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Health Promotion Through the Life Course: Introductory Notes

Giuseppina Cersosimo, Maurizio Merico

Foreword

As acknowledged by the current international scientific debate, the concept of "health promotion" is (and can) not only (be) limited to individual healthy lifestyles. Health promotion practices are a key part of public policies efforts to address population health inequalities as well as to avoid medicalization. Health promotion action therefore operates across several sectors (e.g. school, workplace, environment), not only recognising the social, economic, and cultural roots of health but also the impact of policy development to shape the contexts in which health is produced and determined.

Moving from these preliminary remarks, this issue collects papers which consider, from different perspectives, the relevance of both health promotion and appropriate health educational interventions, assuming as a vantage point the perspective of the life course (Elder & Giele, 2009; Ben-Shlomo, Cooper & Kuh, 2016; Clemente, Garcia-Pereiro, 2020). A call for papers was launched with the aim of bringing together studies and analyses of policies, experiences and interventions dealing with health promotion – and in particular those capable of reducing the risk of further diseases and, eventually, promoting a decrease of the financial and economic pressure on welfare systems by improvements in lifestyle, nutrition and disease prevention.

The aim was to invite contributions that critically analysed reflective practice(s) in health promotion, presented empirical or field works carried out using intervention research, participatory practice, population health promotion, or reflected on the future of health promotion in the age of globalisation. Clearly, the papers presented do not intend to – and may not – cover the wide range of issues mentioned above. On the contrary, they are to be intended as a (tentative) account of possible challenges and questions

emerging when assuming what we think can be meant as "*a new perspective*", namely the idea of understanding "*health promotion through the life course*". In this respect, the papers collected in this special issue bring together national and international (new) perspectives, while also being able to appraise emerging opportunities in health promotion practice and, not least, to address health in new and innovative ways, such as: gender-transformative practice, education and human development, social innovation, cultural change, and digital media.

Before introducing the contents of the issue, the main aspects of the framework in which they are enclosed will be briefly outlined.

The role of education in health promotion and public health

Since the very beginning of the sociological reflection, health has been meant as a fundamental part of educational processes. In this respect, the transmission and/or sharing among generations of knowledge about health can be intended as a manner through which acquainting or persuading members of a target of context to voluntarily behave in a particular manner. Whatever it is regarded through a vertical – that is from generation to generation, as in the classical Durkheimian analysis (Durkheim, 1922) – or horizontal – as in the case of Karl Mannheim's concept of "social education" (Mannheim & Stewart, 1962) – perspective, education is intended as the process able to raise awareness of the benefits of a given behaviour, whilst there is a widespread agreement that it cannot always directly provide those benefits. Therefore, if defined in this way, education is often a component of good behaviour, but it is not (directly) synonymous with behaviour.

In other words, under certain (key) conditions, educational agencies are able (or, at least, can be satisfactory enough) to appropriately influence people's behaviour and practices. When the benefits of a recommended behaviour are sufficiently minor, or when the alternative behaviours offer relatively less attractive benefits, educational processes alone can produce powerful influence on behaviour.

However, under other conditions, education (and therefore the role of educational agencies) will not be sufficient to create a behavioural change. This is typically the case when the recommended behaviour's package of benefits is less compelling, the barriers to performance are more significant, or the alternative behaviours offer equal if not more fascinating benefits. Consider, as emblematic examples, smoking during pregnancy, binge drinking, or the rapidly growing rates of obesity due to a combination of an increased caloric intake and reduced physical activity (Cersosimo & Merico, 2017), which over time have shown remarkable resistance to behavioural change through

educational approaches – and particularly through the impact of formal educational agencies.

The rationale underlying health promotion and the National Health Service is that – when compared with conventional approaches to health education – they adopt a broader socio-structural approach.

Within the supposedly radical discourse and practice of health promotion – as well as of new public health – terms such as lifestyles, risk and behaviours still proliferate. Policies and practices are, accordingly – dominated by the risk factor approach, «whereby individuals'» presumed probability of developing a particular disease is characterized in terms of their profile with respect to specific behavioural or lifestyle factors (McQueen, 1989, p. 4). In this respect, there is a "holy trinity" of risk factors: smoking, diet and exercise. The reason for this draws attention to the fact that their collective concept of health promotion emerged at a time when the determinant ideology was that of individualism.

