1 Concepts of health and wellbeing

1.1 Overview

Key knowledge

- Various definitions of health and wellbeing, including physical, social, emotional, mental and spiritual dimensions
- Youth perspectives on the meaning and importance of health and wellbeing
- Variations in perspectives of and priorities relating to health and wellbeing according to age, culture, religion, gender and socioeconomic status
- Aboriginal and Torres Strait Islander perspectives on health and wellbeing

Key skills

- Describe a range of influences on the perspectives and priorities of health and wellbeing
- Collect and analyse data relating to variations in youth attitudes and priorities regarding health and wellbeing
- Analyse various meanings of health and wellbeing
- Describe different dimensions of health and wellbeing

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FIGURE 1.1 Health and wellbeing includes physical, social, emotional, mental and spiritual dimensions.
KEY TERMS

**Acupuncture** a form of alternative medicine in which thin needles are inserted into the body. It is a key component of traditional Chinese medicine.

**Ayurveda** holistic Hindu science of health and medicine which sees physical wellbeing as being intertwined with emotional and spiritual wellbeing as well as the universe as a whole. Treatments include yoga, meditation, diet and herbal medicines.

**Cognitive** the mental action or process of acquiring knowledge and understanding through thought, experience and the senses

**Dynamic** continually changing

**Emotional health and wellbeing** relates to the ability to express feelings in a positive way. It is about the positive management and expression of emotional activities and reactions, as well as the ability to display resilience. Emotional health and wellbeing is the degree to which an individual feels emotionally secure and relaxed in everyday life.

**Emotional intelligence** an individual’s ability to recognise and respond to either their own or others’ emotions

**Health** a state of complete physical, mental and social wellbeing; it is not merely the absence of disease or infirmity

**Health and wellbeing** the state of a person’s physical, social, emotional, mental and spiritual existence, characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged

**Infirmity** the quality or state of being weak or ill; often associated with old age

**Karma** the spiritual principle of cause and effect whereby the intent and actions of an individual (cause) influence the future of that individual (effect)

**Mental health and wellbeing** relates to the current state of wellbeing relating to a person’s mind or brain and the ability to think and process information. A mentally healthy brain enables an individual to positively form opinions, make decisions and use logic.

**Nirvana** a place of peace and happiness, where suffering is removed. In Buddhism, nirvana means the cycle of rebirth has ceased, whereas in Hinduism, the soul has been absorbed into the higher power of Brahman.

**Physical health and wellbeing** relates to the functioning of the body and its systems; it includes the physical capacity to perform daily activities or tasks

**Self-disclosure** the process of communication by which one person reveals information about themselves to another. This can be in the form of feelings, thoughts, fears, likes and dislikes.

**Self-esteem** reflects a person’s overall subjective emotional evaluation of his or her own worth. It is a judgement of oneself as well as an attitude toward the self.

**Social health and wellbeing** relates to the ability to form meaningful and satisfying relationships with others and the ability to manage or adapt appropriately to different social situations

**Spiritual health and wellbeing** relates to ideas, beliefs, values and ethics that arise in the mind and conscience of human beings. It includes the concepts of hope, peace, a guiding sense of meaning or value, and reflection on your place in the world.

**Subjective wellbeing** refers to how people experience the quality of their lives and includes both how they feel about their lives and what they think about their own personal circumstances

**Supernatural phenomena** includes all that cannot be explained by science or the laws of nature, including things characteristic of or relating to gods, ghosts or other supernatural beings, or to things beyond nature

**Wellbeing** a complex combination of all dimensions of health, characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged

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To access key concept summaries and past VCE exam questions, download and print the studyON: revision and past VCE exam question booklet (doc-XXXX).
1.2 Health and wellbeing

Understanding the concepts and definitions of health and wellbeing is important for gaining an accurate knowledge of Australians’ level of health and wellbeing. This understanding allows areas for improvement to be identified and targeted. A deeper understanding of health and wellbeing also allows us to make predictions about the likely effect that introduced strategies will have on the health and wellbeing of individuals.

1.2.1 Defining health and wellbeing

Health and wellbeing, although two separate terms, are now more commonly considered together as one concept. Their individual definitions are explored in this section, and will help explain the overall meaning of the terms when used together.

There has been ongoing debate about the meaning of the word health since the first commonly accepted definition was released by the World Health Organization (WHO) in 1946. It states that ‘health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’.

This definition is the one most commonly used by health professionals to define health. The 1946 WHO definition was the first to consider health as being more than just the physical aspects, and recognises the other dimensions of health — social and mental. Using such a broad definition to make a judgement about whether a person is healthy or not can be difficult (see figure 1.3). Although it has moved beyond disease and infirmity, it does not give everyone the opportunity to be considered healthy. For example, trying to achieve ‘complete’ wellbeing in even one of the dimensions identified is difficult. Some have argued that this definition makes good health unattainable for most people.

In 1986, the WHO clarified this definition of health as ‘a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities’. With this in mind, the definition of health becomes more inclusive and more achievable. The focus on personal resources and physical capacities means that health is dependent on an individual’s own situation. A person can be considered healthy even if they do not have ‘complete’ wellbeing in the dimensions of physical, social and mental health.

The WHO definition of health makes reference to the concept of wellbeing. Wellbeing and health are related, and are often described as how well an individual is living. Wellbeing is strongly linked to all the dimensions of health.
As health and wellbeing are related concepts, they will be considered together as one concept in this topic and throughout this book. Health and wellbeing relates to the state of a person’s physical, social, emotional, mental and spiritual wellbeing and is characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged.

An individual’s health and wellbeing is constantly changing; therefore, the WHO has used the term ‘state’ when defining health. Health and wellbeing can be optimal one moment, and then events, such as accidents, illness, relationship breakdowns and stressful incidents, can change a person’s state of health and wellbeing quickly. Health and wellbeing can also improve quickly. For example, a person suffering from a migraine can be described as experiencing poor health and wellbeing. However, resting and taking medication may soon restore their health and wellbeing.

**FIGURE 1.4** Overall health and wellbeing includes the five dimensions of health, as well as how a person feels about their life.

**FIGURE 1.5** Factors that influence overall health and wellbeing

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6 Key Concepts in VCE Health & Human Development Units 1 & 2 Sixth Edition
There are five different dimensions of health and wellbeing: physical, social, emotional, mental and spiritual. These will be discussed in detail in subsequent sections. However, when people discuss health and wellbeing they are often referring to physical health and wellbeing or physical ill health. Although some information is available about social, emotional, mental and spiritual health and wellbeing, physical ill health is generally easier to measure, and has become the main focus of many health and wellbeing statistics. Although the physical aspect of health and wellbeing is important, the other four dimensions should be recognised as equally important aspects of overall health and wellbeing. The Victorian government’s Better Health Channel has identified a range of factors that have a major influence on an individual’s overall level of health and wellbeing, and which can be seen in figure 1.5.

1.2 Exercise 1 TEST your knowledge
To answer questions online and to receive immediate feedback and sample responses for every question, go to your learnON title at www.jacplus.com.au.
1. (a) What is the 1946 WHO definition of health?
   (b) What would you consider to be a strength of the WHO definition of health?
   (c) What are the limitations of this definition?
2. (a) How did the WHO clarify this definition in 1986?
   (b) How did this change the way we view health?
3. Briefly explain what is meant by the term ‘wellbeing’.
4. Briefly explain what is meant by the term ‘health and wellbeing’.

1.2 Exercise 2 APPLY your knowledge
1. Devise your own definition of health and wellbeing. Share your answer with a partner.
2. Select four of the factors identified in figure 1.5 and identify ways in which they could affect overall health and wellbeing.
3. Choose eight factors from figure 1.5 that you believe are most important to your health and wellbeing.
4. Using an example, demonstrate how health and wellbeing is constantly changing.
5. Think of a person whom you believe has good health and wellbeing. Justify why you chose this person in light of your understanding of health and wellbeing.
6. Think of a person who you would consider to have poor health and wellbeing. Justify why you believe this person experiences this low level of health and wellbeing, referring to as many of the dimensions as possible.

1.2 Exercise 3 studyON: Practice exam questions
To answer past VCE exam questions online and to receive immediate feedback and sample responses for every question, go to your learnON title at www.jacplus.com.au.

1.3 Dimensions of health and wellbeing

1.3.1 Physical health and wellbeing
Physical health and wellbeing relates to the functioning of the body and its systems, including the physical capacity to perform daily activities or tasks without physical restriction. Most aspects of physical health and wellbeing can be readily observed or measured.
Physical health is supported by factors such as regular physical activity, eating a balanced diet, having enough rest/sleep, maintaining an ideal body weight, adequate energy levels and the absence of illness, disease or injury.

A person who is considered to have good physical health and wellbeing will demonstrate the following measurable physical characteristics or indicators.

- **Regular physical activity.** Regular physical activity ensures appropriate levels of physical fitness, while maintaining and improving physical aspects such as co-ordination, strength and endurance.
- **Maintaining an ideal body weight.** A person who is physically healthy is an appropriate weight for their height, and is not carrying excess weight.
- **Having appropriate rest/sleep.** Appropriate rest and sleep ensure the body is able to function at its peak throughout the day and complete daily activities without fatigue.
- **Consuming a balanced diet.** A balanced diet ensures appropriate weight is maintained and assists in preventing other diet-related diseases.
- **The absence of disease or illness.** A person who is physically healthy will have an immune system that is functioning adequately and capable of resisting infection and disease.

**FIGURE 1.6 The characteristics of optimal physical health and wellbeing**

![Diagram showing the characteristics of optimal physical health and wellbeing]

- Optimal physical health and wellbeing
  - Maintaining an ideal body weight
  - Absence of illness, disease or injury
  - Adequate energy levels
  - Consuming a balanced diet
  - Regular physical activity
  - Having appropriate rest/sleep
  - Efficient functioning of the body and its systems
Characteristics of physical health and wellbeing that cannot typically be measured include:

- **adequate energy levels.** Physical health and wellbeing includes having enough energy to adequately carry out daily tasks, which might include school activities, socialising and a part-time job. Lack of energy usually means that the individual’s body systems are not functioning adequately. This could be a result of many factors, including food intake, exercise levels, illness and stress levels.

