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ENVIRONMENT AND COMMUNITY VIS-À-VIS HEALTH AND WELL-BEING – FEW WORDS

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Environment is the whole range of diverse surroundings in which man perceive, experience and react to events and changes. It is not static, it is dynamic. It signifies the relationship between people-people, people-things and things-things. A place is a center of meaning or a field of care based on human experiences, social relationships, emotions and thoughts. An urban area is the region surrounding a city. Most inhabitants of urban area have non-agricultural jobs. There are human settlements (different types of houses), commercial buildings, institutional settings, hospitals, recreational areas etc. A suburb is the mixed-use or residential area, existing either as part of a city or urban area. A rural area or countryside is a geographic area that is located outside towns and cities. Human social environments encompass the immediate physical surroundings, social relationships, and cultural milieus within which different groups of people function and interact. Components of the social environment include built infrastructure, industrial and occupational structure, labor markets, social and economic processes, wealth, social, human, and health services; power relations, government, race relations, social inequality, cultural practices, the arts, religious institutions and practices, and beliefs about place and community. Social environments are dynamic and change over time as the result of both internal and external forces (Barnett & Casper, 2001). The physical and social environments do not exist independently of each other; any environment is the result of the continuing interaction between natural and man-made components, social processes, and the relationships between individuals and groups (Syme, 1992). The social environment broadly influences health and health behaviors by shaping social norms, providing resources and opportunities for healthful behaviors, and buffering negative health outcomes (McNeill et al., 2006). Having

positive perceptions of characteristics relating to neighborhood social capital (neighborhood social cohesion, interpersonal trust and norms of reciprocity) has been consistently related to a lower prevalence of mental health conditions in both cross-sectional and longitudinal studies conducted in the general population (Stafford et al., 2008) and in older adults (Friedman et al., 2012). The Social Interaction Theory of Ransford states that social relationships can improve mental health through physical activity (Ransford, 1982). Social cognitive theory (SCT) describes the triadic reciprocal determinism among the environment (e.g., well-maintained sidewalks and social support), individual (e.g., self-efficacy), and behavior (e.g., physical activity). Consistent with SCT, perceptions of equipment accessibility, neighborhood safety, social support, and self-efficacy have been identified as correlates of self-reported physical activity in adolescent girls (Dunton et al., 2003; Motl et al., 2002; Saunders et al., 2004). Social status and social support are measures of the social environment that are directly associated with health behaviors (Sorensen et al., 2003). Previous research has shown that subjective social status in the community and in society are distinct constructs and are independently associated with psychological functioning, health behaviors and physical health outcomes, such that poor/low social status is associated with poor health outcomes (Wolff et al., 2019; Reitzel et al., 2013). Similarly, social support, defined as the resources provided by other people that can influence an individual's ability to cope with stress has been associated with perceived health and mental health outcomes (Cohen, 2004; Oxman et al., 1992). Although review studies have consistently shown that resource-poor social environments predict poor health the mechanisms and processes linking the social environment to psychological health and well-being need further investigation (House et al., 1988). Social problem is a condition that has negative consequences. The nature of social problem has been relative to a particular environment, place and time respectively. The most common causes of social problem recurrent in human history from the dawn of time are war, unemployment, economic deprivation, an outbreak of diseases and its accomplice (Lufkin, 2017). The basic causes of the social problem are structural and individual related. Social structure is the expression for relatively stable patterns of social behavior and relationships among people. It means how a society is organized. A major aspect of social structure is social stratification, which refers to inequality among people with regard to important social factors including access to education, income, property, power, and prestige. Social stratification can be a major source of social problems if inequality of access becomes too great. Social problems, due to their very nature, can be adequately explained only in the context of the society in which they occur. Furthermore, although some social problems (e.g., violence in public places) may be experienced by the whole population of a society, others (e.g., unemployment among young people) may be experienced only by certain individuals or social groupings with similar characteristics. Most social problems do not occur in, or are not experienced in, the same frequency or intensity throughout the entire social structure (Jamrozik, 2011). The consequences of social problem range from a pressing need to an unexpected and disastrous ending. In essence, social problem threatens the social and the physical world. Social problems such as underemployment, unemployment, poverty, rape, terrorism, hard drug use/abuse and host of others can impact a person's quality of life (emotions, psychology, social and medical) negatively, as well as his friends and families (Aborisade & Vaughan, 2014; Ogionwo, 2016). Change is the characteristics of all existing cultures. Change encourages change depending on time and space. Change has deep impact on human mind. Change may be desirable or undesirable. Change in society brings about change in lifestyle. Change and adjustment are working together.

