

Teaching sociology to public health students: Consumption as a reflective learning tool

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Abstract

Introduction: This paper responds to a call for creative approaches to teaching the social determinants of health in public health classrooms. A reflective learning tool was designed to help students link social theory to their own lives and reflectively broaden their understanding of the social determinants of health. Each student completed a worksheet on everything he or she consumed in one 24-hour period. Responses were applied, through discussion, to a lesson on social theory and behaviour, as well as to a lesson on the environment. Data on the class's consumption was then compiled and applied to group work, with students employing sociological theories to critique public health campaigns addressing consumption and environmental sustainability.

Methods: Evaluation of the teaching tool was achieved through in-class questionnaires containing 5-point Likert scale and open questions completed after the first and second lesson.

Results: Eighty-nine percent of participants agreed that the reflective learning tool was an effective means of learning about social influences on individual behaviour. In qualitative responses, several students described self-discovery experiences related to the exercise.

Conclusions: Reflective learning tools, such as the consumption exercise described here, show promise in providing a means of achieving the creative and transformative learning needed to generate public health graduates prepared for the global and political challenges of the 21st century.

Keywords: public health; learning; sociology.

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Introduction

This article responds to the call made by Frenk and colleagues (2010) to revise teaching approaches within public health, medicine and nursing curricula. In addition to training in the traditional curricula, including biomedical and epidemiological modes of understanding health and disease, Frenk et al. argued that 21st-century curricula should work towards generating globally and politically aware public health social change agents. This call to action is echoed within the “new” public health, “a social movement committed to making the world a healthier and more equitable place” (Baum, 2008, p. 133) through multidisciplinary and far-reaching changes to address the social determinants of health (Ncayiyana, Goldstein, Goon, & Yach, 1995). This approach emphasises the importance of looking beyond individual behaviour to acknowledge social, cultural and environmental constraints—what Marmot (2004) referred to as “the causes of the causes” of health outcomes (p. 70). Central to this agenda is teaching public health and health promotion students to engage with sociological theories as primary tools for understanding socio-cultural forces influencing individual behaviour for effective health policy change (Baum, 2008).

Reflective teaching and learning has been suggested as a means of achieving the “transformative learning” required to prepare public health students for professional work as social change agents (Chávez, Turalba, & Malike, 2006; Frenk et al., 2010). Chávez et al. (2006) proposed a “pedagogy of collegiality” (p. 1175) to achieve reflection, cultural competency and community engagement learning outcomes in small Master of Public Health (MPH) classrooms (Lee, 2008). This involves ongoing use of writing as a means of introspection and idea formation, setting up classrooms to promote comfort and sensory engagement with music, art, food, discussion, peer-education and “learning about community organizing while actually being a community” (Lee, 2008, p. 1177).

The pedagogy of collegiality framework provides an innovative approach to transformative learning for MPH students, but undergraduate public health classes are often taught using a lecture format, due to increasing numbers in classes (Evans, 2004; Outram, Dundas, & Johnson, 2014) and timetabling and space constraints. Furthermore, teaching social determinants of health to undergraduate students is particularly challenging given the individualistic notions of health that students bring with them to university (Hofrichter, 2010; Muntaner & Chung, 2010). There is limited literature about strategies for encouraging undergraduates to reflectively learn the sociological concepts underpinning the new public health (Gillam & Bagade, 2006).

This article presents a learning tool, with some preliminary evaluation, designed to help undergraduate public health students reflect on their personal consumption behaviours and connect these individual behaviours to larger social processes, including environmental degradation. It incorporates an ungraded reflective “sociological imagination” (Mills, 1959) activity into a 14-week second-year undergraduate public health subject for Bachelor of Health Science students majoring in health promotion. Before introducing the learning tool, evaluation strategy and results, we provide a brief rationale for choosing consumption as the focus.

