

**A CRITICAL EXAMINATION OF THE LIFE COURSE APPROACH TO HEALTH
AND WELLBEING**

BY

OLADELE DESMOND OMOARE (2515892)

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ABSTRACT

This report critically examines the life course approach to health and wellbeing, drawing on relevant theory, research and policy. It explores how social, economic and environmental factors shape health outcomes across different stages of life, emphasising the cumulative and interconnected nature of these influences. The report evaluates the effectiveness and appropriateness of key life course interventions, highlighting both their strengths and limitations. While early-life interventions have demonstrated positive outcomes, the analysis identifies gaps in policy implementation, structural inequalities and limited attention to later-life stages. The report concludes that although the life course approach provides a valuable framework for understanding health trajectories, its impact is constrained by systemic barriers. Recommendations are proposed for policy, practice, education and future research to strengthen the application of the approach and reduce health inequalities.

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INTRODUCTION

The life course approach to health and wellbeing provides a comprehensive framework for understanding how health outcomes are shaped by a dynamic interaction of biological, social, economic and environmental factors across an individual's lifespan. According to the World Health Organization (WHO 2025), this approach adopts a temporal and societal perspective, recognising that health is influenced by experiences from pre-conception through to older adulthood, with effects accumulating over time.

The growing importance of the life course approach reflects wider demographic and epidemiological changes, including ageing populations and persistent health inequalities Nilsen (2023). Foundational work by Glen H. Elder Jr. emphasises that life trajectories are shaped by historical context, social structures and key transitions, highlighting the long-term impact of early-life conditions Elder, Johnson and Crosnoe (2003). Advances in longitudinal research have further demonstrated that early experiences significantly influence later health outcomes Verschuren and Ritter (2020).

However, despite its growing influence, the life course approach has been criticised for its limited attention to structural inequalities and policy implementation challenges. While it effectively identifies determinants of health, its translation into practice remains uneven across different contexts.

This report critically examines the impact of social, economic and environmental factors on health and wellbeing through the life course. It also evaluates the appropriateness and effectiveness of related interventions before providing recommendations for future development.

2.1 Social Factors and Life Course Approach

Social factors are central to the life course approach, influencing health outcomes through family dynamics, education, social networks and cultural contexts. Bronfenbrenner's ecological systems theory proposes that human development is shaped by multiple, interacting environmental systems, from immediate contexts such as family and school to broader cultural structures and contemporary research continues to show that early childhood is a critical period during which these layered influences have profound effects on cognitive, social, and emotional development. Guy-Evans (2025); Rahman (2025). Research indicates that supportive family environments are associated with improved physical and mental health outcomes later in life Baxter *et al.* (2022). Conversely, adverse childhood experiences such as neglect or instability increase the risk of chronic illness and mental health disorders. This supports the life course principle of cumulative disadvantage, where early inequalities persist across the lifespan. Education also plays a critical role. Higher educational attainment is linked to improved health literacy, healthier behaviours and better employment opportunities Giddens and Sutton (2021).

Social support networks further influence wellbeing. Strong social relationships are associated with reduced mortality and improved mental health, while social isolation, especially among older adults, has significant negative effects Elias and Lowton, (2014).

Despite its strengths, the life course approach has been criticised for inadequately addressing power relations and structural inequalities within social systems. While models such as Dahlgren and Whitehead (2006) effectively illustrate the multi-layered determinants of health, they are often descriptive rather than explanatory, failing to fully account for systemic issues such as class inequality and social exclusion.

In terms of interventions, programmes targeting early childhood development and education have demonstrated effectiveness in improving long-term outcomes. However, their success is

often limited by unequal access and inconsistent policy implementation. Furthermore, an overemphasis on early-life interventions risks neglecting opportunities for improvement in later stages of life.

Figure 1 illustrates the multi-layered nature of health determinants, as conceptualised by Dahlgren and Whitehead, (2006). The model demonstrates how individual health is shaped not only by biological factors, but also by wider social, economic and environmental conditions, including education, employment, housing and broader socio-economic policies. This is particularly relevant to the life course approach, as it highlights how influences at different levels interact and accumulate over time to shape long-term health outcomes. For example, limited access to education in early life may restrict employment opportunities in adulthood, thereby reinforcing health inequalities. However, while the model is valuable in demonstrating the complexity of health determinants, it has been criticised for being somewhat descriptive rather than explanatory, as it does not fully account for power relations or structural inequalities that underpin these layers. Nevertheless, it provides a useful framework for understanding why interventions must operate across multiple levels rather than focusing solely on individual behaviour.

