

A report reviewing the life course approach to health and wellbeing.

BMNS4014 A Life-course Approach to Health and Wellbeing BMNS4014

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This report examines the life course approach to health and wellbeing, focusing on the way social, economic, and environmental factors influence health outcomes across all life stages. The report is based on evidence from academic articles, research, policy reports and reputable sources. The report will highlight how different health determinants such as; maternal health, education, financial stability, employment, housing status, and air pollution have a considerable impact on health and psychological wellbeing. At the end, the report recommends funding intervention strategies, especially those focusing on maternal health, along with the implementation of housing policies and collaboration between healthcare and social care sectors.

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Introduction-

This report explores the life course approach to health and wellbeing. According to the World Health Organisation (WHO) the life course approach is a framework that assesses the interaction between biological, behavioral and psychosocial factors across different stages of life and how such interactions directly affect an individual's health and wellbeing

The life course approach is important because it acknowledges health and wellbeing by considering the effects of experiences and exposures as well as life transitions through various stages in life. This approach highlights the importance of considering time elements such as age, life stages, timing of events and life transitions (Alwin, 2012). Although certain aspects of the Life Course Approach might sound like common knowledge, it was only in 1948 when medicine officially started to define health in terms other than just physical health with the acceptance of the Constitution of the World Health Organisation. The Constitution was adopted during the International Health Conference met in New York from 19 June to 22 July 1946, ratified by 22 July 1946 among 61 states' representatives and became effective from 7 April 1948 (World Health organisation, 2006).

Frameworks such as the life course approach and studies that follow individuals from childhood to adulthood have contributed to our understanding of how early life events influence health outcomes in adulthood. The results of the ROLO study prove that maternal nutrition during pregnancy and early childhood nutrition can affect an individual's heart and metabolic condition at prepuberty age. This shows how crucial early years, both before and after birth influence health (Callanan, 2025).

1. Social factors

Within the life course approach family influence begins even before a child is born, since preconception factors play a crucial role in shaping long-term health trajectories. The biological, social, and behavioral conditions of the mother during pregnancy can shape health outcomes of an individual. According to Public Health England obesity is a major preconception risk factor for both fetus and mother. Obesity during pregnancy can increase risk of stillbirth, metabolic abnormality, and developmental abnormalities (Public Health England, 2018). Furthermore, smoking during pregnancy has also been associated with problems in fetal development, low birth weight, and increased risk of obesity during childhood. Also, there is an increased likelihood that the child will be affected by different health conditions later in life such as: respiratory conditions, diabetes, problems of ear, nose, and throat (Public Health England, 2018). The understanding of these risks highlights the progressive impact of early factors mentioned by the life course approach. Understanding that early social disadvantages can persist and influence health across later stages of life. Supporting the need for early and preventative interventions.

Education is a significant social determinant of health within the life course approach. Education is seen as a protective factor that can lessen negative impacts caused by early life disadvantages to health such as poverty. For example, education achievement beyond secondary school alongside good social connections have shown to decrease mortality risks. However, this benefit was noticeable in those who were not poor in their early years of life. This supports the ideas of the life course approach perspective that explains how factors such as education interact with other social determinants of health and are linked to each other (Green., Doherty, and Bugbee, 2023). Early childhood education and cognitive development are essential, it reduces long-term risks for mental health disorders and noncommunicable diseases (ECHO Program, 2024). It is also pivotal to highlight the importance of Health Literacy, education provides an individual with knowledge and social-emotional skills that lead to healthier life choices (World Health Organisation, 2015). A study in USA looked at how Health Literacy affected health outcomes and choices. It demonstrated how Health Literacy is linked to how often a person visits healthcare services, their smoking habits, whether they lived in rural or urban areas. Individuals with low literacy had poorer health outcomes and were less likely to access healthcare services. The results also showed that males had higher scores of health literacy than females. Overall, the study found that interventions focused on improving health behaviors should be focused on those with low health literacy scores and shown how that was a disadvantage (Dolezel and Hewitt, 2023).