Background

Consumption, “the process of selecting, interpreting and using goods and services” (Germov & Poole, 2007, p. 502) has always been central to health. Take food as an example. Hippocrates famously said, “Let food be thy medicine and medicine be thy food” (Wegener, 2014, p. 1). Recent research bolsters this message—the foods we consume are directly implicated in physical *and* mental health (Wegener, 2014). Food is often thought to be an individual lifestyle choice, but innumerable studies have shown that food consumption patterns mirror wider social forces such as international trade arrangements, advertising, income inequalities and even urban design (Dixon & Broom, 2007; Marmot, 2004; Raschke & Cheema, 2007). In turn, foods purchased—their packaging, for starters—impact the environment through increasing amounts of plastic and chemicals in landfills and waterways (Hamilton, 2010; Szasz, 2008).

In an age of consumption, however, goods and products satisfy not merely (increasingly insatiable) needs, but are opportunities for self-expression (Bauman, 1998; Germov & Poole, 2007). Take self-tanning lotion as another student-relevant example—purchasing lotions and make-up fills an *individual* desire to comply with *cultural* beauty norms. Such (individual) purchases, however, perpetuate a tanned aesthetic linked to Australia’s high skin cancer rates (Baum, 2008).

Consumption has thus both salutogenic (healthy) and pathogenic (unhealthy) consequences. Globally, consumption drives economic growth, and improvements in material wealth are linked to longer life expectancy (Beaglehole & Bonita, 2004). However, growing consumerism, “the cultural drive to procure more and more consumer items and define oneself in terms of one’s possessions” (Germov & Poole, 2007, p. 502) and rampant “sensation” gathering (Bauman, 1998, p. 31) are linked to obesogenic health outcomes through over-work, nutrient-poor but energy-rich diets, reduced physical activity (Dixon & Broom, 2007; Hamilton & Denniss, 2005) and environmental damage (Hamilton, 2010). In short, consumption patterns shape human health and the health of our environment (Hamilton, 2010; Szasz, 2008).

Recent health promotion charters from the World Health Organization depict health as a whole-of-society outcome (Baum, 2008; Ncayiyana et al., 1995). While consumption is not featured in traditional public health curricula, it is more prominent in the new public health. Continuing population growth, overconsumption, use of resources and waste production in high-income countries pose growing threats to global health, sustainability and overall survival (Baum, 2008; McMichael, 1993).

A central impetus that made consumption the focus of this teaching and learning exercise was the personal links it makes for students to broader processes and sectors across society. Consumption connects to health at global and individual levels, with social forces shaping individual decisions, with these in turn shaping wider social and health outcomes. Individual consumption is both shaped by and serves to perpetuate current political, economic and social structures, which undermine the environment—the platform on which health depends (Fleming & Tenkate, 2012). Sociologists have successfully used consumption in teaching activities designed to foster students’

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development of a “sociological imagination”—the realisation that individual experiences reflect or intersect with public phenomena. Grauerholz and Bubriski-McKenzie’s (2012) teaching activity instructed students to consume only necessary items over several days, to keep a journal, engage in online discussions and write a paper on their experiences. This exercise emphasised student experiences, with reflection on these experiences helping students to develop sociological insight about consumption.

Since consumption is something we all do, this exercise offered students an opportunity for self-reflection. McCulloch and Field (2014) and others have suggested that experiential relevance fosters improved student engagement and reflection. Bourdieu (2003), for example, described sociological insights gained from applying academic theories and methods to understanding one’s own experiences. Thus, focusing on consumption allowed us to explore individual behaviours in which everyone participates and draw links to social forces and environmental impacts.

The consumption exercise

Following Grauerholz and Bubriski-McKenzie (2012), a consumption reflection task was incorporated into an undergraduate public health subject, encouraging students to question the individualistic understanding of health most students bring to university. A critical feminist pedagogical framework was employed in designing the exercise. This approach prioritises valuing students’ subjective experiences, inviting self-reflection (Chávez et al., 2006; Crawley, Lewis, & Mayberry, 2008; Leach, 2008) and facilitating inductive thinking. The activity encouraged students to question drivers of their own behaviour, acknowledge social forces in their private lives and question individualistic approaches to behaviour change.

