COURSE GUIDE

HED 313
HEALTH AND ILLNESS BEHAVIOUR

Course Team Dr. Famuyiwa Sikiru Aderemi (Unit Writer)
Dr. Famuyiwa Sikiru Aderemi
Dr. Gloria Oiyahumen Anetor (Course Editor) - NOUN

NATIONAL OPEN UNIVERSITY OF NIGERIA

National Open University of Nigeria
Headquarters
University Village
Plot 91, Cadastral Zone Nnamdi Azikiwe Expressway
Jabi, Abuja

Lagos Office
14/16 Ahmadu Bello Way
Victoria Island, Lagos

e-mail: centralinfo@nou.edu.ng
URL: www.nou.edu.ng

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INTRODUCTION

Health and Illness Behaviour is a one-year, two-credit course in the third level, it will be available for all students to take towards the core unit B.Sc. (Hons) in Health Education. It will also be relevant as "one option" for everyone who wants to get to know the behavior of health and illness or/country does not intend to complete the talent NOW.

The course is designed to include twenty credits that include basic concepts and issues in health and illness. The purpose of this course is to help you be knowledgeable in making a well-informed decision to develop a positive attitude towards time of health and illness in order to preserve and enhance their personal health, the health of their family and society in general.

There are no compulsory prerequisites for this course, although basic knowledge of biology and health sciences is very important to assist the student through this course.

This course guide briefly tells you what the course is about, what study materials you will use and how you can work through these topics. It gave suggestions for some general guidelines on the time you are likely to spend on each unit of the course to complete it successfully. It also gives you instructions on your teacher-taught assignments.

WHAT YOU WILL LEARN IN THIS COURSE

The basic aim of The Health and Illness Behaviour is to acquaint learners with basic concept of health and illness as well as what Behaviour is expected of individual to take in proper maintenance of one's health in the time of any of the two concept. During this course, you will learn about: Concept of Health, Components of Health, Factors Influencing Health. Theory of Diseases. Attitude and Behaviour during time of Health. Disease and its causative agents. Concept of illness, Attitude and behaviour during time of illness, Health Maintenance, Health care System, Alternative Health Care Services, Faith Based Health care services, Choice for Health care delivery services, Barriers in health care, services utilisation, knowledge, health risky behavior and value clarification.

COURSE AIMS

The aim of the course can be summarized as follows:

- Introduce you to the basic concept of Health
- Outline the essential components of health

- Explain factors that influence Health
- Discuss theories of disease and its causative agents
- Assess Behaviour in time of health and illness
- Recommend Health maintenance behaviour.

COURSE OBJECTIVES

To achieve the aims outlined above, the course set overall objectives. Added to this each units also has specific objectives. The unit objectives are always included at the onset of each units; you are expected to read them before you start working through the unit. You may wish to make reference to them during your course of study of the unit to guide your progress.

Outline below are the broad objectives of the course as a whole. When you met these objectives you should have achieve the aims of the course as a whole.

When you have successfully completed this course, you should be able to:

1. Define the concept of health in your own words.
2. State the major components of Health
3. Outline the factors that influence Health
4. Discuss the theories of disease
5. List and explain causative agents of disease
6. Identify attitude and behaviour during time of health
7. Identify attitude and behaviour during time of illness
8. Discuss different types of Theories of Health and Illnes Behaviour
9. Mention types of Health care system and their features
10. Identify Alternative Health Care
11. List and explain the Determinants of Preventive Health Behaviour
12. Discuss health maintenance system
13. Outline the factors in the choice of Health care system
14 Identify Barriers in health care service utilisation
15: Describe Health Risky Behaviour
16: Discuss the Value clarification

WORKING THROUGH THIS COURSE

To end this course you are expected to read the study units and some other materials and resources made available to you. These will work together in facilitating your learning. You are expected to undertake all practical exercises outlined in each unit.

COURSE MATERIALS

Major components of the course are:

1. Course Guide
2. Study Units
3. Other resources

STUDY UNITS

There are Sixteen study units in this course as follows:

Unit 1	Concept of Health
Unit 2	Major Components of Health
Unit 3	Factors that Influence Health
Unit 4	Attitude and Behaviour during Time of health
Unit 5	Concept and Theories of disease and illness
Unit 6	Causative Agents of Disease
Unit 7	Attitude and Behaviour during Time of illness
Unit 8	Theories of health and illness behavior (Health Belief Model, Fishbein's Theory of Reasoned Action,)
Unit 9:	Theories of health and illness behavior {Attribution Model of health and illness, Naturalistic Model)
Unit 10	Determinants of Preventive Health Behaviour
Unit 11	Health Risky Behaviour
Unit12	Health Maintenance System
Unit 13	Health care delivery system
Unit 14	Alternative Health Care Delivery
Unit 15	Barriers in Health Care Service Utilisation
Unit 16	Value Clarification

The first module is concepts of health and its components. The next is on theories of disease and its causative agents. The third module is on attitude and behaviour during the time of health and illness, the fourth module is on Health care delivery systems while the last module is on is on health maintenance system Each study unit consists of about three hours of work and include specific objectives, directions for study, References/Further Reading, and commentaries on some terms.

The units direct you to work on exercises related to the require readings. Together with tutor-marked assignments this exercise will assist you in achieving the stated leading objectives of the individual units and the course.

TEXTBOOKS AND REFERENCES/FURTHER READING

Textbook and References/Further Reading are indicated at the end of every unit in each of the modules of study in these manuscripts.

ASSIGNMENT FILES: this contained all the tutor-marked assignments given at the end of every unit in each of the five modules in these manuscripts.

TUTOR-MARKED ASSIGNMENT (TMAS)

There are fourteen tutor-marked assignments in the course. You are encouraged to answer all the questions as these will form part of your continuous assessment in addition to the class test based on a timeframe that the course facilitators may be subjecting you to from time to time.

FINAL EXAMINATION AND GRADING: At the end of the course, you will need to sit for a final written examination which will consist of five questions out of which you will be required to answer three, each question will carry a mark of twenty.

PRESENTATION SCHEDULE

The following is the presentation that students should follow to achieve the goals and objectives of this course.

1. Read the course guide carefully
2. Plan a study plan. See a more detailed overview of the course.
3. Once you have created your own curriculum, do everything you can to stick to it. The main reason why students drop out is that they get behind the course work if you have problems with your schedule, please let the teacher know before it is too late to get help.
4. Turn to module 1 and read the introduction and objectives for the module.
5. Assemble the study material. Details of what you need for a unit are given in the outline at the beginning of each unit.
6. Work through the unit. The contents of the unit itself have been sorted so that you can keep track of the order.
7. Review the goals of each unit to ensure that you have achieved them. If you feel uncertain about your goals, review the study materials or contact your supervisor.
8. Once you are sure that you have achieved the objectives of the unit, you can start on the next unit. Continue unit by unit throughout the course and try to speed up your study so that you stay on schedule.

9. Once you have submitted an assignment to your mentor to mark, do not wait for it to return before you begin the next module. Stick to your plan. When submitting the project, pay special attention to your supervisor's comments, both on the teacher's marked project form and also written on the project, contact your supervisor as soon as possible if you have any questions or problems.
10. At the end of the final module, review the course and prepare for the final exam. Make sure that you have achieved the objectives of the credits (listed at the beginning of each module) and the objectives of the course (listed in this course guide).

COURSE MARKING SCHEME: will be provided by the course facilitator along with the question set for final examination and the modalities for grading will be indicated in front of each question.

COURSE OVERVIEW

This table brings together the number of units and the tutor marked assignments in this course.

UNIT	TITLE OF UNIT
1	Concept of Health
2	Major components of Health
3	Factors that Influence Health
4	Attitude and behaviour during time of health
5	Theories of disease and illness
6	Concept of Disease
7	Causative Agents of Disease
8	Attitude and behaviour during time of illness
9	Theories of health and illness behavior (Health Belief Model, Fishbein‘s Theory of Reasoned Action,)
10	Theories of health and illness behavior {Attribution Model of health and illness, Naturalistic Model)
11	Determinants of Preventive Health Behaviour
12	Health Risky Behaviour
13	Health Care Delivery System
14	Health Maintenance System
15	Barriers in health care service utilisation
16	Value clarification

HOW TO GET THE MOST FROM THE COURSE

In distance learning and open learning, credits replace the university lecturer. This is one of the biggest advantages of open learning: you can read and work again at your own pace, at the right time and place for you. Think about listening to presentations instead of reading the lecture. Just as the presenter can order a reading, the tutorials will tell you when to read online books or other material and when to do an exercise or practical step. Because the presenter can provide you with instruction in the classroom, your student units will provide exercises at appropriate levels. Each research unit has a similar format. The first session introduces the subject of the unit and how a particular unit is integrated into other units and the course as a whole. The following is a learning objective. These goals allow you to understand what you would be able to do when you complete the unit. These objectives should be used as a guideline study.
At the end of the module, come back and see if you have achieved your goals, if you are used to this, it will significantly improve your chances of the course.

The main part of the module will guide you through the course. Other References/Further Reading are usually from other sources. Some units require practice.

FACILITATORS AND TUTORS TUTORIALS

This will be in line with the academic calendar prepared by the University in which time will be scheduled for the tutorial's interactions between the facilitators/tutors and the students

SUMMARY

These manuscripts provided the truth in a wide-ranging discussion of all the topics highlighted in the content. In the end, students are expected to become familiar with the following knowledge: The concept of health, the components of health, the factors influencing health. Theory of diseases. Attitude and behavior during health. Disease and pathogens. The concept of illness, attitudes and behavior during illness, health preservation, health care system, alternative health care services, faith-based health services, choice of health care services, barriers to health care, recovery services, knowledge, health-damaging behaviour and cleansing.

MAIN COURSE

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MODULE 1 CONCEPTUALISATION OF HEALTH

UNIT 1 CONCEPT OF HEALTH

CONTENT

1.0 INTRODUCTION

Since you have gone through the course guide, you would have acquired a general overview of what this unit is about, how it links specifically to the course. This unit will help you acquire basic understanding of what the health is.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- define the concept of health
- mention the importance of health.

3.0 MAIN CONTENTS

3.1 Definitions and Importance of Health

Health could be defined as the ability of an individual to perform their daily activities without undue stress and fatigue.

