

BHSC411 Sociology of Health

ECTS Value: 5 ECTS
Self-Study Hours: 56

Contact Hours: 25
Assessment Hours: 44

Module Description

Contemporary society has seen renewed interest in the impact of social factors on health, and in the contribution that sociological approaches can make to understanding health, health behaviour and the use of health services. The aim of this module is to introduce key research and theories, as well as going through basic concepts and issues in the sociology of health.

Overall Objectives and Outcomes

By the end of this module, the learner will be able to:

Competences

- a. Review medical and social models of health and/or develop a comprehensive understanding of the sociological perspectives in the context of health and social care.
- b. Critically evaluate researched literature in health sociology.
- c. Critique the concepts in the field of health and illness.
- d. Explore social capital and materialist sociological theories.

Knowledge

- a. Identify theoretical traditions in sociological studying experience.
- b. Identify lay perspectives and experiences of health and illness.
- c. Describe the role of social factors in relation to contemporary subjects in health and social care.
- d. Describe the different social classifications and the social meanings they produce, reflect and their implications.

Skills

- a. Show critical awareness of the various social, economic and environmental influences on individual and population health and illness across the life course.
- b. Demonstrate and explore how sociological ways of thinking are different from other ways of thinking in public health.
- c. Demonstrate an understanding that health, illness and disease are socially constituted, and differ in different places and times.
- d. Create ways of showing the role of the media coverage of mental health and illness.
- e. Study the origins and value of the terms social capital and social cohesion.

Mode of Delivery

This module adopts a blended approach to teaching and learning. Information related to the structure and delivery of the module may be accessed through the IfE Portal. For further details, kindly refer to the Teaching, Learning and Assessment Policy and Procedures found on the Institute for Education's website.

Assessment Methods

This module will be assessed through: Assignment

Suggested Readings

1. Hall, S. (1997). The Work of Representation, Chapter 1 in Stuart Hall (ed) Representation: Cultural Representations and Signifying Practices: OUP in conjunction with Sage:London p. 13-74 (in particular p.39-74).
2. Chandler, D. (2008). Semiotics for Beginners. Available at: <http://visual-memory.co.uk/daniel/Documents/S4B/>
3. Goffman, E. (1963). Stigma: Notes on the management of spoiled identity. Prentice-Hall: Englewood Cliffs, NJ, Chapter 1: 11-54.
4. Armstrong, D (2013). Actors, patients and agency: a recent history. *Sociology of Health and Illness* 36: 163-174.
5. Nettleton, S. (2004). The emergence of e-scaped medicine? *Sociology* 38: 661-670.
6. Shakespeare, T. and Watson, N. (2002). The social model of disability: an outdated ideology? 'Research in Social Science and Disability' Volume 2, p.9-2.
7. Lupton, D (1999). Theorizing risk, in *Risk*. London: Routledge (pp. 17-36).
8. Henderson, L. How Mad are we? *BMJ* 2008; 337:a2641.
9. Davison C, Davey Smith G, Frankel S. Lay epidemiology and the prevention paradox: the implications of coronary candidacy for health education. *Sociology of Health and Illness* 1991; 13: 1-19. (Lay epidemiology article)
10. Allmark P. and Tod A. (2006). How should public health professionals engage with lay epidemiology? *J. Med Ethics* 2006; 32: 460-463. (Medical ethics and health promotion article).
11. Scambler, A. (2003). Women and health. In *Sociology as Applied to Medicine* (5th Ed.) Scambler G (ed). Edinburgh: Saunders.
12. Marston, C. and Lewis R. (2014). Anal heterosex among young people and implications for health promotion: a qualitative study in the UK. *BMJ Open* 4:e004996. Doi:10.1136/bmjopen-2014-004996.
13. Krieger, N. (1994). Epidemiology and the Web of Causation: Has Anyone Seen the Spider? *Soc Sci Med*, 39, 887-903.
14. Ahmad, W. and Bradby, H. (2007). Locating ethnicity and health: exploring concepts and contexts. *Sociology of Health and Illness* 29: 795-810.
15. Marmot, M. (2005). Social determinants of health inequalities. *Lancet*. 365 (9464): 1099-104.
16. Song, L. Son, J & Lin, N. (2010). Social Capital and Health in W.C. Cockerham, (eds) "The New Blackwell Companion to Medical Sociology" Oxford: Wiley-Blackwell.
17. Pilgrim, D., Rogers, A. (1993). *A sociology of Mental Health and Illness*, Chap 7: The Organization of Psychiatry and Chap 8: Psychiatry and Legal Control, Open University Press.

Supplementary Reading List

1. Dean, M. (2010). Governmentality: power and rule in modern society. London: SAGE.
2. Green, J. (2009). Is it time for the sociology of health to abandon 'risk'? Health, Risk and Society, 11: 493-508.
3. Graham H. (2007). Unequal Lives: Health and socioeconomic inequalities. Maidenhead: Open University Press.
4. Wilkinson, R. and Pickett, K (2009), The Spirit Level: Why More Equal Societies Almost Always Do Better, London: Allen Lane.