Health and Social Behavior

Semester 1, 2026 · Hanyang University

Tuesday 13:00–16:00 | Room #514, College of Social Sciences

Instructor Pildoo Sung, Assistant Professor of Sociology
Email pildoosung@hanyang.ac.kr
Office Room #203, College of Social Sciences
Office hours By appointment

Course description

Health is not merely a biological matter. Where people are born, how they work, and whom they know shape whether they fall ill and how long they live. A sociological perspective offers analytical tools to understand these patterns and to ask why they persist. This course examines how social forces shape health and illness, drawing on perspectives from medical sociology and health-inequality research. Topics include the social construction of health and illness; medicalization; systematic health inequalities by socioeconomic status, gender, age, race, and migration status; the stress process and its health consequences; and the growing public-health challenges of social isolation and loneliness. The later weeks turn to comparative analyses of health-care systems and policy debates in the post-pandemic era, before students apply course concepts in a collaborative team project. Throughout, students engage with contemporary cases and empirical evidence from Korea, China, and the broader East Asian context.

Learning objectives

By the end of the course, students will be able to:

1. Explain core concepts in medical sociology (e.g., social construction, medicalization, health inequalities).
2. Interpret how social positions and institutions generate systematic patterns of health and illness.
3. Apply the stress-process perspective to understand pathways from social conditions to health outcomes, including the role of social media use.
4. Distinguish social isolation from loneliness and discuss why both matter for population health and public policy.
5. Critically assess how health-care systems and policy responses shape health outcomes across different societal contexts.
6. Communicate sociological insights clearly in written reflections and team presentations (poster and lightning talk).

Course overview

The course is organized into five parts. Part I (Weeks 1–3) introduces the theoretical foundations of medical sociology. Part II (Weeks 4–6) turns to social epidemiology, asking how socioeconomic status, gender, age, and race produce systematic health inequalities. Part III (Weeks 7–9) examines the stress process and its extensions to social media, social isolation, and loneliness. After a university holiday (Week 10), Week 11

serves as a project checkpoint for proposal feedback and poster planning. Part IV (Weeks 12–13) addresses health-care systems and the social impact of the COVID-19 pandemic. Part V (Weeks 14–16) is devoted to final presentations, peer feedback, and course reflection.

Textbook and materials

Cockerham, W. C. (2021). *Medical Sociology* (15th ed.). Routledge.
All additional readings (PDF), project templates, and media links are available on the course LMS page.

How each class runs (weekly class flow)

Unless otherwise announced, class ends no later than **15:40**. Each class uses the same structure so students can prepare and participate confidently.

- **Lecture 1 (~50 min):** focused on the textbook and required readings; the instructor highlights selected student memo excerpts
- **Video clip (~10 min):** a short clip used as shared evidence for group discussion, not as passive viewing. Groups focus on two questions: (1) What is the main issue or phenomenon presented? (2) Which concept from today's readings best explains it?
- **In-class group assignment (~30 min):** group discussion and submission (see below)
- **Break (10 min)**
- **Lecture 2 (~30 min):** focused on journal articles and supplementary readings; selected student memo excerpts highlighted
- **Group share + wrap-up (~25 min):** 3–4 selected groups read their answers; instructor concludes with key takeaways
- **Exit ticket (~3 min):** one takeaway + one question (submitted on LMS)

In-class group assignment (weekly): instructions and submission

Group format and roles

Students work in 10 fixed groups of **five or six**. Roles rotate weekly:

- **Facilitator:** keeps discussion moving and ensures everyone contributes.
- **Recorder:** writes the group answer using the submission template.
- **Submitter:** uploads the final answer to LMS (one submission per group).
- **Presenter:** reads the answer aloud if the group is selected for sharing.
- **Timekeeper:** monitors time and announces transitions.

In groups of six, the extra member serves as a Co-recorder who assists with note-taking.