The two concepts, however, fit well together: as immediately evident, (the rhetoric of) health promotion and (the new) public health have a social basis, while the actions – that are their behavioural base – chiefly involve the individual level, thus producing the need for a circular and wider process.

Therefore, if the purpose is that of insisting on the interaction and the concurrence between the social and individual levels, it should follow that health promotion and public health, on the one hand, and health education, on the other, with their role of sympathetically reconnecting the two levels, need to be taken at once into question. How else one can explain the rhetoric which argues that social conditions affect health outcomes and, in turn, that the appropriate solution is to eat better, exercise more, drink less and give up smoking?

Life course approaches

Since the early 1960s, social sciences have long supported the analysis of processes that operate throughout an individual's life in order to understand later outcomes of interest.

In particular, the sociology of the life course is based on the assumptions that people's lives are embedded in, and shaped by socioeconomic and historical contexts (Elder, 1988). Individuals construct their own lives through their choices and actions, within the borders of institutional, social, cultural and historical constraints, as well as in connection with their agency (Burton-Jeangros *et al.*, 2015). Lives are – therefore – interwoven with social relationships, and expressions and impacts of life transition depend on them recurring (Clausen, 1986).

In epidemiology, the development of life course approaches emerged later, during the 1990s. In the context of our discourse, it is interesting to consider how Kuh *et al.* (2003, p. 778) conceptualise life course epidemiology:

> «the study of long-term effects on later health or disease risk of physical or social exposures during gestation, childhood, adolescence, young adulthood and later adult life. The aim is to elucidate biological, behaviour and psychosocial processes that operate across an individual's life course, or across generations, to influence the development of disease risk».

A classic example of the value of life course approaches is the analysis of a birth cohort, that demonstrate how childhood illness is influenced by parents' social class and health in adult life (Wadsworth, 1986).

During the past decades, the application of life course approaches has become increasingly widespread, being applied not only to issues such as health trajectories and transitions, health vulnerability and inequalities, but also to a wide range of topics, while being applied not only to aging, but also to the study of adulthood, youth, and even childhood (Mortimer, 2009; 2019).

Health education and health promotion

In the last century Mayhew Derreberry showed that «health education [...] requires careful and thorough consideration of the present knowledge, attitudes, goals, perceptions, social status, power structure, cultural traditions, and other aspects of whatever public is to be addressed» (1960, p. 6). Some years later Dorothy Nyswander (1966) claimed the importance of attending to social justice and individuals' sense of control and self-determination. These ideas have been later echoed, in particular when Griffiths (1972, p. 76) stressed that «health education is concerned not only with individuals and their families, but also with the institutions and social conditions that impede or facilitate individuals toward achieving optimum health».

The view of health education as an instrument of social change has been further renewed and revitalized in the new century, and particularly in Western society. Policy, advocacy, and organizational changes have been, accordingly, adopted as central activities of public health and health education. Most recently, experts have explicitly recommended that interventions on social and behavioural factors related to health should link multiple level of influence, including the individual, interpersonal, institutional, community and policy levels all along people's life course.

In this respect, as mentioned above, this special issue purposefully includes contributions on health promotion during the life course, with papers on lifestyles determinants, health literacy of mothers, their role in prevent-

ing obesity and in promoting vaccination, frailty and social exclusion, along with two papers on the promotion of health culture.

The first paper, "*Health Promotion During the Life Course. Lifestyle Determinants of Self-Declared Health Status in Some European Countries*", shows through a critical approach how health promotion and health inequalities are both part of a single system. What is particularly interesting in this paper, is the approach of retrospective SHARE data for analysing whether and how some health promotion behaviours (in terms of lifestyle) change the self-perception of health in late adulthood. Adopting a life course perspective on interventions might help to minimise current health inequalities and increase equity in the future by leveraging on the social determinants of health. With this approach, the life course perspective can be useful to pursue innovative and more effective public health promotion policies by acting on its socioeconomic determinants during people's lives.