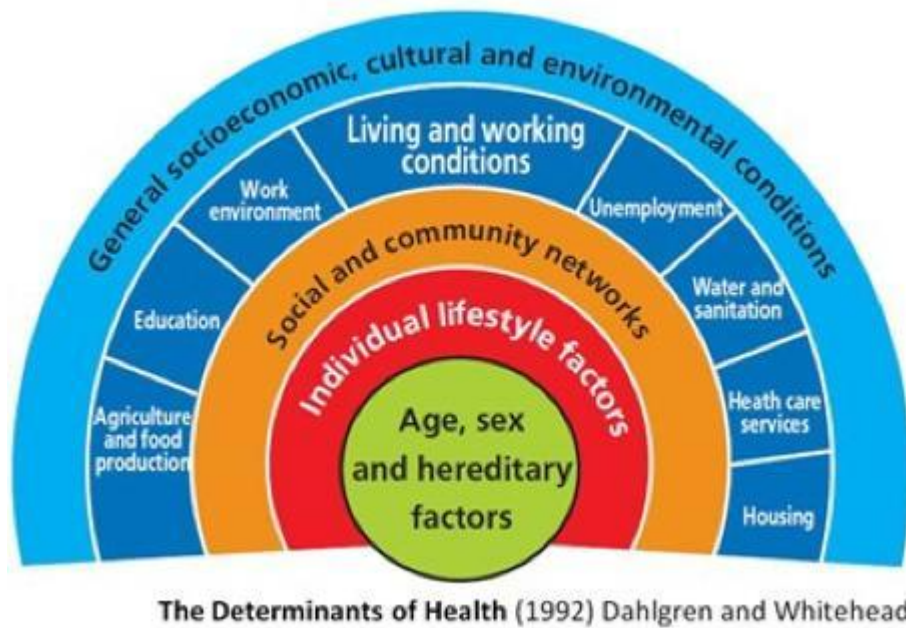


Figure 1: Multi-layered nature of health determinants (Dahlgren and Whitehead 2006).

2.2 Economic Factors and Life Course Approach

Economic factors, including income, employment and socioeconomic status, are key determinants of health across the life course. Individuals with higher income levels generally experience better health outcomes due to improved access to healthcare, nutrition and living conditions.

Wilkinson and Pickett (2009) argue that income inequality is a major determinant of population health, with more unequal societies experiencing poorer health outcomes and increased social problems. Economic disadvantage in early life often leads to cumulative disadvantages, limiting opportunities for education and employment.

Employment conditions also significantly influence health. Secure and stable employment is associated with better mental and physical health, while unemployment and precarious work contribute to stress and reduced wellbeing. Organisation for Economic Co-operation and Development (OECD 2020).

Policy interventions such as minimum wage legislation and social welfare programmes aim to reduce economic inequalities. While these have improved living standards in some contexts, their overall effectiveness remains limited. World Bank (2024); OECD (2020). Structural factors, including broader economic systems and policy frameworks, often undermine these interventions, perpetuating inequality Wilkinson and Pickett (2009); WHO (2020).

A key limitation of the life course approach is its tendency to focus on individual-level factors rather than wider structural determinants Elder Jr. *et al.* (2003); Stevenson (2018). This limits its ability to address the root causes of inequality. Furthermore, many interventions fail to account for variations across different socio-economic and cultural contexts, reducing their effectiveness WHO 2025; Napier (2017).

2.3 Environmental Factors and the Life Course Approach

Environmental factors encompass both physical and social environments, including housing conditions, neighbourhood quality and exposure to pollution. These factors have both direct and indirect impacts on health across the life course. Poor housing conditions, such as overcrowding and inadequate sanitation, are associated with increased risk of infectious diseases and respiratory conditions. Similarly, exposure to environmental pollutants contributes to chronic illnesses, including cardiovascular and respiratory diseases WHO (2020).

Access to green spaces and safe environments also influences health behaviours. Individuals living in resource-rich environments are more likely to engage in physical activity, while those in deprived areas face barriers to maintaining healthy lifestyles.

Environmental inequalities are increasingly understood as an extension of broader social and economic inequalities, with cumulative effects on health outcomes across the life course Whitehead and Dahlgren (2006); Wilkinson and Pickett (2009). From a social determinants'

perspective, exposure to environmental risks such as air pollution, poor housing quality, and limited green space is not randomly distributed but is systematically patterned by income, occupation, and geographical marginalisation. Stevenson (2018). This demonstrates that environmental health risks are structurally produced rather than individually chosen, reinforcing cycles of disadvantage across generations.

