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The focus of this work is mainly on inter (Sr8)12 (n in)19n5 (io)12.1 (nn(r)4g b)19.13 (ar [cho8er f (n)h (s os)-8)-7 (u)3 i)-3(l C)-15 (o) (dic2 (uc)-e(dicl(t)31 0) of biological factors: genetic, biochemical; psychological factors: mood, personality, behavior; and social factors: cultural, familial, socioeconomic, medical. Figure 1 illustrates biopsychosocial model.

Figure 1: Biopsychosocial model (Biopsychosocial model, 2020)

According to Engel (1977), as illustrated in Figure 1, the model depicts the interaction of biological, psychological and social factors in determining the health outcome. Other authors like Nadir, Hamza and Mehmood (2018) concur that biopsychosocial model have been a foundation in the ideal practice of modern medicine. Literature further revealed that Engel proposed the model by using the work of Urie Bronfenbrenner who believed that social factors play a role in developing illnesses and behaviors (Bio psychosocial model, 2020).

Engel developed bio psychosocial model as an alternative to biomedical model that was readily used by the physicians. He was of the view that bio psychosocial model would make it easier for health professionals to better understand their patients' subjective view of their illness and suffering (Ber un8 (Bysi the terminally ill patients and their families and the development of psychological techniques in the strengthening of immune reaction to illness. Also, the development of programs of life quality improvement for chronic patients, physically disabled individuals and the elderly patients (Babalola, Noel & White, 2017; Borrell-Carrió, Suchman & Epstein, 2004; Engel, 1977; Nadir, Hamza & Mehmood, 2018; Taukeni, 2019; Williams, Frankel, Campbell & Deci, 2000).

Even though there have been a number of criticisms of the biopsychosocial model, most of these criticisms have been attended to (Karunamuni, Imayama & Goonetilleke, 2020). Key criticism of the model was the argument that the model lacked philosophical coherence (Benning, 2015). Another criticism was with regard to the complex relations between causes and effects of biological, psychological and social factors to influence the state of health and or occurrence of diseases. This criticism for example has been addressed by Karunamuni, Imayama and Goonetilleke (2020) who presented pathways among biological, psychological and social factors of the model and explained how these pathways can potentially contribute to subjective well-being and to objective physical health outcomes. Other criticisms include:

The holistic nature of the biopsychosocial model makes it a luxury for many healthcare systems in resource-poor settings cannot afford, the model is time-consuming and expensive to apply, the model fails to provide straightforward guidelines for clinical treatment or rules for prioritization in clinical practice, medical students receive very limited

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