It is a nation's greatest natural resource on which depends its economy, happiness and all its state powers. Health has been given a different meaning by various scholars Bedworth and Bedworth (1982) defined

health as human effectiveness. This qualifying factor is that the healthier we are, the greater our chances of effectiveness, and this is not automatic, but only possible as it relies on many factors. The health of lay people can mean that no illness affects or good physical appearance, but health is inherently more

.

Johns, Sutton and Colley (1975) defined health as the quality of life resulting from the total functioning of the individual in his environment that empowers him to achieve a personally satisfying and socially useful life.

World Health Organisation defined health in (1948) as a state of complete physical mental and social wellbeing and not merely an absence of disease or infirmity. This definition has been criticked by scholars as being too broad and idealistic goal than a realistic preposition as totality/completeness of health physically, mentally, socially is uncertainty, though it is what everyone aspires to attain but may never be attains hence health should be seen as a process of continuous adjustment to the changing demands of living and of the changing meanings we give to life. Health is also observed to be a dynamic process not a static condition. Health can be quantified, measured, appraised, it has a qualitative as well as quantitative dimensions as there are various levels of health, and a well person can become healthier and vice versa (Udoh, Ajala, Fawole, Okafor and Nwana, 1999).

Today, three types of definitions of health appear to be possible and used. The first is that health is the absence of any disease or impairment. The second is that health is a condition that allows an individual to cope adequately with all the needs of everyday life (this includes the absence of illness and damage). According to the third definition, health is a state of equilibrium, a balance that an individual has developed within himself and between himself and his social and physical environment.

Adoption of one or the other of these definitions has consequences. If health is defined as the absence of disease, the medical profession can declare an individual healthy. With the advancement of medicine, individuals declared healthy today may become ill tomorrow because more advanced testing methods may find signs of a disease that could not previously be diagnosed. How an individual relates to their condition is not relevant in this health paradigm. How surrounding people judge an individual's behaviour and appearance is relevant only if their observations coincide with the disorder criteria induced by the medical profession. Measuring the health status of a population is also simple, and no more than counting individuals who show signs of a disease as determined in a study and comparing their numbers to those who do not.

The first and second of the above definitions, as well as their consequences, present obvious difficulties. Some people have disorders that can be considered symptoms of the disease but do not feel bad. There are others whose body tissues show no changes but feel bad and do not function properly. Some people hear their voices and can therefore apply for psychiatric examination and possibly treatment - but they live well in their community and do not seek or receive medical care. There are a significant number of people who have stomach ulcers and other illnesses, have no problems, do not know they have an illness, and are not looking for treatment. Some of these individuals also bypass the second type of definition of health because they function as expected in the age and gender group of the population.

The third definition of health mentioned above depends on whether man has established a state of equilibrium in himself and with the environment. This means that people with an illness or impairment are considered healthy to a level that can be determined by the ability to create an internal balance that, despite the presence of the illness, they now get what they can from their lives. Health, then, would be a dimension of human existence that survives regardless of the presence of disease, somewhat like the sky, which remains in place even when covered with clouds. The advantage of this definition is that diseases are not a substitute for the health of individuals: they can more or less severely affect their balance, but patients with the disease (and their doctors) are always aware that they have to work on two tasks at once - one to remove the disease or mitigation, the other is to establish a state of equilibrium in the best possible way in itself and concerning its environment. In the fight against the stigma associated with many chronic diseases and some acute illnesses, such as mental disorders or leprosy, this definition is also useful because it encourages us to talk and think about our patients as people defined by different dimensions (including health), and who, at one point, suffer from an illness — and so we say we are "suffering from schizophrenia" rather than "schizophrenic," or "diabetic," rather than "diabetic" and "leprosy man," rather than "leprosy."

There is another important consequence of working with this definition of health. To establish whether someone is in good health following this definition, the doctor must explore how individuals who have a disease feel about it, how the disease influences their lives, how they propose to fight their disease or live with it. Laboratory findings and the presence of symptoms are thus important and necessary ingredients in thinking about the state of health and the presence of a disease but are not sufficient to decide on someone’s health: it is necessary to view the disease in the context of the person who has it to make a judgment about his or her level of health. There is little doubt about the fact that going about the treatment

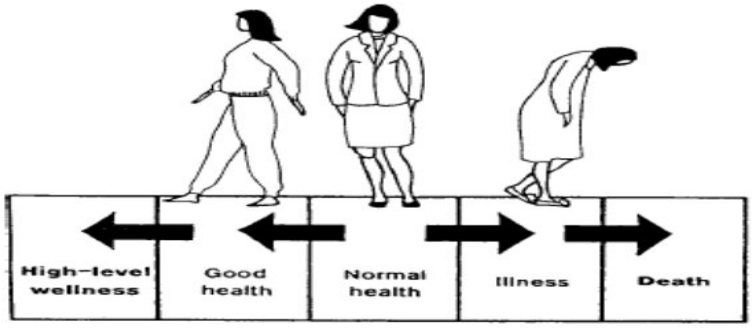
of diseases in this way would improve the practice of medicine and make it a more realistic as well as a more humane endeavour.

Health promotion is also influenced by differences in health definitions. The simplest definition of health, equal to the absence of disease, would lead to the definition of health promotion, which is an effort to eliminate diseases and reduce the number of individuals suffering from them. The involvement of function in the definition of health is reflected in the definition of health promotion as a process in which the resilience of individuals needs to be enhanced and strengthened, for example through regular and compulsory physical activity. Both definitions would lead to recommendations for improving the treatment of diseases and removing the risk factors that lead to them - such as a sedentary lifestyle, smoking, poor eating habits and inadequate use of hygiene measures such as washing hands before meals.

By its very nature, the third definition of health should not stop at efforts to eliminate diseases and reduce the risk factors that lead to the disease. Individuals whose health needs to be promoted should be actively involved: addressing the value scales of individuals and communities to ensure that health rises higher on these scales. A high value attributed to health (not just in the absence of disease) would make people do everything they can to improve health: participation in preventive activities and treatment would become a normal expression of the need to behave in harmony with oneself and one's community. However, changing the place of health on the scale of values is not possible if it is entrusted only to the health sector: values are shaped throughout life under the influence of parents, friends, schools, the media, laws and people. own life path and experience. Thus, changing values, for example, to create greater value for health, to promote health, should be the responsibility of all those involved in shaping and scaling up values, not just for the health system.

3.2 Health on a Continuum

The health status of an individual is constantly changing. The individual returns from health to illness and health. His condition is rarely permanent. You may wake up great, have a headache in the middle of the morning, and feel good again by noon. Health-disease continuity illustrates this process of change in which an individual experiences various health conditions and diseases (from extremely good health to death) that fluctuate throughout their lives.



Health, like life itself, is a process of constant change. And to maintain good health and well-being, we must constantly adapt to these changes in our lives. Our health is not affected by change, but by adaptation to change or reactions. For example, two students learned a big test tomorrow for which they are completely unprepared. One student responds to this stressful situation (stressor) by going home, taking out his books, and starting to study. The other student exudes sweat and now spends the evening resting on this outrage and imagines what will happen to him if he fails the test. There is no doubt that this student is doing more harm to his health than his friend. Given how much time and energy they put into worrying (and not learning), they can experience even more stress when they get their grades.

Adaptation and effective functioning, even in the case of chronic illness, can be considered a state of wellness. A person may be in perfect physical condition, but he feels too tired and "blue" to get to work while his co-worker, a diabetic, is at work, fully functioning, and doing his job. Which of these two people is at a higher level of health disease continuity?

Arifa (2017) stated that the health illness continuum is a graphic illustration of a wellbeing, concept first proposed by John.W.Travis in 1972. It describes how wellbeing is more than simply an absence of illness, but also incorporates the individuals mental and emotional health. Travis believed that the standard approach to medicines, which assumes a person is well when there are no signs or symptoms of disease, was insufficient.

Composed of two arrows pointing in opposite direction and joined at a neutral point.

Movement to the right to the arrows (toward the high level of wellness) equals an increase in level of health and wellbeing Achieved in three steps

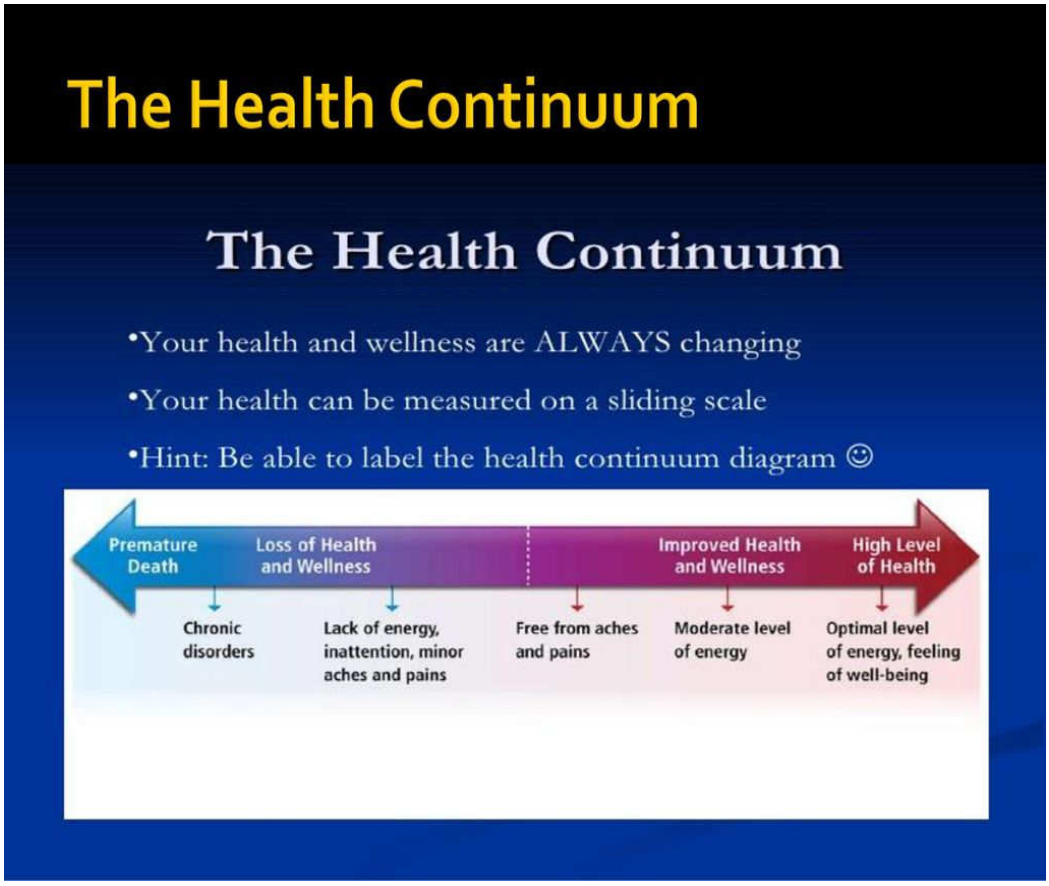
* Awareness
* Education
* Growth

Movement to the left to the arrows (towards premature death) equates a progressively decreasing state of health. Achieved in three steps:

* Signs
* Symptoms
* Disability

Most important is the direction is the individual facing on the pathway A. If towards high level of health, a person has genuinely optimistic or positive outlook despite his/ her health status. B. If towards premature death, a person has a genuinely pessimistic or negative outlook about his or her health status (Arifa, 2017).