AI / device policy during group work

The group assignment has two phases:

- **First 10 minutes (AI-free):** phones away, laptops closed. All work is handwritten.
- **Next 20 minutes (devices allowed):** devices may be used to check course materials and polish language. If AI is used, it must be **language-only** (grammar/vocabulary), not idea generation (e.g., using AI to translate or proofread is acceptable; asking AI to generate arguments or evidence is not).

Required LMS submission format (copy-and-paste template)

Each group submits **one** post to LMS by the end of the activity (deadline announced in class).

> **Group submission (max 6 sentences)**
> 1) **Claim:** (2 sentences, English)
> 2) **Evidence:** (1–2 bullets from reading/video/data)
> 3) **Implication:** (1–2 sentences: policy/practice or "so what?")
> 4) **AI used for language only?** Y/N
> 5) **Attach a photo of the handwritten discussion material**

Sharing in class

Each week, 3–4 groups are selected. Presenters should **read** the submitted sentences; no improvisation is required.

Assessment overview

Component	Weight	Due / notes
Attendance	10%	Checked at the beginning and end of each class through exit ticket)
Weekly reading memo & responses	20%	Weeks 2–9, 12, and 13 (20 posts total)
In-class group assignment	20%	Weekly, completion-based (Weeks 2–9, 12–13)
Team project (50%)		
Proposal + 1-slide pitch	10%	Week 11 (May 12)
Poster Fair + abstract	20%	Week 14 (Jun 2)
Lightning Talk	10%	Week 15 (Jun 9)
Participation / peer feedback	10%	Weeks 11, 14, 15 (completion-based)

Assessment details

Attendance (10%): Regular attendance is required. Excessive absences (≥6) will result in course failure per university policy.

Weekly reading memo & responses (20%): Two short LMS posts per week in Weeks 2–9, 12, and 13 (20 posts total). Late posts receive no credit. English fluency is not graded; completion and substantive engagement are.

- Post 1 (Memo): a reflection (~**100 words**) on the week's **required** readings, due by 11:59 p.m. Friday.

- Post 2 (Response): a reply (~**100 words**) to a classmate's memo, due by 11:59 p.m. Monday.

In-class group assignment (20%): One group submission per week in Weeks 2–9 and 12–13 (10 submissions total). Each submission is graded on a completion basis: full credit for on-time submission that follows the required template; no credit for missing or incomplete submissions. Individual attendance is a prerequisite—absent members do not receive credit for that week's assignment.

Team project (50%): Groups of five or six. The topic must apply course concepts to a relevant health issue.

Evidence rule: Human-subject data collection (interviews, surveys, or experiments) requires prior instructor approval. Groups are encouraged to use one of the following approaches instead:

- policy/case analysis (programs, institutions, regulations, campus/workplace policies);
- media/content analysis (news, ads, social media discourse);
- public data mini-analysis producing at least **one figure or table**.
- **Proposal (10%):** 4–5 pages + 1-slide pitch (template provided on LMS).
- **Poster Fair (20%):** poster (A0; printed by the instructor) + **150–200 word abstract** submitted with the poster PDF.
- **Lightning Talk (10%): 5-minute** talk (max **3 slides**) + **2-minute** Q&A.
- **Participation / peer feedback (10%):** completion-based credit (details on LMS): Week 11 proposal clinic; Week 14 poster passport; Week 15 lightning feedback.

Weekly schedule, readings, and in-class activities

[Required] = must read before class **[Optional]** = deeper exploration **[In-class]** = in-class group assignment **[Media]** = video clip (shared evidence)

PART I THEORETICAL ORIENTATION

Week 1 (Mar 3) Course introduction / Social determinants of health

[Required]

- Textbook: Chapter 1.
- WHO fact sheet: Social determinants of health.

[Optional]

- Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, *365*(9464), 1099–1104.
- Khang, Y.-H., & Lee, S.-I. (2012). Health inequalities policy in Korea: Current status and future challenges. *Journal of Korean Medical Science*, *27*(Suppl), S33–S40.

