



Perspectives on Health and Health Education

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Abstract

This study highlights different perspectives on health education. The naturalistic/bio-medical, functionalist, post-modernist, and Marxist perspectives on health and health education were all looked at in this study. The analysis is based on both published and unpublished materials, including online sources. Desk inquiry is the method used for analyzing the literature. Based on biological function and statistical normality, the naturalistic/bio-medical perspective regards health as belonging to a medical origin. By using an organismic illustration, the functionalist perspective emphasizes protecting social equilibrium and stability in order to explain human societies and social phenomena. While pursuing health and health education, the post-modernist perspective emphasizes the multiple realities of human health and class struggle. Each perspective offers a unique lens for understanding health and health education, emphasizing the importance of considering individual and societal contexts.

Keywords: Health Education, Health and Illness, Multidimensional Concept, Multiple Reality, Perspectives.

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1. Introduction

The biological function and regularity of the human body are emphasized by the naturalistic/biomedical perspective on health and health education, which ignores the broader context of illness. The argument has come under alight for disregarding the opinions expressed by patients and personal accountability. Political, philosophical, social, religious, and cultural factors all play a part in health education. According to functionalist health concept, disease is a type of deviation that interferes with social function and perceives society as a system of components that are interconnected. Based on societal needs and concerns, it highlights the role of the medical profession in policing sick people and promoting health education. Based on the theories of Barthes, Derrida, and Foucault, the postmodernist perspective on health states that language and social practices, instead of objective reality, shape our understanding of health. When considered a tool for empowerment, health education is meant to allow people to take responsibility for their own health and well-being. Marxists emphasize the connection between the capitalist system and socioeconomic conditions when addressing health, arguing that class conflict and inadequate living conditions are major causes of health inequalities. Marxists think that radical health education may bring people together and transform health behavior, and that political power and disparities in class have an impact on healthcare. In this context, it is requisites to discuss about different perspectives on health and health education. The main objective of this paper is explored the naturalistic/bio-medical, functionalist, post-modernist and Marxist perspectives on health and health education.

2. Methodology

This paper is prepared by using relevant resources, the study conducted empirical research on the topic using qualitative research and document analysis methods. In this study, literature review, includes different documents and online peer-reviewed studies about philosophical overview on health and health education. Literatures are reviewed using desk study method. This article is explored the naturalistic/bio-medical, functionalist, post-modernist and Marxist perspectives on health and health education. This paper overview the different perspectives on health education. Further, it suggests a mix-up concept of health and health education.

3. Discussion

This study looks at the linkage among the naturalistic/bio-medical, functionalist, post-modernist and Marxist perspectives on health and health education. In the present context different perspectives was discussed as following;

3.1. Naturalistic/bio-medical perspectives of health and health education

The medical conception of health as the absence of disease is a value-free theoretical notion based on biological function and statistical normality. Health is defined as the ability to perform typical physiological functions with efficiency, and is as value-free as statements of biological function. This view is based on the assumption that health judgments must be practical or a commitment to “positive” health beyond the absence of disease (BOORSE, 1977). Asato and Giordano (2019) discussed that practice of medicine entails “art” and is therefore more than mere application of science, it must be also be acknowledged that the sciences most certainly contribute to medicine. The interplay of these scientific and more subtle subjectively intuitive dimensions is well represented by Edmund Pellegrino’s claim that medicine is the “...most scientific of the humanities; and most humane of the sciences”. However, we posit that to accept these humane qualities is not to deny the importance of the scientific – and vice versa - for these merge when engaging tools, knowledge, and skill (i.e.- tekne) in pursuit of defined human goods within the clinical encounter.