The very basic unit of any community, that is individual, is in itself so much varied, complex and dynamic that understanding it completely is a humongous task. A community may be understood by a social group of individuals belonging to a specified area with common geography, culture, government or personal characteristics. It is thus a space, where individuals thrive, and may be considered as a shared institution and a social system, having certain values, interactive elements, power dynamics and the like. It is experienced differently by people with diverse backgrounds. Community defined as the process of working collaboratively with and for groups of people affiliated by geographical proximity, special interest, or similar situations to address issues affecting the well-being of those people (Jorm, 2000; Perkins et. al., 1990). Roberts (1979) sees a community as 'a collection of people who have become aware of some problem or some broad goal, who have gone through a process of learning about themselves and about their environment, and have formulated a group objective'. Not only is the concept of a community a "construct" (model), it is a "sociological construct." It is a set of interactions, human behaviours that have meaning and expectations between its members. Not just action, but actions based on shared expectations, values, beliefs and meanings between individuals. Community emphasizes the common ties and local interaction. For the community to function well, each part has to effectively carry out its role in relation to the whole organism. A healthy community has well-connected, interdependent sectors that share responsibility for recognizing and resolving problems and enhancing its well-being. Successfully addressing a community's complex problems requires integration, collaboration, and coordination of resources from all parts. Collaboration is a logical approach to health improvement (Thompson et al., 1990).

According to World health organization, "Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity and the ability to lead a socially and economically productive life". Health is a condition or quality of the human organism expressing the adequate functioning of the organism in given conditions, genetic or environmental. In the physical domain a healthy organism is capable of "allostasis"-the maintenance of physiological homoeostasis through changing circumstances (Schulkin, 2004). When confronted with physiological stress, a healthy organism is able to mount a protective response, to reduce the potential for harm, and restore an (adapted) equilibrium. Good physical health indicates — a) our ears can normally hear, b) our eyes have normal vision, c) our legs can walk, jump and run, and d) perform any other normal activities without problems. The reason behind the factors vis-à-vis healthy and unhealthy are-income and social status, education and literacy, employment and working condition, physical environment, social environment, healthcare services, social support networks and coping skills. Mental health is the level of psychological wellbeing or an absence of mental illness. It is a psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment. Mental health is a

positive concept related to the social and emotional wellbeing of individuals and communities. Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2004). Our mental health directly influences how we think, feel and act. It also affects our physical health. Work, in fact, is actually one of the best things for protecting our mental health, but it can also adversely affect it. Mental health is a positive concept related to the social and emotional wellbeing of people and communities. The concept relates to the enjoyment of life, ability to cope with stress and sadness, the fulfilment of goals and potential, and a sense of connection to others. Basic cognitive and social skills are regarded as an important component of mental health in the light of their impact on all aspects of everyday life (Moritz et al. 1995). They include the ability to pay attention, remember and organize information, solve problems, make decisions, and use one's own repertoire of verbal/non-verbal abilities to communicate and interact with others. The term "basic" is meant to clarify that mild degrees of impairment are compatible with mental health, while moderate to severe degrees of impairment, especially if not balanced by other aspects, may require social support and incentives, such as facilitated job opportunities, financial benefits or adhoc training programs. The ability to recognize, express and modulate one's own emotions is also regarded as an important component of mental health (Gross, 1995). Mental health for each person is affected by individual factors and experiences, social interaction, societal structures and resources, and cultural values. It is influenced by experiences in everyday life, in families and schools, on streets, and at work (Lahtinen et al. 1999). The mental health of each person in turn affects life in each of these domains and hence the health of a community or population. Ethnographic studies in the developing world show how environments and social settings such as the slums of Mumbai shape local experience and the mental health of communities (Parkar et al. 2003). Wellbeing is a start of harmony between the individuals and the others. A co-existence between the realities of the self and that of the other people within the environment. Wellbeing is the ability to respond to many varied experiences of life with flexibility and sense of purpose. Essential components of wellbeing are positive emotion, engagement, relationship, meaning, accomplishment (Seligman, 2011).