- **efficient functioning of body systems.** Physical health and wellbeing is ultimately reliant on the functioning of the body’s systems. If the systems are functioning adequately, the person will usually display other characteristics of physical health and wellbeing (such as physical fitness, normal blood pressure, blood cholesterol and energy levels, and freedom from disease).

### 1.3.2 Social health and wellbeing

Interacting with other people is an essential part of being human. **Social health and wellbeing** is concerned with the ability to form meaningful and satisfying relationships with others, as well as the ability to manage or adapt appropriately to different social situations. Someone who is experiencing a good level of social health and wellbeing typically has a good network of friends, and a supportive and understanding family. Social health and wellbeing also includes the level of support provided by family and within a community to ensure that every person has an equal opportunity to function as a contributing member of society.

Like all dimensions of health and wellbeing, social health and wellbeing is **dynamic**. An individual can have a network of friends and a supportive family until they move away from home. In a new environment, those interactions can become more difficult, and their social health and wellbeing can suffer. However, making friends in their new environment can restore the individual’s social health and wellbeing.

A person who is considered to have good social health and wellbeing will demonstrate the following characteristics.

- **Effective communication with others.** Social health and wellbeing includes being able to communicate clearly and appropriately in different situations with different groups of people. To ensure effective conversation, an individual must also possess effective listening skills, which will assist with their communication.

- **Supportive and well functioning family.** A supportive family will provide a positive and safe environment to learn social skills that would be appropriate for a range of different situations, while providing opportunities for varied social interactions.
• **Productive relationships with others.** When an individual experiences positive relationships, they feel safe to openly express their opinions, without fear of judgement. They also display confidence when in social situations, as they gain comfort from those around them.

• **Supportive network of friends.** Supportive friends will encourage an individual in whatever pursuit they choose. They will also encourage each other to take on new challenges, which will further open up the friendship circle and provide opportunities for new relationships to be formed.

• **Ability to manage or adapt appropriately to different social situations.** A person who experiences positive social health and wellbeing possesses the ability to read a social setting and act accordingly. For example, young people will act and communicate very differently around older adults such as their grandparents compared to when they are socialising among school friends.

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**FIGURE 1.9 The characteristics of optimal social health and wellbeing**

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### 1.3.3 Emotional health and wellbeing

**Emotional health and wellbeing** is defined as the ability to express feelings in a positive way. Emotional health is about the positive management and expression of emotional actions and reactions as well as the ability to display resilience. Emotional health is the degree to which you feel emotionally secure and relaxed in everyday life. People who have positive emotional health and wellbeing are usually resilient, and have the ability to recover from events such as illness, change or misfortune. Emotional health and wellbeing is different for all people — for example, a two-year-old child might express a number of different emotions in a very short period. This would be normal for a child, but inappropriate for an adult.
The characteristics of emotional health and wellbeing are shown in figure 1.10. A person who is considered to have good emotional health and wellbeing will demonstrate the following characteristics.

- **Recognise a range of emotions.** An individual who is emotionally healthy is able to recognise emotions in other people and respond accordingly.
- **Experience appropriate emotions in a given scenario.** A person who is able to recognise a range of emotions can then act accordingly; for example, by displaying a level of empathy to a person who is grieving the loss of a loved one.
- **Adequately respond to, express and manage emotions.** Different situations often result in different emotional outcomes. Emotional control is developed with age; for example, it is quite common for a toddler to throw a tantrum, however this is clearly not appropriate for an adult.
- **Possess the ability to recover from misfortune.** Everyone experiences grief and sadness throughout life; however, those people who manage to recover from grief or misfortune and continue on with their lives can be regarded as experiencing positive emotional health and wellbeing.

### FIGURE 1.10  The characteristics of optimal emotional health and wellbeing

Researchers have found that people experience many emotions in their daily lives, and at least one emotion 90 per cent of the time. In a recent study of 11,000 people, which used a smartphone application to track real time emotions, joy was found to be the most frequent emotion experienced. Participants recorded love and anxiety as the next top two emotions (see table 1.1).

According to the study, participants experienced positive emotions 2.5 times more often than negative emotions. Often, emotions are connected. The research found that 33 per cent of the time people experienced multiple emotions at the same time. For example, the event of moving house may evoke feelings of both excitement and anxiety. According to research, embarrassment was one of the few emotions that people often experienced in isolation.
**Emotional intelligence** is also an important aspect of emotional health and wellbeing; it is an individual’s capacity to recognise and respond to either their own or others’ emotions. They use this information to guide their thinking and behaviour, and then act according to their environment or the situation around them. The case study below will help explain this concept.

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joy</td>
<td>35</td>
</tr>
<tr>
<td>Love</td>
<td>30</td>
</tr>
<tr>
<td>Anxiety</td>
<td>29</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>27</td>
</tr>
<tr>
<td>Alertness</td>
<td>24</td>
</tr>
<tr>
<td>Hope</td>
<td>22</td>
</tr>
<tr>
<td>Sadness</td>
<td>20</td>
</tr>
<tr>
<td>Amusement</td>
<td>16</td>
</tr>
<tr>
<td>Pride</td>
<td>13</td>
</tr>
<tr>
<td>Disgust</td>
<td>11</td>
</tr>
<tr>
<td>Anger</td>
<td>10</td>
</tr>
<tr>
<td>Gratitude</td>
<td>9</td>
</tr>
<tr>
<td>Guilt</td>
<td>5</td>
</tr>
<tr>
<td>Fear</td>
<td>5</td>
</tr>
<tr>
<td>Awe</td>
<td>5</td>
</tr>
<tr>
<td>Offense</td>
<td>5</td>
</tr>
<tr>
<td>Embarrassment</td>
<td>5</td>
</tr>
<tr>
<td>Contempt</td>
<td>1</td>
</tr>
<tr>
<td>Positive emotion only</td>
<td>41</td>
</tr>
<tr>
<td>Negative emotion only</td>
<td>16</td>
</tr>
<tr>
<td>Mixed emotion</td>
<td>33</td>
</tr>
<tr>
<td>ANY EMOTION</td>
<td>90%</td>
</tr>
</tbody>
</table>


**CASE STUDY**

**Four signs you have high emotional intelligence**

Emotional intelligence can mean the difference between behaving in a socially acceptable way and being considered to be way out of line. While most people will have heard of emotional intelligence, not many people really know how to spot it — in themselves or in others.

Emotional intelligence is essentially the way you perceive, understand, express and manage emotions. And it’s important because the more you understand these aspects of yourself, the better your mental health and social behaviour will be.
It might be these are things you do without even really thinking — which can be the case for a lot of people. Or it might be that these are skills you know you need to work on.

Either way, improved emotional intelligence can be very useful in all sorts of circumstances — be it in work, at home, in school, or even when you’re just socialising with your friends.

So if you want to know if you’re emotionally intelligent, simply check the list below.

1. **You think about your reactions**

   Emotional intelligence can mean the difference between a good reaction and a bad reaction to circumstances. Emotions can contain important information that can be useful to personal and social functioning — but sometimes these emotions can also overwhelm us, and make us act in ways we would rather not.

   People who lack emotional intelligence are more likely to just react, without giving themselves the time to weigh up the pros and cons of a situation and really thinking things through.

   People who are less able to regulate their negative feelings are also more likely to have difficulty functioning socially — which can exacerbate depressive feelings.

   People with major depression have been shown to have difficulties understanding and managing their emotions. And research has also shown that more depressive symptoms are present in people with lower emotional intelligence — even if they are not clinically depressed.

2. **You see situations as a challenge**

   If you are able to recognise negative emotions in yourself and see difficult situations as a challenge — focusing on the positives and persevering — chances are that you’ve got high emotional intelligence.

   Imagine for a moment you lost your job. An emotionally intelligent person might perceive their emotions as cues to take action, both to deal with the challenges and to control their thoughts and feelings.

   But someone with poor emotional skills might ruminate on their job loss, come to think of themselves as hopelessly unemployable, and spiral into depression.

3. **You can modify your emotions**

   Of course, there are times when your feelings can get the better of you, but if you are an emotionally intelligent person, it is likely that when this happens you have the skills needed to modify your emotions.

   For example, while average levels of anxiety can improve cognitive performance — probably by increasing focus and motivation — too much anxiety can block cognitive achievement.

   So knowing how to find the sweet spot, between too much and too little anxiety, can be a useful tool.

   It is clear that moderation is the key when it comes to managing our emotions. Emotionally intelligent people know this and have the skills to modify their emotions appropriately.

   And this is probably why emotional intelligence has been shown to be related to lower levels of anxiety.

4. **You can put yourself in other people’s shoes**

   If you are able to extend these skills beyond your own personal functioning, then that’s another sign that you have high levels of emotional intelligence.

   Emotional intelligence can be particularly important in workplaces that require heavy ‘emotional labour’ — where workers must manage their emotions according to organisational rules.

   This can include customer service jobs, where workers may need to sympathetic with customers — despite the fact that customers may be yelling at them.

   This is why workplace emotional intelligence training is now common — with the most effective training focusing on management and expression of emotions, which are directly linked to communication and job performance.

   It’s also worth pointing out that emotional intelligence is a cognitive ability that can improve across your lifespan. So if you haven’t recognised much of yourself in the traits listed above, fear not, there’s still time for you to work on your emotional intelligence.

**Source:** Mestre, J & Barchard, K 2017 ‘Four signs you have high emotional intelligence’, *The Conversation*, 12 April, http://theconversation.com/four-signs-you-have-high-emotional-intelligence-71165.