The concept of health is often based on its role in medical practice, where healthy people do not need treatment, while unhealthy ones do. However, this assumption does not fit the traditional view of health as the absence of disease. The judgment of something being a disease is a theoretical judgment that does not involve any therapeutic judgment about people's need for medical treatment. The traditional view of health as the absence of disease is challenged (Boorse, 1977). Medicine's focus on treatment and cure often overlooks the life story of illness, exacerbated by economic pressures, lack of interpersonal communication, and fragmentation of care. Increasing prevention without population perspective reinforces individualistic healthcare, overemphasizing personal responsibility and choice, violating public health's soul (Have and Gordijn, 2019). Buchanan (2006) stated that the medical model of health education aims to develop effective interventions to prevent unhealthy behaviors, using research methods to effect targeted changes. Practitioners use research results to stimulate dialogue about the role of good health habits in community life. The biomedical model views patients as passive adherence to medical orders, ignoring their views on symptoms and medications, emphasizing internal functioning and natural selection.

Health education is a multifaceted subject encompassing political, philosophical, social, religious, and cultural dimensions, encompassing practical and theoretical aspects of individual, group, community, and society (Salci et al., 2013). Gambescia (2007) discussed that Philosophy of Health Education is a discipline that

systematically examines fundamental questions about human nature, human condition, actions, and impact. It examines epistemology, ethical discourse, and governance and justice. Health education is linked to education and health, focusing on transmitting health information without advanced technologies. It is crucial for achieving balance and identifying one's own brand. Health education is a participative and emancipatory pedagogical practice aimed at mobilizing individuals and communities to address individual and collective situations affecting their quality of life (Salci et al., 2013). Health education, from a naturalistic/biomedical perspective, is a complex and multidimensional subject that focuses on the biological significance and normality of the human body. It aims to create interventions to stop unhealthy behaviors, but has been criticized for ignoring patients' views on symptoms and prescription drugs. Health education encompasses political, philosophical, social, religious, and cultural dimensions, involving practical and theoretical aspects of individuals, groups, communities, and society. The philosophy of health education aims to systematically examine fundamental questions about human condition, actions, and impact.

4. Functionalist perspectives on health

Functionalism is an organismic approach that focuses on maintaining social order, equilibrium, and stability in human societies, aiming to maintain a state of normality and continuous benefits through functional and functioning social institutions (Amzat & Omololu 2012). Functionalism is a sociological approach that views society as a system of norms, customs, traditions, and institutions, similar to the human body's interacting organs. It argues that sick individuals are not productive members of society and should be policed by the medical profession. The concept of "sick role" was introduced by Talcott Parsons in 1951, who viewed illness as a form of deviance that disrupts society's social function. Being sick is not just a condition but a set of customary rights and obligations. Functionalists believe social processes are determined by the cause-effect principle, which is the basis of science. They believe in multiple causalities, attributed to external and coercive factors. Social norms, values, positions, and conditions significantly influence human behavior. Roles are randomly allocated for societal survival, and individuals cannot be held accountable for their positions. This deterministic approach, sometimes called the mechanical model of man, is part of the perspective that makes sociology a scientific endeavor based on positivism (Amzat & Razum, 2014). Functionalism aims to maintain social order, equilibrium, and stability in humanity by focusing on social structures, functions, roles, and systems. It views health as the ability to function and participate in society, while illness is dysfunctional and hinders social

stability. Health education aims to positively impact societal health status by promoting positive behavior towards illness and sickness, optimizing treatment practices, and supporting the existing health system structure. The functionalist approach views society as interdependent and focuses on spreading health-promoting messages based on societal needs and concerns. It seeks to improve societal health by pursuing local health institutions and streamlining treatment regimens, empowering society members to achieve health services according to their needs and concerns. The functionalist perspective in health education aims to improve societal health status by promoting access to local health facilities and optimizing community treatment practices. It supports the existing health system structure and empowers society members to achieve health services based on their needs and concerns, promoting unity in social structure and norms.

4.1. Post-modernist perspective on health

Post-structuralism sociological perspectives on health and illness were rooted in the literary theories of Roland Barthes and Jacques Derrida. Barthes' concept of intertextuality and Derrida's difference emphasized the importance of language and abstract concepts in understanding the 'real world'. These concepts are signified through symbols, which are constituted through reference to other signifiers. This intertextuality play creates referentiality, leading to Derrida's statement that 'there is nothing beyond text'. Definitions offer approximations, which are deferred and irrecoverable, reflecting the concept of difference, which established post-structuralism's relativism (Fox, 2016).