A sociocultural conception of learning, using interactive group work to foster greater understanding and development in learners, complemented the critical feminist framing of the consumption exercise (Jones & Young, 2006). The exercise was aligned with two subject learning objectives, which were assessed through completing reports on a public health campaign and an essay, 1) demonstrating critical analysis of theories, politics, policies and principles governing and informing public health practice and 2) demonstrating evaluation of approaches inherent in different public health movements.

The reflective learning tool was introduced to a second-year undergraduate public health class of 62 students (14 males; 48 females) at Western Sydney University. The course was guided by principles underpinning the new public health. As an integrated blended-learning course, attendance was not compulsory. It consisted of three-hour face-to-face classes for half of the semester (Weeks 1, 2, 4, 6, 7, 10 and 13) and online lectures (Weeks 3, 5, 11, 12 and 14) for the other half. The consumption exercise was a focal point during three of the weeks (5, 6 and 10) of the subject. The activity fostered reflection in applying sociological theories to understand social influences on personal/individual health behaviours (Weeks 5 and 6), with students analysing the extent to which public health interventions address social (Week 6) and environmental (Week 10) determinants of health.

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There were three parts to this consumption exercise: one worksheet and two guided group discussions. First, students completed a short worksheet during Week 5 of the semester (Appendix 1), detailing products purchased over one 24-hour period. Students answered questions about their motives for buying the items they listed, each items' social and environmental implications and their recommendations for changing consumption patterns based on analysing their own answers. The exercise reflected the Week 5 online lecture topic: understanding relationships between economy, income disparity, consumerism, international trade and global health outcomes.

Second, students able to attend face-to-face lessons were asked to bring their completed worksheets to the Week 6 class where they compared responses in groups of four to six students. Students unable to attend in Week 6 were asked to complete the reflection task at home but were not required to submit the ungraded exercise. Twenty-eight students attended, and all brought their worksheets with them. In discussions, students were encouraged to look at causes and consequences of their consumption. Many noticed patterns across their small groups in items purchased (e.g., food, t-shirts, dresses, self-tanning lotion, fuel) or reasons for purchasing certain items (e.g., to feel satisfied, attractive or to conform). Buying food or going clothes shopping was often described as "something to do" with friends.

Students were subsequently presented with lecture materials on basic sociological theories, the focus of the Week 6 lecture. In working towards the first learning objective (critical analysis of theories, politics, policies and principles governing and informing public health practice), basic concepts of Marx, Durkheim and Weber, and structure-agency debates were introduced (in the lecture and assigned readings) as tools for re-framing behaviour as individual choices constrained by social forces ("the causes of the causes") (Giddens, 1984; Marmot, 2004). Students were then asked to think about social forces shaping their own consumption. Student comments on clothes buying, for example, described their individual motives—a desire to feel "pretty" and "confident"—as reflecting social expectations around conforming to current fashion. In alignment with the second learning objective (evaluation of various approaches inherent in different public health movements), we examined lecture material on social reasons for unemployment as a determinant of health, and political suggestions for addressing the "causes of the causes" of unemployment through policy changes (Marmot, 2004).

Third, student worksheets were collected (Week 6) to prepare an overview of class consumption patterns to be presented in Week 10. In this lecture, implications of climate change for public health were discussed and suggested public health actions (solutions) compared, in conjunction with the second learning objective. One of the solutions involves reducing consumption.

Working inductively towards a viable public health intervention, we looked at the collated exercise data on what students purchased and their reasons for consuming. Across the 28 worksheets collected, students reported purchasing 107 items worth \$3297.40 in one 24-hour period. Half of these items (54) were food or coffee. Nearly half of the total spent (\$1467.72) was on fashion items, such as clothing or make-up. As detailed above, students described shopping as a social activity shared with friends

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or to conform to social expectations (56%). Presenting these aggregated responses demonstrated social drivers behind their own consumption and the effects of these consumption patterns on the environment—59% of purchased items were described as having a detrimental impact on the environment through pollution, use of resources and contributions to landfills.