Compares treatment model with a wellness model, ¬If treatment model is used, an individual can move right only to the neutral point. E.g.: A hypertensive client who only takes his medications without making any other lifestyle changes. ¬If wellness model is used, an individual can move right past the neutral point. Eg: As hypertensive client not only takes medications but stops smoking, looses weight , starts an exercise programme etc.



Source: (Arifa, 2017)

Health is a dynamic state that fluctuates as a person adapts to changes in the internal and external environments to maintain a state of wellbeing. As health and illness are relative qualities existing in varying degrees, it is more accurate to consider health and illness in terms of a scale or continuum, rather than a absolute state.

variables influencing health beliefs and practices:-

1.Internal variables

Developmental stage: - A person's thought and behaviour patterns change throughout life.

Intellectual background: Knowledge about body functions and illnesses, educational background and past experiences, all influence the health beliefs and practice of patients.

Emotional and spiritual factors: The patient ' s degree of calm or stress can influence health beliefs and practices. Spiritual beliefs also influence whether and how a patient seeks or avoids healthy behaviour.

2. External variables

Family practices - The way that patient' s families use health care services, their perceptions of the seriousness of diseases and their preventative care behaviours can influence the health beliefs and practice. Socioeconomic factors-Social relationships, economic level, and psychosocial factors influence health beliefs and practice.

Cultural background -It influences beliefs, values, and customs. It influences the approach to the health care system, personal health practices and nurse-patient relationship

Factors affecting a patient's health status are Smoking, Nutrition, Alcohol use. Habituating drug use, Driving, Exercise, Sexuality and contraceptive use, Family relationships, Risk factor modification and coping and adaptation.

4.0 CONCLUSION

Having read this course and completed the assessment test, it is assumed that you have attained understanding of the definition of health by various scholars, Concept of health on a continuum. You have also learnt the importance of good health to individual family and the community at large.

5.0 SUMMARY

In this Unit, you have learnt about definition of health by various scholars., And also mention has being made on importance of health and health on a continuum as health is dynamic and not static. Variables influencing health belief and practice such as internal and external variables were also discoursed. The assessment exercise has been provided to enable you understand your own rating os the understanding and learning you achieved reading this materials Unit.

6.0. TUTOR-MARKED ASSIGNMENT

1. Using your own word, define the term health.
2. Explain the concept of Health on a continuum.
3. Identify the importance of health.

7.0. REFERENCES/FURTHER READING

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UNIT 2 COMPONENTS OF HEALTH

CONTENTS

1.0 INTRODUCTION

According to the World Health Organisation (WHO), there are different components to health, definitions of health, with an emphasis on physical, mental and social components, although various researchers have added new components such as: spiritual, emotional, professional components.

2.0 OBJECTIVE

By the end of this unit, you will be able to:

- list and explain various components of health.

3.0 MAIN CONTENT

3.1 Components of Health

Physical components

The physical components of health are the perfect functioning of the body, i.e. the optimal harmonic functions of the various organs and cells that make up the body, covering good complexion, clean skin, shiny eyes, shiny hair and the body with solid flesh. too fat, sweet breath, good appetite, healthy sleep, regular bowel and bladder movements, coordinated physical movements, all special senses intact, resting heart rate blood pressure and body tolerance all fall within the normal range.

Mental Components

Mental health is the ability of an individual to cope with the daily needs of life's activities without undue stress or decay.

It is a state of harmony between ourselves and others, coexistence between me and other people, and the reality of the environment.

However, a mental imbalance is not only related to the relationship between the individual and society, but can also be influenced by behavioural, psychological, or biological dysfunction. According to the psychologist, the characteristics of a mentally healthy person are free from internal conflicts; that is, the person who is not in struggle with himself, is looking for identity, has strong self-esteem, has good self-control - is in the balance between rationality and emotionality, adapts well, knows himself; your needs, problems, and goals face a problem and try to solve them intelligently, that is, to cope with stress and anxiety.

Social components

This ability of the individual to integrate and live harmoniously within the individual, between the individual and other members of society, and the world in which he or she lives is related to the degree of interpersonal relationship and connection to the community. Social components include the possession of social skills, participation in social activities, and the ability to see oneself as a member of a larger society on a continent that does no harm and harms the individual and other members of the community.

Spiritual components

The spiritual plays a major role in health and disease, referring to the part of individuals that achieves the meaning and purpose of life. This elusive something that transcends physiology and psychology is related to faith and faith that directly or indirectly affects the health of the individual and the community. Traditionally and different modern religious denominations have different perceptions and beliefs about health and disease, and these have a major impact on their health, the health of their families and the community in which they live, mental health includes integrity, principles, ethics and purpose in life, commitment to some higher being.

It is believed that for the sake of a healthy mind and body, you also need to embrace the spiritual lifestyle of heather. Mental health provides the extra momentum needed to experience a long day at work. A person’s spirituality can also help him or her deal with difficult situations in life, including rejection, death, or overcoming financial difficulties, while providing one with a spiritual direction that helps maintain more harmonious relationships.

Emotional Components

Emotional health remains one of the most important aspects of health, yet it is constantly ignored. Emotional health is often defined as a person who

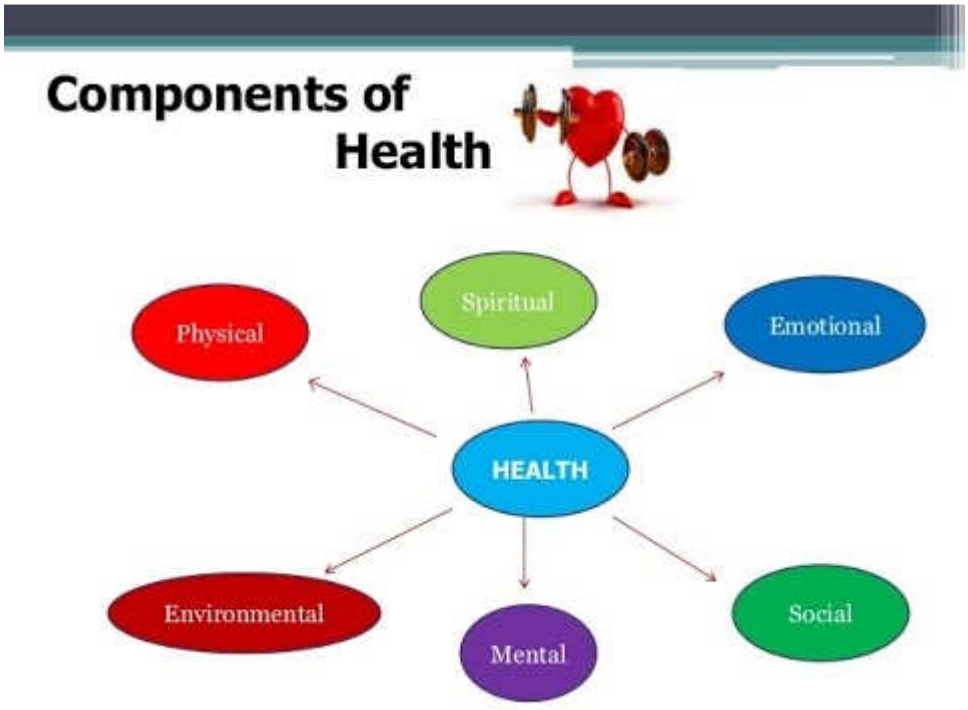
is able not only to recognize reality but also to cope with the demands of everyday life. For good emotional health, you need to be confident and delicate in your skin, including freedom from mental disorders.

As we grow from teenagers to adults, we learn how to face life's problems and how to better process grief. Various treatments are available for people with depression and other mental disorders such as bipolar disorder, extreme anxiety and schizophrenia.

Mental and emotional components have been considered as one element or two closely related elements, but recent research has made it clear that mental health can be seen as a cognitive aspect of health, i.e. the need for knowledge, while emotional health worries perceptions and feelings about a situation or phenomenon. therefore, the duo should be considered as two separate elements of human health.

Vocational Components

This is related to adaptability and limiting human goals, with work often playing a role in promoting both physical and mental health. Physical work usually involves improving physical abilities, while achieving goals and self-fulfillment in the workplace is a source of satisfaction and self-esteem, as a well-paid or successful businessman can take care of his or her entire family and needs, but it is very noticeable. If an individual loses his or her job or is about to retire without adequate preparation for income. This directly or indirectly affects your health and family.



Uploaded by: Al Salam Dayimaan, Dec 17, 2016

Other Components of Health are:

Cognitive Health

People have heard of the term cognitive health, yet they don't fully know what it means, which refers to the brain and its ability. Cognitive functions include learning a new language, judgment, and memory. There are many different ways to improve your cognitive health, including watching TV, reading, crossword puzzles, playing cards, or simply maintaining regular social interactions.

Cultural Health

The culture in which we live constantly affects our health and wellness. Cultural health often refers to a specific demographic area that provides an opportunity for a healthier lifestyle for everyone. His environment and culture constantly influence his life. To maintain good cultural health, you need to surround yourself with a healthy living and working environment. Jennifa, S. (2020) also identify six components of health as:

Physical: Physical health includes our stamina, strength, flexibility, cardiovascular, digestive health, and more. Thus, our bodies are prepared to move around the world every day. This is a key element of our health and should be part of our self-care routine, however, if we stop here, many components of our health are missing. The basics of physical health: moving your body for 30 minutes a day, drinking half or all of your body weight in water, sleeping for eight hours at night, a balanced diet.

