Week 2 Paper

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 Middle adulthood is the period of lifespan between young adulthood and old age. The period of middle adulthood ranges from about 20 to 40 years, but these numbers may change depending on many factors. The most common age that can be defined as the middle adulthood is from 40 to 65. In this developmental age, there is a likelihood that the client may face specific health issues. Typically the middle American adults are healthier but some health concerns that the middle adults may face include bronchitis, coronary heart disease, genitourinary disorders, arthritis, asthma, hypertension (high blood pressure), strokes, and mental disorders. AIDS has also become a progressively recurrent health issue in this age group.

 Weight gain is another health issue from which most of the middle adults suffer. Weight gain and obesity are highly linked with a number of diseases. Yan Zheng and fellows identified the link of weight gain and obesity with significant health issues in middle adulthood (Zheng et al., 2017). During the study, Self-reported hypertension, cholelithiasis, severe hip osteoarthritis, type 2 diabetes, and cataract extraction were confirmed in subsamples with high validation rates. They identified that the middle adulthood is the age group connected with the succeeding development of type 2 diabetes, cholelithiasis, hypertension, severe osteoarthritis, cardiovascular disease and cataracts (Zheng et al., 2017).

 Middle adulthood is also linked to stress, bone fragility, and depression. Stress and depression become the cause of many other diseases such as strokes and hypertension. Depression becomes the unavoidable factor due to the internal sense that one's resources to cope up with the demands will be diminished. Though this feeling exists in every age it is hard to skip this in middle adulthood. Different stressors which make contributions to the health issues can be the stressor to raise a family, pay mortgages and to learn the new emerging technologies. However, environmental and demographic factors also play a vital role in the occurrence of health issues in middle adulthood.

 The demographic factors such as marital status, sex, educational status, income status, religion, occupation, family size profoundly impact the health in all the ages, especially in middle adulthood. According to a study, the way a person responds to the stressors such as adverse events trauma and strain produce the social inequalities in the physical and mental health. Different sociologists have identified that the stress burdens account considerably for the age, race, gender, marital status and socio-economic factors in physical and emotional well beings. The socio-economic status is linked with access to health-care facilities especially for minorities and less fortunate groups. Minorities also face discrimination stress; stressors also multiply over the life course and increases the health gaps between the privileged and disadvantaged group fellows (Thoits, 2010).

 The living arrangements and marital status also impact the health of an individual in middle adulthood. A study examines that living arrangements are highly linked with self-rated health. Middle-aged adults living with a partner or with the children are the most benefited when it comes to health. In the same way, single women living with her children are disadvantaged with regards to health. People living alone or other than the family or spouse face health issues. In addition this study also reveals that living in a particular arrangement which is more demanding than the resources, this increases the stress response and as a result, they face poor health consequences (Hughes & Waite, 2002).

 Apart from these factors, education level and occupation and religion also contribute to health issues. People are having less education and belonging from religious and ethnic minority sometimes fail to cope up with the old age challenges. They suffer from weight gain and obesity which is linked with a number of heart diseases and reduces the mortality rate. The impact of these factors varies with the gender and the age group of the person. Nonetheless, overall loneliness and isolation, inadequate income and low education result in the likelihood of poor health consequences.

 The role of a social worker is to consider the demographic factors while providing treatment to the patients (Huskamp, 2013). The physical health of the individuals must be incorporated into assessment, treatment and the complete course of therapy (Huskamp, 2013). To reduce the causes and the factors which contribute to poor health, a social worker must make the patient aware of the problem-solving and stress coping skills. To overall improve the mood and energy level of the patients in their middle adulthood ages a social worker must provide them with the necessary education and put evidence-based practices in place. As the weight gain and obesity is associated with chronic diseases, the worker must provide the education of the dietary requirements and needs of a balanced diet to overcome the health issues.

The consideration of demographic factors is crucial in this regard. The patients having low socioeconomic status or belonging to the less fortune group must be provided equal health care and treatment to reduce the inequality which adversely affects their condition. In addition, the skill of social-problem solving can be taught to patients to reduce the impact of stress and poor mental health and increase the psychological wellbeing of the patients. Patient's family, spouse, children, and caretaker can also be involved regarding better dietary plans and coping up with stress and pressure however, dealing with family must include due care, attention and observation (Zastrow & Kirst-Ashman, 2006). Incorporating the demographic factors and reducing the unequal health care treatment can provide the patient support to thwart chronic health conditions.

References

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