The life course approach recognizes social support and relationships as a relevant component that affects health outcomes across an individual's life. This concept provides a perspective that explains how human lives are interconnected and how social relationships shape health trajectories over time, it also stresses that social relationships, including family, community ties play a role in shaping individual trajectories and decisive moments in health and well-being (Hutchison, 2019). For example, a study on socioeconomic status, well-being, and mortality substantiate that marriage, an important social connection, is associated with lower mortality rates, proving that social relationship can have a positive effect on life expectancy and overall wellbeing (Montano, 2021).

After having examined social factors in the life course approach to health and well-being, the following section examines economic factors that effect health.

2. Economic factors

According to According to Bartley, Blane and Montgomery (1997) Income and poverty are critical economic determinants of health, they influence health outcomes through complex interactions over time. It suggests that socioeconomic disadvantages, especially poverty though out various stages of life, catches up and interacts with biological factors resulting on potential negative health pathways and chronic illness. A research on Black American populations shows that the duration and consistency of poverty across an individuals life course strongly influence their mortality risk. The group of people that remained in poverty from childhood to adulthood faced a higher likelihood of dying in midlife, compared to individuals who never experienced poverty or who were poor only in early years (Green, Doherty, and Bugbee, 2023). Poverty directly impacts physical and mental health. Children living in low-income household are more likely to experience chronic illnesses such as malnutrition and asthma this being linked to limited access to healthy food options. Also, adolescents living in consistent poverty show conduct problems as well as higher rates of anxiety and depression. This is related to family financial stress.

Employment is a key socioeconomic factor that influences health. Individuals with stable jobs are able to afford basic needs such as nutritious food, safe housing and quality healthcare. In countries such as the United States, where healthcare is not provided universally, the loose of a job can critically harm a person's health because employment is mostly linked to health insurance. When people become unemployed their access to healthcare becomes limited and it makes it harder to follow prescribed treatments. As a result of reduced income, individuals are less likely to afford medications and may face difficulty managing long-term health conditions (Nguyen, 2022). Unemployment is linked to physical and psychological well-being. It's associated to high mortality rates and a reliance on healthcare services Being uninsured places individuals in a vulnerable position because it limits their access to healthcare (Mathers and Schofield, 1998). In contrast, employment can give a sense of purpose, routine, and stability to individuals which positively affects well-being.

Having examined the economic factor to health and well-being in relation to the life course framework, the following section will discuss environmental factors that affect this approach.

3. Environmental factors

The life course approach views housing and the effects of housing as key environmental factors of the health. Respiratory health can be directly affected by poor housing conditions. Dampness, overcrowding and inadequate ventilation have shown to affect overall physical health. The presence of mold and damp in homes has been associated with respiratory problems including wheezing and asthma attacks. A study using a Respiratory Hazard Index found that for each house with presence of mold or dampness there was an 11% higher chance of respiratory issues. This effect was found stronger in children below the age of seven years (Keall, 2012). From the perspective of the life course approach, these impacts appear since early life. Children that live in households with bad conditions, have a higher frequency for illnesses, lower attendance and developed at slower pace than other kids.

In adulthood, housing continues to have influence in an individual's health. Stable and affordable housing supports mental wellbeing; it reduces stress and insecurity. There is many benefits that come with secure housing. It promotes good mental health, independence, and social interaction. Secure housing also contributes to social integration, which enhances the quality of life and lowers dependence on medical care (Greene, 2026). In older age, some research studies have found that certain aspects of a house environment can have a substantial impact on elderly people. Having squatting toilets, untidy homes, poor sanitation, poor availability of water supply, absence of electricity contribute to higher incidence of fall injuries among middle-age and elderly people (Li, 2023).