Intellectual: When you stop learning, you start to die. 'Albert Einstein. Our minds are designed to learn and develop further. Learning exists in many forms: books, podcasts, lessons, brainstorming, coaches, community, conversations, and more. What we fill our minds within all areas of our lives. Are you listening to the negatives of the news on the way to work or listening Emotional: to a motivational podcast? Do the people around you challenge you to think bigger or pull you back to think smaller? Recharge your mind and nourish it positively. Schedule your learning and your mind has grown.

Mental: Mental health is different for everyone, and it doesn't matter what you believe in or what practices you have. I find it important to take time each day to take a break and clear your mind. One of the most common ways to clear your mind is through meditation, prayer, or journaling. Mental health can also be expanded by finding ways to return, to find purposefulness. Can you volunteer your time to give to others?
Emotional health and wellness are extremely important and very complex as well. It is the health of our minds, our thoughts, our feelings. Can you

maintain a positive mindset when stress comes? I find that planning my week and my daily to-do lists help me stay in a positive emotional state. Physical exercise, proper diet and supplementation, social interactions all play a role in emotional health as well. You see, many of these ingredients are intertwined. Another great release for me when my emotions are over is the diary. I enjoy getting my thoughts out of my mind and on paper. If you are struggling with emotional health, it is always important to seek professional support.

Environmental protection: This includes the living situation, the workplace situation, the circle of friends. In what environments do you find yourself? When you enter your home or workplace, do you feel safe, comfortable, peaceful, or do you feel anxious, overwhelmed, tired? Our environment is a key element of our health. I experienced this when I lived in a toxic environment, all other areas of my health were negatively affected. This can be a more difficult component that others can then change but start with what can be changed. Ensuring the cleanliness and organisation of the immediate environment, It surrounds itself with a healthy, risk-free working and living environment and focuses on conserving all-natural resources and our role in improving the environment. Environmental wellness is about respecting nature and the environment and gaining personal fulfillment from our environment.

Social: Social health encompasses all relationships. This includes family, friends and community. We are social beings. Do you have a healthy relationship with these key people in your life? What would happen at work? I often ask my clients what they do on their weekly schedule, which is fun, and it's an area that many struggles with. To simplify the concept, even adults need game dates. Go on a trip with a friend, have dinner with your family, watch a movie. Get out and be social, whatever looks like to you. Make sure it's on your schedule this way. From a social standpoint, it's easy to feel like you have to say yes to everything that just comes. I have stated with my clients that we need to work in this area on what we say yes and no to. It is wrong to say no to things that uplift and that do not help you move towards health and wellness.

Source: Slideshare

Joe, (2018) identify six dimensions of wellness as follows:

Physical: Maintaining a healthy body through regular exercise, proper nutrition, good sleep, and avoiding harmful habits. Maintaining a consistent, comprehensive workout program is critical to physical well-being.

Emotional: To be in touch with your emotional presence and to be aware of your thoughts and feelings. Emotional wellness depends on being able to express your thoughts and feelings and be able to accommodate the thoughts of others.

Spiritual: The perception that life is meaningful and purposeful and that they lead us along the way. Spiritual wellness is about embracing meta-physics and transcending the physical realm of existence and experience. Intellectual: Able to interact vividly with the world around you. The intellect is about bending the muscles of the mind and opening the mind. The spiritual being of man is about continuous learning, problem solving, processing, and creativity. Mental wellness involves connecting with others on a brain

Social: Social wellness is about good contact, interaction and communication with others. Social wellness is also about having fun on your skin so that you can contribute and participate in healthy living conditions. Involving people in all areas of our lives is tantamount to social wellness.

Source: info@neuralmovementtherapy.com

4.0 CONCLUSION

Having read this course and completed the assessment test, it is assumed that you have attained understanding of the learnt about Components of Health such as physical, emotional, social, vocational, spiritual, cognition and cultural components.

5.0 SUMMARY

In this Unit, you have learnt about Components of Health such as physical, emotional, social, vocational, spiritual, cognition and cultural components. The assessment exercises have been provided to enable you understand your rating of the understanding and learning you achieved reading this materials Unit.

6.0 TUTOR-MARKED ASSIGNMENT

List and explain the components of health.

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UNIT 3 FACTORS AFFECTING HEALTH

CONTENTS

1.0 INTRODUCTION

Health is controlled by a hydra. Factors influencing health are internal and external. Many of our health problems stem from the fact that we have failed to develop our full health potential, and our actions and inactions affect our state of health. Life is a constant interaction between people and their environment, and these interactions are fundamental factors that affect their health and effective life, our inherited abilities also allow us to function effectively, so the important factors that affect health are heredity, environment, lifestyle, health, and family welfare services and socio-economic conditions.

2.0 OBJECTIVE

By the end of this unit, you will be able to:

- list and explain various factors that affect health.

3.0 MAIN CONTENTS

3.1 Factors that affect Health

Healthy people 2020 stated that the followings are factors affecting the health of individual Policymaking, Social factors, Health services, Individual behaviour and biology/genetics.

It is the interrelationships among these factors that determine individual and population health. Because of this, interventions that target multiple determinants of health are most likely to be effective. Determinants of health reach beyond the boundaries of traditional health care and public health sectors; sectors such as education, housing, transportation,

agriculture, and the environment can be important allies in improving population health.

Policymaking

Policies at the local, state and federal levels affect the health of individuals and the general public. For example, raising taxes on tobacco sales can improve the health of the population by reducing the number of users of tobacco products. Some policies affect the entire population for a long time while helping to change individual behaviour. For example, the Road Safety Act of 1966 and the National Traffic and Vehicle Safety Act empowered the federal government to define and regulate regulations for motor vehicles and highways. This has led to an increase in car safety standards, including seat belts, which has reduced the number of injuries and deaths in motor vehicle accidents.

Social factors

Social determinants of health reflect the social factors and physical circumstances of people's birth, living, learning, play, work, and age. Also known as social and physical determinants of health, they affect a wide range of health, functioning, and quality of life outcomes. For example, Resources available to meet daily needs, such as education and employment opportunities, fair wages or healthy food, social norms and attitudes, such as discrimination, exposure to crime, violence and social disorders, such as garbage, social support and social interactions, media and emerging technologies such as the Internet or mobile phones, socio-economic conditions such as concentrated poverty, Quality schools, transport options, public safety. residential segregation

Physical determinants include:

Natural environments such as plants, climate or climate change, construction environments such as buildings or transport, workplaces, schools and leisure environments, houses, homes and neighborhoods, exposure to toxic substances and other physical hazards, physical barriers, especially for disabled people Aesthetic aspects such as good lighting, trees or benches.

Poor health outcomes often worsen with individuals' interactions and their social and physical environment.

In the United States, for example, millions of people live in places where ozone or other air pollutants are harmful. In counties where ozone pollution is high, the incidence of asthma is generally higher in adults and

children compared to the national and national averages. Poor air quality can cause asthma symptoms, especially in children

Health Services

Both access to health care and the quality of health care can affect health. Healthy People 2020 deals directly with access to health services as a thematic area and incorporates the quality of health services into several thematic areas. Lack of access or limited access to health care has a major impact on a person's health. For example, when individuals do not have health insurance, they are less likely to participate in prevention and more likely to delay medical treatment.

Barriers to access to health care are lack of supply, high costs, lack of insurance coverage and limited access to languages. This leads to the following: unmet health needs, delay in receiving adequate care, inability to receive preventive care and hospital stays that could have been avoided

Individual behaviour

Individual behaviour also plays a role in health outcomes. For example, if a person quits smoking, their risk of heart disease decreases significantly.
Many public and health interventions focus on changing individuals' behaviours, such as drug use, diet, and exercise. Positive changes in individual behaviour can reduce the incidence of chronic diseases in the country.

Examples of influencing factors in a person's health behaviour are diet, exercise, alcohol consumption, cigarettes and other medicines, and hand washing.

Biology and Genetics

Some biological and genetic factors have a greater effect on certain strains than others. Older adults, for example, are biologically more likely to have health problems than adolescents due to the physical and cognitive effects of aging. Sickle cell disease is a common example of a genetic condition. Sickle cells are a condition that people inherit when both parents carry the sickle cell gene. The gene is most common in people with ancestors from West Africa, the Mediterranean, South or Central America, the Caribbean, India and Saudi Arabia.

Examples of socio-biological and genetic factors that affect health are: Age, gender, HIV. Hereditary diseases such as sickle cell anemia, blood thinning and cystic fibrosis carrying the BRCA1 or BRCA2 gene, which

increases the risk of breast and ovarian cancer and family history of heart disease

Emella and Zia (2021) reported that the social determinants of health are an individual's circumstances that impact their health and well-being. These include political, socioeconomic and cultural factors, as well as easy access to health care, education, a safe place to live and nutritious food.

The World Health Organisation (WHO) trusted source defines the social determinants of health as "the conditions in which people are born, grow, work, live and age, and the broader set of forces and systems that shape the conditions of life daily".

The social influencing factors of health are diverse factors that exist in all aspects of society. However, they are separate from individual medical care or lifestyle choices.

A study cited by the National Academy of Medicine found that medical care itself accounted for only 10–20% of those who contributed to human health.

However, the many social influences of health play a much larger role in influencing an individual's health, and 80-90% of the factors contribute to this.

This article examines the social influences of health, including their form and the role they play in defining health outcomes.

The social influences of health fall into five main groups of reliable sources:

Health: This group covers a person's access to healthcare and its quality. Factors include access to basic health care, health insurance and health education

Economic stability: refers to the relationship between a person's finances and his or her health. Examples of factors are poverty, employment, food security and housing stability

Education: This category emphasizes the relationship between a person's access to education and its quality and health. Examples are upper secondary education, university studies, language and literacy and children's development

Social and community life: This group is about how a person lives, works, plays and learns and how this is related to the person's health. Factors include civic participation, discrimination, imprisonment and conditions in the workplace.

