Influencing Factors on the Social and Emotional Well Being of Adolescent in Indian Social Work Practice

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Abstract
The social work has a long history played an important role in the advancement of human civilization. The practioners of social work had also tried to improve the quality of life of unfortunate people in the society and help them realize their true potential with various method, thus the practice of social work contributed a lot significantly towards the social , behavioral, cultural and moral advancement of humankind. Particularly on the developmental life span of the adolescent in the recent era, Social and Emotional Well Being(SEWB) acts a major role.It is the key contributor for the all-inclusive development of the adolescent. There are some contextual variables that promote or hinder the process. They are called as protective and risk factors. The presence or absence of these factors and the different combination of these factors are contributing more for the SEWB of adolescent. The knowledge and insight on the protective and risk factors related to SEWB of adolescent, may guide the social workers to intervene into the emerging issues of adolescent and create a constructive impact. In the Indian context, the concept of SEWB of Adolescent is an emerging one. Social work discipline in India has to travel more to strengthen on the core concepts of SEWB of adolescent. In this juncture, it is necessary for the social work practice/ practitioners to learn more on these factors. Social and Emotional Well Being of adolescent can be understood by the study of Inter cum Intra and Environmental components of adolescents. The knowledge on protective and risk factors will be helpful to the Indian professional social workers who are practicing with the adolescent.
Keywords: Adolescent, Social and Emotional wellbeing, Protective Factors, Risk Factors, Indian Practice

1. Introduction

Social and Emotional Well Being (SEWB) of Adolescent is affected by the number or intensity of risk factors and the availability of protective factors.The person's ability to access those protective factors also make some impact. Protective factors is defined from the biological, psychological; family and community level. It is linked with a lower possibility of the outcomes. It reduces the negative impact of a risk factor on the outcomes (O'Connell, M. E., Boat, T., & Warner, K. E.. (2009)).In opposition, a risk factor is defined from the features at the biological; psychological; family and community level. It is allied with a higher possibility of the outcomes (O'Connell, M. E., Boat, T., & Warner, K. E.. (2009)) (Mental Health: A report of the surgeon general,2009) Protective and risk factors are the factors which contribute for the state of SEWB of adolescent.The overall development and wellbeing of adolescent are improved through the alteration in the risk factors and promotion of protective factors. Social workers has to identify and assess the risk factors and then on the protective factors in the life of Indian adolescent. The article talks about the protective and risk factors contribute for the SEWB of adolescent.

1.1.1.Social and Emotional Well Being of Adolescent and its Importance

The term 'Social and Emotional Well Being' or SEWB is however frequently referred in the literature debates as mental health. As Bernard Stephanou & Urbach (2007) note, the study of SEWB in childhood is less well delineated than the study of childhood mental health and the concept of 'social and emotional wellbeing' is more associated with health,whereas 'mental health' is more associated with illness and disorders. A change towards focussing on wellbeing is part of the move towards a strength- approach.In keeping with this shift in perspective, the absence of childhood mental disorders may be an indicator of children's and adolescent's positive social and emotional wellbeing, but SEWB additionally encompasses positive environmental influences that interact with the positive social and emotional characteristics of adolescent. The result of the interface of environment and individual factors answer different results such as positive relationships and the achievement of potential(Bernard et al 2007)

Pollard & Davidson 2001: 8 try to describe SEWB as encompassing multiple elements,including:

- The ability to cope with stressors
- The development of autonomy and trust
- The developmentofthe self-esteem ,which includes identity,self-concept and self-esteem
- The development of empathy and sympathy
- The formation of positive social relationships with parents, siblings and peers.

The Australian researchers Bernard et al (ACER 2007) identify SEWB as

- Personal factors, including the cognitive and social-emotional domains.
- Environmental factors,including factors related to the home; school;and community

1.1.2. Protective and Risk Factors in the SEWB of Adolescent

A number of available texts (Brechman-Tousaint&Kogler 2010;ARACY 2011;Parliament of NSW2009a;Trussell 2008) make use of the concepts 'riskand protective factors' and 'resilience' when discussing the social and emotional needs of children and adolescent. Whereas risk factors heighten the probability that children and adolescent will experience poor outcomes,protective factors increase the likelihood of a positive outcome for young people and help to promote resilience.Both risk and protectivefactorscan be broadly grouped into four domains,namely child,family,school and community factors(Parliament of NSW 2009a). Risk factors can be defined as stressors that increase the likelihood of the development of emotional, social or behavioural problems and thereby impede or threaten normal development(Trussell 2008:149).A range of risk factorsat the level of the individual child /adolescent has been identified in the literature,including:

