Phenomenological Approach for the Application of the FOAP Concept of the Vicious Circle of Ill-Health

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Abstract
Background: The Field (F) Observation(O) for Accurate(A) Practicum(P) Concept of Vicious Circle of Ill-Health is an informative and innovative concept that focuses on how human activities within the environment reinforce each other in ways that contribute to vicious circle of ill-health. It is intended to change the perspective of community dwellers to embrace the new ideas of adapting healthy environmental practices to prevent and/or control the vicious circle of ill-health among them.

Method: This study used the innovative qualitative research method that focused on the realist and meta-narrative reviews. The following databases were used as search engines: Google Scholar, OpenMD, RefSeek, BASE, Semantic Scholar, Academia, ResearchGate, and Google Search Engine.

Result: The four stages of the phenomenological approach to the FOAP concept were vividly explained with stated characteristics. These four stages, when cleverly used, can make huge impacts on the lives of community dwellers. The various risk factors of vicious circle of ill-health, under the illustration of the Causal Theory, were greatly elaborated with all cited evidences to back the various claims.

Conclusion: Most Liberians look healthy in an unhealthy environment; they get sick from contracting preventable diseases from the unhealthy environment; they go to hospitals or clinics for quality treatment against the preventable diseases; and they return to the same unhealthy environment that made them sick in the first place. This is the vicious circle of ill-health the FOAP Concept addresses. The FOAP Concept is a novel tool that will help national stakeholders and community dwellers successfully address the issue of unhealthy environmental practices.

Introduction
The generalized acronym for FOAP is F- Field O-Observation for A-Accurate P-Practicum. It’s the Field Observation for Accurate Practicum Concept of Vicious Circle of Ill-health. In the application of this concept, which is practicum-based, it is important to carry out proper field observations in the communities of interest for accurate practical activities. It is quite impossible to implement accurate practical programs in the absence of a good field observation. Field observation plays a pivotal role in properly assessing the factors that contribute to vicious circle of ill-health [40]. The backbone to achieving optimum success during a practicum is outstanding field observation, which must be convincing from all perspectives.

This informative concept originated from Liberia, and focused on how human activities within the environment reinforce each other in ways that contribute to vicious circle of poor health. The concept was brainstormed in 2021 by a passionate health promotion and education expert, Forkpah Pewee. Unnatural elements within the environment, which exist due to human negligence of their surroundings, continue to create a scene of unbearable conditions. The concept also looked at the factors responsible for the existence of vicious circle of ill-health among residents of Liberian communities. It also focused on reviewing the relationship between those factors and vicious circle of ill-health from published literature. It is a behavioral change concept. It reinforces ideas through practicum activities that motivate community dwellers to adapt to positive changes in their behaviors towards the environment [40].

The phenomenological approach looks at four distinct stages that, when effectively utilized, can have greatest impacts on safeguarding community dwellers from...
unhealthy environmental practices. Over the years, these unsafe environmental practices have created scenes of vicious circle of ill-health among the Liberian citizenry. This could be unraveled through the consolidated efforts of national stakeholders and community dwellers. We live in a global village with many technological challenges, which can only be resolved through multi-sectorial engagements and collaboration [40].

With an understanding of the FOAP Concept, the issue of vicious circle of ill-health is common among Liberians. Most Liberians look healthy in a harmful environment; they get sick from contracting preventable diseases from the harmful environment; they go to hospitals, clinics, pharmacies or medicine stores for treatment against preventable diseases caught from the unhealthy environment; and they return to the same unsanitary environment that made them sick in the first place. An unhealthy environment responds to humans by releasing disease-causing microorganisms or substances that get them sick [40]. As a result of the complexities in breaking such barriers, most especially in an impoverished nation like Liberia, the concept integrated the Health Belief Model (HBM) and the Socio Ecological Model (SEM) into its construct to enable public health professionals to adequately address some of Liberia’s critical health concerns that arise from unhealthy environmental practices. The HBM appears to be an intimidating model. Its constructs are designed to intimidate people to change from unhealthy habits that can prevent them from catching diseases or make them to take the right actions in protecting their health and wellbeing. The SEM builds on a framework of influence that promotes quality health through interactions among individuals, families, organizations, communities and policy makers [40].

