IMPACT OF FAMILY SOCIAL ENVIRONMENT ON CHILDREN'S HEALTH

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ABSTRACT

Health is a positive concept emphasizing personal and social resources, as well as physical capacities. Health is, therefore seen as a resource for everyday life, not the objective of living. It is determined by several factors including genetic inheritance, personal behaviors, access to quality health care, and the general external environment .In order to reach, a state of complete physical,mental ans social well being,an individual must be able to identify and to realize aspirations,to satisfy needs and to change or cope with the environment. Unhealthy environments threaten safety, that undermine the creation of social ties, and that are conflictual, abusive, or violent. A healthy environment, in contrast, provides safety, opportunities for social integration, and the ability to predict and/or control aspects of that environment.

INTRODUCTION

The role of the environment in health and illness has been known since the time of Hippocrates. With the discovery that infectious agents produce disease, physicians and public health researchers directed their attention to the environmental conditions that give rise to these agents and permit them to breed.

Following breakthroughs in water treatment, sewage control, food storage, and waste disposal, the incidence of many infectious diseases declined substantially, soon to be replaced by the slower- developing chronic illnesses of heart disease, cancer, and diabetes, among others. These diseases have come to be known as diseases of lifestyle, because behavioral risk factors are clearly involved in their etiology and progression. An unintended consequence of the focus on lifestyle has been to divert attention away from the role of the environment in producing disease to emphasis on behavior. As health psychologists have increasingly identified what risk factors people incur and how they incur them, the focus of health prevention has moved from environmental interventions to individual behavior (Becker 1993). Not all individuals in the same environment are affected by that environment in the same way, nor will all individuals in a given environment sustain health risks. Thus, the notion that the health effects of environments can be reduced to or explained by individual-level factors is rejected. Rather, we maintain that individual characteristics are nested within social environments. Each level reveals information about the causes of health and illness that consideration of one level alone cannot provide.

A first route whereby environments affect a person is by differentially exposing people to chronic stress. That chronic stress may have a cumulative effect on the body was first observed by Hans Selye (1956) in his articulation of the General Adaptation Syndrome. Selye maintained that individuals respond to stressful events with nonspecific reactions that, over time, produce wear and tear on the system. Repeated cycling through the three-phase syndrome of alarm, resistance, and exhaustion, Selye argued, leads to cumulative damage to the organism. McEwen & Stellar (1993) proposed that, beginning early in life, there are cascading relationships between environmental factors and genetic predispositions that lead to large individual differences in susceptibility to stress and, in some cases, to disease. A second route by which environments may have adverse health effects is via an impact on mental health or mental distress (Melamed 1995) . Negative emotions, such as depression, anxiety, and hostility, appear to play a significant role in health risks, including all-cause mortality (Martin et. al.,1995).Major depression, depressive symptoms, history of depression, and anxiety have all been related to the likelihood of cardiac

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events, and depression is a risk factor for mortality following myocardial infarction, independent of cardiac disease severity (Frasure-Smith et al 1995).So,mental health/distress constitutes a second important route by which environments may get under the skin. Coping strategies constitute a third explanatory route that may clarify how unhealthy environments adversely affect health. Individuals who find constructive ways of coping with stress, such as taking direct action or finding meaning in their experience, may be better able to withstand the potential adverse effects of stressful circumstances. In addition, there may be stressor-specific coping styles, such as expressing hostility or suppressing anger, that have health implications both generally and for specific disorders, such as cardiovascular disease and hypertension. In addition, environments influence the development of coping strategies, especially those involved in managing conflict and stress, and the ability to develop social ties. Health habits are heavily implicated in the development of illness, especially chronic illness.

Environments constitute the contexts in which health habits are learned, encouraged, and practiced. The family is an important context for the acquisition of health habits, and it lays the groundwork for a broad array of healthy and unhealthy behaviors (Taylor 1995). The peer group, first in adolescence and then in adulthood, is an important context within which many health-compromising behaviors are acquired and enacted, including smoking, alcohol, and drug abuse.

THE FAMILY SOCIAL ENVIRONMENT

The family environment clearly influences children's health. The link can be direct, as when a parent's behavior exposes a fetus to drugs in the womb (Neuspiel et al 1989). There are mainly four characteristics of the family social environment that appear to influence child and adolescent health: (a) the quality of parenting, especially emotional aspects of the parent-child relationship; (b) the family's social climate, especially the amount of conflict and violence in the home (c) the parents' mental health and other behavioral characteristics of the parents; and (d) variables associated with social-

economic conditions of the household, such as whether the child lives with one or both parents and the educational level of parents. The instability and social isolation that is often found in abusive families appear to mediate the effects of maltreatment on children's poor academic performance (Eckenrode et al 1995)

CHRONIC STRESS

Characteristics of a family environment that appear to be associated with health problems in children include a lack of warmth and emotional support from parents and a high level of conflict and violence. A cold and unresponsive parenting style has been associated with retarded infant growth and increased rates of illness in childhood (Bradley 1993, Gottman & Katz 1989). A stressful family environment can even influence prenatal development (Collins et al 1993). Quarreling and fighting at home have been linked to psychosomatic symptoms such as headaches and stomachaches in adolescents (Mechanic & Hansell 1989). When family dysfunction and conflict escalate to the point of abuse, the direct and indirect effects on child health can be lethal.

