

Geography Optional 2024

HUMAN DEVELOPMENT QUALITY OF LIFE AND WELL BEING

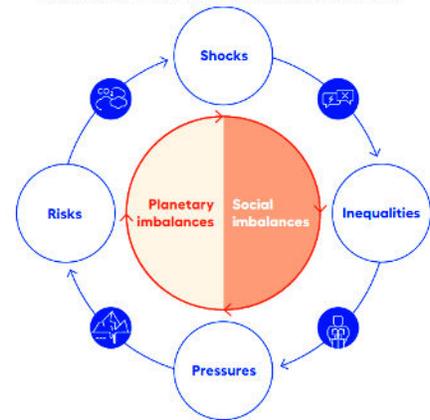
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The 2020 Human Development Report (HDR) doubles down on the belief that people’s agency and empowerment can bring about the action we need if we are to live in balance with the planet in a fairer world. It shows that we are at an unprecedented moment in history, in which human activity has become a dominant force shaping the planet. These impacts interact with existing inequalities, threatening significant development reversals. Nothing short of a great transformation – in how we live, work and cooperate – is needed to change the path we are on. The Report explores how to jumpstart that transformation.

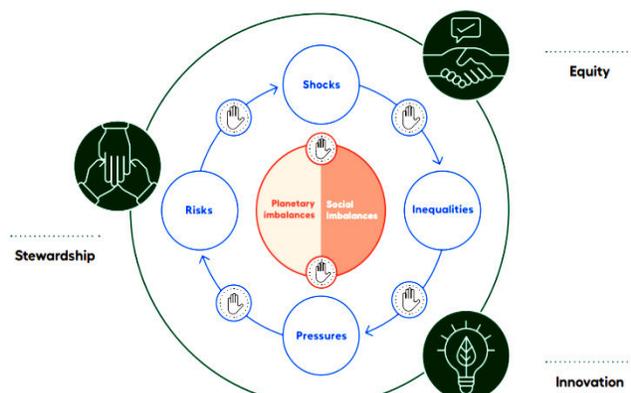
The climate crisis. Biodiversity collapse. Ocean acidification. The list is long and growing longer. So much so that many scientists believe that for the first time, instead of the planet shaping humans, humans are knowingly shaping the planet. This is the Anthropocene – the Age of Humans - a new geologic epoch.

Though humanity has achieved incredible progress, we have taken the Earth for granted, destabilizing the very systems upon which we rely for survival. Covid-19, which almost certainly sprang to humans from animals, offers a glimpse of our future, in which the strain on our planet mirrors the strain facing societies. It took Covid-19 very little time to expose and exploit overlapping inequalities, as well as weaknesses in social, economic, and political systems, and threaten reversals in human development.

Planetary and social imbalances reinforce each other



Equity, innovation and stewardship of nature can break the vicious cycle of social and planetary imbalances



While the devastating effects of Covid-19 have taken the world’s attention, other layered crises, from climate change to rising inequalities, continue to take their toll. The challenges of planetary and societal imbalance are intertwined: they interact in a vicious circle, each making the other worse.

The human development approach sets out an evaluative framework for

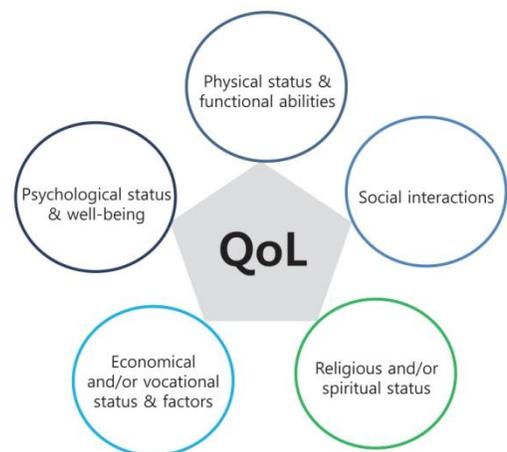
development outcomes based on expanding capabilities, thus increasing wellbeing freedoms, the valuable opportunities to choose from. This takes us beyond notions of sustainability based on needs fulfilment and away from focusing on instrumental objectives such as economic growth. argues that a human development approach invites us to look beyond sustaining needs to expanding capabilities. To see people as agents—who act and bring about change. And to evaluate people’s achievements in terms of their own values and goals. In that expansion and perspective lay both the goal of the human development journey and, instrumentally, the means to widen the scope of potential actions to change the drivers of pressures on the planet. In a broader set of motivations for human behaviour, market incentives as well as values, dignity and sense of worth are all important. Ultimately, people are agents of their individual and collective destiny, able to drive social change.