**Case study review**

1. **According to the article, what are the four traits of emotional intelligence?**

2. **Describe the emotional intelligence traits that are evident or missing in Kate or Jenny.**

   Jenny and Kate, twin sisters, are both skilled netballers and have made the final trials for the state U17 Victorian Team. On the recent selection day, Jenny was successful and Kate narrowly missed out. Kate is devastated, while Jenny is thrilled but also upset for her sister.

3. **Think of a time when you have had to put into practice each of the four traits listed in the article. Which trait do you find the hardest to display? Which trait do you think is the easiest to display? Explain.**
1.3.4 Mental health and wellbeing

Mental health and wellbeing refers to the current state of wellbeing relating to the mind or brain and to the ability to think and process information. A mentally healthy brain enables an individual to positively form opinions, make decisions and use logic. Mental health is about the wellness, rather than illness, of the mind. It is associated with low levels of stress and anxiety, positive self-esteem and a sense of confidence and optimism (see figure 1.11).

**FIGURE 1.11** The characteristics of optimal mental health and wellbeing

- **Low levels of stress and anxiety**
- **Use logic and reasoning to form opinions and make decisions and solve problems**
- **Positive self-esteem (how a person feels about themselves)**
- **Positive thought patterns (being optimistic)**
- **High levels of confidence**

**Low levels of stress and anxiety.** If a person is feeling stressed, their mental health and wellbeing may be compromised. For example, prior to examinations it is common for negative thoughts to take over the mindset and you may become stressed about what you don’t know, instead of staying calm and focusing on all that you do know.

**Positive self-esteem.** This dimension of health and wellbeing also includes self-esteem and confidence. Self-esteem refers to how people feel about themselves. A person with positive self-esteem feels good about themselves. Self-esteem influences behaviour, as people with positive self-esteem are more likely to speak their minds and behave assertively.

**Positive thought patterns.** Positive thought patterns are also important to achieving mental health and wellbeing. This does not mean looking for the positive in every situation, but instead involves maintaining...
a realistic, optimistic mindset in the face of challenges. Research has shown that optimistic and hopeful people are mentally and physically healthier than those who have a more pessimistic outlook.

*High levels of confidence.* Confidence can be defined as believing in one’s own worth and ability to succeed. Having confidence helps people to accept challenges, such as volunteering to give a speech, and increases their chances of success because they are not concentrating on failure. Individuals may have different levels of confidence in different aspects of their lives. Although it is based on past experiences, confidence can be affected by factors such as personal appearance or comments made by others.

Mental health and wellbeing is *not* the opposite of mental illness. Mental illness refers to specific, diagnosable mental disorders that affect only some people. Every person, on the other hand, experiences a level of mental health and wellbeing that can vary from day to day. Mental health and wellbeing can be affected by life events, such as breaking up with a partner or experiencing the death of a family member or friend.

**WHAT IS THE DIFFERENCE BETWEEN MENTAL AND EMOTIONAL HEALTH AND WELLBEING?**

Mental and emotional health and wellbeing are interrelated; however, they are not the same. Mental health and wellbeing is the ability to think and process information. It also relates to how an individual expresses their thoughts and responds to situations. Emotional health and wellbeing relates to how we express and manage our emotions.

Exams can affect a student’s mental health and wellbeing by raising levels of anxiety and stress. How each student manages their emotions to cope with levels of stress and anxiety is an example of emotional health and wellbeing.

An emotionally healthy student is able to recognise emotions that contribute to stress, such as fear and worry, and plan accordingly; whereas a student who is emotionally unhealthy might be unable to manage their emotions and remain in a state of ongoing distress throughout the entire exam period.

### 1.3.5 Spiritual health and wellbeing

*Spiritual health and wellbeing* can be defined as ideas, beliefs, values and ethics that arise in the mind and conscience of human beings. It includes the concepts of hope, peace, a guiding sense of meaning or value, and reflection on a person’s place in the world. Spiritual health and wellbeing can also relate to organised religion, a higher power and prayer, values, a sense of purpose in life, connection or belonging (see figure 1.13).

**FIGURE 1.13** The characteristics of optimal spiritual health and wellbeing
Sense of belonging. A positive sense of belonging is an important human need. When a person has a positive sense of belonging, they feel part of the society in which they live. Through this sense of belonging, people can realise their own self-worth and are therefore more likely to have positive self-esteem (which relates to mental health and wellbeing). When an individual feels they belong, they are more likely to find support in challenging times and often are able to view such challenges in a positive rather than a negative light. People may belong to many different types of groups, such as sporting, friendship, workplace, school, religious and, of course, family groups. Through these groups, people feel connected to their community. Having a feeling of belonging through being connected to others in either formal or informal groups can be a protective factor against mental disorders.

Acting according to values and beliefs. Values and beliefs start to be developed during childhood, and are shaped initially by an individual’s parents. Values relate to what a person thinks is important in life and are used to justify their actions. Beliefs refer to what an individual believes to be true and right, and are often derived from their experiences. Beliefs change as new experiences arise and challenge existing beliefs.

Both values and beliefs influence an individual’s behaviours and choices. For example, a person who is a strong advocate of animal rights and the environment may choose to become a vegetarian, and an individual who values physical fitness will be less inclined to misuse drugs and alcohol. Refer to figure 1.14 to see an example of how beliefs influence values and values influence behaviours.

**FIGURE 1.14 Beliefs form a person's values and values inform behaviours.**

<table>
<thead>
<tr>
<th>Your beliefs</th>
<th>Animals are equal to humans.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your values</td>
<td>All animals should be treated with respect and dignity.</td>
</tr>
<tr>
<td>Your behaviour</td>
<td>You do not use any products that through their production cause animal suffering and premature death.</td>
</tr>
</tbody>
</table>

Having meaning and purpose in life. Finding meaning and purpose in life is a key aspect to achieving spiritual health and wellbeing. A person who lives their life according to their values and beliefs can be said to be experiencing a meaningful life. People can often find meaning in life when they have a strong sense of belonging and feel they are contributing positively to society. This can be through relationships with family and friends, or through work or other community activities, such as volunteering.

Experiencing peace and harmony. Many people associate spiritual health and wellbeing with religion and prayer, as it provides an organised form of spirituality. However, those people who are not connected to any particular religion can experience spirituality through different experiences, such as through affirmations, yoga and meditation. People can experience a state of peace and harmony when they have positive spiritual health and wellbeing. An example is when we realise that we cannot control everything that happens in our lives, and look for the positive aspects in difficult situations.
FIGURE 1.15 Meditation promotes peace and harmony and, therefore, spiritual health and wellbeing.

CASE STUDY

‘Life has thrown me a curve ball’
Beau Vernon: Possibilities, not disability, after life-changing accident

‘On June 23rd 2012, my life changed forever.’ Beau Vernon hasn’t forgotten the feeling of lying on the ground in his Leongatha jumper after being knocked in the head while reaching down for a ball, as he had done so many times before.

It was a standard bump that happens all the time in AFL, however it left the star midfielder with C5-C6 quadriplegia. In an instant, he went from a 23-year-old who never sat still, to facing the prospect of spending his life in a wheelchair. Beau spent the next eight months in a rehabilitation centre strengthening the muscles that still worked and learning how to adapt to life in a wheelchair; a scary concept for a young man who earlier had quit his commerce degree as he couldn’t stand the thought of sitting down all day. But Beau does not let his disability define him. It has been his positivity when faced with adversity that has caught the attention and admiration of the football and wider community.
From very early days in his rehabilitation, his resilience shone through. He remained strong from the start. For the first three weeks he couldn’t talk, eat or breathe on his own, yet when he woke from an induced coma, he was simply happy to be alive. Ever since, he has been looking for the positives in the situation instead of pondering ‘why me?’. Beau has always been a goal-setter, and now more than ever it was these goals and the support of his family and friends that kept him motivated. Even though he has no movement in his fingers, stomach, back, chest muscles and legs, Beau was determined to be independent and not be reliant on a carer. He therefore had to overcome many challenges. One of these was to dress himself, a task that at first would take half a day, yet now takes only a few minutes. He can also drive himself and move in and out of his wheelchair in a matter of minutes. Beau’s never give up attitude has seen him become a successful motivational speaker and in 2015 he delivered the opening address at the AFL season launch.

In 2015, three years after his injury, he took on the role of senior coach of Leongatha Football Club. Under his direction, the club won the flag in 2017 and in 2018 he moved across to coach Phillip Island, leading them to a convincing premiership in his first season.

Beau is now working for the AFL in risk management and is completing a business degree at university. He is also the national champion in hand cycling.

A message that Beau lives by is not to take things for granted and to appreciate what you have. ‘How can I be happy despite being in a situation that I absolutely hate? I have discovered there are a number of reasons and one of these is being grateful for what you have got. I try to put myself in other people’s shoes and say, “I am lucky compared to many.”’ Beau now lives in Melbourne with his wife, Lucy, and two children.

Case study review
1. How has the accident impacted Beau’s physical health and wellbeing?
2. Beau’s strength in adversity has captured the attention of the football and wider community. Which dimension of health and wellbeing does this represent and why?
3. Health and wellbeing is said to be ‘dynamic’. Identify an example of this in the case study.
4. What is a key message that is learnt through Beau’s story? Share with a partner.

EXAM TIP
If asked to describe a dimension of health and wellbeing, make sure you include examples of the characteristics of this dimension in your explanation. If the question is about describing spiritual health and wellbeing, an example such as a sense of belonging or peace and harmony would be appropriate.

1.3 Exercise 1 TEST your knowledge
To answer questions online and to receive immediate feedback and sample responses for every question, go to your learnON title at www.jacplus.com.au.

1. Define the five dimensions of health and wellbeing and give two characteristics that relate to each.
2. Classify the following as examples of physical, social, emotional, mental or spiritual health and wellbeing.
   (a) Having a sense of belonging
   (b) Having good fitness levels
   (c) Displaying positive thought patterns
   (d) Experiencing appropriate emotions in a given scenario
(e) Having a supportive network of friends
(f) Demonstrating high levels of confidence
(g) Engaging in effective communication with others
(h) Acting according to values and beliefs
(i) Maintaining a healthy body weight
(j) Managing emotions appropriately

3. Explain the term ‘emotional intelligence’.

4. According to the information shown in table 1.1, what are the three most common emotions experienced?

5. Apart from practising a religion, what are some other ways that people can develop their spiritual health and wellbeing?

