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## 2. RESEARCHING HEALTH AND WELL-BEING ACROSS THE LIFE COURSE

•growing body of evidence that many risk factors for poorer health "are rooted in people's experiences in the early years and that individuals exposed to severe adversity during their early years are at an increased risk of developing negative outcomes in later life" (Borgonovi, 2010:1928)

• only available from numerous disparate sources and organisations

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## 2. RESEARCHING HEALTH AND WELL-BEING ACROSS THE LIFE COURSE

• aim = to synthesise the existing body evidence to get a full account of health and well-being across the whole lifespan from a life course perspective

- life stages defined as:
  - Prenatal (prepregnancy and in utero)
  - Childhood (0 - 10)
  - Adolescence (11 -19)
  - Young adulthood (20-39)
  - Midlife (40 -65)
  - Old Age (over 65)

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## 3. ANALYSIS OF THE FINDINGS

- .....disentangling, let alone researching, all the processes that purportedly affect our health and well-being throughout our lives is highly problematic. Hence the life course perspective on health and well-being raises "formidable methodological challenges" (Graham, 2007:145)
- looked at the literature about each of the stages in the life course I had identified and analysed what it tells us about risks to health that can occur in each stage and the implications of these risks for future life stages

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RISKS	OUTCOMES FOR HEALTH AND WELL-BEING IN OLD AGE
Pre-pregnancy influences	
Fetal exposures	
Childhood	
Adolescence	
Young adulthood	
Mid life	

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**4. RISKS TO HEALTH AND WELL-BEING IN OLD AGE OVER THE LIFE COURSE**

- risks to our health and well-being do accumulate as we progress through each life stage even in the later life stages
- very wide range of risks at each stage
- the risks in the various stages of the life course have many implications for health and well being in old age

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RISKS	OUTCOMES FOR HEALTH AND WELL-BEING IN OLD AGE
<b>Pre-pregnancy influences</b>	
maternal prepregnancy weight below 50kg	low birth weight, which in turn can result in cardiovascular diseases, hypertension and diabetes
<b>Fetal exposures</b>	
maternal diet	greater risk of poor fetal growth and low birth weight which can result in cardiovascular diseases, hypertension, obesity and diabetes
certain foods (e.g uncooked eggs )	increases risk of abnormality
obesity in pregnancy	hydrocephalus, brain damage, epilepsy, deafness, blindness, growth problems
maternal alcohol consumption	fetal abnormalities eg Fetal Alcohol Spectrum Disorders (FASD) which lead to facial deformities, physical and emotional developmental problems, memory and attention deficits, cognitive and behavioural problems
prenatal stress	low birth weight, which in turn can result in cardiovascular diseases, hypertension and diabetes
maternal antenatal depression	increased vulnerability to depression and abnormalities of the neuroendocrine systems in adulthood
uncontrolled Type 1 or Type 2 diabetes	the effects of congenital malformation

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RISKS	OUTCOMES FOR HEALTH AND WELL-BEING IN OLD AGE
<b>Childhood</b>	
birth trauma	irreversible brain, skeletal and organ damage
maternal depression	mental health problems and the increased risk of infections also increases the risk of chronic diseases, such as cardiovascular disease
early menarche	breast cancer and reduced survival rate into old age
undiagnosed mental health problems	increased vulnerability to mental health problems
passive smoking and smoking	respiratory diseases, asthma, leukaemia, lymphoma, cancers, brain tumors, psychological problems
diet and nutrition	high cholesterol, cardiovascular diseases, diabetes, high blood pressure and depression
overweight and obesity	sleep apnea, muscular skeletal disease, diabetes, hypertension, heart disease, liver disease, pulmonary disease, some cancers, asthma and mental ill health
bullying	bullied children are at risk of being victimized in adulthood
child abuse	drug abuse, mental health problems, psychiatric disorders, offending and antisocial behaviour
unresponsive parenting	poorer mental health and emotional well-being,
poverty	cardiovascular disease, obesity and Type 2 diabetes lower educational attainment