WHO defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.

The term QOL was coined in the United States after World War II. At first it meant “the good life,” and was limited to having or not having typical consumer goods. Good QOL meant affluence – having a car, a house of one’s own or other commodities. It was a “have” category. The concept gradually evolved and its range widened to encompass life satisfaction, realisation of one’s needs and aspirations and modifying one’s environment in order to cope with it better. In other words, the QOL concept gradually moved from “have” to “be.”

Researchers began to refer to this definition and to equate good quality of life with

- subjective wellbeing, which they divided into
- cognitive wellbeing (judgement of life) and
- affective wellbeing (subjective happiness).
- Then they began to link quality of life, thus defined, with other variables (socio-demographic, personality and economic, life events etc.)



Quality of life is a function of the difference between the desired situation and the actual situation, i.e. it is the subjective satisfaction which a person experiences and which that person projects onto all aspects of their life (physical, psychological, social and spiritual). Irreversible deterioration of health and limited mobility lead to disabilities in activities of daily living and hence worse quality of life.

Quality of Life thus relate to fulfillment of Needs and Well Being

Needs

In order to better understand what motivates human beings, **Maslow proposed that human needs can be organized into a hierarchy**. This hierarchy ranges from more concrete needs such as food and water to abstract concepts such as self-fulfillment. According to Maslow, when a lower need is met, the next need on the hierarchy becomes our focus of attention. These are the five categories of needs according to Maslow:

Physiological

These refer to basic physical needs like drinking when thirsty or eating when hungry. According to Maslow, some of these needs involve our efforts to meet the body's need for homeostasis; that is, maintaining consistent levels in different bodily systems (for example, maintaining a body temperature of 98.6°). Maslow considered physiological needs to be the most essential of our needs. If someone is lacking in more than one need, they're likely to try to meet these physiological needs first. For example, if someone is extremely hungry, it's hard to focus on anything else besides food. Another example of a physiological need would be the need for adequate sleep.

Safety

Once people's physiological requirements are met, the next need that arises is a safe environment. Our safety needs are apparent even early in childhood, as children have a need for safe and predictable environments and typically react with fear or anxiety when these are not met. Maslow pointed out that in adults living in developed nations, safety needs are more apparent in emergency situations (e.g. war and disasters), but this need can also explain why we tend to prefer the familiar or why we do things like purchase insurance and contribute to a savings account.

Love and Belonging

According to Maslow, the next need in the hierarchy involves feeling loved and accepted. This need includes both romantic relationships as well as ties to friends and family members. It also includes our need to feel that we belong to a social group. Importantly, this need encompasses both feeling loved and feeling love towards others.

Since Maslow's time, researchers have continued to explore how love and belonging needs impact well-being. For example, having social connections is related to better physical health and, conversely, feeling isolated (i.e. having unmet belonging needs) has negative consequences for health and well-being.



Maslow's hierarchy of needs

Esteem

Our esteem needs involve the desire to feel good about ourselves. According to Maslow, esteem needs include two components. The first involves feeling self-confidence and feeling good about oneself. The second component involves feeling valued by others; that is, feeling that our achievements and contributions have been recognized by other people. When people's esteem needs are met, they feel confident and see their contributions and achievements as valuable and important. However, when their esteem needs are not met, they may experience what psychologist Alfred Adler called "feelings of inferiority."

Self-Actualization

Self-actualization refers to feeling fulfilled, or feeling that we are living up to our potential. One unique feature of self-actualization is that it looks different for everyone. For one person, self-actualization might involve helping others; for another person, it might involve achievements in an artistic or creative field. Essentially, self-actualization means feeling that we are doing what we believe we are meant to do. According to Maslow, achieving self-actualization is relatively rare, and his examples of famous self-actualized individuals include Abraham Lincoln, Albert Einstein, and Mother Teresa.