In addition to the construct, the concept also provided helpful information on the significance of maintaining healthy environment. From a subjective standpoint, living in a clean and protective environment is a matter of choice. Be it as it may, that choice can become a matter of must when the uncleanliness of one person becomes a threat to others. The environment is a natural protector for humans to take good care of. When we take good care of the environment, the environment tends to respond to us in a more positive manner by providing healthy spaces. On the other hand, when we feed the environment with unnecessary dirt or garbage, the environment converts them into disease-causing microorganisms that can negatively impact the health and wellness of its inhabitants [40].

In Monrovia, there have been several interventions to unravel the existing issue of vicious circle of ill-health. However, the methods that have been used over the years to resolve the health problems have proven unsuccessful. As a result of such, the Field Observation for Accurate Practicum has been developed to help residents of Monrovia and all Liberian communities to have access to methods that are convenient and by far preferable in handling the issue of vicious circle of poor health among them.

**Study Objectives**

i. To illustrate and explain the four stages of the Field Observation for Accurate Practicum (FOAP) Concept

ii. To discuss the factors that contribute to poor health and vicious circle of ill-health

**Illustration of the Vicious Circle of Ill-Health**

![Illustration of Vicious Circle of Ill-health](Source: [39])
Illustration of the Field Observation for Accurate Practicum (FOAP) Concept

There are four stages in the Field Observation for Accurate Practicum Concept. They include: Field Observation, Accurate Practicum, Practicum Evaluation and Practicum Sustainability.

STAGE 1: Field Observation (FO)

This is the first stage in the FOAP concept. It is safe to state that there can be no successful practicum activities when FO is swept under the carpet. It is desirably the most elite force behind the success of many health programs. Field observation provides a clear picture of the community of interest. It entails interacting with stakeholders of the community in ways that are targeted at improving the outcome of your visualized practicum. Observation remains an essential strategy for collecting information on the community [13]. How can any health practitioner understand those issues that contribute to vicious circle of ill-health in the absence of FO?

FO has three subsequent stages. They include community entry, stakeholder mapping and data gathering.

i. Community entry should be the first thing that comes to mind when brainstorming about carrying out a field observation. This is similar to an ice breaking moment between the field observers/health practitioners and community stakeholders. Here, health practitioners establish strong connections with community leaders and help them to understand their mission in the community. Building cordial working relationships with community dwellers at this stage allows the community leaders and dwellers to build confidence in the team of health practitioners who will help to provide their invaluable services for the welfare of the entire community. In Liberia, that bonding relationship must be established with community leaders before thinking about conducting activities that will improve the health of community dwellers. In order to have a successful journey towards implementing practicum activities to impact the community dwellers, the leaders of the community of interest must be among the driving forces behind such process.

ii. Stakeholder mapping is an important idea to introduce during the community entry process. It helps community leaders to understand their roles in the entire journey of the implementation of a practicum. With that in mind, community leaders can convincingly move out to the community dwellers to motivate them to participate into all of the activities the team of health practitioners would like to undertake in the best interest of the community. In stakeholder mapping, it is good to take note of those leaders who will playing certain roles. In distributing roles, the health practitioners must be cautious to give roles to individuals who have the necessary expertise or experience over the years in properly executing such roles. To know this, the team must have adequate lecture time with the community chairman, vice chairman and secretary general of the community to smartly identify those who are major stakeholders and the roles each stakeholder can perform during the entire period.

iii. Data gathering is the final stage under field observation. This can be discussed with the community leaders during the community entry process or stakeholder mapping before its implementation. The data gathering procedures and tools must be vividly discussed with the community leaders so that they are aware of the nature of data to be collected and how they can help in the process of data collection. Based on the trust built during the community entry process, it is safe to even leave the questionnaires with the community leaders to distribute among the community dwellers for possible responses. Those questionnaires can be collected from them and turned over to the team for further data analysis.

