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## Health and social well-being among different religious community in Indian prospective

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### Abstract

The aim of the study to understand the status of social well-being in various religious communities. This study was also planned to examine his psychological & physical dimension of health, the study was conducted in Allahabad Uttar Pradesh and Metro city Delhi India sample of the study include 100 participants. Participants were taken from Hindu community, Muslim community, Christians & Sikh community each community n= 25 Participants was taken in order to receive the objective social well-being scale was used as tools for the data collection. The result were discussed in impact of Health and social well-being on the different – different religious community. Other findings have reported that styles of emotional and social expression are related with health as individuals who repress their emotional symptoms exhibit poor health outcomes. While the Individuals, who feel emotions with greater intensity, differentiate among them and regulate them properly, show better health outcomes in their health related issues and well-being.

**Keywords:** Health, Well-being, Religious Community and Social Well-being

### 1. Introduction

It is a very popular adage that if wealth is lost then nothing is lost, if health is lost then something is lost and if character is lost then everything is lost. This proverb gives insight to understand the role of health and character in making of a person. Nowadays some modifications are required as it seems that health is being considered play major role in person's life. As health is not limited to physical domain, in fact it incorporates many more dimensions like mental, emotional and spiritual.

As health is wider in its dimension, the same is true with well-being- it has so many extensions like physical, social, personal, emotional and spiritual. Health means not only the absence of disease or injury, but also includes their overall physical, mental and social well-being. Well-being can be explained as a global sense of life- satisfaction, happiness, and high on positive affect and low on negative effect. There is found an association between health and well-being. If a person is good on physical health then score on physical well-being will be high. If there is any misfit in physical health like prolonged illness then it leads to poor well-being. Healthy person interacts with society in a positive way that promotes healthy interpersonal relationship, social integration, acceptance in society and ultimately productive individual and society.

The concept of social well-being fills an important gap in the conceptualization of well-being. As noted earlier the psychological tradition held well-being in terms of subjective evaluation of satisfaction with life, positive affect and personal functioning. However, as persons we are embedded in social structures and have to fulfil a number of social responsibilities. Hence, the need was felt to expand the scope of the notion of well-being to incorporate social well-being in its orbit. In broad terms, social well-being refers to the appraisal of one's circumstances and functioning in society. Keyes (1998) [6] has identified five dimensions of social well-being: social integration, social acceptance, social contribution, social actualization, and social coherence.

The studies claim that social and psychological well-being is separate factors. Keyes (1996) [5] found the scales of social and psychological well-being correlated as high whereas exploratory factor analysis revealed two factors with the scales of social well-being loading on a separate factor from the items measuring happiness, satisfaction, and the overall scale of psychological well-being. Keyes,

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Shmotkin and Ryff (2002) <sup>[7]</sup> observed that the measures of emotional well-being (positive and negative affect in life satisfaction) and psychological well-being represent discrete factors.

### Social Well-being

Social wellbeing involves a person's relationships with others and how that person communicates, interacts and socializes with other people. It can also relate to how people make friends and whether they have a sense of belonging. For example, going to the movies with friends is being social. Social well-being is the appraisal of one's circumstance and functioning in society. Below I propose and describe several challenges that constitute possible dimension of social wellness. It was assessed on the personal and social levels. (Ryff's 1989; Ryff & Keyes, 1995) <sup>[19, 20]</sup> test was used to assess the meaning of psychological well-being and Keyes (1998) <sup>[6]</sup> test on social well-being to measure social well-being.

### Well-being, Coping, Stress, and Physical Health

According to us, the differential impact of happiness and self-realization on stress could be explained by their respective influence on coping strategies (i.e., the efforts that people employ to master, tolerate, reduce, or minimize stressful events). More specifically, we suppose that self-realization, which entails an active and striving organism in the face of challenge, reduces stress because it sets in motion a more adaptive coping pattern. Alternatively, it may be argued that happiness does not supply individuals with such an adaptive coping pattern as it entails a more passive approach under stress.

To date, empirical evidence supports the link between both forms of well-being (i.e., happiness and self-realization) and adaptive or maladaptive coping strategies. For instance, prior research (e.g., Kling, Seltzer, & Ryff, 1997; Park & Adler, 2003) <sup>[10, 15]</sup> has demonstrated that both happiness and self-realization were positively associated with vigilant coping (a more proactive and adaptive way to deal with stressful events) whereas, they were negatively associated with avoidant coping (a less adaptive way to deal with stressful events). However, no research has yet looked at the relative impact of happiness and self-realization on coping strategies and therefore, whether happiness and self-realization will have the same impact on vigilant and avoidant coping when their influence is simultaneously compared is still not known. Nevertheless, some researchers have found that vigilant coping strategies were positively associated with less stress (e.g., shorter duration and a better resolution of the stressors) whereas avoidant coping strategies led to the opposite consequences (e.g., Brissette, Scheier, & Carver, 2002; Harnish, Aseltine, & Gore, 2000) <sup>[2, 4]</sup>.

