

CHAPTER 8: HEALTH BEHAVIOR + LIFESTYLES ↴

- 2 categories: **health behavior** & **illness behavior**

↳ **HEALTH BEHAVIOR**: activity undertaken by individuals for the purpose of maintaining/enhancing health, preventing health problems, or achieving positive body image

* **HEALTH LIFESTYLES**: collective patterns of health related behavior based on choices from options available to people according to their life chances

↳ includes contact w/ medical professionals but mostly done outside healthcare delivery sys. ↳ largely determined by class position

↳ (ex. daily food choices, exercise, relaxation, etc)

* most chronic diseases currently arise from health lifestyles (heart disease, blood p.) ↴

* **WEBER**: Health lifestyle perspective

↳ status & power are important factors

↳ amount of esteem a person is accorded by others

BASIS = occupation, income, level of edu.

* **STATUS GROUP**: (SOCIAL CLASS) → people who share similar material circumstances, prestige, edu, political influence → **SIMILAR LIFESTYLES**

↳ lifestyles based on what they consume

3 TERMS: **LEBENSSTIL (LIFESTYLE)**, **LEBENSFUHRUNG (LIFE CONDUCT)**, **LEBENSCHANEN (LIFE CHANCES)**

* lifestyles can spread across society, beyond where they originated.

↳ choices people have on lifestyles they wish

to adopt but influenced by

(LIFE CHANCES) probability of acquiring a lifestyle.

Ex) lifestyles emphasizing exercise, sports, healthy diet, avoidance of unhealthy practices: smoking → origin = upper middle class

shaped by SES!

↳ spread across WESTERN SOCIETY

* most people try to do smth. to protect their health *

* POOR most disadv. to positive LS. → also more smokers

OR COGNITIVE
MAP,
SET OF PERCEPTIONS

* BOURDIEU: BOOK "DISTINCTION"

↳ HABITUS = WHOLE of class related set of durable dispositions to act in particular ways, shaped lifestyles. (same class = similar habitus)

"distance from necessity" → more distant a person is from having to eco. needs → the more freedom to develop tastes w/ more privileged class.
(ex. lower class like cheap, bulky meals)

* COCKERHAM: 4 categories of social structural variables that shape LS

1) class circumstances → most decisive, upper + ^{healthier} upper middle > lower

2) age, gender, race/ethnicity → intergenerational (passed on from parents)

3) collectivities → as people age → take better care of health

4) living conditions → but exercise declines w/ age

blacks = ↑
obesity
families,
religion, etc

* men in Britain: associated w/ class pos.

↳ women have ^{overall} healthier LS than men

* PRIMARY SOCIALIZATION: imposition of society's norms + values

better over
life course

* SECONDARY: later (adult) + training, learned from experiences

* AGENCY: process by which people critically evaluate + choose course of action

↳ people act as "agent" of their own behavior

* CLASS IS DOMINANT VARIABLE IN HEALTH LIFESTYLES *

* PREVENTIVE CARE: routine physical examinations, immunizations, prenatal care, checkups, etc

↳ poor LESS likely to use it

USA + EUR

* UNDERUTILIZATION * of preventive care among poor = common