- Biological risks that impact the central nervous system and impact development,such as genetic/inborn predispositions and prenatal,perinatal or postnatal damage
- Psychological risks-individual personality characteristics that are associated with poor future outcomes,such as difficulty forming nurturing and loving relationships,regulating emotions or benefiting from social support
- Family risks,including severe parental conflict and overcrowding within the home(especially the accumulative effects of adverse family factors)
- Risk pertaining to theschool,such as normative beliefs about aggression, over- crowded classrooms and frequent change in school staff
- Community risks-conditions and influences that turn neighborhoods into hostile environments,such as theconcentration of poverty within a given community, violence and crime, lack of support services ,or social and cultural discrimination
- Stressful life event risks –unexpected circumstances that cause extraordinary levels of stressand hardship,including parental death or divorce and surviving a life threatening experience.

(Merikangas,Nakamura&Kessler 2009:13-14;Trussell2008:149-151;Parliament of NSW 2009a:9)

Protective factors are the environmental context variables that "buffer or mediate the negative impact of biological or psychological events over time"(Trussell,2008:150).Protective factors help to build resilienceby

- Preventing the initial occurrenceof a risk factor
- Interrupting the processes through which risk factors operate
- Acting as a buffer for risk factors,providing a cushion against negative effects
- Promoting selfesteem and self efficacy

(Department of Health and Ageing 2010:13)

Protective factors at the level of the individual child/adolescent include:

- An even temperament that elicits positive responses from others
- An affectionate relationship with a significant adult
- An external support system which provides a sense of belonging and fosters confidence
- An overall disposition to set goals and actively participate in decisions regarding her/his life and future
- An average intelligence
- A history of effective parenting
- Areas of talent or accomplishments
- Socio-economic advantages

(Trussell 2008:151)

1.1.3. Risk Factors of SEWB of Adolescent -Indian Perspective

World Health Organization (WHO) defines 'adolescence' as age spanning 10 to 19 years. Adolescence is further divided into early adolescence (11-14 yr), middle adolescence (15-17 yr), and late adolescence (18-21 yr)Individuals in the age group of 20 - 24 yr are also referred to as young adults. The National Youth Policy of India (2003) defines the youth population as those in the age group of 15-35 yr. Population aged 10-24 years accounts for 373 million (30.9%) of the 1,210 million of India's population with every third person belonging to this age group. Among them, 110 and 273 million live in urban and rural India, respectively.Males account for 195 million and females 178 million, respectively(NationalHealth Profile 2011).. As per the National Sample Survey (NSS), (2007-08) 32.8 per cent of this group attend educational institutions and 46 per cent (2004-05) are employed(IGIDR,2011).The risk factors of these Indian adolescents are discussed below.

1.1.4. Undernutrition and micronutrient deficiencies

Data from Nutrition Survey of National Institute of Nutrition during 2001 and 2006 showed that more than half the population aged 10-18 yr was undernourished(NNMB,2006). A school based study showed that 38.8 per cent

of boys and 36.9 per cent of girls were stunted (Haboubi GJ, ShaikhRB ,2009). The prevalence of micronutrient deficiencies in rural area was as high as 25 per cent as reported by Choudhary et al , 2003 .

1.1.5. Overweight and obesity

Conversely, overweight and obesity - another form of malnutrition with serious health consequences is increasing among other young people in India and other Low Middle Income Countries (LMICs) (WHO,2011 Fact Sheet no.345).Now there is a high risk comes in due to the transition the dietary practice from traditional to western pattern.

1.1.6. High risk sexual behavior

High-risk sexual behaviour is the risk factor for contracting HIV/AIDS and other sexually transmitted diseases

2. Common mental disorders

The prevalence of psychiatric disorders like depression, stress, anxiety, panic disorder are existing among adolescents. The observation of Pillai et al ,2008 found a low prevalence of 1.8 per cent of DSM-IV disorders among adolescents aged 12-16 year .It was due to the presence of protective factors

2.1.1. Stress

Adolescents are undergoing different type of stress in their life.Theyaremainly family stress,financial stressand academicstress. Sharma &Sidhu,2011in a study, among adolescents aged 16-19 yr using self-made questionnaire based on Bisht Battery of Stress found that 90.6 per cent adolescents had academic stress

2.1.2. Suicide

About 40 per cent of suicides in India are committed by persons below the age of 30 years.(Vijayakumar,2006) The Million Death Study using RHIME (Representative, Re-sampled, Routine Household Interview of Mortality with Medical Evaluation) method revealed the annual mortality rates to be 25.5 and 24.9 per 1,00,000 population among males and females aged 15-29 years respectively(Patel et al 2012)

2.1.3. Tobacco use

Global Youth Tobacco Survey (GYTS) 2006 and 2009 across India covering 13 to 15 yr old adolescents in 180 schools highlighted an increase in the current users of any form of tobacco from 13.7 to 14.6 per cent and current users of cigarette from 3.8 to 4.4 per cent from 2006 to 2009.