### Well-Being and Physical Health

Prior research reveals that happiness is positively related to physical health, whereas it is negatively associated with illness or physical symptoms (e.g., Dua, 1994; Pettit *et al.*, 2001; Roysamb *et al.*, 2003) <sup>[3, 16, 17]</sup>. Similarly, some researchers have demonstrated that self-realization was positively linked with physical health and negatively associated with a variety of physical symptoms (e.g., Lindfors & Lundberg, 2002) <sup>[11]</sup>. Past research thus shows that both happiness and self-realization are positively associated with good physical health, but negatively

associated with poor physical health. However, such work has not examined the relative impact of happiness and self-realization on physical health. In line with Ryff *et al.* (2004) <sup>[18]</sup>, it is proposed that self-realization should lead to greater health benefits than happiness because it calls upon a more active and striving organism in the face of existential life challenges. As such, self-realization may prompt greater biological activation of the organism than the states of happiness or contentment.

This later assumption is actually supported by the work of Ryff *et al.* (2004) <sup>[18]</sup>. When examining the relationships between both types of well-being (i.e., happiness and self-realization) and physical health, these authors found numerous significant positive associations between self-realization and various physical health outcomes. However, they found that happiness was only positively related to one of these health outcomes. Thus, possessing high levels of self-realization would appear to be more conducive to physical health than high levels of happiness.

It is a very popular adage that "if wealth is lost then nothing is lost, if health is lost then something is lost and if character is lost then everything is lost". This proverb gives insight to understand the role of health and character in making of a person. Nowadays, some modifications are required as it seems that health is playing a major role in person's life. Now health is not limited to physical domain. It incorporates many more dimensions like mental, emotional and spiritual. Similar to health, well-being also has many dimensions such as physical, social, personal, emotional and spiritual. Health means not only the absence of disease or injury but also includes overall physical, mental and social well-being of an individual. Well-being can be explained as a global sense of life-satisfaction, happiness and high on positive affect and low on negative affect (Misra, 1994, 1999) <sup>[12, 13]</sup>.

Well-being depends on a number of factors such as genetic predispositions, personality traits and demographic variables. Till date, most of the scholars have focused on psychological well-being and emotional well-being whereas social well-being has not received the necessary importance and hence this area remains unexplored. Keyes and Shapiro (2004) <sup>[9]</sup> unveiled a strong association between pro-social community involvement and aspects of social well-being. It has also been found that individuals involved in their communities during the previous year reported feeling more socially integrated and socially contributive than people who had never been involved. There was greater level of social integration and social contribution among adults who had worked with others in their neighborhoods to solve a problem (Keyes, 1998) <sup>[6]</sup>. Social well-being increased as levels of the perceived safety of one's neighborhood and trustworthiness of neighbors increased (Keyes, 1998) <sup>[6]</sup>. Keyes and Ryff (1998) <sup>[8]</sup> noted that the level of overall social well-being increased with increased perceived civic responsibilities, perceptions of being caring, wise, and knowledgeable and generativity toward others.

It is believed that there is an association between health and well-being. If a person is rated as having good physical health, he or she is likely to obtain high score on physical well-being. Similarly, if there is any problem with physical health such as prolonged illness, then it may lead to poor well-being. Healthy person interacts with society in a positive way that promotes healthy interpersonal relationship, social integration, acceptance in society and ultimately productive individual and society.

The twin concepts of health and well-being are getting valued in modern times because today's world is driven by the four Cs, namely, competition, conflict, crisis and chaos. Fast food cultures, sedentary life style, anti-nature human practices are some characteristics of modern world which are impacting the individual's thinking, affect and has behavioural consequences. In the Indian context, it has been reported that wellness is in jeopardy owing to obesity, body image concerns, and hypertension. Some of the causes of this situation include over-consumption of fast foods, less intake of healthy food items and reduced activity level. These ill practices have bearing over mental health that causes mental disorders: stress, anxiety, depression etc. It becomes necessary to improve health and well-being. If the aforementioned four ill Cs are skillfully managed by humans then the four healthy Cs, that is, cooperation, companionship, cohesiveness, competency can be focused upon (Verma, 2015) [25].

Present study attempts to explore the dynamics of social well-being in the Indian context with a focus on some key contextual and personal variables. They were identified on the basis of review of past research and analysis of current societal conditions. These included social interest, social capital, self transcendence, system perception, value preferences and personality. These variables have already been described. The society is witnessing that people are everywhere becoming ethnically and culturally diverse. With this view this study sought to address the following research question.

#### Research Questions

- To assess the status of health and social well being among different religious communities
- To examine the status of general health of different religious communities
- To understand the interrelationship of different dimensions of social well being on different religious communities

#### Rationale of the Study

Study will create awareness regarding social well-being of the different religious communities in the society which will be helpful in enhancement of social well-being status of different religious communities

Study will be also helpful in minimization of inter-group conflict and stereotypes.