In-class activity overview and orientation.

[Media] Let's Learn Public Health: What Makes Us Healthy?

Week 2 (Mar 10) Social construction of illness / Medicalization

[Required]

- Brown, P. (1995). Naming and framing: The social construction of diagnosis and illness. *Journal of Health and Social Behavior*, *35*(Extra Issue), 34–52.
- Conrad, P. (2013). Medicalization: Changing contours, characteristics, and contexts. In W. C. Cockerham (Ed.), *Medical Sociology on the Move: New Directions in Theory* (pp. 195–214). Springer.

[Optional]

- Holliday, R., & Elfving-Hwang, J. (2012). Gender, globalization and aesthetic surgery in South Korea. *Body & Society*, *18*(2), 58–81.
- Zola, I. K. (1972). Medicine as an institution of social control. *The Sociological Review*, *20*(4), 487–504. [Excerpt provided on LMS]

[Media] DW: ADHD: Women in Asia struggle for diagnosis and help

[In-class] Medicalization spectrum debate: after viewing the ADHD clip, groups place three conditions on a "fully medical ↔ fully social" spectrum and defend their placement.

End-of-class mini-survey: Students complete a brief anonymous survey covering depressive symptoms, anxiety, loneliness, and ADHD. Aggregated results will be shared as evidence in Week 3 and later sessions.

Week 3 (Mar 17) Measuring health: Depression and psychological distress as a case

[Required]

- Mirowsky, J., & Ross, C. E. (2003). Measuring psychological well-being and distress. In J. Mirowsky & C. E. Ross, *Social Causes of Psychological Distress* (2nd ed., pp. 23–53). Aldine de Gruyter.
- WHO fact sheet: Depression.

[Optional]

- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, *1*(3), 385–401. (skim)
- Kessler, R. C. (2002). The categorical versus dimensional assessment controversy in the sociology of mental illness. *Journal of Health and Social Behavior*, *43*(2), 171–188.

[Media] CNA Insider: China mental health

[In-class] After viewing the clip, groups discuss: What counts as "depression" in Korea and China? Groups compare measurement assumptions (e.g., CES-D items) with cultural understandings of distress.

PART II SOCIAL EPIDEMIOLOGY

Week 4 (Mar 24) Socioeconomic status

[Required]

- Textbook: Chapter 4.
- Our World in Data: Life expectancy (interactive).

[Optional]

- Bahk, J., Lynch, J. W., & Khang, Y.-H. (2017). Forty years of economic growth and plummeting mortality: The case of South Korea. *Journal of Epidemiology and Community Health*, *71*(3), 282–288.
- Mulatu, M. S., & Schooler, C. (2002). Causal connections between socio-economic status and health: Reciprocal effects and mediating mechanisms. *Journal of Health and Social Behavior*, *43*(1), 22–41.

[Media] TED: How economic inequality harms societies

[In-class] Gradient story: using evidence from the TED talk and readings, groups identify one SES–health gradient and trace its Pattern → Mechanism → Policy implications.

Week 5 (Mar 31) Gender

[Required]

- Textbook: Chapter 5.
- The Guardian (2025): Korea's gender conflict.

[Optional]

- Patwardhan, V., Gil, G. F., Arrieta, A., Cagney, J., DeGraw, E., Herbert, M. E., Khalil, M., Mullany, E. C., O'Connell, E. M., Spencer, C. N., Stein, C., Valikhanova, A., Gakidou, E., & Flor, L. S. (2024). Differences across the lifespan between females and males in the top 20 causes of disease burden globally: A systematic analysis of the Global Burden of Disease Study 2021. *The Lancet Public Health*, *9*(5), e282–e294.
- Orfila, F., Ferrer, M., Lamarca, R., Tebe, C., Domingo-Salvany, A., & Alonso, J. (2006). Gender differences in health-related quality of life among the elderly: The role of objective functional capacity and chronic conditions. *Social Science & Medicine*, *63*(9), 2367–2380.