6. Which dimension of health and wellbeing is usually the focus of health statistics? Explain why.

1.3 Exercise 2 APPLY your knowledge

1. Explain how you think effective communication with others, and a supportive network of friends and family, contributes to social health and wellbeing.

2. Using examples, explain the difference between emotional and mental health and wellbeing.

3. Using examples show how mental health can impact emotional health and how emotional health can impact mental health.

4. How does emotional intelligence influence a person’s emotional health and wellbeing?

5. Can a person still experience spiritual health and wellbeing if they are not religious? Explain.

6. Identify the top ten characteristics across all five dimensions that are important to your health and wellbeing.

1.3 Exercise 3 studyON: Practice exam questions

To answer past VCE exam questions online and to receive immediate feedback and sample responses for every question, go to your learnON title at www.jacplus.com.au.

1.4 Youth perspectives on the meaning of health and wellbeing

The concept of health and wellbeing means different things to people depending on their stage of life. Within a particular age group there can be many similarities in how people rate aspects of health and wellbeing. When young people were asked how much they valued family relationships, financial security, friendship, getting a job, and physical and mental health and wellbeing, family and friendship relationships were the two most highly valued aspects (see figure 1.18). This highlights the importance young people place on social health and wellbeing.

However, even within an age group, such as young people (aged 12–25), perspectives on health and wellbeing can vary significantly. Research undertaken by Mission Australia in 2017 with almost 19000 participants identified many of these differences. When young people were questioned on their perspectives of health and wellbeing and what it meant to them, younger participants’ thoughts were that ‘health was maintained by a good diet — one that included daily servings of fresh fruit, vegetables and little junk food’. In contrast, the participants aged over 16 mentioned aspects not only relating to the physical dimension, including physical exercise, but also the social dimension of health and wellbeing. In particular, they mentioned that ‘social relationships with their family and friends made them feel good and gave them a sense of wellbeing’. This demonstrates that as young people’s life experience grows, they start to have a more holistic view of health and wellbeing, rather than a one-dimensional view.
Mission Australia also asked the participants to write down how concerned they were about a number of different personal issues. As you can see from figure 1.19, the issues of most concern to young people related to the mental dimension of health and wellbeing, such as coping with stress, school and study problems, body image and depression. Youth and early adulthood are complex stages of life, with many young people experiencing pressures relating to study, work and relationships, which can culminate in high levels of stress during these years.

Body image issues can have a significant impact on youth health and wellbeing. In a period when young people need to feel a sense of belonging and acceptance from their peers, body image becomes very important. When young people strive for an (often unrealistic) ideal body shape, it is often their mental health and wellbeing that suffers.

Depression was the fourth most common issue identified as a concern of young people in the survey. Depression rates in young people have skyrocketed over the past decade. This could be partly because there is much greater awareness and less stigma surrounding depression, making it easier for youth to acknowledge if they have a problem. However, it also could be due to the emergence of new technologies. Cyberbullying and worries about body image have risen at the same time as the ‘selfie culture’ has gained momentum. Such technologies can appear to amplify young people’s anxieties about self-worth and body image. For further information about mental health and wellbeing and young people, refer to the Youthbeyondblue and ReachOut weblinks in the Resources tab.

Coping with stress, school or study problems and body image were the top three issues of concern for both males and females as highlighted in table 1.2. The proportion of females concerned about all of these (and many of the other issues) was much higher than the proportion of males. Just under 60 per cent of females indicated that coping with stress was a major concern, as opposed to around 27 per cent of males. Females were also more concerned about school and study problems, with 43.8 per cent indicating this as a major concern, compared with 23.8 per cent of males.
Overall physical health and wellbeing (fitness, body weight, reductions in ill health) is usually good in this age group when compared with older age cohorts. Mental and emotional health and wellbeing are the leading causes of concern. Mental and emotional health and wellbeing largely relies on the nature of social networks, family, friends, school, work and other relationships during youth.

VicHealth, which is Victoria’s leading health promotion agency, also conducted a survey to measure wellbeing and resilience in young Victorians aged 16–25. This survey took into consideration subjective wellbeing, which is an indication of how people feel and what they think about their own lives and personal circumstances. One thousand young Victorians participated in the telephone-based survey, which focused on seven key areas: standard of living, health, safety, future security, relationships, community connections and achievement in life. These results were formulated into a Personal Wellbeing Index (PWI) score. The study’s key findings can be seen in figure 1.20.

Based on these results, the majority of young people interviewed were in the normal range for the Personal Wellbeing Index. VicHealth has also identified factors associated with young people who have above average health and wellbeing. Findings suggest that these factors fit into the following categories: participation in sport and recreation, access to social support and a higher socioeconomic status background. These are compared with young people with a below average PWI, who are more likely to have limited access to social support, be unemployed, come from lower income households and live alone. The survey also found that females were 50 per cent more likely than males to be at high risk for depression.
<table>
<thead>
<tr>
<th></th>
<th>Females</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Extremely concerned %</td>
<td>Very concerned %</td>
<td>Somewhat concerned %</td>
<td>Slightly concerned %</td>
<td>Not at all concerned %</td>
</tr>
<tr>
<td>Coping with stress</td>
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<td>31.1</td>
<td>24.8</td>
<td>10.6</td>
<td>6.4</td>
</tr>
<tr>
<td>School or study problems</td>
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<td>25.9</td>
<td>28.3</td>
<td>16.9</td>
<td>11.1</td>
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<tr>
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<td>10.5</td>
<td>13.1</td>
<td>62.2</td>
</tr>
<tr>
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<td>7.6</td>
<td>14.2</td>
<td>18.3</td>
<td>55.2</td>
</tr>
<tr>
<td>Drugs</td>
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<td>3.5</td>
<td>7.8</td>
<td>10.2</td>
<td>75.8</td>
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<td>15.0</td>
<td>65.6</td>
</tr>
<tr>
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<td>1.2</td>
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<td>5.0</td>
<td>89.0</td>
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<tr>
<td></td>
<td>Males</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Extremely concerned %</td>
<td>Very concerned %</td>
<td>Somewhat concerned %</td>
<td>Slightly concerned %</td>
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<tr>
<td>Coping with stress</td>
<td>10.1</td>
<td>16.7</td>
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<tr>
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<td>10.9</td>
<td>23.5</td>
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<td>35.1</td>
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<tr>
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<tr>
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<td>14.3</td>
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<td>56.1</td>
</tr>
<tr>
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<td>7.3</td>
<td>14.6</td>
<td>18.1</td>
<td>55.2</td>
</tr>
<tr>
<td>Suicide</td>
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<td>4.1</td>
<td>7.4</td>
<td>8.9</td>
<td>74.2</td>
</tr>
<tr>
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<td>14.1</td>
<td>66.4</td>
</tr>
<tr>
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<td>7.2</td>
<td>9.0</td>
<td>76.9</td>
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<td>1.7</td>
<td>5.1</td>
<td>5.8</td>
<td>85.2</td>
</tr>
</tbody>
</table>

Note: Items were ranked according to the summed responses for extremely concerned and very concerned for each item. Items are listed in order of national frequency.
FIGURE 1.20 Proportion of young Victorians categorised by Personal Wellbeing Index score

<table>
<thead>
<tr>
<th>PWI-A score</th>
<th>Proportion of young Victorians</th>
</tr>
</thead>
<tbody>
<tr>
<td>70+ ‘normal’ range</td>
<td>75.3%</td>
</tr>
<tr>
<td>51–69 ‘challenged’ range</td>
<td>4.3%</td>
</tr>
<tr>
<td>0–50 ‘high risk’ range</td>
<td>20.4%</td>
</tr>
</tbody>
</table>

Proportion of young Victorians categorised into ‘normal’, ‘challenged’ and ‘high risk’ groups based on their overall PWI-A scores.

1.4 Activities
In small groups, design and conduct a survey to find out about youth perspectives on health and wellbeing in your area. Collate the results and present to the class.

1.4 Exercise 1 TEST your knowledge
To answer questions online and to receive immediate feedback and sample responses for every question, go to your learnON title at www.jacplus.com.au.

1. According to figure 1.18, what are the top three things that young people value?
2. (a) Use figure 1.19 to identify the top four causes of concern for young people.
   (b) Based on the data in figure 1.19, what are the three issues that young people are less concerned about?
3. Compare the gender differences in the concerns of young people shown in table 1.2. In your answer, include at least two examples of similarities and differences between the genders. Why do you think these differences and similarities exist?
4. What does the term ‘subjective wellbeing’ mean?
5. Figure 1.20 identifies that 75.3 per cent of young people were in the normal range for PWI. What does this mean?

1.4 Exercise 2 APPLY your knowledge
1. Complete the following question then share your results with the class. Are your results similar or different to the Mission Australia Survey?
   Rank the following values from 1–5, with 5 being the most important, in terms of the value that you place on each one.
   - Family
   - Financial security
   - Friendship
   - Getting a job
   - Physical and mental health and wellbeing
2. There are five different dimensions of health and wellbeing. (Physical, social, mental, emotional and spiritual). Place them in order of importance from one to five, with number five being the most important dimension in your life.

3. Compare and discuss your answers to questions 1 and 2 with a partner.

studyON

1.4 Exercise 3 studyON: Practice exam questions

To answer past VCE exam questions online and to receive immediate feedback and sample responses for every question, go to your learnON title at www.jacplus.com.au.

1.5 Variations in health perspectives and priorities according to age, culture, religion, gender and socioeconomic status

KEY CONCEPT Understanding the different perspectives and priorities of the meaning and importance of health and wellbeing

In this chapter, a perspective is somebody’s point of view and attitude towards health and wellbeing, whereas a priority is understood to mean that greater importance is placed on some aspects of health and wellbeing than others.