#### The Strategy of the Study

The present study takes on a social-psychological approach to explore the linkages health and well-being in the Indian socio-cultural context. These issues, as mentioned earlier, were further detailed in terms of Health and social well-being.

#### Participants

100 samples were taken in this study from each religious community in India. They are trying to include equal number of males and females. In order to age 18 to 55 selected in data collection. Location of the study Allahabad, Uttar Pradesh & Delhi.

#### Measures

**Social Well-being:** It was assessed on the personal and social levels. (Ryff's 1989; Ryff & Keyes, 1995) [19, 20] test

was used to assess the meaning of psychological well-being and Keyes (1998) [6] test on social well-being to measure social well-being. The measure developed by Keyes (1998) [6] consists of the following five dimensions: coherence, integration, actualization, contribution, and acceptance. It has 35 items each to be rated on a 7-point scale ranging from "strongly disagree" (1) to "strongly agree" (7). The Chronbach alpha values for the five dimensions were in the range of .42 to .57.

**Self-reported health:** It allowed assessment of health status as reported by the participants. It was measured on a single question using a 5 point Likert scale of *Optimism* It was measured by a single question where participants rated the level of being optimistic in terms of hope, cheerfulness and confidence on a 5 point Likert scale.

#### Result and Discussion

Table 1 showing social well-being reflects how much individuals and groups feel a part of the society they live in. Advancing age does bring in changes in life roles and expectations. The result shows highest social integration of Sikh Participant in comparison to Muslim, Hindu and Christian Community Participants, while Social Acceptance and Social contribution shows highest score of Muslim Participants in order to Sikh, Hindu and Christian Participant. It is very interesting thing that in social acceptance the dimension of Social well-being: Sikh participants scored was high in comparison to Hindu participant, while in social contribution Hindu Participant score was high in comparison to Sikh Participant. Social actualization and social coherence showing a common trend in the table which shows highest value of Hindu Participant in comparison to Muslim, Sikh and Christian. One another major things indicating this result that Christian participants scored very less in all domains of social well-being. While health status is very low of Hindu participants in comparison to higher order Christian, Sikh and Muslim Participants. A higher level of social well-being for different religious community participants presents evidence for religious differences in the components of social well-being. This trend perhaps also provides an interesting view into the religious dynamics in the Indian setting. It requires further investigation. The perceived health status did not show significant main effect across religion Social well-being refers to the appraisal of one's circumstances and functioning in society. Keyes (1998) [6] has described five dimensions of social well-being: social integration, social acceptance, social contribution, social actualization, and social coherence. Moser (2009) viewed that one's well-being is expressed not only in terms of satisfaction concerning interpersonal relations, family life, employment, health and finances, but also in terms of relations to different aspects of the physical environment. The results revealed greater wellbeing among the participants from Sikh and Muslim in comparison to Hindu and Christian Community. In previous studies, religion difference was not present. However, Ryff and Singer (1998) [21] found that women display higher level of overall well-being and significantly higher scores on measures of positive relations with others all the subscales except the social acceptance and social Coherence subscale of social wellbeing. In general, overall patterns of social wellbeing have been

reported to change with religion (Ryff & Keyes, 1995; Ryff & Singer, 1998) [20, 21].

Till date a lot of discourses have been made on negative side of individuals like mental disorders, neurosis, and psychosis. But focus is now being shifting toward positive side of life that is helpful in emergence and growth of positive psychology that talks much about hope, happiness, optimism, care, resilience, strength etc. The knowledge of positive psychology may enhance the capability,

competence and coping of the individuals while dealing with daily life situations. We note that religion offers a social context and provides social experiences to the individual for well-being.

Research has shown mixed results but more in favor of a positive relationship with Religion and personal well-being. Indian research work (S. Sharma, 2010) [24] also have indicated a conclusive role of religion for mental and physical well-being.

**Table 1:** Mean Scores and F- value on Measures of Health and Social Well-being for Religious Community

Measures	Religious Community				F (3,96)	Patterns
	Hindu	Muslim	Christian	Sikh		
	Mean (n=25)	Mean (n=25)	Mean (n=25)	Mean (n=25)		
Social Integration	32.64	32.88	31.88	33.04	.24	S>M>H>C
Social Acceptance	27.84	30.20	26.00	27.96	2.64*	M>S>H>C
Social Contribution	29.20	30.20	28.00	27.64	1.01	M>H>S>C
Social Actualization	34.44	34.20	30.56	33.60	1.78	H>M>S>C
Social Coherence	28.28	27.16	22.96	25.88	9.82***	H>M>S>C
Perceived Health	2.84	3.56	3.08	3.12	2.92	M>S>C>H

\* $p < .05$ , \*\*\* $p < .001$

### Limitations of the study

It must be noted that this study was conducted on small sample of different religious community; further study would be conducted with using qualitative interview. Developmental stage and Gender as a variable can be included.

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