[Media] CNBC: Why men die younger than women

[In-class] Gender paradox mini-debate: drawing on the clip and readings, groups vote on "Who is healthier—men or women?", discuss the paradox (longevity vs. morbidity), then revote and explain any shift.

Week 6 (Apr 7) Age, life course, and ethnoracial disparities

[Required]

- Textbook: Chapter 6.
- Hayward, M. D., Crimmins, E. M., Miles, T. P., & Yang, Y. (2000). The significance of socioeconomic status in explaining the racial gap in chronic health conditions. *American Sociological Review*, *65*(6), 910–930.

[Optional]

- DiPrete, T. A., & Eirich, G. M. (2006). Cumulative advantage as a mechanism for inequality: A review of theoretical and empirical developments. *Annual Review of Sociology*, *32*, 271–297.
- NHIS (Korea): Guidance for foreigners (eligibility and enrollment).

[Media] HelpAge International: A life course approach to ageing; Asian Boss: Korean elderly cardboard collectors

[In-class] Life-course timeline mapping: using the two clips as cases, groups trace how early-life conditions (education, employment, gender) accumulate into late-life health and economic outcomes, applying the concept of cumulative advantage/disadvantage.

PART III STRESS, SOCIAL MEDIA, AND SOCIAL ISOLATION

Week 7 (Apr 14) The stress process

[Required]

- Textbook: Chapter 7.
- Pearlin, L. I., Menaghan, E. G., Lieberman, M. A., & Mullan, J. T. (1981). The stress process. *Journal of Health and Social Behavior*, *22*(4), 337–356.

[Optional]

- Holmes, T. H., & Rahe, R. H. (1967). The social readjustment rating scale. *Journal of Psychosomatic Research*, *11*(2), 213–218. (skim)
- Thoits, P. A. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior*, *51*(Suppl), S41–S53.

[Media] TED: How to Make Stress Your Friend

[In-class] Stress map: after viewing the clip, groups diagram one stressor → mediating resources → health outcome pathway, then identify one Hanyang campus resource that could intervene at each stage.

Week 8 (Apr 21) Social media and mental health

[Required]

- U.S. Surgeon General (Executive Summary): Social Media and Youth Mental Health.
- McKinsey Health Institute (2023): Gen Z mental health and social media.

[Optional]

- Primack, B. A., Shensa, A., Sidani, J. E., Whaite, E. O., Lin, L. Y., Rosen, D., Colditz, J. B., Radovic, A., & Miller, E. (2017). Social media use and perceived social isolation among young adults in the U.S. *American Journal of Preventive Medicine*, *53*(1), 1–8.
- Orben, A., & Przybylski, A. K. (2019). The association between adolescent well-being and digital technology use. *Nature Human Behaviour*, *3*(2), 173–182.
- Twenge, J. M., Joiner, T. E., Rogers, M. L., & Martin, G. N. (2018). Increases in depressive symptoms, suicide-related outcomes, and suicide rates among U.S. adolescents after 2010 and links to increased new media screen time. *Clinical Psychological Science*, *6*(1), 3–17.

[Media] WEF: Radio Davos — Jonathan Haidt on the anxious generation

[In-class] Causality check: after viewing Haidt's claims, groups evaluate one specific argument using the correlation vs. causation distinction (Does the evidence support a causal link between social media and

youth mental health?). Each group proposes one policy idea and identifies what evidence would be needed to justify it.

Week 9 (Apr 28) Social isolation and loneliness

[Required]

- U.S. Surgeon General (2023): Our epidemic of loneliness and isolation (Advisory).
- SSIR (2024): Drawing young people out of social isolation in South Korea.
- Seoul Metropolitan Government: "Seoul Without Loneliness" (policy archive).

[Optional]

- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLOS Medicine*, *7*(7), e1000316. (skim)
- Cacioppo, J. T., & Cacioppo, S. (2014). Social relationships and health: The toxic effects of perceived social isolation. *Social and Personality Psychology Compass*, *8*(2), 58–72.