2.1.4Harmful alcohol use

Data from the National Household Survey (NHS) by United Nations Office on Drugs and Crime (UNODC), 2002 covering urban and rural areas of 24 States of India revealed a prevalence of 21.4 per cent of alcohol use among men aged 12 to 18 years.

2.1.5 Other substance use disorders

Substance abuse apart from tobacco and alcohol is one of the major emerging problems among the young population and needs to be tackled effectively. The National Household Survey by UNODC showed that 3.0 per cent of males consumed cannabis and 0.1 per cent opiates.

3. Non-communicable diseases (NCDs)

The day's NCDs arises from a number of conditions viz; the behaviour linked with lifestyle and its related in nature. The Indian population, especially young people, is passing through a nutritional transition. Thus it is expected to witness a higher prevalence of adult non-communicable diseases such as hypertension, diabetes and chronic lung diseases in the years to come.

3.1.1. Road traffic injuries (RTIs)

Road traffic injuries (1,85,000 deaths; 29 per cent of all unintentional injury deaths) are the leading cause of unintentional injury mortality in India (Jagnoor et al,2005). National Crime Records Bureau (NCRB) report of 2011 of India showed that 31.3 per cent of the road traffic deaths were seen among 15 to 29 years individuals.

3.1.2 Violence

Debet al.2010, in a sample of students aged 14 to 19 years showed that 20.9, 21.9 and 18.1 per cent of the children experienced psychological, physical and sexual violence, respectively.

3.1.3. Promotion of Protective Factors of -Indian Situation

The importance of investing in youth has been recognized in India's Constitution. One of the Directive Principles of State Policy, states that "…it is imperative that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment".Policies and programsfocusing on education [National policy on education (1986 modified in 1992), Sarva Shiksha Abhiyan, Rashtriya Madhyamik Shiksha Abhiyan], welfare [National Policy for the Empowerment of Women (2001); Balika SamridhiYojana, 1997; National Policy on Child Labour, 1987], employment (Swarnjayanti Gram Swarozgar Yojana) and others (National Policy for Persons with Disabilities) have included young people and highlight health as one of the components. In many of these, the detailed implementation – monitoring and evaluation plan are not elaborated in detail and their impact needs to be examined in feature.

Some of the health policies and programmes have also given a place for youth; a few have a specific youth health focus while others make an indirect mention. The Implementation Guide for State and District Programme Managers under National Rural Health Mission notes that “friendly services are to be made available for all adolescents, married and unmarried, girls and boys”. Some of these are also focussed on mothers and children. The National Population Policy 2000, the National Health Policy 2002 and the National AIDS Prevention and Control Policy 2002 have all articulated India's commitment to promoting and protecting the health and rights of adolescents and youth, including those relating to mental, and sexual and reproductive health134. The Recent National Programme on Prevention and Control of Cancer, Cardiovascular Diseases, Diabetes and Stroke also has a focus on health promotion and early recognition of health impacting behaviours.

The exclusive National Youth Policy of 2003 driven by the Ministry of Youth Affairs & Sports has attempted to focus on special requirements of youth, covering 13 to 35 years, further subdivided into 13-19 years and 20-35 years. The adapted strategies include youth empowerment, gender justice, inter-sectoral approach, and an information and research network. The priority target groups under the policy include rural and tribal youth, out-of-school youth, adolescents particularly females, youth with disabilities and adolescents under special circumstances like victims of trafficking; orphans and street children. A number of State-specific policies and programmes also exist that highlight State strategies for meeting the needs of youth. It is also apparent that the impact of these policies on health of youth has not been evaluated for its coverage, comprehensiveness, efficacy and effectiveness.

4. Social Work Role

The profession of social work support for social change, problem solving among the human relationships and on the empowerment of people to enhance well being based on the theories of human behaviour and social systems. The above justification of Social Work is very well explained among the professionalism in the practice of social work by using various concepts and ideologies. To practice social work with adolescent the social worker has to have the knowledge in working in all the micro, mezzo and macro level.

The enhancement of SEWB of Adolescent can be done through the reduction of risk factors and promotion of protective factors. It can be in the intra level and inter level of the individual adolescent in the context of family, school and community. The social work practitioners with adolescent has many to perform for the promotion of SEWB of the adolescent so that adolescents are enhanced and will become better individual and best adult. Following are the some of the strategies through which the social work practitioners can do the promotion.

- Altering the exposure to risk factors
- Changing the adolescents perceptions of the risk factors
- Reducing the sequential reactions of the already happened risk factor

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