MENTAL HEALTH/DISTRESS

Depression is clearly associated with deleterious health outcomes among children and adolescents, such as increased acute illness and physical symptoms and unhealthy behaviors such as smoking and substance abuse (Gore et al 1992, Lewinsohn et al 1994). Household economic conditions influence both the risk of childhood depression and its link to health. Risk factors for childhood depression include living in a single parent household, parental unemployment, and parents' poor educational background (Lewinsohn, et .al., 1994). Depression is more strongly linked to poor health among adolescents with a lower standard of living (Gore, et, al., 1992). More depressed children are also found among families whose members provide one another with little or no support, families that do not experience a sense of cohesiveness, and families characterized by high levels conflict, especially marital conflict. Characteristics of the parent-child relationship that are associated with depression include low levels of behavioral and emotional involvement, high levels of conflict and hostility, and a

parenting style that is more autocratic, dominant, and controlling. Children of depressed mothers appear to be at increased risk for both depression and suicidal behavior, as well as a variety of other psychiatric diagnoses (Kaslow, et. al., 1994). Evidence suggests that the connection between a childhood history of family violence and recurrent depressions in adulthood is mediated by chronic interpersonal problems in the adult's life.
(Kessler & Magee 1994).

COPING SKILLS AND RESOURCES

Davies & Cummings (1994) suggested that emotionally secure children are better able to regulate their emotions in the face of stress and therefore cope more effectively with daily problems. According to their model, emotional security is threatened by destructive forms of family conflict, such as conflicts between parents that involve physical aggression, and by parent-child relationships marked by instability and a lack of parental warmth and responsiveness. Family social environments with features such as these, including abuse, discord, and parental psychopathology, are associated with maladaptive coping in children, in particular difficulty with anger regulation (Crittenden,1992). Because anger and its regulation have been tied to the development of heart disease and hypertension, there may be health risks associated with growing up in homes that have these characteristics. Family experiences also influence how children learn to negotiate interpersonal situations involving frustration and anger. Dysfunctional coping strategies in children and adolescents may persist into adulthood. Thus, maladaptive coping styles that are first acquired in response to a stressful family environment in childhood may be associated with greater autonomic reactivity and poorer health outcomes throughout the lifespan.

HEALTH HABITS AND BEHAVIORS

The abuse of substances, such as alcohol, cigarettes, and illicit drugs, and risky sexual behavior are two health-threatening classes of behavior that are usually first observed during adolescence. In addition to their direct effects on health, these behaviors are linked with patterns of sleep, diet, and physical activity that indicate an unhealthy adolescent lifestyle (Donovan et al 1991). The use of drugs by family members, both parents and siblings, is a reliable risk factor for adolescent drug usage (Denton & Kampfe 1994). In addition to the imitation of behaveors observed at home, teens whose parents abuse substances appear to be more vulnerable to stress (Barrera et al 1995) and to acquire attitudes and coping styles that lead to increased affiliation with substance-using peers (Wills et al 1994). A lack of support and sense of rejection and detachment from parents has been associated with adolescent substance use (Turner et al 1993).

CONCLUSION

Research findings consistently point to three characteristics of family environments that can undermine the health of children and adolescents: (a) a social climate that is conflictual and angry or, worse, one that is violent and abusive; (b) relationships, particularly parent-child relationships, that are unresponsive and lacking in cohesiveness, warmth, and emotional support; and (c) parenting that is either overly controlling and dominating on the one hand or uninvolved with little monitoring of the child and little imposition of rules and structure on the other hand. These dimensions of a family environment are stressful for children, and they are associated with depression, maladaptive ways of coping with negative affect, and health-threatening behaviors in adolescence. The family characteristics identified as contributors to poor health outcomes in childhood are often embedded within households characterized by economic strain and few resources. Evidence suggests that parenting behavior may mediate some of the effects of economic strain (Huston et al 1994); however, economic strain may mediate the effects of other family characteristics, such as the number of parents in the home (Gore et al 1992).

People have evolved as social animals and as such appear to be sensitively "tuned in" to others in the social world. Therefore, it should not be surprising that the social environment has such potential to affect physiology, both positively and negatively. Evidence continues to accumulate that throughout the lifespan, the structure and quality of social interactions have

profound effects on psychological, behavioral, and physiologic functioning, and ultimately on our health and well-being.

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