STAGE 2: Accurate Practicum (AP)

Accurate practicum is the second stage the Field Observation for Accurate Practicum Concept. After the field observation has been completed in all forms, it
becomes a matter of importance to carry out a planned practicum. Community dwellers should feel the continual presence of the team of health practitioners up to the practicum level. This is about interaction with the community dwellers and interpretation of the results of the field observation that was conducted among them. When the results are known, it remains a good idea to help the community dwellers deal with such health problem through accurate practicum activities. Under AP, there are three subsequent stages, namely: setting goal and objectives, developing a practicum, and implementing practicum activities. Under setting of goals and objectives, the team members should be able to brainstorm on goal and objectives that can help the community dwellers to overcome such health issue. Before setting the goal and objectives, it is important to first prioritize the health issue of interest. After the prioritization of the health problem, the team can go ahead to develop goal and objectives that would be achieved at the end of the entire process. In order to achieve a goal, there must be smart objectives to be achieved also. When the objectives are realized, the overall goal is also being realized. Under developing a practicum, the team members consider the various activities that should be implemented during the practicum and the appropriate timing for each activity. The activities that should be brainstormed by the team members must be ones that are tailored to the various objectives; that is, each objective must have an activity that should be properly implemented to realize it. Under implementing practicum activities, the team members should be able to properly implement all of the planned activities to meet with the expected outcomes. Implementing practicum activities require diverse methods of implementation, ranging from ice breaking, lectures, focus group discussion, PowerPoint presentation, poster presentation, personal improvement project, self-appraisal, humors, etc.

**STAGE 3: Practicum Evaluation (PE)**

Practicum Evaluation is the third stage in the FOAP Concept. Evaluation plays an essential role in ensuring that the planned practicum activities were actualized to meet their expected outcomes or objectives. In PE, it is important to note that there must be stated indicators being measured against various objectives as an initial point to indicate the possible ways those objectives will be met in the end. Under PE, there are three types: process evaluation, outcome evaluation and impact evaluation.

Under the process evaluation, the team members consider all of the activities or events leading to the implementation of practicum activities towards evaluation. All of the processes involved in achieving the stated objectives must be highlighted. This includes explaining all of the activities from community entry to evaluation. Under outcome evaluation, the team members consider the overall achievement of the set goals and objectives. When all indicators are adhered to, all objectives are met in the end. When the objectives are being met, the overall goal of the practicum is being achieved. When the goal is achieved, the outcome of the practicum is positive. Under impact evaluation, the team members consider the long-term effects the outcome of the practicum should have on the participants or community dwellers. Such can be measured after one month or above depending on the nature of the practicum. For instance, the impact of a healthy eating and exercise practicum can be visible within 2-3 months period, provided the participants adhered to what they were taught during the practicum period.

**STAGE 4: Practicum Sustainability (PS)**

Practicum sustainability is the final stage of the FOAP concept. It is not about carrying out practicum activities; it is entirely about sustaining those activities to form part of the culture of the community of interest. Sustainability is key in the FOAP Concept. And this lies in the interest level of the community dwellers. The community dwellers will only strive to sustain and protect the gains of practicum activities when they have huge interest in those activities. In the absence of sustaining practicum, the FOAP Concept is of no use.

In order to know the sustainability level of practicum activities carried out within a community, it is important to calculate the Practicum Sustainability Score (PS Score). The community dwellers or practicum participants can rate each stage of the FOAP Concept for the team to properly calculate the PS score. A high PS score (≥16) means there is high possibility that the practicum activities conducted will be sustained by the community dwellers over a long period of time even in the absence of the team of health practitioners. In other words, the community dwellers have high interest in said practicum activities, and would sustain them by themselves. A low PS score (≤15) indicates there is a low possibility that the practicum activities conducted will be sustained by the community dwellers over a short period of time. In other words, the
community dwellers have low interest in said practicum activities, and are lacking the motivation to sustain them. The PS score helps to understand the level of interest the community dwellers have in the practicum activities. This PS score can be tabulated by asking all of the participants to rate the first three stages of the FOAP Concept. Based on their individual ratings, the average rating among all participants can be considered for various stages. With regards to such, all of the program participants must be in the know of the entire process, from field observation to practicum evaluation. It is easy to finally consider the practicum as a community-driven practicum, where majority of the community are involved into all of the processes leading to the practicum activities.

Practicum Sustainability Score Strength

| 1-7 | 8-15 | 16-22 | 23-30 |
| Very Poor | Poor | Good | Very Good |

When the PS Score is between 1-7 (dark red-very poor), it is an indication that there is a zero possibility for the practicum activities to be sustained by the program participants. When the PS Score is between 8-15 (red-poor), it is an indication that there is a low possibility for the practicum activities to be sustained. When the PS Score is between 16-22 (light green-good), it is an indication that there is a possibility that the practicum activities will be sustained. When the PS Score is between 23-30 (green-very good), it is an indication that there is a high possibility that the practicum activities will be sustained.