Air pollution is considered an environmental factor that significantly affects human health, particularly when the pollutant is the small particles known as PM2.5. According to the World Health Organisation PM2.5 is a mixture of solid particles found in the air, they have a diameter of 2.5 micrometers and smaller. These particles are fine enough to penetrate the lung tissue and also enter the bloodstream causing serious health issues. Contact with these particles lead to various negative health effects that develop at distinct stages of life. These include conditions such as pre-diabetes and diabetes in addition to growth and respiratory problems. Studies conducted to communities residing in Taiwan and Hong Kong have proven the link between the high exposure of PM2.5 and prediabetes/diabetes symptoms (Yi, 2025). The understanding of the life course framework provides us the ability to understand how even environmental factors such as pollution can have a wide impact on individuals health. And how presenting preventative measures to these issues can be life changing to not only individuals but communities.

Having discussed the social, environmental, and economic aspects of the life course approach to health and well-being, the next part of the report will present a conclusion and recommendation.

Conclusion/ recommendations

This report has examined health and wellbeing from the perspective of the life course approach where social, economic, and environmental factors prove to influence individuals health outcomes. The report presented how these influences start prior to birth through preconception factors like maternal health practices, reinforcing the importance of early interventions. The discussion highlighted the importance of education, health literacy and social relationships, explaining how these could shape health trajectories. Although education may function as a protective factor in life, there is only much it can achieve when one comes from an economically disadvantaged background. On the other side, social support and relationships were found to have a positive impact on mortality rates and quality of life in later stages of life. The economic aspects, especially poverty and job security, are important determinants of physical as well as mental well-being. The effects of poverty were higher rates mortality and poorer health outcomes, whereas good employment was found to contribute overall well-being. Additionally, the environmental factors considered were poor housing, and air pollution, which caused health problems throughout one's lifespan. These results reinforced the importance of life course theory in explaining health status.

Following the analyzation of different aspects of the life course framework this report has revealed some initiatives aimed to promote better health. Despite this, there are still challenges and unequal access to resources. With these considerations in mind, the following recommendations are presented.

Policy-

- Increased financial investment should be directed towards early intervention programmes in regard to maternal health behaviors, including smoking, obesity and other risk factors. This policy should be placed given the long-term impact on health outcomes for both children and mothers.
- Policies should be strengthened to better housing conditions. Promoting safety, dignity and healthy living environments to reduce the risk of respiratory illnesses and poor developmental outcomes found in the report.

Practice-

- Front-line practitioners should go through training where they learn specific skills that will assist them in implementing early interventions, in improving maternal health as well as early risk factors.
- Health and social care services should collaborate to identify and support people living in unhealthy housing conditions. Early interventions could improve health outcomes for individuals across all ages.

Appendix 1: Summary of Key Determinants of Health in the Life Course Approach

This appendix summarises the main factors discussed in the report that influence health outcomes across the life course.

Social factors:

- Family/ Early life (Maternal health.
- (Education and health literacy).
- Social relationships and support networks.

Economic factors:

- Income and poverty.
- Employment.

Environmental factors:

- Housing conditions (e.g., dampness, overcrowding)
- Air pollution (e.g., PM2.5 exposure)

These determinants interact across different life stages and contribute to long-term health outcomes.

Reference List

Bartley, M., Blane, D. and Montgomery, S. (1997) 'Health and the life course: why safety nets matter', *BMJ*, 314(7088), pp. 1194–1196. Available at: <https://doi.org/10.1136/bmj.314.7088.1194>.

Callanan, S. (2025) *Early life determinants of childhood health up to 9–11 years: The ROLO longitudinal birth cohort study*. University College Dublin, School of Medicine.

Cheng, H. *et al.* (2025) 'Housing quality and related housing environmental factors associated with falls in older adults: results from the longitudinal ageing study in India', *Age and Ageing*, 54(9). Available at: <https://doi.org/10.1093/ageing/afaf260>.

