory are: Challenging to evaluate all components empirically. Failure to acknowledge that children positively cross boundaries to develop complex identities. Tendency to view children as objects. Preoccupation with achieving "normal" childhood without a common understanding of "normal". Fails to see that the variables of social life are in constant interplay and that small variables can change a system. Misses the tension between control and self-realization in child-adult relationships; children can shape culture.

Chapter 8 : How culture influences health beliefs

Page 2 Objectives 1. Describe the importance of social & cultural determinants of health. 2. Compare the Sociocultural model with the Disease model.

Social Movements The Role and Influence of Mass Media Mass media is communicationâ€"whether written, broadcast, or spokenâ€"that reaches a large audience. This includes television, radio, advertising, movies, the Internet, newspapers, magazines, and so forth. Mass media is a significant force in modern culture, particularly in America. Sociologists refer to this as a mediated culture where media reflects and creates the culture. Communities and individuals are bombarded constantly with messages from a multitude of sources including TV, billboards, and magazines, to name a few. These messages promote not only products, but moods, attitudes, and a sense of what is and is not important. Mass media makes possible the concept of celebrity: In fact, only political and business leaders, as well as the few notorious outlaws, were famous in the past. As recently as the s and s, television, for example, consisted of primarily three networks, public broadcasting, and a few local independent stations. Not only has availability increased, but programming is increasingly diverse with shows aimed to please all ages, incomes, backgrounds, and attitudes. What role does mass media play? Legislatures, media executives, local school officials, and sociologists have all debated this controversial question. While opinions vary as to the extent and type of influence the mass media wields, all sides agree that mass media is a permanent part of modern culture. Three main sociological perspectives on the role of media exist: This theory originated and was tested in the s and s. Critics point to two problems with this perspective. How media frames the debate and what questions members of the media ask change the outcome of the discussion and the possible conclusions people may draw. Second, this theory came into existence when the availability and dominance of media was far less widespread. Those people who own and control the corporations that produce media comprise this elite. Advocates of this view concern themselves particularly with massive corporate mergers of media organizations, which limit competition and put big business at the reins of mediaâ€"especially news media. Their concern is that when ownership is restricted, a few people then have the ability to manipulate what people can see or hear. For example, owners can easily avoid or silence stories that expose unethical corporate behavior or hold corporations responsible for their actions. The issue of sponsorship adds to this problem. Advertising dollars fund most media. Networks aim programming at the largest possible audience because the broader the appeal, the greater the potential purchasing audience and the easier selling air time to advertisers becomes. Thus, news organizations may shy away from negative stories about corporations especially parent corporations that finance large advertising campaigns in their newspaper or on their stations. Media watchers identify the same problem at the local level where city newspapers will not give new cars poor reviews or run stories on selling a home without an agent because the majority of their funding comes from auto and real estate advertising. This influence also extends to programming. Critics of this theory counter these arguments by saying that local control of news media largely lies beyond the reach of large corporate offices elsewhere, and that the quality of news depends upon good journalists. They contend that those less powerful and not in control of media have often received full media coverage and subsequent support. Predominantly conservative political issues have yet to gain prominent media attention, or have been opposed by the media. Advocates of this view point to the Strategic Arms Initiative of the s Reagan administration. The public failed to support it, and the program did not get funding or congressional support. Culturalist theory The culturalist theory, developed in the s and s, combines the other two theories and claims that people interact with media to create their own meanings out of the images and messages they receive. This theory sees audiences as playing an active rather than passive role in relation to mass media. One strand of research focuses on the audiences and how they interact with media; the other strand of research focuses on those who produce the media, particularly the news. Theorists emphasize that audiences choose what to watch among a wide range of options, choose how much to watch, and may choose the mute button or the VCR remote over the programming selected by the network or cable station. Both groups of researchers find that when people approach material, whether written text or media images and

messages, they interpret that material based on their own knowledge and experience. Thus, when researchers ask different groups to explain the meaning of a particular song or video, the groups produce widely divergent interpretations based on age, gender, race, ethnicity, and religious background. Therefore, culturalist theorists claim that, while a few elite in large corporations may exert significant control over what information media produces and distributes, personal perspective plays a more powerful role in how the audience members interpret those messages.

Chapter 9 : Human nutrition in the developing world

In personalized nutrition, food is a tool for good health, implying an instrumental relationship between food and health. Food receives a secondary value, while health would appear to be a descriptive biological concept.

ShareCompartir The ultimate goal is to stop violence before it begins. Prevention requires understanding the factors that influence violence. CDC uses a four-level social-ecological model to better understand violence and the effect of potential prevention strategies. It allows us to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level. Besides helping to clarifying these factors, the model also suggests that in order to prevent violence, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain prevention efforts over time than any single intervention. Individual The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse. Prevention strategies at this level promote attitudes, beliefs, and behaviors that prevent violence. Specific approaches may include education and life skills training. Relationship The second level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. Prevention strategies at this level may include parenting or family-focused prevention programs, and mentoring and peer programs designed to reduce conflict, foster problem solving skills, and promote healthy relationships. Community The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence. Prevention strategies at this level impact the social and physical environment â€” for example, by reducing social isolation, improving economic and housing opportunities in neighborhoods, as well as the climate, processes, and policies within school and workplace settings. Societal The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society. Violence-a global public health problem. World Report on Violence and Health. World Health Organization;
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