Sample Questions for PS Score

Work Example: Therezina and Mercy were assigned to Gbenequelleh community to carry out a three-day practicum activity on the prevention and control of lifestyle diseases. Upon their arrival, they did all program planning activities ranging from field observation to prioritization of the health problem to setting of goals and objectives. After that, they went ahead to conduct the three-day practicum on prevention and control of high blood pressure among adults and elderly. They did the various evaluations during the course of the practicum. In order to be sure of the sustainability level of the program that would positively impact the health status of the community dwellers, they decided to measure the practicum sustainability score (PS Score). The average field observation (AFO) rating among 40 participants on a scale from 1-10 was 7.5. The average accurate practicum (AAP) rating was 8.25. The average practicum evaluation (APE) was 7.25. With such ratings, calculate the PS Score for the program.

Solution:

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\text{Practicum Sustainability Score (PS Score)} = \text{AFO Rating} + \text{AAP Rating} + \text{APE Rating} \\
\text{PS Score} = 7.5 + 8.25 + 7.25 \\
\text{PS Score} = 23
\]

Since the PS Score is 23, there is a high possibility that the practicum on the prevention and control of high blood pressure will be sustained by the participants.

Practice Example: A team of public health students from the University of Liberia was deployed to the Whein Town community to conduct a three-day practicum on improper solid waste management. They completed all program planning procedures, from field observation to prioritizing the health problem to creating goals and objectives. Following that, they conducted a three-day practicum on improving solid waste disposal. They chose to assess the practicum sustainability score (PS Score) to ensure the program’s long-term viability and good influence on the health of neighborhood residents. The average field observation (AFO) rating among 40 participants on a scale from 1-10 was 5. The average accurate practicum (AAP) rating was 7. The average practicum evaluation (APE) was 3.25. With such ratings, calculate the PS Score for the program.

Methodology and Design

This study uses the innovative qualitative research method, which focuses on the realist and meta-narrative reviews. The approach was selected because it offers a community-based toolbox that is appropriate
for investigating fresh and imaginative approaches to doing, presenting, and applying academic research in a renounced format [42]. Furthermore, it has been suggested that realism and meta-narrative reviews are methodical, theory-based interpretive methods that were created to assist in interpreting heterogeneous data on sophisticated interventions used in many contexts in a way that guides policy. Greenhalgh et al. first created this review in an attempt to explain the seemingly inconsistent data they found while reviewing the spread of innovation in healthcare organizations [20]. The following databases were used as search engines to gather secondary data and information on the factors that contribute to ill-health: Google Scholar, OpenMD, RefSeek, BASE, Semantic Scholar, Academia, ResearchGate, and Google Search Engine. Secondary literatures were extracted from each database to provide detailed information on those factors that are responsible for ill-health.

**Factors That Contribute to Ill-Health**

**Causal Theory Illustration of Vicious Circle of Ill-Health**

**Causal Theory Statement**

The risk of ill-health mostly among populations of the age range under 5 to 90 years, as indicated by the high rate of mortality [31, 50, 58, 61], is caused by poor sanitation and hygiene [1, 15, 16, 17, 21, 36], unhealthy lifestyles [14, 19, 32, 33, 41, 53], air and water pollution [11, 18, 35], and hostile neighborhoods [7, 24], given that illiteracy and lack of knowledge on vicious circle of ill-health moderate the causes and that poverty exist prior to the causes [4, 26].