1.5.1 Age Perspectives

Perspectives on health and wellbeing change across different age groups. Health and wellbeing perspectives increase in complexity as we age.

- Early primary-school-aged (prep to grade 4) children’s views about health and wellbeing stem from the knowledge of what makes a healthy body, with the focus on growing up and being safe.
- When young people aged between 8 and 15 were asked in the 2014 National Health Survey (the most recent national health survey, undertaken by the Australian Bureau of Statistics) what the term ‘health’ meant to them, they listed diet, nutrition, weight, healthy food and junk food. Sports, fitness and personal hygiene were also mentioned, together with mental health concerns, depression and anxiety.
- Young adults’ (15–24) views on health and wellbeing are often associated with body image. A person who has a positive body image and is happy with their physical appearance will more likely perceive themselves as healthy. An individual who partakes in regular physical activity will also more likely consider themselves to be healthy.
- As young people often spend considerable time online, there is also a strong online influence on what it means to be in good health and wellbeing. A person who boasts a large following on Instagram, through a desirable social stream filled with images of fun-filled social functions, and a ‘perfect body’ is often considered to be in good health and wellbeing, even though these social media platforms can often show only one aspect of the complexity of the young person’s life.
- Similarly to the 15- to 24-year-old age group, physical appearance and body image are a major influence on perspectives of health and wellbeing in early adulthood (25–39 years). If a person has a positive body image, they are more likely to view themselves as having good health and wellbeing. A person’s online profile can also be influential for building perceptions of health and wellbeing, in the same way it is influential for 15–24 year olds.
- Middle adulthood (40–64 years) perspectives on health and wellbeing are largely associated with illness prevention, as this is the time when chronic diseases, such as cardiovascular disease and
cancers, will often present themselves. So when asked their perspectives on health and wellbeing, responses from people in this age group mainly involve being free from illness and disease.

- People in later adulthood (65+) have similar health and wellbeing perspectives to those in middle adulthood, in that illness prevention is a priority. Health and wellbeing also becomes about a person’s ability to live independently and with a degree of mobility.

It can be interesting to review the self-assessed health status of different age groups, as it reflects a person’s perception of his or her own overall health and wellbeing at a given point in time. According to the Australian Bureau of Statistics’ most recent data, younger Australians generally rate themselves as having better health status than older people, with 63.4 per cent of 15- to 24-year-olds rating their health status as being excellent or very good in 2014–15, compared with 34.5 per cent of people aged 75 years and over.

Priorities

**Children**

Health and wellbeing priorities for this age group are set by parents/carers; for example, a priority of a parent or carer of a child may be to reduce sugar and salt intake. However without parental direction, excess sugar and salt will most likely be consumed by the child and therefore would not be regarded as a health and wellbeing priority by them, as children have limited knowledge on causes of ill health.

Through the early teenage years, priorities of health and wellbeing start to be set by the individual; for example, a teenager who is provided with lunch money will either choose a healthy nutritious lunch or may opt for a lunch that is high in saturated and trans fats, depending on the priority they place on their physical health and wellbeing and matters associated with exercise and weight control.

Social health and wellbeing is often a key priority for this age group as they place great importance on spending more time with friends rather than with family and at times may tend to hold these interactions in higher regard than family interactions.

**Young adults (age 15–24)**

The 15- to 24-year-old age group has similar priorities of health and wellbeing to the younger group. Physical health and wellbeing is seen as a priority — for example, weight control, fitness, diet and nutrition are important. However, relationships and peer acceptance in this age group are also of high priority.

Along with peer acceptance comes the added pressure of risk-taking behaviour; when questioned about health and wellbeing, many young people viewed an absence of harmful practices, such as drug and alcohol abuse, dangerous driving and unsafe sexual practices, as important to maintaining health and wellbeing.

Good mental health and wellbeing is a priority for young adults. Depression and anxiety are the leading causes of poor mental health and wellbeing among this age group, with the major causes being stress, school and study, and body image.

**Early adulthood (25–39 years)**

Early adulthood is when the body is at its physical peak, so fitness is very important during this stage. Other aspects apart from fitness, such as weight control and body image, are also health and wellbeing priorities. Aspects of emotional health and wellbeing, such as managing emotions, become a priority because early adulthood is a time when people usually secure their first full-time job, buy a house, marry and have children. With so many changes, this period can produce many emotions that can contribute to stress if not managed effectively.
Middle adulthood (40–64)

Due to the increased risk of cardiovascular disease and cancers at this age, health preventative practices become a major priority during middle adulthood. Government breast and bowel cancer screening are free for individuals over 50 as this is seen as a high-risk age for such diseases.

Accepting and adjusting to physiological changes, such as menopause, can also be a challenge for females in particular during this stage in life.

Later adulthood (65+)

Keeping physically active in order to maintain mobility and independence is a priority in later adulthood. Preventative health practices such as breast and prostate cancer checks, also become a priority as lifestyle diseases become more prevalent.

Mental stimulation and mental health and wellbeing increase in importance as people have often entered retirement and want to maintain cognitive functioning. Social health and wellbeing is also prioritised — family relationships take on different meanings as many people become grandparents. Grandparenting provides another opportunity for mental, emotional and physical health and wellbeing to be enhanced.

1.5.2 Gender

Perspectives

Men and women generally assess their overall health status similarly (54.8 percent of men and 57.6 per cent of women rated their health status as being excellent or very good in 2014–15). The major gender differences, according to research, are that females are typically more health conscious than males and have a more holistic view of their health and wellbeing, encompassing all dimensions; whereas males’ concept of health and wellbeing is often associated with the physical dimension, with a focus on physical fitness.
Research has shown that males and females have different perspectives on what constitute health behaviours. Men are less likely than women to perceive themselves as being at risk of illness or injury and other health problems, and they are less accurate in reporting their levels of being overweight. Young men tend to connect health and wellbeing with fitness, with fitness being linked to the ability to participate in their chosen sport at a higher level. Young women viewed their health and wellbeing in a more complex manner, maintaining diet, exercise routines, appropriate body shape and a positive mental state.

Priorities
The health and wellbeing priorities of young males appear to be changing. This can be partly attributed to the increased role of social media and the desire to present themselves as physically attractive to their peers. Therefore there is a greater focus on the consumption of nutritious foods and not only regular physical activity.

Females, however, have always prioritised physical health and wellbeing, as many girls and women are forever striving for a ‘more desirable physique’, one often influenced by an unhealthy body image. For this reason, consumption of nutritious foods and regular exercise have traditionally been a major priority.

Social health and wellbeing is an equal priority for both males and females, although friendship groups may be formed through different means.

Mental health and wellbeing has often been of greater priority to females who tend to seek assistance more regularly and easily than males. Females, as a general rule, are often more open about their feelings and are more likely to problem solve and share personal matters with family and friends. Males, however, have only recently started to focus on matters associated with mental health and wellbeing and are slowly beginning to open up and seek assistance when needed.

1.5.3 Culture
Perspectives and priorities of health and wellbeing will be viewed together in this section.

Different cultures have different perspectives and priorities on health and wellbeing. Western cultures, such as in Australia, generally view health and wellbeing within the context of professional medical practice and intervention. Some other cultures, such as traditional Vietnamese, for example, believe that health and wellbeing and ill health may be a result of supernatural phenomena, and therefore prioritise and promote prayer or other spiritual or cultural interventions.

In many cultures, especially some Asian groups, decisions about health and wellbeing are made by the eldest male member of the family. The health and wellbeing of the family is seen as a greater priority than that of the individual. In cultures where an individual’s behaviour reflects upon the family, mental disorders are often associated with shame and failure. Individuals from this type of culture may therefore be reluctant to discuss mental disorders, let alone accept assistance from health professionals, as receiving help involves self-disclosure. In this example, mental health and wellbeing is not considered an important aspect of health and wellbeing.

Traditional Chinese medicine takes on a holistic perspective of the body; each part is seen as being interconnected. Chinese medicine focuses on restoring harmony, which encompasses health and wellbeing, good weather and good fortune. Doctors prioritise the use of acupuncture, herbs and food to recover and sustain health and wellbeing, rather than the use of prescription medication.
In Indian culture, many believe in a traditional medicine called Ayurveda (Ayu, meaning life, and veda, meaning knowledge of). This practice relates to the human being in all its dimensions, and treatment aims to achieve balance in all these areas. Ayurvedic practice involves balancing the three doshas (dynamic energies) that exist within each person’s body and mind. These doshas are known as Vata, Pitta and Kapha. When one dosha becomes too predominant, Ayurvedic practitioners prescribe specific nutritional and lifestyle changes to restore balance. Herbal supplements may also be prescribed to assist in the healing process. Many bodily symptoms can reflect a predominance of one dosha (see figure 1.26).

**FIGURE 1.26** Some symptoms of imbalance within Indian Ayurvedic practice

**AYURVEDIC DOSHAS**

<table>
<thead>
<tr>
<th>Vata</th>
<th>Pitta</th>
<th>Kapha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air</td>
<td>Fire</td>
<td>Earth</td>
</tr>
<tr>
<td>Dry skin</td>
<td>Stomach ache</td>
<td>Asthma</td>
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<tr>
<td>Insomnia</td>
<td>Burning eyes</td>
<td>Sinus congestion</td>
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<td>Constipation</td>
<td>Anger</td>
<td>Apathy</td>
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<tr>
<td>Anxiety</td>
<td>Diarrhoea</td>
<td>Depression</td>
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<tr>
<td>Headaches</td>
<td>Manipulative behaviour</td>
<td>Possessive behaviours</td>
</tr>
</tbody>
</table>

### 1.5.4 Socioeconomic status

There are many variations in perceptions and priorities relating to health and wellbeing when comparing people from different socioeconomic groups. Socioeconomic status (SES) is a measure of a person’s social and economic position based on income, education and occupation.