Foucault's post-structuralism in 1970 argued that modernity created a clinic where patients and diseases were subjected to a penetrating medical gaze, disciplined through micro politics of surveillance and archiving. This led to the establishment of a modern medical science, profession, and physical spaces in contemporary medicine (Fox, 2016). Foucault's analysis of 18th-century medicine issues highlights the birth of the clinic, clinical gaze, and power-knowledge relationship. Modern issues include extending clinical gaze, increasing medical intervention, and societal-medicine relationships (Peerson, 1995). Foucault's analysis of discourse in healthcare reveals the hegemonic nature of reality in Australian practices. This panoptic tendencies challenge assumptions about power, knowledge, and truth. Discipline techniques promote normalization, with examinations, case notes, and diagnostic tests aiming to restore normalization (Cheek & Rudge, 2016).

Foucault argues against racism and human rights abuses, but supports homosexuality. He highlights the power and knowledge dynamics in society, as they are used for social control through institutions. Power and knowledge are reciprocal, with power

often dominating and affecting deprived groups. Discourse is based on the relationship between meaning and power, shaping social norms and practices

Education transforms students into social opponents, enhancing their strategies and skills. It focuses on immediate, meaningful content, promoting resistance to problematic content, and incorporating students' cultural heritage, practices, knowledge, and languages (Aliakbari & Faraji, 2011). Health education empowers individuals to control their behavior, reproduction, and disciplines through medical knowledge and discourses on physical fitness, nutrition, and healthy diets. Post-structuralists view health educators as practicing a culture of critiquing and transforming existing situations. Critical health/radical health education emerged after Foucault's analysis of bio-power. Health education is a constructive exercise of power for improving health, involving learners in interactive activities and allowing them to construct new health ideas. Educational access, academic freedom, and discursive pedagogy are key educational implications.

Postmodernism, influenced by the microelectronic/scientific revolution, emphasizes the multiple reality of human health, challenging the biomedical perspective and functional perspective. Health education in postmodern society focuses on individual needs and social resource utilization for health and wellbeing. This perspective is based on deconstruction principles and does not rely on a single standard measure of health status. Instead, it advocates for a relative measure of health status, adapted to individual context and cultural norms. Health educators should present their message based on contemporary relevance and empower learners to make their own identities and take responsibility for their health behavior, knowledge, and information. Postmodernist health education rejects the idea of a single, objective reality and emphasizes the complexity of health and disease phenomena. It encourages individuals to take responsibility for their health and wellness through context-dependent health education. Health education is viewed as a form of power that influences individuals' health behaviors and understanding. It aims to raise awareness of social, political, and economic realities, enabling critical engagement with health practices. The postmodernist perspective challenges the biomedical model of health, recognizing it as a complex, multifaceted phenomenon. Health education should be context-specific, empowering individuals to take control of their health and wellbeing.

4.2. Marxist perspectives on health

Marx and Engels, influenced by their own chronic conditions and a poor diet, had a profound understanding of illness and disease. They challenged prevailing medical theories, which they believed were reductionist and essentialist, and liberal

ideologies, which held the poor responsible for their own ill-health. They proposed a theory of the dynamic and mutual shaping of material and social bodies in a world transformed by human production. They also argued for a causal relationship between capitalism, the living conditions of the proletariat, and the infirmities of the body. Their writings challenged prevailing perspectives on ill health, poverty, and disease (Collyer, 2015).

Marxist studies of medical care highlight the role of political power and economic dominance in capitalist societies. The health system mirrors class structure, with control over institutions, stratification of health workers, and limited occupational mobility. Monopoly capital is evident in the growth of medical centers and financial penetration by large corporations. Health policy recommendations reflect different interest groups' political and economic goals, while medical ideology maintains class structure. Comparative international research analyzes imperialism, socialism, and health reform contradictions in capitalist societies. Health praxis advocates for non-reformist reforms and political struggle (Waitzkin, 1978).