The second paper, "*The Promotion of a Health Culture From the Experience of the Pablo De Olavide University (Spain)*", by Mª Rosalía Martínez García and Inmaculada Zambrano Alvarez, reflects on the experience of the Vice-Rector's Office for Social Participation (VROSP) of the Pablo Olavide University (POU) from 2007 to 2012 in five epigraphs. Its main contents describe a context that promotes health and interaction with universities and, externally, with public administrations, private companies and society, as well as a number of activities within the framework of health promotion. Essentially, universities are educational institutions that should never isolate themselves from their environment. At the same time, universities contribute ideas, visions and sometimes solutions that can more effectively aid politicians as well as other social agents with their work. The interest in the topic of solidarity, care and the promotion of health and quality of life is embodied in some of the aims proposed by the VROSP. These include raising awareness in the university community of the importance of health, solidarity-based values and the individual's responsibility for self-care in a broad sense (healthy habits, nutrition, drug dependency, accidents). The European Union proposed a set of principles, goals and strategies to improve health in the community. The field of sociology proposes that the knowledge related to people's health and self-care must be interdisciplinarily incorporated. This is due to the way we understand health and disease in different international scenarios having changed since the 1980s as a result of what is known as "holistic vision". This paper shows how the experience of health promotion with regard to higher education and university social responsibility also contributed to establishing programmes with the environment: health promotion in local government offices, town councils, classrooms for the elderly, schools for parents, secondary schools, and even companies involving students in health promotion projects.

The next three papers assume, while from different perspectives and questioning different issues, the point of view of mothers. In the third paper, starting from the interplay between the biological causes and social/cultural elements that contribute to the increasing of childhood obesity, Giuseppina Cersosimo reflects on the role of women in the transmission of knowledge about healthy lifestyles, behaviours and practices in the family and school contexts. Her discussion is based on a qualitative study that interviewed pregnant women who did or did not take part in a birth preparation course. From the significant differences between the two groups studied, Cersosimo considers the effectiveness of "preventive-educational" programs on a person's life, with them having tangible effects on women's nutrition and physical activity preferences and attitudes. A process that unquestionably produces immediate consequences. Taking into consideration the mothers' concerns emerging from the study – if properly supported, it could also extend its contribution to the entire children socialisation process. In a more general perspective, this recalls not only the attention to the differences and links between health education and health promotion, but also the relevance of the life course approach as a tool useful for exploring the relationship between health organizations and people's health conditions.

In "*The Health Literacy of Ethnic Hungarian Mothers in Eastern Europe*", Ágnes Sántha, Melinda Nagy and J. Selye show how parental health literacy is decisive for child health and quality of life in Eastern Europe. Children of parents with limited health literacy are at an increased risk of illness and longer recovery periods. However, this situation is the same in many parts of the world, but this paper reports how different the knowledge of health literacy of the mothers in Eastern Europe is. Mothers show a lack of factual knowledge of some child healthcare issues such as vaccines and the treatment of child diseases, with this possibly having a detrimental effect on the child's health. This paper shows that the predictors of sufficient health literacy in mothers are age, partnership status, place of residence, educational attainment, socioeconomic status and ill child in the family. Some of these inequalities were found in other places, but the added value of this study is that the groups at risk of limited health literacy are younger mothers, single mothers as well as those who care for a child with a chronic illness. The results of this study are quite interesting, despite its weaknesses, particularly the online sampling technique. They are relatively new in the region and allow for comparisons with other European countries.

The fifth paper discusses the relationships between "*Mothers and Vaccinations: From Personal Experiences to Shared Representations. A Challenge for Healthcare Authorities*", explored through a discussion investigating the paths that reconnect personal experiences and shared representations. The analysis relies on the results of a survey of a group of mothers with preschool chil-

dren, who were asked to fill in a questionnaire with items regarding concrete behaviours, on the one hand, and items related to the (perceived) usefulness, benefits and risks of vaccinations, on the other. Starting from a socio-psychological approach, Patrizia Selleri and Felice Carugati show how mothers, depending on the level of education, react in different ways to concerns and misconceptions, fears and rhetoric, everyday experiences and voices, universalistic values and healthcare authorities, thus producing a range of diverse reactions in which *myths, hesitancy*, *confidence* and *conspiracy* become the borders within which they define their understandings and behaviours. In this direction, as Selleri and Carugati state in their conclusions, investigating the complex matrix that lays behind «the social construction of the mothers' positions» not only has a theoretical relevance, but also offers to «healthcare authorities and policymakers conceptual tools for intervention strategies that could monitor and improve vaccination acceptance».