Together, the lecturer and students reviewed challenges identified by students in reducing consumption, including peer pressure (27%), advertising (16%), temptation (5%) and convenience (18%). Reflecting in small groups within the lecture, students again concluded these pressures were difficult to resist. Many students acknowledged simply following social expectations of all kinds of consumption. Next, solutions offered in worksheets (completed Week 5) were presented. Despite predominantly social reasons for consumption, only half (52%) the solutions offered were collective solutions, such as reducing advertising, the other half (48%) were individualistic—budgeting or practicing self-restraint. To help students prepare for their final assessments in the subject (essays, drawn from a range of questions, where students were instructed to develop an argument reflecting their critical understanding/learning across the whole semester), we collectively mapped out more effective social ways of reducing consumption and its detrimental impact on the environment, such as changing policies and challenging social norms.

Methods

Surveys, containing closed and open questions, were used as the preliminary evaluation method of the teaching exercise used. This had approval from the Western Sydney University human research ethics committee. Students were invited to complete evaluative surveys in class after the second and third phase of the consumption exercise. These comprised open questions in addition to 5-point Likert statements (strongly disagree, disagree, neutral, agree, strongly agree). The questionnaires were patterned on similar instruments used in public health (Chávez et al., 2006) and sociology (Coco, Woodward, Lupton, Peake, & Shaw, 2000) for evaluations of teaching and learning activities (see Figures 1 and 2: the paraphrased overviews of Likert statements from both surveys). Open-ended questions asked students: 1) What were your initial responses to completing the reflection task? and 2) How did it make you feel? The first survey (Week 6) consisted of 12 Likert-item statements and the two open questions above. It was administered after student groups discussed and responded to worksheet questions about social reasons for their consumer behaviour. The second survey (Week 10) repeated 10 of the original 12 Likert-item statements, allowing comparison. Questionnaire data were entered and coded using Excel™.

Most participants (95%) were domestic students majoring in health promotion (n = 30) or health services management (n = 13). English was the primary language spoken at home for 65%; other languages spoken at home included Arabic, Vietnamese and Cantonese. Most students (88%) were aged 19–24 years; the rest ranged from 27 to

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39 years. Half (53%) of the students enrolled at the university are the first-in-family to attend university; 24% have low socioeconomic background status (Gill, Lombardo, & Short, 2013).

Questionnaires were administered after class, as stipulated in the ethics approval. This limited response rates, as several students regularly missed the last hour of face-to-face classes because of timetable clashes. This limitation, however, did not undermine our purpose, which was to gain preliminary insights into students’ perceptions of, and responses to, the learning tool, and obtain early indications of the tool’s value in linking social theory to students’ own lives, thereby broadening their understanding of the social determinants of health. The purpose was not to collect statistically generalisable data.

Results

The positive evaluations from most of the class and the open question responses detailing moments of understanding point towards benefits of student-focused activities facilitating critical thinking and understanding. A total of 16 out of 28 (57%) students submitting the worksheet completed the first questionnaire. A total of 19 out of 37 (51%) students in attendance during Week 10 activities completed the follow-up questionnaire. Overall, the majority of students completing surveys evaluated the consumption exercise as clear and effective in facilitating their understanding of sociology’s relevance to public health. Most (94%) agreed the reflection task was well structured with clear instructions. Most also agreed it was an effective learning tool. In the first questionnaire, 75% agreed with the statement “the consumption reflection task clearly showed that multiple levels of society (from individual, to family, to community, to society) influence individual behaviour”; 89% agreed with this statement in the second questionnaire (Figures 1 and 2).