i. **Poor sanitation and hygiene**

The health issues in Liberia that are discussed under poor sanitation and hygiene include: unsafe drinking water, personal hygiene, sanitation, and open defecation. These issues are among the leading factors that are responsible for the existence of preventable diseases in the communities. Insufficient access to improved water and sanitation services in Liberia has been cited as a significant barrier to the effective delivery of excellent healthcare and the containment of disease outbreaks, as illustrated by the Ebola Virus disease epidemic and the COVID-19 Pandemic [4, 26]. Let's firstly look at unsafe drinking water. Humans require access to sufficient and safe drinking water as a basic need [2]. In addition to helping to limit the occurrence of waterborne infections worldwide, safe drinking water is crucial in lowering health care expenses [2]. It has been estimated that over 25% of the world's population, or 2.2 billion people, do not have access to safe drinking water [4, 50]. As such, it can lead to outbreaks of numerous dangerous waterborne illnesses, including typhoid, hepatitis, and diarrhea [36]. Specifically, the majority of people worldwide do not have access to clean water, which makes it difficult to meet SDG 6 (clean water and sanitation for all), especially in Sub-Saharan Africa [4, 26, 59]. The Liberia Demographic and Health Survey, 2019–2020, reports that 84% of households (95% in urban areas and 69% in rural regions) have access to an upgraded water source. However, according to the LISGIS, MOH, and DHS Program (2021), 73% of Liberian families do not regularly chlorinate their water before ingesting it. Liberia is one of the wettest countries in the world, with an abundance of rivers, swamps, mangroves, and rainforests. Nonetheless, a sizable segment of the populace—roughly 90%—does not have access to pure and safe drinking water [49]. Secondly, we look at personal hygiene. The Greek goddess of health, "Hygeia," is where the word "hygiene" originates. Her followers were known as hygienists because they followed health-promoting hygiene [5]. According to Fantaye (2016), personal hygiene is characterized as personal care, which includes bathing, cleaning one's hands, brushing one's teeth, washing one's clothes and hair, clipping one's fingernails, and washing one's feet. UNICEF (2023) estimates that three billion people worldwide lack access to soap and water for handwashing. Moreover, 480,000 children under the age of five pass away every year from diarrhea, accounting for around 1,300 of the youngest deaths worldwide per day. Only 3% of people in Liberia have access to soap and water for hand washing [60]. Maintaining good personal hygiene is essential for halting the spread of germs and avoiding
numerous ailments that can be avoided, including ringworm, diarrhea, the flu, and hepatitis A [1, 15, 17]. Lastly, we look at sanitation and open defecation. Sanitation refers to the presence of toilets or latrines to prevent open defecation. Sanitation, as defined by public health, includes community hygiene (waste disposal and community cleanliness) as well as open defecation. In low- and middle-income nations, open defecation (OD), which is defined as the discharge of human waste in fields, forests, shrubs, open bodies of water, beaches, or other open places, continues to be a serious health concern [38]. More than half of the world’s population lacks access to safe sanitation [50]. On a global scale, roughly 494 million individuals continue to defecate in the open [40]. Approximately 1.8 million Liberians are involved with open defecation [51]. Furthermore, 82% of the population lacks access to proper sanitation facilities, causing 40% to practice open defecation [4, 26].

Community hygiene refers to the collective endeavor of improving the health and preventing illness among a population residing in close proximity to one another [34]. It includes maintaining the neighborhood’s cleanliness by trimming overgrown shrubs, disposing of waste properly, separating livestock from residences, and cleaning and clearing out gutters and rivers. According to Lifewater International (2020), maintaining good hygiene within a community, neighborhood, school, or workplace can help stop the spread of infectious diseases. Low-income countries continue to have widespread practices of improper waste management, which involve the open disposal of waste in the environment and is linked to unpleasant odors, water resource pollution, and major threats to marine ecosystems [28, 43, 47]. For instance, in sub-Saharan Africa, the environment is used for the open disposal of 70% of garbage production [28, 30].

Liberia faces significant challenges and growing concerns over the inadequacies of the country’s waste management programs [27]. About 45% of the waste produced in the city is produced in Monrovia, where an estimated 800 tons of solid household waste are collected every day. The solid waste collection system does not collect or does not cover about 55% of the waste [10, 27]. Inadequate handling of domestic or solid waste materials leads to tainted soil, air, and water, providing a haven for biological vectors such as flies, rodents, and insect pests [16]. Numerous illnesses, such as respiratory symptoms, irritability of the skin, nose, and eyes, diarrhea, dysentery, gastrointestinal problems, worm infection, food poisoning, dengue fever, cholera, leptospirosis, and bacterial infection, are sequentially caused by these biological vectors [16, 21].

### ii. Unhealthy lifestyles

The issues that are discussed under unhealthy lifestyles include: unhealthy eating patterns, smoking (secondhand smoking), physical inactivity, and excessive alcohol intake.