Neighborhood: This group considers the home and environment of the individual and the role it plays in the health of the individual. Factors include housing quality, transport, access to healthy food, water quality, crime and violence.

The elements in each group are intertwined and often related to each other.

3.2 Health equity factors

Allan and Rachel 2020 observed that one of factors that affect the health of people is Health equity**:** which means ensuring that everyone has the chance to be as healthy as possible. However, factors outside of a person's control, such as discrimination and lack of resources, can prevent them from achieving their best health. Working toward health equity is a way to correct or challenge these factors.

You may not have access to the best healthcare because of discrimination and lack of resources. Equality in health means ensuring that everyone has the opportunity to achieve the best possible health. Unfortunately, many social and environmental factors can limit a person's access to and continued use of good health and care practices. Examples of these barriers, taxation, lack of access to quality education, income and wealth disparities, inadequate housing or homelessness and an unsafe environment.

By reducing, challenging or overcoming these barriers, people can achieve equality in health care. However, this is rarely something one can do for oneself. Instead, it requires adaptive change from society and health care institutions and governments.

People use many different terms when it comes to access to health, including inequalities in health, equality in health and equality in health. Differences in health are differences that affect an individual's ability to achieve better health. Examples of differences in health are race, gender, education, income, disability, geographical location and sexual orientation. , Inequality in health creates inequality in health. Due to differences or circumstances, some people do not always have the same opportunity to improve their health as others. Inequality in health is often irrelevant to an individual.

Two concepts refer to how to correct these health disparities: health equality and health equity.

Equality in health means that everyone has the same opportunity. For example, a community center that offers free or inexpensive shows for everyone. Health means people have opportunities based on their needs. For example, the same clinic charges people based on their ability to pay. Anyone who cannot afford the benefits can receive them for free, while another can pay for the same benefits. In short, health balance means that everyone receives the same standard, while health means that everyone receives individualized care to achieve the same level of health. For example, if the clinic offers free checks every morning, the person who has to work in the morning will not be able to use this service. Although the clinic offers control on equal terms for everyone, some are still not using the service. Health funding would include offering another check-in time in the afternoon or evening so that everyone can access the service at a time that suits them.

Examples of health equity services include:

To offer health conferences and courses that specifically address the needs of specific ethnic communities and racial groups.
To provide low-cost services for those living in low-income households.
Use mobile health monitors for those who may not have access to transportation.

Offer health in the evenings or late at night for those who work long hours and cannot access care.

To provide better education, testing, and access to treatment in communities that are particularly affected by certain situations or diseases.

To promote equality in health care, governments and NGOs should recognise and seek to remove barriers to care.

How to promote health equity

Individuals and organisations can take steps to achieve health for individuals.

Here are some steps you can take:

Find out how differences in community health affect specific groups.

Recognise that each individual has their racism and ethnicity and learn to know when a policy or environment can (sometimes involuntarily) exclude a person or group.

Show respect to people in all groups and strive to involve all groups in the change. This means that if someone is going to launch a policy or program that addresses health inequalities, they need to ask the people they are trying to reach if that program will help them.

Often evaluate how well health policy works. Make changes as needed to make these guidelines as effective as possible.

Encourage people to contribute by using their talents, time and gifts. This could be, for example, educating students to help them get their degree or a healthcare professional volunteering on time to assist with a clinic.
To promote equality in health care, we should work with others to remove health barriers whenever possible.

1. Hereditary

Heredity is related to the individual's genetic material, as each person's physical and mental characteristics are linked to the parent's genes at conception, as many diseases are known to be of genetic origin. Such as chromosomal abnormalities, developmental delays, certain types of diabetes, some studies find that if either parent suffers from a disease, the children of the offspring tend to suffer from the same disease as the gene. the child inherited.

2. **Environment**

The environment has a significant impact on the health of the individual and society. The categorized internal and external, internal human environment consists of all components, tissues, organs, and systems and their coordinated functions, but the external environment has to do with what the individual experiences, which can be physical, biological, and psychosocial.

The physical environment reflects health awareness, social order and purity, landscape and climate change, landscape defines the characteristics of the immediate environment, but geography refers to the surface of the earth and these two phenomena. can cause certain health problems. This includes vegetation, temperature, variety, soil type and nutrients.

The environment has a significant impact on the health of the individual and society. The categorized internal and external, internal human

environment consists of all components, tissues, organs and systems and their coordinated functions, but the external environment has to do with what the individual experiences, which can be physical, biological and psychosocial.

The physical environment reflects health awareness, social order and purity, landscape and climate change, landscape defines the characteristics of the locality, but geography refers to the surface of the earth and these two phenomena. can cause certain health problems. This includes vegetation, temperature, variety, soil type and nutrients.

The psychosocial environment consists of cultural values and habits, habits, stress inherent in daily work and experiences of frustration caused by the inability of the individual to meet his or her own needs and those of his or her family and to experience unexpected frustration. Cultural values are associated with certain beliefs and traditions, such as taboos, some of which have a positive or negative effect on health. Some ethnic groups are convinced that pregnant women should not consume certain nutritious foods because such foods affect their baby's developmental process and deprive the woman and the fetus of the nutritious foods that are beneficial to them, not considered used by hand. Rainwater collection should not be eaten at the doorstep, these double strokes good health encouraging exercises. Some cultures also perform female genital mutilation (circumcision) in the belief that all uncircumcised women will be mutilated, but they did not know the negative effects of FGM on the circumcised victim, such as infection, viscous shock in the vaginal fistula. they were not anesthetized during circumcision.

Lifestyle

By doing so, they indicate people's lifestyles and reflect a variety of social values, attitudes and actions, actions and inactions that have a positive or negative effect on an individual's health. Some lifestyles that negatively affect a person's health, cigarettes and smoking, where smokers know or do not know the risk of smoking, such as lung cancer, upper respiratory tract infections, excessive alcohol consumption that can accidentally cause cirrhosis, unprotected sex, especially many sexes, can lead to transmission of various types of sexually transmitted diseases, including HIV / AIDS, an unbalanced diet, which can lead to anemia, does not rest properly, does not exercise regularly and results in a sedentary life with various cardiovascular systems causes illness, including stroke, living in a pristine, dirty environment, inadequate care for personal health.

Socio-determinants of Health

This is the main method of achieving equality in health care, as everyone has the opportunity to achieve full health potential, and no one should be disadvantaged due to their social status or other socially determined circumstances.

Social factors influencing health are economic and social conditions that affect the health of people and communities. The condition is shaped by the money, power and resources available to the public; All of these influence strategic decisions, including getting and keeping a job, how much money one earns, discrimination and social support, people in high economic status can afford to buy better products and services and their health and quality life is the right choice. and made decisions, if not always, about issues related to their well-being. However, people with lower economic status (poverty) will not have sufficient resources to provide health care, such as access to good health care, nutritious and balanced nutrition, living in overcrowded environments and other social devices that undermine their health potential by exposing them to various infectious diseases. their health.

4.0 CONCLUSION

Having read this course and completed the assessment test, it is assumed that you have attained an understanding of the factors affecting health such as: hereditary, Environmental. Physical, Lifestyle and social-cultural determinants as well as health equity and factors that promote health equity.

5.0 SUMMARY

In this Unit, you have learnt about the factors affecting health such as: hereditary, Environmental. Physical, Lifestyle and social-cultural determinants as well as health equity and factors that promote health equity. The assessment exercise has been provided to enable you to understand your rating of the understanding and learning you achieved reading this materials Unit.

6.0 TUTOR-MARKED ASSIGNMENT

1. List and explain the factors that affect the health of individuals.
2. Explain health equity and factors that promote health equity.

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UNIT 4 ATTITUDE AND BEHAVIOUR DURING TIME OF HEALTH

CONTENTS

1.0 INTRODUCTION

Health-related behaviours of healthy people and those who try to maintain their health are considered to be behavioural-related to disease prevention. Such behaviour is intended to reduce susceptibility to disease, as well as to reduce the effects of chronic diseases when they occur in the individual. Other disease prevention is more closely related to the management of a disease that an individual has or is a beginner in the individual. This type of prevention is most closely related to the behaviour of illness. University prevention is generally considered to reduce the effects and worsening of the individual's symptoms. This type of prevention is closely related to the concept of pathological role-playing behaviour. Diseases and behaviours of diseases are generally regarded as characteristics of individuals and concepts derived from sociological and socio-psychological theories.

Attitudes and behaviours during health time are actions that health professionals take to keep themselves or others healthy and prevent diseases or diagnose illness when there are no symptoms, health behaviour has been conceived as a preventive health practice. There are three defenses against disease and illness policies. Primary disease prevention includes protection and prevention activities such as health education, marriage counseling, genetic screening, good nutrition, vaccination or immunization, personal hygiene around hygienic facilities, protection against occupational health risks, protection against accidents and other incidents, protection against accidents and other incidents. smoking, alcoholism, substance abuse, having a lot of sex, etc.

Secondary protection, also known as health maintenance, includes the potential for ill health and related measures to stop the disease process and restore health, such as diagnosing various diseases in the form of

screening aimed at identifying what is wrong. One of the benefits of healthcare maintenance is to prevent harmful damage and prevent the spread of infectious diseases so that the individual takes the necessary actions to diagnose a specific disease condition at an early stage and seek professional help to intervene to prevent or limit disability. The third stage of prevention aims to reduce the negative effects of confirmed diseases by restoring efficacy and reducing disease-related complications and refers to the stage of recovery (after adequate treatment).

It is a stage where an individual is expected to undergo treatment to prevent complications, further damage, and pain caused by the disease. The essence of prevention at the university level is to restore health and resume its role. In cases of chronic diseases, the stage includes positive living with the condition.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- define Health behaviour and changes
- identify Attitude and behaviour during time of health.

3.0 MAIN CONTENTS

3.1 Health Behaviour and Changes

Behaviour is often obvious but not state but also sometimes covert actions that we show and show others in terms of what we do or say and therefore action verbs are used for that. Behaviour is conspicuous or visible and can be measured by the frequency or occurrence of its intensity and speed. Our behaviour affects our physical and social environment e.g. A baby who cries late at night can make many people in the area unable to sleep well, and if the condition persists for a long time, it can lead to some people living nearby who are very prone to hypertension to hypertension. While behaviour may be obvious or hidden, we are often concerned about obvious behaviour as others see or perceive it. We should be interested in linking our behaviour to our health because health behaviour has a profound effect on the state of personal, social illness and illness at any given time.