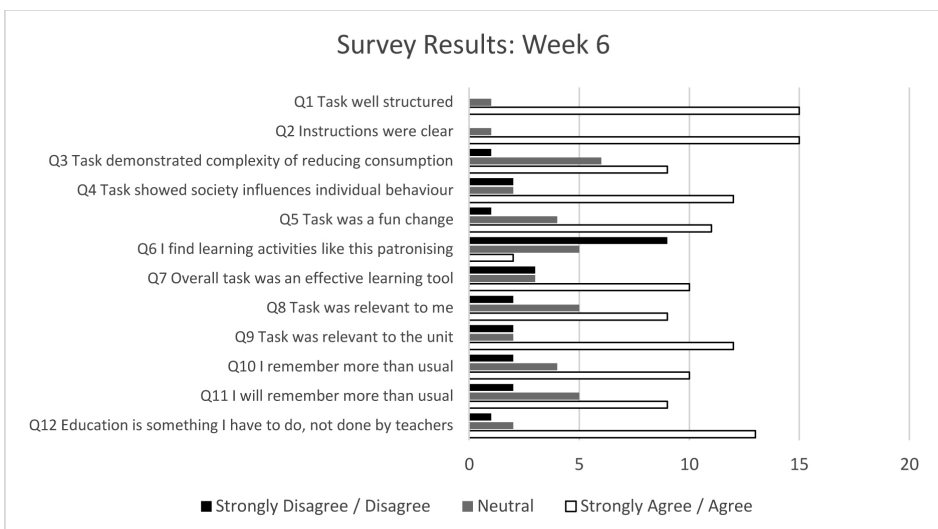


Figure 1. Results from Survey 1 (n = 16)

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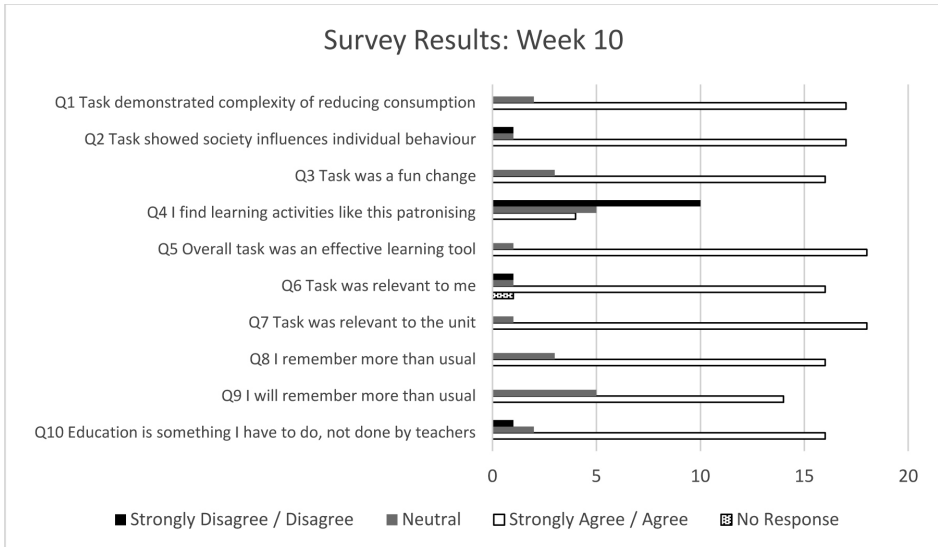


Figure 2. Results from Survey 2 (n = 19)

In open responses, students described how the reflection task made them feel:

“[It helped me] realize how much we buy things out of convenience.”

“It helps me to relate to the topic issue, makes me understand more about the concept consumerism.”

Students deemed the consumer exercise helpful to learning about social reasons for behaviour, social theory and the social determinants of health, especially after Week 10. One student, for instance, wrote that she never realized, “how influenced we are by society”.