Policy responses such as urban planning interventions, environmental regulation, and sustainability-focused public health strategies have demonstrated measurable benefits in improving population health outcomes, particularly in high-income settings where governance capacity and infrastructure investment are stronger WHO (2020). However, their effectiveness is highly contingent on political commitment, regulatory enforcement, and long-term financing, all of which are unevenly distributed globally. In low- and middle-income countries, structural constraints such as fiscal limitation, rapid urbanisation, and competing development priorities often weaken implementation capacity, thereby limiting the scalability of such interventions World Bank (2024). This highlights that policy effectiveness is not simply a technical issue but is embedded within wider global political and economic inequalities.

Furthermore, while the life course approach provides a useful framework for understanding how environmental exposures accumulate and shape long-term health trajectories, it has been criticised for insufficiently engaging with macro-level environmental crises such as climate change WHO (2025). This represents a significant limitation, as climate change operates as a “risk multiplier”, disproportionately affecting already disadvantaged populations and intensifying existing inequalities in health and wellbeing over time. Although the life course perspective highlights temporal accumulation of risk, its relative focus on developmental processes can underplay the urgency and systemic nature of global environmental degradation. As a result, there is a growing need to integrate life course theory with

ecological and political economy approaches that more directly address global environmental governance and structural inequality.

3 CONCLUSION AND RECOMMENDATIONS

3.1 Conclusion

The life course approach provides a valuable and comprehensive framework for understanding health and wellbeing as outcomes shaped by the cumulative interaction of social, economic and environmental factors over time. Drawing on perspectives from scholars such as Glen H. Elder Jr., the approach effectively highlights how early life experiences, social structures and transitions across key stages of life influence long-term health trajectories.

This report has demonstrated that social determinants such as family environment, education and social networks play a foundational role in shaping individual opportunities and health behaviours. Economic factors, particularly income inequality and employment conditions, further reinforce patterns of advantage and disadvantage across the lifespan, as emphasised by Richard Wilkinson and Kate Pickett (2009). In addition, environmental conditions, including housing quality and exposure to pollution, create unequal health risks that often disproportionately affect already disadvantaged populations.

However, while the life course approach has advanced understanding of health inequalities, its practical implementation remains limited. Many interventions focus heavily on early life stages, sometimes neglecting opportunities for improvement in later life. Furthermore, policy responses often fail to address the deeper structural determinants of health, such as poverty, social inequality and unequal access to resources. As a result, health inequalities persist despite increased awareness and theoretical development.

Overall, the life course approach remains a critical tool in public health, but its effectiveness depends on sustained, multi-level interventions that address not only individual behaviours but also the broader social and structural conditions that shape health outcomes.

3.2 Recommendations

To strengthen the application of the life course approach to health and wellbeing, the following recommendations are proposed:

1. While early childhood interventions remain essential, health policy should adopt a whole-life course approach that promotes health across all stages of life, including adolescence, adulthood and older age. This ensures that health improvement is not limited to early development but sustained across the lifespan. In addition, non-governmental organisations such as the International Committee of the Red Cross and community-based health charities should be integrated into national strategies to support vulnerable populations, particularly in conflict-affected, displaced and underserved settings.
2. Governments and policymakers must prioritise reducing income inequality, strengthening social protection systems, and ensuring equitable access to education and employment. These structural determinants remain central to persistent health inequalities. Organisations such as Oxfam International play a key role in advocacy and poverty reduction programmes, complementing state policies by addressing social injustice at both national and global levels.

3. Equitable access to healthcare services should be expanded with a stronger focus on preventive care, early intervention and community-based delivery models. Marginalised populations often face barriers to accessing formal healthcare systems. Humanitarian organisations such as the International Committee of the Red Cross and other voluntary health agencies are essential in providing emergency healthcare, mobile services and support in fragile or crisis-affected regions.
4. Governments should strengthen environmental health policies through investment in housing quality, sustainable urban planning and pollution control. Improving access to safe green spaces and reducing environmental hazards can significantly improve population health outcomes. Environmental NGOs such as Greenpeace contribute through advocacy, research, and public awareness campaigns that highlight the health impacts of climate change and environmental degradation.
5. Future policy development and research should further explore how the life course approach operates in low- and middle-income countries, where structural inequalities, limited resources and differing health systems present unique challenges. Collaboration between international bodies such as the World Health Organization, governments and humanitarian NGOs are essential to strengthen global evidence, improve data collection, and develop culturally appropriate interventions that reduce global health inequalities.

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