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RISKS	OUTCOMES FOR HEALTH AND WELL-BEING IN OLD AGE
<b>Adolescence</b>	
chronic illnesses	legacies of reduced employment prospects and unresolved emotional, developmental and fertility problems, ongoing anxiety, higher mortality risks
poor mental health	major depression, suicidal behaviour, alcoholism, anti-social personality disorders, drug misuse as well as decreased employment opportunities, lower income, lower owner-occupation rates and increased probability of criminal activity
anorexia/ bulimia nervosa	heart and gastrointestinal diseases, nerve damage and osteoporosis
poor nutrition	cancer and coronary heart disease
overweight and obesity	sleep apnea, high blood pressure, high cholesterol levels, mental illness, diabetes, heart disease, liver disease, cancers
inconsistent use of contraception	sexually transmitted diseases
smoking	respiratory, vascular and chronic obstructive pulmonary diseases, cancers of the lung, upper aero-digestive tract pancreas, stomach, liver, bladder, kidney, cervix, bowel, ovary and myeloid leukaemia
binge drinking	psychological problems, the effects of irreversible brain damage, cognitive impairments, heart disease, liver disease, alcohol-related disorders /alcoholism
regular drug use	serious and/ persistent offending as well and a drug use career
early transition to parenthood	reduced income, increased risks of breast cancer and depression
poverty and deprivation	cardiovascular disease, obesity and Type 2 diabetes/ ower educational attainment, employment and socioeconomic status

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RISKS	OUTCOMES FOR HEALTH AND WELL-BEING IN OLD AGE
<b>Young adulthood</b>	
smoking	respiratory, vascular and chronic obstructive pulmonary diseases, cancers of the lung, upper aero-digestive tract, pancreas, stomach, liver, bladder, kidney, cervix, bowel, ovary and myeloid leukaemia
excessive alcohol consumption	mortality, heart disease, stroke, cancers, and liver cirrhosis, amnesia, peripheral neuropathy, gastrointestinal problems and decreased bone density and blood cell production, loneliness and reduced income
recreational drug use	psychiatric disorders, reduced income, lower life satisfaction, drug-related death, loneliness (as result of relationship breakdown in previous life stages) and reduced income
overweight and obesity	high blood pressure, high cholesterol levels, hearing loss, mental illness, heart disease, diabetes, some cancers, reduced income and loneliness
relationship dissolutions	depression, anxiety, physical problems, higher mortality rate
gestational diabetes in pregnancy	Type 2 diabetes
pre-eclampsia in pregnancy	stroke, impaired kidney and liver function, blood clotting problems, heart disease, mortality
puerperal psychoses	recurrent puerperal episodes unrelated to childbearing
late transition to parenthood	increased risks of breast cancer and depression
prolonged relationship conflict	poorer mental and physical health including depression, psychiatric disorders mood, anxiety and substance abuse disorders, cardiovascular disease
sleeping problems	high blood pressure, heart attack, stroke, Type 2 diabetes, obesity, psychiatric problems
mental health problems	loneliness and reduced income
long-term illnesses	reduced employment, ongoing anxiety, treatment-related problems
poverty	cardiovascular disease, obesity, Type 2 diabetes

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RISKS	OUTCOMES FOR HEALTH AND WELL-BEING IN OLD AGE
<b>Mid life</b>	
harmful use of alcohol	heart disease, stroke, cancers, and liver cirrhosis, amnesia, cognitive deficits, sleep problems, peripheral neuropathy, gastrointestinal problems, decreased bone density and blood cell production
smoking	cancer, heart disease, chronic obstructive pulmonary disease
smoking <i>and</i> drinking alcohol	increase mortality rates significantly
low levels of physical activity	increases risk of cancer and heart disease
excess weight	degradation of the brain, increased risk of cancer, diabetes, heart diseases, vascular diseases, dementia, strokes, high blood pressure, mental illness, disability
relationship dissolution and/living alone	greater risk of HIV, depression and dementia, higher mortality
strained relationships with children	depressive symptoms
parenting grandchildren	poorer physical health
timing of the menopause	early menopause associated with an increased risk of osteoporosis and possible higher cardiovascular risk and later menopause with increased risk of breast cancer
early retirement	higher mortality rates than those who retire at 65
caring	heart problems, arthritis and asthma. Caring may also impact negatively on personal and sexual relationships, employment opportunities, financial and social circumstances

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## 5. INFLUENCES ON THE OUTCOMES OF THE RISKS

- a. the health outcomes of risks are shaped "independently, cumulatively and interactively" (Kuh and Hardy, 2002:5) by various environmental, psychological, social, historical and biological factors
- b. the life course perspective recognises that negative events and risk factors can be offset by positive experiences or positive factors over the life course

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### (a) environmental, psychological, social, historical and biological factors

- interactions between socioeconomic background and interpersonal resources
- gender
- social and cultural changes
- the economy
- poverty and social disadvantage

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(b) positive experiences/factors which offset exposure to the negative events and risk factors

- breastfeeding
- personality
- ethnicity
- parenting

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## 6. CONCLUSIONS

Implications for 'active ageing' policies

- a life course approach to 'active ageing' is very important
- need to address the influence of ALL the life stages on old age
- BUT there are many challenges because
  - many factors and influences interact in unpredictable ways
  - some factors and influences beyond control e.g. economy
  - other highly significant events can have unpredictable and long lasting effects on health and well-being across the life course

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