While students found the teaching tool relevant to better understanding of the subject (75% agreed in the first questionnaire; 95% agreed in the second), not every student immediately saw the relevance. Five open question responses referred to this. One student wrote:

“Initially, I thought it was odd and slightly out of context for what we have been learning ... [but] it put it all together, and listening to other people’s opinions really made me think more about myself.”

Two respondents did not “get” the connections, with one writing, “I did not really see the point in the task.”

Similarly, many students (69% on Q5 in the Week 6 questionnaire; 84% on Q3 in Week 10) agreed the consumption reflection task was a welcome change to the usual undergraduate lecturing format. A minority, however, agreed with the statement that

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teaching tasks such as the consumption exercise are patronising (12% on Q6 Week 6; 21% on Q4 Week 10). A preference for didactic learning highlights a potential challenge in teaching sociology to health science students. One student wanted instructional learning:

“I don’t really like tasks like this. I prefer comprehension questions and readings.”

But overall, a majority of students found the reflective teaching tool to be clear, effective and relevant. Several students even described emotional or “self-discovery” responses to the consumption exercise:

“It made me feel guilty about how [many] unnecessary things we consume.”

“It ... really made me think more.”

“[It was] an eye-opener.”

Discussion

The social determinants of health are the basis of a “transformative” public health curricula (Frenk et al., 2010). Students, however, often bring individualistic notions of health as simply a lifestyle choice to their university training (Hofrichter, 2010; Muntaner & Chung, 2010). Guiding undergraduate students to challenge their reductionist discourses is a difficult task; however, the reflective learning tool on consumption described here shows promise. It led students to examine their own practices and relate their experiences to the complex relationship between individual actions, social forces, and environmental and public health outcomes. The consumption exercise facilitated self-reflection and engagement with subject material and some understanding of social theory, perhaps, because it used students’ lives as the starting point (McCulloch & Field, 2014). This grounded understanding was then extended through an assessment where students applied social theory in a social determinants of health framework to evaluate a public health campaign. Evidence from student feedback suggests that the reflective exercise may have better prepared students for this assignment, with students’ judgement of learning resources, subject relevance, learning design and assessment activities all improving between 0.2–0.4 Likert points in the semester when the learning tool was introduced. Collectively, these findings point to the merits of the reflective exercise as a required and graded subject component.

Evaluation of the learning exercise was based on 35 completed surveys and is thus of limited generalisability. The positive response to the exercise, however, especially after the third and final stage, is indicative of its feasibility. This paper offers educators preliminary data of a useful low-risk formative assessment task, helping students in public health or related disciplines to develop sociological insight central to the “new” public health. The cumulative nature of the exercise also fosters links across content in the subject. This activity could be expanded by 1) making the exercise a graded or required activity for face-to-face or online students, 2) facilitating online discussion of

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responses for online students and 3) incorporating a reflective essay with the exercise, whereby students draw on material across the subject to develop a viable new public health intervention.

Conclusion

Inspiring an understanding of the social determinants of health in undergraduate public health classes can be a daunting task given the individualistic ideologies students bring to their university studies, large class sizes and the increasing prevalence of online teaching. Such learning is more likely to be achieved over time by using creative methods across multiple activities and subjects. The present activity provides one example of a reflective task, connected to students' personal lives, that can be used in public health classrooms to help students begin to develop sociological imaginations they can put into practice as future public health social change agents.

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Appendix

Reflective Learning Tool—Consumption Worksheet

Pick one day this week. For that day, write down everything you buy. For each item answer the following questions:

	Item 1	Item 2	Item 3	Item 4
What is the item?				
How much did it cost?				
Is it recyclable? If so, what parts?				
How does it make you feel? (Be specific.)				
What kind of social impact is it likely to have?				
What kind of environmental impact is it likely to have? (Think about short- and long-term impact of the product.)				

Now, analyse your answers above, and respond to each of the following questions:

1. What pressures to consume do you experience?
2. What are the biggest challenges to reducing consumption?
3. How might these challenges to reducing consumption be overcome?