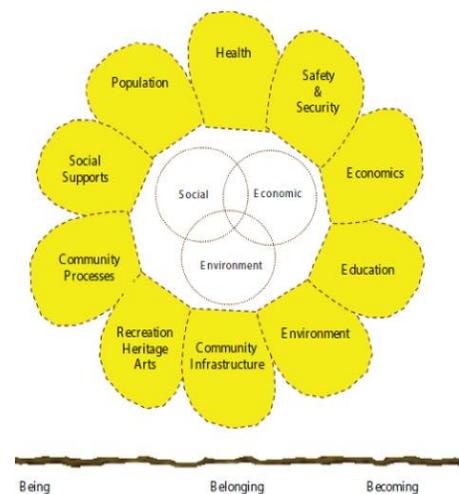
- Maslow postulated that there were several prerequisites to meeting these needs. For example, having freedom of speech and freedom of expression or living in a just and fair society aren't specifically mentioned within the hierarchy of needs, but Maslow believed that having these things makes it easier for people to achieve their needs.
- In addition to these needs, Maslow also believed that we have a need to learn new information and to better understand the world around us. This is partially because learning more about our environment helps us meet our other needs; for example, learning more about the world can help us feel safer, and developing a better understanding of a topic one is passionate about can contribute to self-actualization. However, Maslow also believed that this call to understand the world around us is an innate need as well.
- Although Maslow presented his needs in a hierarchy, he also acknowledged that meeting each need is not an all-or-nothing phenomenon. Consequently, people don't need to completely satisfy one need in order for the next need in the hierarchy to emerge. Maslow suggests that, at any given time, most people tend to have each of their needs partly met—and that needs lower on the hierarchy are typically the ones that people have made the most progress towards.
- Additionally, Maslow pointed out that one behavior might meet two or more needs. For example, sharing a meal with someone meets the physiological need for food, but it might also meet the need of belonging. Similarly, working as a paid caregiver would provide someone with income (which allows them to pay for food and shelter), but can also provide them a sense of social connection and fulfillment.

Well-being is a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going well. Good living conditions (e.g., housing, employment) are fundamental to well-being. Tracking these conditions is important for public policy. However, many indicators that measure living conditions fail to measure what people think and feel about their lives, such as the quality of their relationships, their positive emotions and resilience, the realization of their potential, or their overall satisfaction with life—i.e., their “well-being.” Well-being generally includes global judgments of life satisfaction and feelings ranging from depression to joy. Well-being integrates mental health (mind) and physical health (body) resulting in more holistic approaches to disease prevention and health promotion.

Well-being is a valid population outcome measure beyond morbidity, mortality, and economic status that tells us how people perceive their life is going from their own perspective.

Well-being is an outcome that is meaningful to the public. Results from cross-sectional, longitudinal and experimental studies find that well-being is associated with:

- Self-perceived health.
- Longevity.
- Healthy behaviors.
- Mental and physical illness.
- Social connectedness.
- Productivity.
- Factors in the physical and social environment.



Well-being can provide a common metric that can help policy makers shape and compare the effects of different policies (e.g., loss of green space might impact well-being more so than commercial development of an area).

Measuring, tracking and promoting well-being can be useful for multiple stakeholders involved in disease prevention and health promotion.

Well-being is associated with numerous health-, job-, family-, and economically-related benefits. For example, higher levels of well-being are associated with decreased risk of disease, illness, and injury; better immune functioning; speedier recovery; and increased longevity. Individuals with high levels of well-being are more productive at work and are more likely to contribute to their communities

Health is more than the absence of disease; it is a resource that allows people to realize their aspirations, satisfy their needs and to cope with the environment in order to live a long, productive, and fruitful life. In this sense, health enables social, economic and personal development fundamental to well-being. Health promotion is the process of enabling people to

increase control over, and to improve their health. Environmental and social resources for health can include: peace, economic security, a stable ecosystem, and safe housing. Individual resources for health can include: physical activity, healthful diet, social ties, resiliency, positive emotions, and autonomy. Health promotion activities aimed at strengthening such individual, environmental and social resources may ultimately improve well-being.

There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), and satisfaction with life, fulfillment and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good. For public health purposes, physical well-being (e.g., feeling very healthy and full of energy) is also viewed as critical to overall well-being.

Researchers from different disciplines have examined different aspects of well-being that include the following:

- Physical well-being.
- Economic well-being.
- Social well-being.
- Development and activity.
- Emotional well-being.
- Psychological well-being.
- Life satisfaction.
- Domain specific satisfaction.
- Engaging activities and work.

Because well-being is subjective, it is typically measured with self-reports. The use of self-reported measures is fundamentally different from using objective measures (e.g., household income, unemployment levels, and neighborhood crime) often used to assess well-being. The use of both objective and subjective measures, when available, are desirable for public policy purposes.