Health behaviour is the behaviour in which we participate in maintaining, promoting and restoring health, when a person's health behaviour is constantly observed, it becomes a health habit where it is done automatically. Examples of healthy behaviours are sleeping at the appropriate time, eating an adequate diet, brushing your teeth and bathing regularly. Unique health behaviours can be in three categories, as the

University of Edinburgh University of Health and Behavioural Change said in 1987:

(i) health-enhancing behaviour, which corresponds primarily to health-promoting behaviour, which is conscious behaviour to improve a person's level of health.
(ii) health-maintaining behaviours commonly regarded by healthcare professionals as preventive-related behaviours e.g., self-care, vaccination and screening, all of which have limited necessary contact with organised medical care.
(iii) unhealthy behaviour, which is similar to traditional 'risk factors' for diseases such as smoking, drinking and drug use.

Health behaviour affects a combination of several factors, including:

(i) the faith of the individual and the caregiver, including the parents.
(ii) genetic composition, although it can be argued as to alcohol consumption.
(iii) psychological factors of fear, anxiety, tension, self-efficacy, etc.
(iv) social status (including income level, competence, role models, available incentives).

Good health behaviour includes:

(i) eating an adequate or balanced diet
(ii) sleeping for six to eight hours from 22:00 every day it makes a person sweat, no matter how little
(iii) safe sexual behaviour
(iv) regular medical check-ups by competent doctors
(v) drinking safe water regularly daily
(vi) avoiding smoking or being with smokers
(vii) avoiding alcohol consumption or drinking moderately if you must
(viii) limit or avoid sugar consumption
(ix) limit or avoid fatty foods
(x) enjoy an adequate healthy relationship (be at peace with people and be free from jealousy, anger, share with people)
(xi) avoid or minimize snacks
(xii) maintain ideal weight for age and height
(xiii) eat breakfast regularly
(xiv) be safety conscious, eg wear seat belts, helmets, avoid speeding
(xv) search for and use current evidence
(xvi) seek timely health care
(xvii) to prevent health problems.

3.2 Attitude and Behaviour during time of Health

Life Building Skills

Life-building skills are personal skills that are essential for every individual to be healthy in mind and body and it is as follows:

Self-esteem

This is perceived self-worth and self-confidence of a person. It is the driving force behind most if not all of our actions such as speaking, feeling, thinking and engaging in activities such as smoking, alcohol consumption, etc. Internal (self-discussion) and external factors (positive or negative eg praise, condemnation) can affect our self-esteem. To improve their self-esteem, set personal goals and not compete with others, participate in what is most pleasing to you but they must contribute positively to your health, e.g. read books, improve yourself but do not find that you want to be perfect all the time, have reliable friends who maintain a healthy relationship, maintain good health, be non-judgmental and be kind to people in general, be creative and innovative, do not let anyone determine your joy or success.

Goal Setting

Goal setting is important for everyone. It requires planning, being realistic and working towards it. Fear of failing or failing to meet should not prevent you from setting goals as it will ensure greater success in life. Goal setting requires the ability to navigate predictable and unpredictable distractions, and one must set timelines or plan to achieve goals to be possible. When setting goals, one must not sacrifice one's health and that of others, but be determined, be realistic and set goals in the short and long term. The goal is to benefit from one and not to please others and one should be willing not to be discouraged if one does not achieve one's goal in whole or part.

Values

There are decisions about one's life choices and influences attitudes and behaviours daily. They can be seen as principles or norms that individuals or groups of people consider highly desirable. What you value people for to achieve goals or realize yourself. The influential factors that are in the value of man are religion, culture, education, personal qualities (characteristics), friends, role models, media, society. Values affect a person's behaviour, actions, and subsequent mental health status. Lack of value entices a person into various behavioural problems or can not adapt to life events as they develop. Therefore, an explanation of personal

values is needed to guide how one lives by worthy values. This can be achieved with; (i) find out what is valuable/desirable for one (ii) arrange these defined values (iii) have real reasons to consider those specified (iv) use those that are considered to guide a person's life course.

Decision-Making

Life is full of choices every day, whether it's important or not. Decision-making is important for our health as it affects our health, the future of ourselves, others and our overall well-being. Because there are many life struggles, one must have a good ability to make decisions to narrow the problem, put other or other options on the table and see each person's values, consider their values and goals to make the right decision and give opportunities. to himself to review his decision and adapt where necessary.

Denial skills

It is the courage and ability to say 'no' to any issue because of the set goals and values already set. For example, when lured to smoke a cigarette or drink alcohol, the ability to reject or say "no" can be a strong personal veto that does not require one to have a reason, excuse, or explanation for saying no to the offer.

Negotiations

It is to reach an agreement with a person or people on issues. It is necessary to resolve conflicts that promote understanding and friendship for negotiations to be worthwhile. There must be effective communication, values must be respected by all and among others, there is a need for critical thinking in negotiation skills.

Assertiveness

it is a strong virtue, and it is the ability to stand up for the rights of one and/or others without being rude to others or accepting passively or accepting a "wrong" offer/position. It is characterized by expressing its feeling, value, right, freely without offending others. A certified person is self-directed, honest, expressive, courageous, strong-willed and confident. He/she communicates effectively without fear or favor but respects each other's goals as ready for what they stand for and is confident.

Self-efficacy

It is a person's belief in the ability to succeed in a particular task, it is necessary to overcome challenges and achieve goals set for oneself. The four main sources of automation as proposed by Bandura are mastery experience, (personal achievement), substitute (seeing another person perform the desired behaviour), verbal conviction (convinced of what others are saying and convinced that they can face challenges). Automation helps one to believe in the ability to influence obstacles that face one's progress in life. Automation is important for achieving healthy behaviours or overcoming risky behaviours. We can see that the issue of automation is important because when we are automated, there is a sense of strong will or personal control over obstacles where inner will or resources make us confident and motivated to overcome the challenges that are to create things though.

Modeling

This is a careful examination of people to learn from. It can be seen as the beginning or observation of gaining experience where one has a deficit. It requires quick attention and can mimic right after.

Visual

Also known as mental practice as having psychics or cognitive tools to imagine the action, practice it before the event. This ensures that one is well prepared with energy and courage to carry out the task. The four levels of visuals are exploration, analysis, synthesis as well as presentation.

Shape

It is taking smaller steps to make or go into the perfect that resembles a well-known and complex philosophy. It is used for behaviour that has not been done before. You make continuous progress as you move up the stairs to complete tasks with corresponding reinforcement gradually, such as in the steps of walking with children or swimming to the health of adults. You do not have to be rigid, discouraged, but do everything to move from one level to another. It is good in tobacco or alcohol detection programs or in-patient rehabilitation.
Adrian, (2020) explain the stages of life building skills as follows:

Building basic skill sets

Learn how to make a budget. One of the basic skills of life is budget management. If you keep track of your budget, you will have a hard time making ends meet and may even need to borrow from others. However,

if you succeed in doing so, you will be aware of your spending, achieve your financial goals and be financially independent. Take the time to make a budget for all your necessary expenses each month and try to stick to that budget by spending no more than these amounts. Also, allocate a certain percentage of all the money you receive or receive each month to set up your savings. You can do this manually or by using an application. It is important to develop a spreadsheet for expenses and income. You can do this manually with a program like Excel, or you can use special software. You can also use websites like Learn Vest to set goals and track your spending.

Make sure you spend less than you do.

Develop time management skills. Another essential skill is to know how to manage your time properly. There are only certain hours each day so use your time wisely and do not waste it on unnecessary or unfulfilled activities. Write a schedule for your week including all the necessary activities or assignments and give yourself more time for relaxed activities.

You can use the organiser to keep track of all your appointments or meetings, or you can use online calendars through Google and set up alerts. Include deadlines for important tasks and goals.

Make sure you can wake up on time every morning without having to be told. Put an alarm clock on your phone or buy an alarm clock.

Give yourself a little extra time between tasks to get everything done. For example, if you expect a project to take you an hour, give yourself time and 30 minutes to complete the project. This is also a good way to improve your chances of being on time.

Be flexible. Keep in mind that despite your best efforts, things may not go as planned. Remember that everything will be fine if you are late from time to time or if a task takes you longer than you thought it would.

Practice healthy eating. Another necessary step to build your life skills is to be able to choose healthy food. Make sure you choose nutritious foods, such as whole fruits and vegetables, whole grains, beans and legumes, and lean protein. Avoid overeating by controlling your dosage.

If you still live at home and your parents cook very unhealthy meals for your family, you could ask them if they can try to cook at least one vegetable at each meal. Or better yet, try to be a role model for your family by offering them healthy meals.
Choose the healthiest options for lunch.

Cut down on fatty foods and opt for fish and grilled or baked chicken instead.
Drink water instead of soda or other sugary drinks.

Learn to cook for yourself. Although you do not always have control over the options available to you for lunch at school or even for dinner in the evening if your parents cook, you can learn to make things for yourself. This allows you to control your diet and create things that will be good for your body. The better you have to cook, the more often you can cook for your family or others.

Start with the basics - do not start by cooking complicated meals. Try to make a few meals that contain only a few ingredients.
Make a basic salad for yourself or bake chicken.
You can also buy frozen vegetables that are easier to cook than those that have not been prepared.

Exercise to keep yourself fit. Also, get active by exercising two to three times a week. Put it in your schedule each week so you do not forget. Decide whether to exercise in the morning or after school or work is best for you. Consider working with a friend or family member to keep you motivated. If you cannot get to the gym, take a walk around the block for 30 minutes or so every day. You can also YouTube some exercises so you can do them from home.

Learn how to clean for yourself. You must know how to wash your clothes and keep the room clean. Read the instructions on the clothes before washing them so you know what water temperature to use and how to dry them. Clean your room daily so that it never gets messy and tidy

Consider setting up a cleaning plan for your room. For example, you could dust your room on Mondays, vacuum on Tuesdays, and so on

Do things without having to be told. Another step in building life skills is to take the initiative in completing tasks. The truest sign of adulthood is to be a person who takes responsibility and goes beyond those responsibilities to help others. If you see a friend or family member struggling, do what you can to help him or her and relieve the burden.
For example, if your mom just got home from work and has groceries in the car, go and help her without her having to ask.
Help your friends if they need instruction in successful times.