**Perspectives**

People from different socioeconomic groups have varying perspectives on what it means to be in good health. Those from the lowest socioeconomic groups generally have a lower level of health literacy and therefore may have less-informed opinions about healthy and unhealthy behaviours. For example, people from the lowest socioeconomic status groups are more likely to smoke cigarettes (see table 1.3) and be less concerned about the health implications than are those from the higher socioeconomic status groups.
Priorities

For people from the most disadvantaged socioeconomic groups, health and wellbeing is not often viewed as a major priority. In this group, there are other needs that must be prioritised, such as shelter, food, education for their children, and finding and maintaining employment. Taking care of health and wellbeing becomes a secondary matter, and is a major reason why the most socioeconomically disadvantaged people scored poorly on all indicators relating to health and wellbeing outcomes and associated risk factors in the National Health Survey.

According to the National Health Survey, those people with a lower socioeconomic status rated their own health status negatively, with higher rates of illness and disease. People in this group are less likely to use preventative healthcare — only 50 per cent of women from the low SES group participated in cervical cancer screenings, compared to 60 per cent of women in the high SES group (table 1.3) — and often wait until diseases have progressed before seeking treatment, contributing to this difference. This may also be a result of lower levels of education and health literacy. Another reason smoking rates are higher among this group is because of increased levels of stress. Stress is a major reason why people are likely to undertake unhealthy behaviours, such as tobacco smoking, drinking and illicit drug taking. To further investigate the link between increased levels of risky behaviours and low socioeconomic status, refer to the Big Issue weblink in the Resources tab for stories about The Big Issue vendors. The Big Issue is a magazine that is sold by socioeconomically disadvantaged Australians.

As mentioned earlier, people from a low socioeconomic group are less likely to spend money on preventative healthcare practices.

<table>
<thead>
<tr>
<th>TABLE 1.3 Inequalities in selected health risk factors for the lowest and highest socioeconomic groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Low birthweight</td>
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<td>Daily smoking</td>
</tr>
<tr>
<td>Inactive or insufficiently active</td>
</tr>
<tr>
<td>Overweight or obese</td>
</tr>
<tr>
<td>High blood pressure</td>
</tr>
<tr>
<td>Participation of women aged 20–69 in cervical screening</td>
</tr>
</tbody>
</table>

Sources: ABS 2015; AIHW 2014a, 2015a, 2015b. AIHW 2018

EXAM TIP

When using income as a reason why people from low-SES groups have poorer health status, be mindful not to link lack of income to the ability to access healthcare. In Australia, the government-run health system known as Medicare (which will be discussed in topic 10) allows all people, regardless of their income, access to low-cost or free healthcare. Better responses will link a lack of income to inability to afford sports memberships or inability to afford nutritious foods and how this affects health status.
1.5.5 Religion

There are many different religions practised throughout the world and within Australia. Each has different priorities and practices relating to health and wellbeing. In this section Buddhism, Hinduism, Islam and Christianity will be discussed.

Perspectives of health and wellbeing are common across all religions, however some more than others focus on clarity of the mind and body (Hinduism and Buddhism in particular). Spirituality is clearly seen as an important aspect of a person’s health and wellbeing, and for many religious followers, it is considered as important as elements of their physical health and wellbeing. Therefore health and wellbeing perspectives focus on an interrelation between the different dimensions, especially spiritual, mental and physical health and wellbeing.

Priorities of health and wellbeing will be discussed separately for each of the religions presented in this section.

Buddhism

Buddhism is the fourth-largest religion in the world, and is mainly practised in southeast Asia; however, many people from western cultures have also adopted these practices. Many Buddhist practices are aimed at achieving clarity of the mind. Buddhists strive to achieve a balance between mind and body. Breathing, physical postures and mindfulness are important aspects of Buddhist practices.

Spiritual health is what Buddhists believe is the key to promoting overall health and wellbeing. Buddhists aim to follow the Noble Eightfold Path using the practices of meditation, study of scriptures and rituals. These help the individual to work towards the enlightened state of Nirvana, which is the state in which suffering comes to an end.

Some other Buddhist practices and beliefs that influence health and wellbeing include the following:

- Some Buddhists believe that you will not become ill if you are a spiritually focused person; cures can be obtained by changing the mindset and using herbs.
- Birth is an especially precious time, as conception is seen as the beginning of life; contraception is acceptable.
- End of life practices are guided by having an alert mind and not being in excessive pain. Medication is allowed, although not if it dulls the consciousness.
- Dietary practices involve abstaining from alcohol and drugs as they impair the clarity of the mind; many Buddhists are also vegetarians.
- Western medicine is often avoided, including intensive care units, as they do not value peace and quiet.
- Some eastern medical practices that use animal products are also shunned.
- Organ donation is acceptable, and blood donation is considered honourable.

Hinduism

Hinduism is one of the world’s oldest religions and is practised by 13 per cent of the world’s population, most of whom live in India. Physical health and wellbeing is thought to be nurtured through Ayurveda. Similar to Buddhism, spiritual health and wellbeing is an essential part of Hinduism. Community worship, helping the needy and the welfare of society is seen as more important than the individual’s needs and welfare.
Some other Hindu practices and beliefs that influence health and wellbeing include the following:

- Sickness and injury are thought to be caused by *karma*.
- Vegetarianism is common, and often non-vegetarians avoid consuming beef and pork. Fasting is also practised as it is seen as purifying the body.
- Birth control is acceptable, and there is preference for a son over a daughter. Many women continue to have children until they have a son.
- Artificial life support is discouraged as it interferes with karma.
- Treatment by a medical practitioner of the same sex is preferred, and women will often look to their husbands for advice on medical issues.

**Islam**

The Islamic faith is the second-largest religion in the world, with over 1 billion believers. They believe in one God, Allah, and have a commitment to the five pillars of Islam:

1. Bearing witness to the existence of one God and the prophethood of Muhammad
2. Praying five times a day
3. Giving alms to the poor
4. Fasting during the month of Ramadan
5. Performing a pilgrimage to Mecca, for those who are able

It is through a commitment to the five pillars that belief and faith are maintained, as well as social support and the ability to lead a healthy and productive life.

Some other Muslim practices and beliefs that influence health and wellbeing include the following:

- For every illness there is a cure, except for ageing and dying.
- Fasting during the daylight hours is practised during Ramadan. Ramadan is a month of intense prayer, from dawn to dusk. It is intended to bring the faithful closer to Allah, remind them of the less fortunate and develop self-control.
- Traditional medicines are often called ‘medicine of the prophet’ and are an alternative to modern medicine. For example, black seed (black caraway) is seen to cure every ailment except death; honey is listed in the Quran as source of healing; olive oil is seen as useful for coronary health; and dates are used to break the fast during Ramadan.
- Life is sacred, specifically:
  - birth control is allowed
  - abortion is not allowed, unless there is a risk of maternal mortality.
- Male circumcision is encouraged but not enforced.
- Alcohol consumption is forbidden.
- The consumption of pork is forbidden.
- Treatment by a medical practitioner of the same sex is preferred.

**Christianity**

The Christian faith encourages a person to take care of their health and wellbeing. The church teaches that life and physical health and wellbeing are precious gifts from God. There are many Christian denominations. Catholicism is the world’s largest Christian denomination. The customs and restrictions listed below apply to Catholics.

- There are no particular dietary restrictions, although Catholics are encouraged to abstain from meat on Fridays during Lent. Fasting is expected on Ash Wednesday and Good Friday.
- Sexual activity is approved by God within marriage with the sole focus on procreation. Most methods of contraception are not supported by the Catholic Church.
- Baptism is very important, especially for a baby experiencing poor health, and administering the last rites (one of the sacraments) prior to death is also seen to be very important.
1.5 Exercise 1 TEST your knowledge
To answer questions online and to receive immediate feedback and sample responses for every question, go to your learnON title at www.jacplus.com.au.

1. (a) Outline children’s perspectives on health and wellbeing during early primary school.
(b) How does this perspective change when children reach youth?
2. (a) Explain why people from low socioeconomic groups do not always make health and wellbeing a priority.
(b) What do you think might be some barriers for them in achieving health and wellbeing?
3. How is traditional Chinese medicine different from western medicine?
4. What does the practice of acupuncture involve?
5. Explain the traditional practice of Ayurveda.
6. What is Ramadan?

1.5 Exercise 2 APPLY your knowledge
1. Briefly explain how health and wellbeing priorities change across the three adult lifespan stages.
2. Explain the differences in the way females and males typically prioritise and perceive their health and wellbeing. How is this changing?
3. Identify two cultural factors or beliefs about health and wellbeing that are different from your own perception of health and wellbeing.
4. Use figure 1.26 to decide which dosha most applies to your bodily symptoms. Score 3, 2, 1, for each dosha in order of relevance.
5. Identify the similarities between the Buddhist and Hindu perspectives on health and wellbeing.
6. Do you believe there could be any implications for health and wellbeing for Muslims during Ramadan? Discuss.

studyON

1.5 Exercise 3 studyON: Practice exam questions
To answer past VCE exam questions online and to receive immediate feedback and sample responses for every question, go to your learnON title at www.jacplus.com.au.

1.6 Aboriginal and Torres Strait Islander perspectives on health and wellbeing

**KEY CONCEPT** Exploring the various meanings of health and wellbeing to Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people view health and wellbeing in a holistic manner as reflected in this definition outlined in the National Aboriginal Health Strategy (1998):

“Aboriginal wellbeing means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life–death–life.”

This understanding of health and wellbeing is different to the definition we explored at the start of this topic, as culture has been added as a component of wellbeing. The significance of culture to Aboriginal and Torres Strait Islander people is demonstrated by the use of traditional knowledge and practices of traditional healers, which are often used alongside western medicine.

1.6.1 The importance of culture

Culture influences Aboriginal and Torres Strait Islander people in many ways. These include their reasons for using health services, the acceptance of treatment and the likelihood that they will adhere to treatment.
Culture also has an impact on how effective health promotion strategies are in reaching Aboriginal and Torres Strait Islander people.