Considering the above, visited eleven rural hospitals in West Bengal and discussed with the Adolescent health Counsellor of Anwesha Clinic under National Health Mission. In each and every center 30 to 40 adolescent boys and girls and their parents were attended the meeting. Discussion was held in two sessions. A brief introduction was given about the existing scenario of the family and social environment with special emphasis on community health seeking behavior. Physical health, mental health, well-being, social scenario and community development programme was explained by the researchers. Answers were given according to the queries of the counsellor, adolescent boys and girls and also their parents. Special attention was given to mother-child relationship, financial problem, role of community members related to problems faced by them. Participants asked different types of questions and answers were given accordingly. Discussion was also based on how to maintain good family as well as social relationship. Not only this, awareness in connection with the

community development programme was also discussed. Some teachers from local schools were also attended the meeting. Role of teachers related to physical health, mental health, well-being and community development programme was also discussed. In conclusion, it can be said that what individuals have to do:

- To create a good, healthy and congenial environment for human being.
- It should keep in mind that different types of changes would happen in each and every moment and accordingly adequate measures should be taken.
- Health and well-being are fundamental human rights and worldwide social goals. Concerted approach is required for betterment.

References:

Aborisade, R. A., Vaughan, E. E. (2014). The Victimology of Rape in Nigeria: Examining Victims Post Assault Experiences and Adjustment Patterns. *African Journal for the Psychological Studies of Social Issues*, 17(2):140-155

Barnett, E., Casper, M. (2001). A Definition of "Social Environment". *American Journal of Public Health*, 1(3), 465.

Cohen, S. (2004). Social relationships and health. Am Psychol, 59(8), 676–84.

Dunton, G. F., Janner, M. S., Cooper, D. M. (2003). Assessing the perceived environment among minimally active adolescent girls: Validity and relations to physical activity outcomes. *American Journal of Health Promotion*, vol. 18, 70-73.

Friedman, D., Parikh, N. S., Giunta, N., Fahs, M. C., Gallo, W. T. (2012). The influence of neighborhood factors on the quality of life of older adults attending New York senior centers: results from the Health Indicators Project. *Qual Life Res*, 21, 123–131.

Gross JJ, Muñoz RF. Emotion regulation and mental health. Clin. Psychol. Sci. Pr. 1995, 2, 151-164.

House, J. S., Landis, K. R., Umberson, D. (1988). Social relationships and health. *Science*, 241 (4865), 540–5.

Jamrozik, A. (2011). The Sociology of Social Problems, Cambridge University Press.

Jorm, A.F. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. *British Journal of Psychiatry*, 177, 396-401.

Lahtinen E et al., eds (1999). Framework for promoting mental health in Europe. Hamina, (STAKES) National Research and Development Centre for Welfare and Health, Ministry of Social Affairs and Health, Finland.

Lufkin, B. (2017). 50 Grand Challenges for the 21 Century. Retrieved from http://www.bbc.com/future/story/20170331 50 grand challenges for the 21st century

McNeill, L. H., Kreuter, M. W., Subramanian, S.V. (2006). Social environment and physical activity: a review of concepts and evidence. *Soc Sci Med*, 63(4), 1011–22.