Learn how to make an appointment and book for yourself. If you are a child or even a young adult, your parents can do all the time for you and still be able to order your food at restaurants. But the day will come that they will not be available to do these tasks for you, so you must know

how to do them on your own. Next time you need to make an appointment, ask your parents if you can do it for yourself. Practice ordering food by ordering for the family the next time you have dinner.

Developing critical thinking skills

Think for yourself. Perhaps the most important skill of critical thinking that exists is to be able to think and make decisions independently of others. While you should certainly follow the advice of others who are wiser than you, at the end of the day it is your life to live and you must make peace with it. Do not allow your friends to tell you how you feel or what you should do.

Make sure you listen to your parents and follow their instructions, but also make sure that you do not have to do everything they say. You should have your grades up and your room clean, but they cannot tell you where to go to college or where to work after graduation. You can be respectful while still making big decisions about your life.

Contemplate this notion as you interact with others. Another skill that is necessary for critical thinking is to think beyond oneself. If you're developing a plan that affects other people and you do not consider those people, then you are not thinking critically about the issue. When making a decision that not only affects you, follow in the footsteps of others so that you can identify a plan that will work for everyone.

For example, if you are considering quitting a part-time job because you do not feel comfortable with a coworker, think about how this will affect your family and other coworkers. While you may be happy temporarily, you will also need to ask your parents for money more often, which will likely stress them out.

Consider the consequences of your actions. Remember that every action, even small, reacts. You must consider the potential impact of the decisions you are going to make so that you can make the decision that works best for you. Before making major decisions, consider the pros and cons.

Do your research. A big part of developing this critical thinking ability is by doing your research on any topic or topic that interests you. In this age of technology, information is literally at your fingertips. Take advantage of it and expand your knowledge by researching topics that matter to you and also finding opinions that are not in line with your views. The more you know about different perspectives, the better you

will be able to make decisions and develop your own views and understandings of others.

One way to do this is to simply google the information you are interested in. For example, if you want to know more about a particular war or country, Google them and read some articles about it. Read the news as neutrally as possible. Rather than relying on one news source, consider reading a few different topics on the same topic so that you do not gather a biased perspective.

Try to solve a problem without asking for help. Another way to develop your critical thinking skills is to solve problems. If you are used to asking your parents or friends for help with certain things, try to solve the problem yourself without advice. Take the time to identify the issue first, consider a few possible solutions, and choose and implement the solution you like best.

For example, as a very simple example, if you usually ask your dad for help in getting something off the top shelf that you can't reach, consider ways you could get the item yourself, such as using a chair to elevate yourself.

Keep your mind active. To be sure your mind is working at maximum capacity, you must practice it and keep it active as you would. Read as much as you can to develop your mind. You can also do things like play board games with your family and friends or download strategy or logic games to your phone and play them throughout the day to keep your mind going. Diary your thoughts at the end of each day to keep your mind sharp too.

Read books on all kinds of topics! Read fiction and textbooks to increase your knowledge, ignite your imagination and build your vocabulary. Try reading genres that interest you, such as science fiction, fantasy, nature, astronomy, biography, and anything else that sounds like fun reading to you!

Building professional and academic skills

Know a mentor: A mentor can help you mentor you professionally, academically and socially. Think about people you know who have a career or study path similar to something you want to do and reach out to them. This person will be able to give you unique and productive advice on how to achieve your goals. You can reach this person by saying something like, “I really admire your work ethic and I want to have a similar career to you one day. I was wondering if you would think of being my mentor. “

Develop academic/professional goals. It is important that, as you grow older, you make plans and set goals for your life and find ways to achieve them. You should set short- and long-term goals so that you can begin to see the fruits of your labor immediately as you work toward achieving your more difficult goals.
Write down these goals and identify tangible ways to achieve them.
For example, if you want to get all the A's this semester, you need to spend time daily doing your homework, studying, and maybe staying after school.

Learn to write well. Another important life skill is the ability to express oneself well on paper. Pay special attention to your English lessons so that you learn the correct grammar and spelling. Read more books and articles to increase your vocabulary.

Speak well and thoughtfully. When you speak, people should feel that you are confident and that you know what you are talking about. Use proper grammar in formal situations, such as at work or at school, and look people in the eye when talking to them. This conveys confidence
Develop a speech. An elevator speech is a 20-30 second presentation of someone who is short but attracts attention. You could say something like, "Hello, I'm Devin. I'm a teenager in West End High School and play football and am on the discussion team."

Learn how to speak for yourself or your cause. Life skills that will take you far in your career, your social life and even with your family are self-responsibility skills. You can not rely on others to defend you or defend things that are important to you; you have to do it yourself. If you feel that you have been attacked or misunderstood, take a moment to focus on the conversation. Let the person you are talking to know how you are feeling and state clearly why. You will gain respect and understand yourself.

For example, if after a group project one of your group members says that you did not help the group, but you know you did, then you should correct them. You can say something like "I think you said I did not help is wrong. I wrote three pages of the report and helped create the model. I contributed as much to the group as you did. "
Do not let people run over you; be sure to defend yourself.

Ask questions. Remember that you do not know everything. Questions are a critical and necessary aspect of life as an adult and can assure that you operate based off of knowledge and facts rather than assumptions. Should you ever have a question about something that you cannot research on your own, ask. This will provide you the clarity you need.

For instance, if your teacher makes a confusing comment in class, they may not even notice it. Ask for clarification.

A change or change in health behaviour

As mentioned before, many factors affect our health. Most if not all such factors will also determine the need for a change in health behaviour. Such factors include age, gender, family background, educational status, economic status. Part of the challenges in health behaviour is instability in health behaviour, in the sense that some people may decide not to take coffee or alcohol and for some reason an individual may cancel the decision and hence the idea of instability in health behaviour. This situation is due to changes in factors that govern health behaviour e.g. a change in income can lead to a change in feeding patterns, a change in age can lead to a change in physical behaviour, a change in work can lead to a change in bedtime, reasons for changes in behaviour are or can vary from person to person.

In line with the view of Miltenberger (2012), behaviour modification center on analysis (identifying or functional relationship between behaviour and environment) and modifying (altering environmental events to influence the behaviour) human behaviour. The following must characterize effective behaviour modification: (i) focus on behaviour (de-emphasizes labeling but problem behaviour which is the target behaviour that may be behavioural excess, that frequency must be lowered or exterminated or behavioural deficit-frequency needs to be increase or introduced) (ii) procedures based on behavioural principles (experimental/applied behaviour analysis) (iii) emphasis on current environmental events (altering the controlling variables responsible for the target behaviour in the environment) (iv) precise description of behaviour modification process (to ensure specific changes in environmental event occur each time when procedures are applied) (v) treatment implemented by people in everyday life (can be carried out by any care giver but must have received sufficient training under professional supervision) (vi) measurement of behavioural change (especially there must be measurement of the behaviour before and after intervention to document behaviour change due to the behaviour modification process) (vii) emphasis must be knowledge of current controlling or casual variables in developing appropriate modification intervention (viii) rejection of hypothetical underlying causes of behaviour (we need to be scientific to show a functional relationship to the behaviour we intend to explain).

4.0 CONCLUSION

Having read this course and completed the assessment test, it is assumed that you have attained understanding of the learnt about Health behaviour and changes as well as attitude and behaviour during time of health

5.0 SUMMARY

In this Unit, you have learnt Health behaviour and changes as well as attitude and behaviour during time of health. The assessment exercise has been provided to enable you to understand your rating of the understanding and learning you achieved reading this materials Unit.

6.0 TUTOR-MARKED ASSIGNMENT

1. Identify and explain individual attitude and behaviour during time of health.
2. List and explain life-building skills.

7.0 REFERENCES/FURTHER READING

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MODULE 2 CONCEPTUALISATION OF DISEASE

UNIT 1 CONCEPT AND THEORIES OF DISEASE AND ILLNESS

CONTENTS

1.0. INTRODUCTION

Disease is defined by Webster as a condition in which the health of the body is impaired, a deviation from health, a change in the human body that interferes with the performance of vital functions. Diseases are the opposite of health which is a deviation from the normal functioning or state of perfect physical or mental well-being. WHO has defined health status but not disease, this is because the disease has many shades (spectrum of disease), ranging from obvious (subclinical) cases to serious obvious illnesses, some diseases start with acute food poisoning and some harmful e.g. mental illness, rheumatoid arthritis). In some diseases a bearing condition arises where an individual remains healthy on the outside and can infect others e.g., neurological disease) in some cases the same disease can be caused by more than one organism (e.g. diarrhea). Some diseases are short-lived and others long-lasting. Illness is easy to diagnose when symptoms appear, but in many patients, the line between normal and abnormal is blurred in the case of diabetic hypertension and mental illness. The endpoint or outcome of the disease is a variable recovery, disability or death of the host.

Diseases are an important unit in healthcare. A thorough understanding of the cause of the disease helps in planning prevention and steps to deal with the disease in residents. The outlook for the cause of the disease has changed considerably over time and with advances in science. Disease is

usually considered the opposite of health, a deviation from normal function. It can be seen as “a condition in which the health of the body is impaired, a deviation from health and a change in the human body that interferes with the performance of important functions (Dharmashree, Manish, Radha, Sharmistha and Karishma, 2020). From an ecological point of view, however, disease is defined as "the adaptation of the human being to the environment".

Structural or functional disorders in humans, animals or plants, especially those that cause specific symptoms or affect a specific location and are not simply a direct result of a physical injury is called a disease (Sagar, 20l9). It is a particularly abnormal, pathological condition that affects part or all of the organism. It is often interpreted as a medical condition associated with specific symptoms and symptoms.

The disease is a pathological process, usually physical, such as sore throat or bronchial cancer, sometimes of indefinite origin, such as schizophrenia. The quality that identifies the disease is some deviation from biological criteria. It is objectivity regarding diseases that doctors see, touch, measure, smell (Kenneth, 2021) Diseases are assessed as the main facts from a medical point of view.

Illness is a feeling, an experience of health that is completely personal, the patient's inner self. The disease often accompanies the disease, but the disease can be black as in the early stages of cancer or tuberculosis or diabetes. Sometimes there is an illness where there is no disease.