According to the Closing the Gap campaign, Aboriginal and Torres Strait Islander people with a strong attachment to culture have significantly better self-assessed health status. Aboriginal and Torres Strait Islander people who speak Indigenous languages and participate in cultural activities also have better physical and mental health and wellbeing. The National Aboriginal and Torres Strait Islander Health Plan 2013–2023 identifies the importance of the link to culture in improving health and wellbeing. It states that being connected to culture, family and land contributes to significantly lower morbidity and mortality in remote communities. The plan also states that residents of communities in which traditional languages and cultural practices are valued and maintained are less likely to be obese, less likely to have diabetes and less prone to cardiovascular disease than Aboriginal people across the rest of the Northern Territory.

1.6.2 Connection to the land

Along with culture, land is fundamental to the health and wellbeing of Aboriginal and Torres Strait Islander people. The land is the core of their existence; it is their connection and spiritual relationship to ‘country’ which explains their identity. Land is central to health and wellbeing and when the harmony of this relationship is disrupted, ill health may occur. The following examples help to explain the connection to the land and its link to improved health and wellbeing outcomes for Aboriginal and Torres Strait Islander people.

Aboriginal law and life originates in and is governed by the land. The connection to land gives Aboriginal and Torres Strait Islander people their identity and a sense of belonging.

In the Murray River area, the Aboriginal people felt an affinity from the poor health of the Murray River to parts of their own health and wellbeing — both physical and mental. Aboriginal people had not been able to pass on traditional knowledge about the river, or undertake traditional activities that created a connection between them and the river. The impact on this was negative self-assessed physical and mental health and wellbeing.

Everything the local people did every day was related to being around the river. Consequently, moving further and further away from those locations and activities can be seen as harmful; and the impact is on both physical and mental health.

The land is my backbone ... I only stand straight, happy, proud and not ashamed about my colour because I still have land ... I think of land as the history of my nation. Galarrwuy Yunipingu, Aboriginal musician

In white society, a person's home is a structure made of bricks or timber, but to our people our home was the land that we hunted and gathered on and held ceremony and gatherings. Nala Mansell-McKenna, Youth Worker, Tasmanian Aboriginal Centre

As seen from the above examples, the land or ‘country’ is the soul of Aboriginal and Torres Strait Islander people. It has also been referred to as their ‘second skin’. Aboriginal and Torres Strait Islander people believe it is their duty to care for the land, and in caring for the land they are strengthening their culture and health and wellbeing. According to the Stolen Generations report, Bringing Them Home,
many Aboriginal people get sick when they are removed from their traditional land. Research increasingly confirms the strong link between Aboriginal health and wellbeing and land management. It is through land management practices that Aboriginal and Torres Strait Islander people feel empowered, which leads to lower stress levels and improved mental health and wellbeing. To further investigate the importance of Aboriginal and Torres Strait Islander people’s connection to the land, go to the Creative Spirits weblink in the Resources tab to learn how land management improves health and wellbeing.

1.6.3 Social and emotional health and wellbeing

Social and emotional health and wellbeing is a holistic concept that recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual. Social and emotional health and wellbeing are the foundations of Aboriginal and Torres Strait Islander people’s physical and mental health and wellbeing. Relationships between the individual, their family and their community greatly influence overall physical and mental health and wellbeing, as shown in figure 1.29. Positive family and community relationships affect social and emotional health and wellbeing, which is essential for Aboriginal and Torres Strait Islander people to lead successful and fulfilling lives. This conception of self is grounded within a collective perspective that views the self as inseparable from, and embedded within, family and community.

![Figure 1.29: Social and emotional health and wellbeing from an Aboriginal and Torres Strait Islander perspective](image)

**CASE STUDY**

**Giant tent for Aboriginal health**

ELEANOR HALL: Let’s go now to Broken Hill in the far west of New South Wales, where health professionals are trialling an innovative approach to Indigenous healthcare.

Aware that many Aboriginal people are put off coming into imposing hospital buildings for their healthcare, the Aboriginal health service at Broken Hill has decided to build a giant tent and take its services out to the people.
The Maari Ma service pitches its tent at river banks and meeting places within remote Aboriginal communities, so that family groups can come to health clinics and not feel threatened by the traditional western approach of white walls and hospital corridors.

From Broken Hill, Nance Haxton reports.

NANCE HAXTON: The mobile marquee is the first project of its type in Australia, replacing hospitals and mobile caravans with a far more flexible approach to Aboriginal healthcare.

The main difficulty in providing medical services to remote Aboriginal communities has not been a lack of care available, but providing it in a way that is culturally appropriate and accessible.

Maari Ma Health regional director, Richard Western, says the marquee has overcome that hurdle. The tent can be easily transported to all of the remote communities that Maari Ma services, from Tiboburra in the north to Balarinai in the south.

And Mr Western hopes it will ultimately turn around the 20-year life expectancy gap between Aboriginal people and the rest of the Australian population as they seek help for chronic illnesses before they become life-threatening.

RICHARD WESTERN: We’ve often gone out to meetings in Aboriginal communities and, you know, we end up in the local hall or the local club. You know, there’s limitations on who can attend. We often have to do it during working hours. There’s very limited facilities for mums and babies, or mums and kids.

So we wanted to get out of the pubs and the clubs and the halls and back onto the river banks and under the shades of the, of you know, the eucalyptus trees and back into doing business in an Aboriginal way.

NANCE HAXTON: Because from what I can gather if I’m correct, sometimes Aboriginal people have been unwilling to go to hospitals because it’s really seen as a place of death?

RICHARD WESTERN: Yes, I think there is still a bit of, a bit of that, that Aboriginal people see hospitals as the place where people go to die because that, that is generally what has happened. And really the reason for that thinking comes about by Aboriginal people really accessing hospital or emergency services when, when they are critically ill from an illness and you know, we’re working with our partners to change that.

NANCE HAXTON: Broken Hill-based Aboriginal health worker, Nola Wyman, says she has already seen the difference with more Aboriginal people going to the health service in the marquee’s first six weeks of operation as they feel less threatened walking into a large open space than an imposing building such as a hospital.

She says she hopes this is just the beginning of a wider network of tents that will take health services to Aboriginal people in isolated areas around the country on a regular basis.

NOLA WYMAN: You can’t move a building to, for example, the river is important to Bakandji people. If you have a marquee, then you can, with health service staff, health workers, you can say, ‘Hey come to where what’s important to us’. And this will give you an idea along with the information we give why it’s important.

NANCE HAXTON: So it makes the health services less confronting?

NOLA WYMAN: It certainly does and it makes things like, if the tent is used for GP services for example, it’s in an area where people, it’s more accessible to Aboriginal people. And that is very important because there are so many barriers for Aboriginal people to access mainstream health services. This is just one of the ways that we can overcome those barriers.


Case study review
1. Why are some Aboriginal people putting off attending the health services in Broken Hill?
2. How is the marquee health service culturally appropriate to Aboriginal people?
3. Why do Aboriginal people associate healthcare with death?
4. What other ways could the service be made more culturally appropriate for Aboriginal people?

1.6 Activities
As a class, research the Stolen Generations. In your opinion, how has this affected the physical, social, emotional, mental and spiritual health and wellbeing of Aboriginal and Torres Strait Islander people?
1.6 Exercise 1 TEST your knowledge
To answer questions online and to receive immediate feedback and sample responses for every question, go to your learnON title at www.jacplus.com.au.

1. How is the Indigenous definition of health and wellbeing different from the WHO definition of health and wellbeing?
2. Why do you think many Aboriginal and Torres Strait Islander people may be unwilling to attend healthcare centres?
3. How does a strong cultural connection improve the health and wellbeing of Aboriginal and Torres Strait Islander people?
4. Explain the term ‘second skin’ when referring to the connection Aboriginal and Torres Strait Islander people feel with the land.
5. How do you believe relationships between the individual and the community improve physical and mental health and wellbeing for Aboriginal and Torres Strait Islander people?

1.6 Exercise 2 APPLY your knowledge
1. Briefly explain the importance of the land to the health and wellbeing of Aboriginal and Torres Strait Islander people.
2. How is the practice of land management having a positive impact on the health and wellbeing of Aboriginal and Torres Strait Islander people?

1.6 Exercise 3 studyON: Practice exam questions
To answer past VCE exam questions online and to receive immediate feedback and sample responses for every question, go to your learnON title at www.jacplus.com.au.

1.7 Topic 1 review
1.7.1 Key skills

KEY SKILL Describe different dimensions of health and wellbeing

For this key skill, a description of the meaning of the term ‘health and wellbeing’, including the five different dimensions: physical, social, emotional, mental and spiritual, is essential. In order to provide an adequate explanation, an understanding of the definition is required.

When describing the term health and wellbeing, it is important that all the aspects of the concept are included. For example, health and wellbeing encompasses a range of aspects including the following:

- Health and wellbeing is constantly changing.
- Health and wellbeing is made up of five different dimensions.
- Wellbeing is about how you feel about your life across all five dimensions.

Below is an example of the description of health and wellbeing.

Health and wellbeing relates to the state of a person’s physical, social, emotional, mental and spiritual existence. It is characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged.

You will also need to be able to describe each dimension of health and wellbeing. When describing the dimension, you need to include aspects of the definition as well as characteristics of the dimension. For example, social health and wellbeing relates to the ability to form meaningful and satisfying relationships with others and the ability to manage or adapt appropriately to different social situations.1 It includes having productive relationships with others, and displaying effective communication skills.2

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1 A definition of social health and wellbeing is included in the description.
2 An example of factors that relate to social health and wellbeing are identified. You do not need to include all the examples as seen in the text.
Practise the key skill
1. Outline the difference between emotional and mental health and wellbeing.
2. Read the case study and answer the questions that follow.

Kate has been involved in the ‘learn to row’ program at her college. She has enjoyed all aspects of the program, including the challenge of learning a new skill, the increased social opportunities and the improvements to her fitness levels. Unfortunately there are only enough positions for eight crews and Kate has been unsuccessful at making the final squad.