Moritz DJ, Kasl SV. Berkman LF. Cognitive functioning and the incidence of limitations in activities of daily living in an elderly community sample. *Am. J. Epidemiol.* 1995; 141: 41-49,

Motl, R. W., Dishman, R. K., Ward, D. S., Saunders, R. P., Dowda, M., Felton, G., et al. (2002). Examining social-cognitive determinants of intention and physical activity in adolescent girls using structural equation modeling. *Health Psychology*, vol. 21, 459-467.

Ogionwa T. (2016). Social Problems and the Rise of Terrorism in Nigeria: Implications for International Social Work Practice. Published thesis for a Study Program in Social Work Specialization. *International Social Work, Department of Social Work and Psychology*.

Oxman, T. E., Berkman, L. F., Kasl, S., Freeman, D. H., Jr, Barrett, J. (1992). Social support and depressive symptoms in the elderly. *Am J Epidemiol*. 135(4), 356–68.

Parkar SR, Fernandes J, Weiss MG (2003). Contextualizing mental health: gendered experiences in a Mumbai slum. Anthropology and Medicine, 10:291.

Perkins, D.D., Florin, P., Rich, R.C., Wandersman, A. & Chavis, D.M. (1990). Participation and the social and physical environment of residential blocks: Crime and Page139 community context. *American Journal of Community Psychology*, Vol. 18, No. 1, pp. 83-115.

Ransford, C. P. (1982). A role for amines in the antidepressant effect of exercise: a review. *Med Sci Sports Exerc.* 4, 1–10.

Reitzel, L. R., Nguyen, N., Strong, L. L., Wetter, D. W., McNeill, L. H. (2013). Subjective social status and health behaviors among African Americans. *Am J Health Behav*. 37(1), 104–11.

Roberts, L., Battaglia, J., & Epstein, R. (1999). Frontier ethics: mental health needs and ethical dilemmas in rural communities. *Psychiatry Services*, 497-503.

Saunders, R. P., Motl, R. W., Dowda, M., Dishman, R. K., Pate, R. R. (2004). Comparison of social variables for understanding physical activity in adolescent girls. *American Journal of Health Behavior*, vol. 28, 426-436.

Schulkin, J. (2004). Allostasis, homeostasis, and the costs of physiological adaptation. *Cambridge University Press*.

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Seligman, M. E. P. (2011). Flourish: A visionary new understanding of happiness and wellbeing. *Free Press*.

Sorensen, G., Emmons, K., Hunt, M. K., Barbeau, E., Goldman, R., Peterson, K., et al. (2003). Model for incorporating social context in health behavior interventions: applications for cancer prevention for working-class, multiethnic populations. *Prev Med*, 37(3), 188–97.

Stafford, M., Gimeno, D., Marmot, M. G. (2008). Neighbourhood characteristics and trajectories of health functioning: a multilevel prospective analysis. *Eur J Public Health*, 18, 604–610.

Syme, S. L. (1992). Social determinants of disease. In J. M. Last & R. B. Wallace, (ed.), *Public Health and Preventative Medicine*, pp. 953–970. Norwalk, CT: Appleton & Lange.

Thompson, B., Kinne, S. (1990). Social change theory: applications to community health. In: Bracht N (editor). *Health promotion at the community level* (1st ed.), pp. 45-65, Newbury Park (CA): Sage.

Wolff, L. S., Subramanian, S. V., Acevedo-Garcia, D., Weber, D., Kawachi, I. (2010). Compared to whom? Subjective social status, self-rated health, and referent group sensitivity in a diverse US sample. *Soc Sci Med*, 70(12), 2019–28.

World Health Organization. Promoting mental health: concepts, emerging evidence, practice (Summary Report). Geneva: World Health Organization: 2004.