There are many well-being instruments available that measure self-reported well-being in different ways, depending on whether one measures well-being as a clinical outcome, a population health outcome, for cost-effectiveness studies, or for other purposes. For example, well-being measures can be psychometrically-based or utility-based. Psychometrically-based measures are based on the relationship between, and strength among, multiple items that are intended to measure one or more domains of well-being. Utility-based measures are based on an individual or group's preference for a particular state, and are typically anchored between 0 (death) to 1 (optimum health). Some studies support use of single items (e.g., global life satisfaction) to measure well-being parsimoniously. Peer reports, observational methods,

physiological methods, experience sampling methods, ecological momentary assessment, and other methods are used by psychologists to measure different aspects of well-being.

Over the years, for public health surveillance purposes, CDC has measured well-being with different instruments including some that are psychometrically-based, utility-based, or with single items:

There is no sole determinant of individual well-being, but in general, well-being is dependent upon good health, positive social relationships, and availability and access to basic resources (e.g., shelter, income).

Some general findings on associations between well-being and its associations with other factors are as follows:

Genes and Personality At the individual level, genetic factors, personality, and demographic factors are related to well-being. For example, positive emotions are heritable to some degree (heritability estimates range from 0.36 to 0.81), suggesting that there may be a genetically determined set-point for emotions such as happiness and sadness. However, the expression of genetic effects are often influenced by factors in the environment implying that circumstances and social conditions do matter and are actionable from a public policy perspective. Longitudinal studies have found that well-being is sensitive to life events (e.g., unemployment, marriage). Additionally, genetic factors alone cannot explain differences in well-being between nations or trends within nations.



Some personality factors that are strongly associated with well-being include optimism, extroversion, and self-esteem. Genetic factors and personality factors are closely related and can interact in influencing individual well-being.

While genetic factors and personality factors are important determinants of well-being, they are beyond the realm of public policy goals.

Age and Gender Depending on which types of measures are used (e.g., life satisfaction vs. positive affect), age and gender also have been shown to be related to well-being. In general, men and women have similar levels of well-being, but this pattern changes with age, and has changed over time. There is a U-shaped distribution of well-being by age—younger and older adults tend to have more well-being compared to middle-aged adults.

Income and Work The relationship between income and well-being is complex. Depending on which types of measures are used and which comparisons are made, income correlates only modestly with well-being. In general, associations between income and well-being (usually measured in terms of life satisfaction) are stronger for those at lower economic levels, but studies

also have found effects for those at higher income levels. Paid employment is critical to the well-being of individuals by conferring direct access to resources, as well as fostering satisfaction, meaning and purpose for some. Unemployment negatively affects well-being, both in the short- and long-term.

Relationships Having supportive relationships is one of the strongest predictors of well-being, having a notably positive effect. Countries differ substantially in their levels of well-being. Societies with higher well-being are those that are more economically developed, have effective governments with low levels of corruption, have high levels of trust, and can meet citizens' basic needs for food and health. Cultural factors (e.g., individualism vs. collectivism, social norms) also play a role in national estimates of well-being.

Some researchers suggest that many of the terms are synonymous, whereas others note that there are major differences based on which dimensions are independent and contribute most to well-being. This is an evolving science, with contributions from multiple disciplines.

- Traditionally, health-related quality of life has been linked to patient outcomes, and has generally focused on deficits in functioning (e.g., pain, negative affect).
- In contrast, well-being focuses on assets in functioning, including positive emotions and psychological resources (e.g., positive affect, autonomy, mastery) as key components. Some researchers have drawn from both perspectives to measure physical and mental well-being for clinical and economic studies. Subjective well-being typically refers to self-reports contrasted with objective indicators of well-being.
- The term, “positive mental health” calls attention to the psychological components that comprise well-being from the perspective of individuals interested primarily in the mental health domain. From this perspective, positive mental health is a resource, broadly inclusive of psychological assets and skills essential for well-being. But, the latter generally excludes the physical component of well-being. “Hedonic” well-being focuses on the “feeling” component of well-being (e.g., happiness) in contrast to “eudaimonic” well-being which focuses on the “thinking” component of well-being (e.g., fulfillment).
- People with high levels of positive emotions, and those who are functioning well psychologically and socially are described by some as having complete mental health, or as “flourishing.”

In summary, positive mental health, well-being and flourishing refer to the presence of high levels of positive functioning—primarily in the mental health domain (inclusive of social health). However, in its broadest sense, well-being encompasses physical, mental, and social domains.

The reasons why well-being and related constructs should be measured and evaluating how these domains can be changed should help inform which domains (e.g., life satisfaction, positive affect, autonomy, meaning, vitality, pain) should be measured, and which instruments and methods to use.

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