Firstly, we are discussing unhealthy eating patterns. In addition to noncommunicable diseases such as obesity, diabetes, cardiovascular disease, cerebrovascular accident, and cancer, bad eating habits increase the risk of malnutrition in all of its forms [14, 55]. New research on food habits and how they affect health outcomes is beginning to show how some bad eating habits are associated with and predict biomarker changes for chronic illnesses [33, 41]. The US Healthy People 2020 guidelines for disease prevention recommend maintaining a healthy weight through physical activity and following a heart-healthy dietary pattern that includes fruits, vegetables, whole grains, low-fat dairy, and lean proteins [41, 52]. These same guidelines, according to the US Department of Health and Human Services (2014), warn against eating meals high in cholesterol, added sugars, saturated and trans fats, and sodium as part of an unhealthy eating pattern. Majority of Liberians in the country do not consume the recommended number of calories and sufficient, healthy nutrients at each meal [39]. A typical Liberian meal consists of rice, GB, dumboy or fufu with palm butter, palava sauce, vegetable gravies, cassava leaves, potato greens, bean or kitteley or bitterball torgborgee, cabbage, okra, pumpkin, fever leaves, eddo, etc [39]. Secondly, let’s look at smoking. Tobacco smoking is the world’s greatest avoidable cause of death, accounting for 6 million deaths yearly [58]. However, the harmful consequences of tobacco use do not just affect smokers; they also affect nearby nonsmokers or those who are exposed to secondhand smoke (SHS). According to strong correlative data, SHS exposure causes over 880,000 deaths worldwide year [61]. According to the World Health Organization (2020), exposure to secondhand smoke causes around 1.2 million deaths annually. Globally, 40% of children, 33% of male nonsmokers, and 35% of female nonsmokers were exposed to secondhand smoke, according to a study conducted by Oberg et al (2011). The biggest percentage of people exposed were found in Europe, the western Pacific, and Southeast Asia’s Region. The proportion of persons exposed was lower in the Americas and eastern Mediterranean, with the lowest in Africa [37]. Over half of children worldwide are impacted by secondhand smoke exposure, and 60,000 children worldwide lose their lives to illnesses related to secondhand smoke exposure each year [9]. Smoking remains a major risk factor for the four primary noncommunicable diseases: diabetes, heart disease, cancer, and respiratory disorders. In 7% of Liberian homes, there is a daily smoker [32]. According to the
Tobacco Atlas Facts Sheet, 838 people in Liberia die each year from smoking-related causes, and the nation has about 228,803 adult smokers (8% of the population), while 1% of minor smoke [48].

Thirdly, let’s delve into physical inactivity. Physical inactivity is seen as a worldwide epidemic necessitating global intervention [12]. Lack of physical exercise increases the risk of overweight and obesity, diabetes, and cardiovascular disease [14, 19]. Physical inactivity is a known risk factor for early death and various noncommunicable illnesses [31]. Physical inactivity was predicted to be responsible for 6%-10% of premature deaths, coronary heart disease, type 2 diabetes, breast cancer, and colon cancer worldwide in 2008 [29]. However, in the recent decade, a substantial amount of research has clearly established that physical inactivity influences various noncommunicable illnesses beyond these [29, 53].

Lastly, let’s look into excessive alcohol intake. Overindulgence in alcohol consumption has immediate consequences that raise the chance of several dangerous medical disorders [8]. There are currently 2.3 billion drinkers worldwide. It is established that there are three WHO areas where alcohol consumption is more than 50% of the population: the Americas, Europe, and the Western Pacific [56]. These include risky sexual behaviors like unprotected sex or sex with multiple partners, which can result in unintended pregnancy or sexually transmitted diseases like HIV [56]; miscarriage and stillbirth among pregnant women; and violence including homicide, suicide, sexual assault, and intimate partner violence [53]. These are most often the result of binge drinking. According to Sterling et al. (2020), there is a correlation between excessive drinking and a higher risk of many illnesses, such as pancreatitis, cirrhosis, cardiovascular disease, and some types of cancer [46]. Approximately 21.9% of men and 3.5% of women in Liberia engage in episodic drinking [57].

iii. Air and Water Pollution
The two issues under discussion here will be poor quality air and polluted water. Because over 40% of people use biomass fuels for cooking on a daily basis, 91.5 million disability-adjusted life years (DALYs) and 2.3 million deaths resulted from this use in 2019 [31]. According to estimates, over three billion people worldwide still rely on solid fuels; 2.4 billion of them utilize biomass fuels, while the remaining people use coal [18]. The majority of the time, they are burned in three-stone stoves or open flames, which releases large amounts of harmful chemicals. According to Fatmi et al. (2010), solid fuels have a number of detrimental health consequences on the general public. The usage of solid fuel, such as biomass, raises the chance of developing diseases including TB, lung cancer, pneumonia in children under five, and chronic obstructive pulmonary disease [11, 18].