Kate is devastated at this news, as most of her friends gained a position in the squad. She doesn’t want to go to school the following week, upon finding out the news, as she is also feeling embarrassed and ashamed. Kate feels as though she will miss out on many experiences, while her friends immerse themselves in the program. She feels lonely and lost as she will feel left out of all their rowing discussions and social rowing events.

a. List the five dimensions of health and wellbeing and briefly explain what is meant by each one.
b. Suggest ways that Kate’s not getting into the rowing squad could affect the five dimensions of her health and wellbeing
c. What dimension of health and wellbeing do you think Kate’s story is focused on? Explain.

KEY SKILL Analyse various meanings of health and wellbeing

As explored in this topic, different groups of people have different perspectives on the meaning of health and wellbeing. An understanding of the different definitions is required to address this key skill adequately. When analysing these different meanings, you will be looking for the reasons behind their variance. For example, in the first WHO definition health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. This definition of health was first used by health professionals, yet seemed to be very difficult to achieve. If we were to analyse this meaning of health you were considered either healthy or unhealthy if any of these dimensions were not at an optimal state.

WHO has since provided clarification on this meaning to say that ‘health is a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities’. This explanation appears to be more inclusive and attainable, while also being dependent on individual situations, as it includes the resources that an individual has access to.

Aboriginal and Torres Strait Islander people have a different meaning of health and wellbeing to the WHO definition discussed above. Aboriginal and Torres Strait Islander health and wellbeing means not just the physical health and wellbeing of an individual but refers to the social, emotional and cultural health and wellbeing of the whole community in which each individual is able to achieve their full potential as a human being; this brings about the total health and wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life–death–life.
Practise the key skill

3. Analyse the meaning of health and wellbeing to Aboriginal and Torres Strait Islander people.
4. How is this definition different to the WHO definition of health?

**KEY SKILL.** Collect and analyse data relating to variations in youth attitudes and priorities regarding health and wellbeing.

This skill is about collecting data and analysing the results in relation to youth attitudes and priorities surrounding health and wellbeing. The best place to start would be your own classroom. Use the information that you have recorded from question 1 in exercise 2 of subtopic 1.4.

Once you have collected the data you can create a table showing class members’ priorities in relation to health and wellbeing and analyse the findings; for example, a class of 25 year 11 students may have the following results when asked to rank the importance of the dimensions of health and wellbeing to them.

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Physical health and wellbeing</th>
<th>Mental health and wellbeing</th>
<th>Social health and wellbeing</th>
<th>Emotional health and wellbeing</th>
<th>Spiritual health and wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 (most important)</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td>10</td>
<td>7</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>1 (least important)</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>20</td>
</tr>
</tbody>
</table>

Adding up the data for just the top three priorities, the dimensions in order of importance for the class would be as follows:

1. Social health and wellbeing 23
2. Mental health and wellbeing 22
3. Physical health and wellbeing 21
4. Emotional health and wellbeing 18
5. Spiritual health and wellbeing 1

Using this information, we can see that this particular class ranks social health and wellbeing as being the most important to their health and wellbeing at this particular time. Mental health and wellbeing is the second most important, followed closely by physical health and wellbeing.

Why do you think that social health and wellbeing was seen as the most important dimension of health and wellbeing for this class?

A sense of belonging is very important to young people, and they achieve this through their relationships with their peers. Great importance is placed on friendships within and outside the school environment. It is through the support of friendship that other dimensions of health and wellbeing are developed. For example, friends often encourage us to participate in sports, which in turn improves our physical fitness and, therefore, our physical health and wellbeing.
Practise the key skill

5. Why do you believe that young people in the example provided above placed very little priority on spiritual health and wellbeing?

6. Health and wellbeing is constantly changing, so on any given day the results collected could be quite different. Identify three different scenarios that could occur throughout year 11 that may alter the results above.

**KEY SKILL** Describe a range of influences on the perspectives and priorities of health and wellbeing

This skill requires an understanding of a range of influences on how different people may perceive and prioritise health and wellbeing. To be able to do this, knowledge of each of the focus areas of age, gender, socioeconomic status, religion and culture is required.

When looking at a person’s age, an understanding of what is occurring at the stages of the lifespan is important, to then be able to describe the differences of ageing on health and wellbeing priorities and perspectives. For example in early adulthood, a time of many changes including new job, relationships, marriage and children, the health focus may shift from prioritising physical health and wellbeing to social and emotional health and wellbeing as building long-term relationships becomes more important. In later adulthood, when the body is slowing down, being in good health and wellbeing can often be seen as being free from disease or illness and maintaining mobility and independence. All dimensions of health and wellbeing are seen as important; however, individual people may prioritise the dimensions of health and wellbeing differently.

Other factors such as culture and religion have different perspectives on health and wellbeing, which can be seen in both Buddhist and Hindu religious practices. Spiritual health and wellbeing is seen as the most important dimension in relation to religion, as it is through this dimension that clarity of mind and body can be found. The spiritual practices of meditation, yoga, mindfulness and, in the case of Hinduism, the practice of Ayurveda all interconnect with the other four dimensions of health and wellbeing.

Practise the key skill

7. Describe how people in the lowest socioeconomic groups may have different perspectives and priorities on health and wellbeing compared to those in the highest socioeconomic groups.

8. Male perspectives on health and wellbeing are slightly different to female perspectives on health and wellbeing. Describe these differences.

1.7.2 Topic summary

**Health and wellbeing**

- Health and wellbeing relates to the state of a person’s physical, social, emotional, mental and spiritual existence and is characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged.
- Health and wellbeing is a dynamic concept and is always changing.
- Health and wellbeing is viewed by different people in many different ways and is therefore said to be subjective.
Dimensions of health and wellbeing

- There are five dimensions of health and wellbeing: physical, social, emotional, mental and spiritual.
- A range of factors influence how an individual views health and wellbeing, including age, gender, socioeconomic status, culture and religion.
- Physical health and wellbeing is defined as the functioning of the body and its systems; it includes the physical capacity to perform daily activities or tasks. Characteristics that relate to physical health and wellbeing include fitness levels, body weight, energy levels, cholesterol levels, blood pressure, and the absence or presence of disease.
- Social health and wellbeing is defined as the ability to form meaningful and satisfying relationships with others and the ability to manage or adapt appropriately to different social situations. Characteristics that relate to social health and wellbeing include a supportive network of friends, effective communication and productive relationships with other people.
- Emotional health and wellbeing is defined as being able to recognise, understand and effectively manage and express emotions as well as the ability to display resilience. Characteristics include the ability to recognise and express a range of emotions, adequately respond to and manage emotions, and the ability to recover from misfortune.
- Mental health and wellbeing refers to the state of a person’s mind or brain, and relates to the ability to think and process information. Optimal mental health and wellbeing enables an individual to positively form opinions, make decisions and use logic. Characteristics of good mental health and wellbeing include positive thought patterns, low stress levels, high self-esteem and self-confidence.
- Spiritual health and wellbeing can be defined as ideas, beliefs, values and ethics that arise in the mind and conscience of human beings. It includes the concepts of hope, peace, a guiding sense of meaning or value and reflection on a person’s place in the world. Spiritual health and wellbeing can also relate to organised religion, a sense of purpose in life, connection or belonging.

Youth perspectives on the meaning of health and wellbeing

- The concept of health and wellbeing means different things to people depending on their stage of life.
- The issues of most concern to young people relate to the mental dimension of health and wellbeing, such as coping with stress, school and study problems, body image and depression.
- Overall physical health and wellbeing (fitness, body weight, incidence of ill health) is usually good in this age group when compared with older age cohorts.

Variations in health perspectives and priorities according to age, culture, religion, gender and socioeconomic status

- A perspective is somebody’s point of view and attitude towards health and wellbeing, whereas a priority is understood to mean that greater importance is placed on some aspects of health and wellbeing compared to others.
- Perspectives and priorities about health and wellbeing change across different age groups. Health and wellbeing perspectives increase in complexity as we age.
- Different cultures have different perspectives and priorities on health and wellbeing.
- There are many variations in perceptions and priorities relating to health and wellbeing when comparing people from different socioeconomic groups.
- Each religion has different priorities and practices relating to health and wellbeing.

Aboriginal and Torres Strait Islander perspectives on health and wellbeing

- Aboriginal and Torres Strait Islander people have a different perspective on health and wellbeing, which includes an emphasis on the importance of culture.
- Aboriginal health and wellbeing means not just the physical health and wellbeing of an individual, but refers to the social, emotional and cultural health and wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby contributing to the overall health and wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life–death–life.
A connection with the land is essential to Aboriginal people and is seen as a major contributor to good health and wellbeing.

EXAM TIP
Often questions require you to discuss how a particular factor impacts on one or more dimensions of health and wellbeing. To answer this type of question, you need not only an understanding of the factor but also an understanding of the key characteristics of each dimension of health and wellbeing. For example, if you are asked to discuss how being a member of a sports team impacts on the social dimension of health and wellbeing, you need to use examples about being a member of a sports team and link these to characteristics of the social dimension of health. A suitable response may be: Being a member of a sports team involves training and playing with other team members. This enhances social health and wellbeing as, through training and playing, you are interacting and forming relationships with team mates.

1.7 Exercise 1 Exam preparation
To answer questions online and to receive immediate feedback and sample responses for every question, go to your learnON title at www.jacplus.com.au.

Question 1
Commencing secondary school is a major milestone in a young person’s life.

a. Explain, using examples how the transition to secondary schooling can have an impact on young people’s mental and social health and wellbeing. (4 marks)
b. Describe opportunities secondary schools provide to enhance physical health and wellbeing. (2 marks)
c. How can young people’s spiritual health and wellbeing be developed at a school that is not religious? (2 marks)

studyON

1.7 Exercise 2 studyON: Practice exam questions
To answer past VCE exam questions online and to receive immediate feedback and sample responses for every question go to your learnON title at www.jacplus.com.au.