The following essay presents a case study carried out in the "Bambino Gesù" Children Hospital in Rome, in which Andrea Casavecchia reflects on the development and diffusion of "*The culture of welcome*" in the Italian healthcare system. Starting with an analysis of the links between the evidence-based medicine approach and the humanization process – the latter being assumed as «an essential factor in the therapeutic path for the patient's quality of life» – Casavecchia offers a challenging insight into how this attitude increasingly «emerges as a qualifying resource of the therapeutic path», that passes from the attention to the person to a mission for the entire hospital system. By applying the life course approach to the analysis of an institution and tracing out the main changes in the attitudes and practices that characterize the (recent) history of the "Bambino Gesù" Hospital and, above all, by collecting biographical interviews with key informants, the analysis identifies four key dimensions of the "welcome culture": the attention to the whole person, the pivotal significance of the family, the relevance of parents training, and «the attempts to offer a network support to the child's family». This results in what is designated as "welcome therapy", that increasingly seems to embody the "Bambino Gesù" approach to cure and care.

The issue ends with a paper by Stefano Poli, Valeria Pandolfini, and Claudio Torrigiani, who interrogate the association of frailty with factors of social exclusion. Their paper presents the results of an intervention research project on aging and frailty carried out in 2019-2020 in Genoa, which are discussed through a multidimensional approach that takes into account the functional domain, the structural factors of social vulnerability, the characteristics of social networks, and the agency of older people. The sophisticated analysis of a survey carried out on a sample of 1,354 cases allows the authors to identify a predictive model of the social factors that lay behind frailty con-

ditions. On this basis – according to Poli, Pandolfini and Torrigiani – «the conjoint effect of older age, disability, social vulnerability, household conditions and perceived isolation» can be considered as a predictor of frailty and higher mortality risk: a representation that clearly reproduces the profiles of most of the victims of the Coronavirus. In this perspective, reflecting on the (contradictory and unexpected) possible consequences of the political decisions assumed in the firsts phases of the recent COVID-19 pandemic, the authors claim the need to associate protective and containment measures together with alternative ways able to ensure both the «safety and quality of life for older people».

On the borders

From the composite scenario that emerges from the papers introduced above, it is clearly evident – in our opinion – how definitions of health education and health promotion can be recognised – and therefore discussed – only if considered in their overlapping and intertwining.

The first concept, that of health education derives from and is mainly grounded in three settings: communities, schools, and patient care sites. Health education not only includes training activities and other strategies to change individual health behaviour knowledge, but also organizational efforts, policy lines, economic supports, environmental activities, mass media, and community level programs aimed at changing individual health behaviour and improving their knowledge. It therefore covers a continuum ranging from disease prevention and promotion of optional health, to the detection of illness, treatment, rehabilitation and long-term care – along the span of people's life-courses.

When compared with that of health education, the concept of health promotion certainly is of more recent origin. Health promotion can be considered the combination of health education and related organizational, economic, and environmental supports aimed at leading the behaviour of groups, individuals or communities (Green & Kreuter, 1991). As appropriately supported by O'Donnell (1989, p. 5), health promotion can be defined as «the science and art of helping people change their lifestyle towards a state of optimum health […]. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behaviour, and create environments that support good health»: a process only possible through the life course of each individual or group.

While some may argue that a greater accuracy of terminology could be achieved by drawing a clearer distinction between health education and health promotion, such a stance ignores the long-standing tenets of health education and its broad social mission. For a long period, health educa-

tors made use of not just "educational" strategies. This results in the terms "health promotion" and "health education" often being used interchangeably. Whereas the term "health education" accentuates efforts to influence the broader social context of health behaviour, the term "health promotion" is to be understood as a broad set of strategies to influence both individuals and their social environments as well as to enhance health and the quality of life, during the life course.

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