[Media] Kurzgesagt: Loneliness

[In-class] After viewing the clip, groups first distinguish social isolation from loneliness using a concrete example. Then each group designs a brief intervention for one target population (e.g., college students, older adults) and specifies one measurable outcome to evaluate its effectiveness.

Week 10 (May 5) University holiday (Children's Day) — No class

No readings. Use this week to catch up or work on the group project.

Week 11 (May 12) Project checkpoint — Proposal clinic + poster scaffold

No new readings. This session is devoted to team project development.

Part 1 — Proposal clinic (~60 min): Each group delivers a 1-slide pitch (template provided on LMS) and receives structured feedback from peers and the instructor. Groups submit the written proposal (4–5 pages) by the end of the day.

Part 2 — Poster scaffold (~50 min): Groups begin outlining their poster structure (research question, key evidence, and takeaways) using the poster template. Instructor circulates for one-on-one consultation.

PART IV HEALTHCARE AND THE PANDEMIC

Week 12 (May 19) Healthcare services

[Required]

- Taubman, S. L., Allen, H. L., Wright, B. J., Baicker, K., & Finkelstein, A. N. (2014). Medicaid increases emergency-department use: Evidence from Oregon's health insurance experiment. *Science*, *343*(6168), 263–268.
- Choose **one** track:

  - *Korea:* Kwon, S. (2009). Thirty years of national health insurance in South Korea: Lessons for achieving universal health care coverage. *Health Policy and Planning*, *24*(1), 63–71.
  - *China:* Yip, W., Fu, H., Chen, A. T., Zhai, T., Jian, W., Xu, R., Pan, J., Hu, M., Zhou, Z., Chen, Q., Mao, W., Sun, Q., & Chen, W. (2019). 10 years of health-care reform in China: Progress and gaps in Universal Health Coverage. *The Lancet*, *394*(10204), 1192–1204; ChinaPower (CSIS): China's health care quality (interactive).

[Optional]

- Textbook: Chapter 17.
- World Bank (2025): What countries can learn from Korea's UHC journey.

[Media] Aljazeera: Why are doctors striking in several countries?; South China Morning Post: Is South Korea facing a healthcare crisis?

[In-class] Korea vs. China system comparison: groups with mixed track choices compare coverage, financing, and access, then identify one strength each system could adopt from the other.

Week 13 (May 26) Post-pandemic health and society

[Required]

- Textbook: Chapter 3.
- World Happiness Report (2021): COVID-19 prevalence and well-being (East Asia).

[Optional]

- Bambra, C., Riordan, R., Ford, J., & Matthews, F. (2020). The COVID-19 pandemic and health inequalities. *Journal of Epidemiology and Community Health*, *74*(11), 964–968.
- Lee, H.-S., Dean, D., Baxter, T., Griffith, T., & Park, S. (2021). Deterioration of mental health despite successful control of the COVID-19 pandemic in South Korea. *Psychiatry Research*, *295*, 113570.

[Media] CNBC: Pandemic Exposes Deepening Inequality; KBS World TV: Depression among students amid pandemic

[In-class] Pandemic inequality audit: after viewing the clips, groups select one social group (e.g., elderly, migrant workers, young adults) and trace how the pandemic amplified pre-existing health inequalities for that group, connecting at least two course concepts (e.g., stress process, cumulative disadvantage, medicalization). Each group proposes one post-pandemic policy response.

PART V PRESENTATIONS AND WRAP-UP

Week 14 (Jun 2) Poster Fair

In-class poster sessions (two rounds) + peer feedback (poster passport). Final poster PDF + abstract due before class (details on LMS).

Week 15 (Jun 9) Lightning talks

Format: 5-minute talk (max 3 slides) + 2-minute Q&A per group. Peer feedback form due by the end of class.

Week 16 (Jun 16) Course reflection and wrap-up

Course reflection and wrap-up.