Next, let’s look at water pollution. As per the UNESCO 2021 World Water Development Report, freshwater consumption worldwide has surged six-fold in the last century and has been expanding at a rate of around 1% year since the 1980s. Water quality is severely threatened by rising water usage [35]. A portion of the drinking water pipelines are typically located in the same ditch as the leaky drainage pipelines. When leaks occur or repairs are made, there is a significant chance of contamination [45]. According to estimates, 80% of wastewater from industries and cities worldwide is released into the environment untreated, endangering both ecosystems and human health [35]. Drinking water can get contaminated from a variety of sources, such as sewage from poorly managed wastewater treatment plants or leaking septic tanks, chemicals, farm runoff, industrial or mining waste, and dead animal microbes [6]. Water quality and safety can be adversely affected by pollution, poor maintenance, and a lack of investment in water infrastructure and water management. Water pollution can originate from non-point sources like agricultural runoff or point sources like sewage treatment plant discharges [3, 35].

iv. Hostile Neighborhood
This discusses lack of well-structured social connection and abusive and violent neighbors. According to Wiegang, Ruppenhofer, and Eder (2021), abusive or offensive language is often described as harmful, disparaging, or obscene remarks made by one individual to another individual or group of individuals [54]. According to the ecological systems theory of Bronfenbrenner, child development is seen as a complex system of interactions influenced by a variety of environmental factors, ranging from the immediate home and school environment to broader societal values, laws, and practices [22]. Neighborhoods have a big impact on families [44]. Among other negative consequences on their lives, children raised in violent areas are more likely to be aggressive, have cognitive stress, have stricter parenting methods, and have mistrust for the educational system [7]. According to social organization theory, low neighborhood socioeconomic level, racial or ethnic heterogeneity, and population turnover make it harder for communities to establish and maintain order, which drives up crime and violent crime rates. These disadvantages lead to a decline in social relationships and a reduction in social control, or the ability of a community to regulate the behavior of its members [24].

Living in a hostile area exposes oneself and others to unsafe conditions by default. This might lead to a disjointed social interaction that is detrimental to the growth of one’s academic career as well as to well-established social relationships [7]. Furthermore, high-
The environment tends to respond to us more positively when we take good care of it, creating healthy spaces in the process. On the other hand, when we provide the environment with needless filth or trash, it transforms them into pathogenic microbes that could harm the inhabitants' health and well-being.

Under the phenomenological approach, the FOAP Concept vividly discussed four stages in its construct, Field Observation, Accurate Practicum, Practicum Evaluation, and Practicum Sustainability. Each of these phases is incredibly distinctive in its own view. It's critical to approach each step of practicum efforts with a high degree of precision and gravity in order to maximize the effects on participants. Any level has unique qualities that make any practicum activity successful. When these stages are employed successfully, they can have a significant impact on the participants of practicum activities, perhaps affecting the community as a whole. Why were these stages brainstormed? Of course, to assist in addressing some of Liberia's significant health issues caused by hazardous environmental practices.

In this literature, the factors that contribute to vicious circle of ill-health were also explained. Those factors included: poor sanitation and hygiene (unsafe drinking water, personal hygiene, sanitation, and open defecation), unhealthy lifestyles (unhealthy eating patterns, smoking (secondhand smoking), physical inactivity, and excessive alcohol intake), air and water pollutions (poor air quality and polluted water), and hostile neighborhood (lack of well-structured social connection and abusive or conflict-like neighbors). All of these factors contribute to the emergence of diseases or health problems can reduce life expectancy among the citizenry.

Declaration

Ethical Consideration: Based on the nature of the research, it does not require approval from an Institutional Review Board for its uptake.

Consent for publication: The author gives consent for the publication of this manuscript.

Availability of data and materials: Based on the nature of the research, the data and materials gathered were from secondary sources or published literatures. The data found within this manuscript can be found in the cited references in the reference index of this manuscript.

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