Marxist thought posits that health is a social issue deeply connected to the structures and inequalities of capitalist society. The health status of the working class is influenced by their social class, and the government in a capitalist society allows companies to contribute to ill-health through activities like tobacco, alcohol, and chemical companies. The bourgeois are blamed for bringing diseases to society through profit-oriented business organizations like hospitals and medical industries. Health education should be radical to raise critical awareness among the working class, enabling them to unite and organize themselves to change existing class relations and bring about radical change. The Marxist perspective views health not just as a biological or medical issue but as a social issue deeply connected to the structures and inequalities of capitalist society.

5. Philosophical stance of health education

The state of someone else's mind-based values and beliefs, influenced by their culture, religion, education, morals, environment, experiences, and background information, is known as the philosophy of health education. These factors determine a person's fundamental concept or logically based the lens and their meaning in life. The position and values of humanity in regard to health education are reflected in the individual's philosophy. His or her a professional mission or purpose, which affects existence as an inherent component of oneself, is guided by their philosophy. Justice and equality, self-worth, education, helping others, family unity, goodness and morality, freedom and independence, autonomy, and self-discipline are the core elements of someone's values and beliefs regarding when it concerns health

education. These elements determine the theoretical underpinning of health education.

Shirreffs (1976) describes that the existential health educator aims to empower learners by recognizing their own abilities and fostering responsibility for their own learning experiences and ignorance. A person's involvement in professional bodies, the literature relevant to their specialty of work, conferences they have attended, and influencing professors in the field of health education all have a direct effect on their philosophical position on health education. A trustworthy health educator's work as a health educator appears in their publications, academic writing, and teaching. Although someone is unable to be compelled to behave in a way which is encouraging the pursuit of and preservation of their wellness, others might provide advice on knowledge and raise awareness of responsibilities for positive, healthy behavior. As a health educator, the philosophy is informed by the way the individual conveys with others concerning lifestyle, teaching performance, involvement, and commitment. Thus, the preferred existentialist school of thought as an approach of health education.

Health educator delivers opportunities for learning that improve and expand on the skills and knowledge needed for maintaining an individual's healthier lifestyle. It is important for health educators to remain fair and take a stance on both sides of key debates. The position of a health educator is to advocate for specific beliefs, norms, and standards that have the power to alter a person's or a community member's state of health. The message/content of health should be communicated in a way that allows for flexibility in the process of making decisions to alter behavior and skill. It raises people's awareness of their values and morals in relation to their health.

Providing fact-based learning experiences that promote positive individual behavior is the aim of health education. Health educators should be aware of the factors that lead to unhealthy behavior, such as low self-worth, a lack of internal control, inadequate sociocultural competence, and a community's economic standing. Therefore, in order to comprehend the nature of those involved in the health education learning process, the health educator must possess knowledge of behavioral psychology or the social cognitive approach. Positive thinking, which is linked to "Healthy mind in healthy body," should be used to improve one's health status by incorporating the scientifically proven aspects of behavior that affect one's physical, mental, social, and spiritual well-being. It seems that there is a comprehensive and well-defined philosophical position on health education which is influenced by a number of characteristics, such as culture, religion, education, morals, experiences, environment, and family background.

6. Conclusion

The naturalistic/biomedical view prioritizes biological processes, while the functionalist perspective focuses on societal needs. Postmodernist and Marxist theories challenge objective reality and suggest context-specific health education. The philosophical position on health education is influenced by various factors. Health and health education perspectives vary across different societal contexts and time periods. Naturalistic/bio-medical perspectives focus on medical origins, while functionalist perspectives aim to maintain social order. Post-modernist perspectives explore multiple realities of human health, while Marxist perspectives explore class struggle. The philosophical approach of health education is influenced by variables such as environment, family, culture, religion, education, morals, and experiences.

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