Dolezel, D. and Hewitt, B. (2023) 'Social determinants of health literacy: a cross-sectional exploratory study', *Health Promotion International*, 38(5), daad127. Available at: <https://doi.org/10.1093/heapro/daad127>.

ECHO Program (2024) 'Early adversity, childcare, and child mental health outcomes', *Environmental Influences on Child Health Outcomes (ECHO) Program study*. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12149339/>

Green, K.M., Doherty, E.E. and Bugbee, B.A. (2023) 'Can early disadvantage be overcome? A life course approach to understanding how disadvantage, education, and social integration impact mortality into middle adulthood among a Black American cohort', *Prevention Science*, 24(5), pp. 829–840. Available at: <https://doi.org/10.1007/s11121-022-01408-x>.

Greene, J. *et al.* (2026) 'The impact of housing insecurity on the health and wellbeing of older adults: a qualitative evidence synthesis', *Aging & Mental Health*, pp. 1–14. Available at: <https://doi.org/10.1080/13607863.2026.2634129>.

Haugan, G. and Eriksson, M. (eds.) (2021) *Health promotion in health care – vital theories and research*. 1st edn. Cham: Springer Nature. Available at: <https://doi.org/10.1007/978-3-030-63135-2>.

Hutchison, E.D. (2019) 'An update on the relevance of the life course perspective for social work', *Families in Society*, 100(4), pp. 351–366. Available at: <https://doi.org/10.1177/1044389419873240>.

Keall, M.D. *et al.* (2012) 'A measure for quantifying the impact of housing quality on respiratory health: a cross-sectional study', *Environmental Health*, 11(1). Available at: <https://doi.org/10.1186/1476-069X-11-33>.

Li, S. *et al.* (2023) 'Housing environmental factors driving falls among middle-aged and older adults: a national cohort study', *Innovation in Aging*, 7(9), igad121. Available at: <https://doi.org/10.1093/geroni/igad121>.

Mathers, C.D. and Schofield, D.J. (1998) 'The health consequences of unemployment: the evidence', *Medical Journal of Australia*, 168(4), pp. 178–182. Available at: <https://doi.org/10.5694/j.1326-5377.1998.tb126776.x>.

Montano, D. (2021) 'Socioeconomic status, well-being and mortality: a comprehensive life course analysis of panel data, Germany, 1984–2016', *Archives of Public Health*, 79(1). Available at: <https://doi.org/10.1186/s13690-021-00559-7>.

Nguyen, A. *et al.* (2022) 'The impact of job and insurance loss on prescription drug use: a panel data approach to quantifying the health consequences of unemployment during the COVID-19 pandemic', *International Journal of Health Services*, 52(3), pp. 312–322. Available at: <https://doi.org/10.1177/00207314221078749>.

Scottish Government (2025) *Understanding health outcomes: experiencing poverty in the early years – evidence review*. Available at: <https://www.gov.scot/publications/understanding-health-outcomes-experiencing-poverty-early-years-evidence-review/pages/4/>

UK Data Service (2024) *Impacts of poverty on children*. Available at: <https://ukdataservice.ac.uk/case-study/impacts-of-poverty-on-children/>

Virginia Commonwealth University Center on Society and Health (2015) *Why education matters to health: exploring the causes*. Available at: <https://societyhealth.vcu.edu/work/the-projects/why-education-matters-to-health-exploring-the-causes.html>

World Health Organization (no date) *Constitution of the World Health Organization*. Available at: <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>

World Health Organization (2015) Health 2020: Education and health through the life-course. Available at: : <https://iris.who.int/server/api/core/bitstreams/9a031b75-ae05-4efb-9c97-19ff89c83d5c/content>

Yi, Y. *et al.* (2025) 'Life course associations between ambient fine particulate matter and the prevalence of prediabetes and diabetes: a longitudinal cohort study in Taiwan and Hong Kong', *Diabetes Care*, 48(1), pp. 93–100. Available at: <https://doi.org/10.2337/dc24-1041>.