The key to finding a cure for disease requires an understanding of the causes of the disease. But our perception of the causes of disease has changed dramatically with the ever-changing advances of science and its contribution to health.

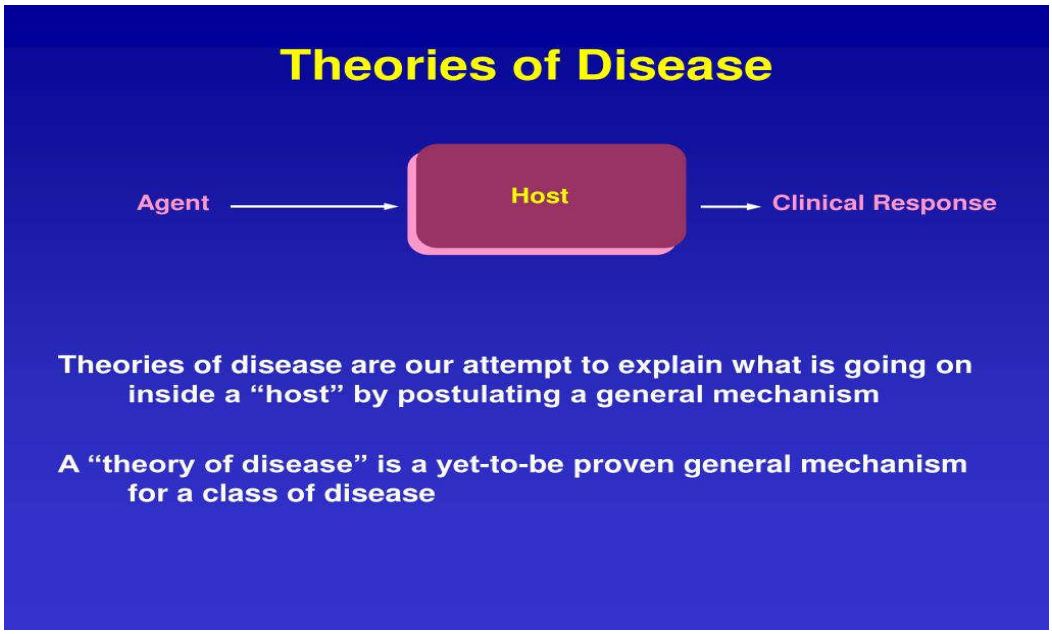
Diseases can be classified into two non-communicable diseases.

Infectious disease or infectious disease is a disease due to a specific infectious agent or its 'toxic products' from the lagoon to a sensitive host, either through an intermediate plant or animal host, vector, or inanimate environment, while non-infectious diseases are chronic or degenerative and disease-causing. Emotional problems Examples of such diseases are cancer, diabetes, epilepsy, heart disease, hypertension and stroke, stomach ulcers and cirrhosis.

2.0. OBJECTIVE

By the end of this Unit, you will be able to:

- explain different theories of disease.



Theories of disease causation (Dharmashree, Manish, Radha, Sharmistha and Karishma, 2020)

i. Theories of the pre-modern era
ii. Germ theory of disease
iii. Biomedical model
iv. Epidemiological triad
v. Dever's epidemiological model
vi. Theory of multifactorial causation
vii. Web of Causation
viii. Wheel of disease causation
ix. Other theories

- Lazarus' theories of stress response
- Wolf's theory of stress, organ maladaptation and disease
- Holmes and Rahe's theory of life change and the onset of illness.

3.0 MAIN CONTENT

3.1. Theories of Disease in the Pre-Modern Era:

These theories were in play before the existence of microorganisms was established, till the end of the 18th century.

The demonic theory: According to this theory, the disease is the result of having a spirit or an evil spirit. Subsequently, the patient was cast into a spell to free the body of the wicked. Religion, philosophy, and medicine were essential elements of early culture. Religions recognised the proliferation of gods, both good and evil. Philosophy addresses the effects of dead bodies such as the sun, moon, and stars on living bodies. Thus, the link between health and disease was established early.

One prevailing concept was that the evil spirit entered the body and engaged in dishonest actions. Another concept was the evil spirit as the messenger of the gods who warned of the form of disease. Some other idea was a human enemy with supernatural powers, sending evil spirits to harm others. The souls of deceased ancestors who influenced his family members were other religions.

Devilish property is in the possession of many religious systems to control a person from a malicious supernatural being. The expression includes dried memories or personality, convulsions, "falls" and fainting as if one were dying, access to hidden knowledge and foreign languages, radical changes in voice and facial structure, sudden appearance of injuries (scratches, bites) or damage and superhuman strength.

Many tablets contain prayers to certain gods who ask for protection from devils while others ask the gods to cast out the evil spirits that invaded their bodies.

The punitive theory: For a long time, it has been thought that the disease is a punishment for all the evil deeds that are done, as a result of the wrath of the gods. Therefore, the sick person should soothe the deity to get rid of the disease. Punitive theories have their origins in religion, with the belief that one's attitude toward the deity is responsible as the cause of sickness. From centuries before Christianity to the present day, there has been a belief that sickness is a punishment inflicted by God for the sins of the individual or race. There are statements in the Bible that punish David for his sin, with a devastating plague where the whole nation suffered and stayed only because of David's repentance and sacrifice.

The miasmatic theory: That’s the idea of bad air. It was suggested that breathing in certain areas caused diseases, such as air around swamps, swamps and air at night were thought to cause several diseases. The theory of size is based on the conclusion that the air caused by certain types of earth, especially low, swampy areas, was the cause of disease. Certain places thus gained a very bad reputation, because the earth was said to radiate some invisible, incomprehensible vapor, called miasma, which caused disease.

The invention of miasma was, in fact, a scientific remedy. People were looking for material and natural causes instead of seeking refuge with gods or the devil. A sensible thought that something cannot happen

out of nowhere was the basis of this concept. The fact that malaria was prevalent in the vicinity of heaths and some evidence that people who went to these swamps were more likely to get the disease gave this theory credibility. It was the belief in the air as the causative agent that gave malaria the name, malaria ("bad air" in the Italian media).

Hahnemann was fascinated by this concept and further investigated the cause of chronic diseases. He saw that the suppression of diseases with heroic treatment available at this time was the main cause of many chronic diseases. He came up with a new concept for suppressing itching in the bladder called Psora and sexually transmitted diseases with sycosis and syphilis.

Humoral theory/Theory of four humors:

It suggests that the body is part of four humor: blood, mucus, yellow bile and black bile. All the imbalances in them led to diseases. Blood sampling was considered the most common method of treating disease.

The Greeks rejected supernatural theories and viewed disease as a natural process. They argued that matter consists of four elements - earth, air, fire and water, and these elements have the corresponding properties of being cold, dry, hot and humid. With this concept, they hypothesized that these properties were represented in the body by four humor - Slyma, yellow bile, black bile and blood. According to this theory, balance among these humores characterises health (eucrasia) and balance (dyscrasia) characterises diseases.

Hippocrates brought medicine from magic and metaphysics to provide them with a scientific basis. He introduced logic in medical thinking, developed mood theories and recognised the importance of the environment in health. He also suggested that excess mood could lead to various eccentricities - hemoglobin, phlegmatic, choleric and melancholy. The doctrine of humor was known in India, China, Egypt, and Greece.

3.2. Modern Theory of Disease

Contagion theory

Some Hippocratic writings acknowledged that tuberculosis is contagious. Infection, however, played little role in medical explanations for diseases until in Fracastoro's work, which published its major treatise on infection. Girolamo Fracastoro (1478-1553), an Italian physician, argued that there was a large class of diseases caused by infection rather than a funny imbalance.

This was based on the observation that people could be infected even if their humor was balanced. Fracastoro defined infection as "corruption that develops in the substance of a composition, passes from one object to another and is initially caused by the infection of insignificant particles". He called the particles seminars (seeds or granules) contagious. Fracastoro could not say much about the nature of these suspected particles; Bacteria were not detected by van Leeuwenhoek until 1683 and their role in infection was not assessed until around 1860.

Fracastoro nevertheless discussed the causes and treatment of various infectious diseases. He described how infection can occur through direct contact, indirect contact with clothing and other materials, and long-distance transmission. In addition, he said that diseases could occur in an individual by itself. His book has a chapter on the organisation of infectious diseases. His theory was influential for almost three centuries, before the full-blown chemistry theory was abandoned.

Germ theory of disease:

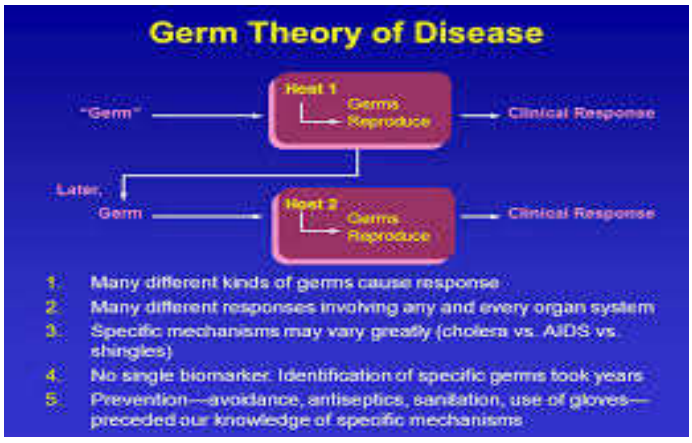
Bacteria were developed for Louis Pasteur (1822–1895) and Robert Koch (1843–1910). The pathology theory proposes that every human disease is caused by a micro-organism or a bacterium, which is specific to that disease and one must be able to isolate the micro-organism from the sick human being.

The pathology theory looked at diseases in terms of causal networks, such as Fracastoro, but with much more information about the nature of the pathogens and possible treatments.

Organisms that cause diseases within the human body are called pathogens. Bacteria and viruses are the most well-known pathogens. Fungi, protozoa and parasites can also cause diseases. Infectious diseases are usually classified as bacteria, viruses, protozoa and so on. Knowing which bacteria are responsible for a particular disease indicates which antibiotic treatment to use. Diseases are said to be contagious or

contagious if infectious agents can be transmitted from one person to another.

The display of bacterial life in the air by Louis Pasteur and anthrax is caused by bacteria and caused a radical change in the understanding of the cause of disease. Thus, the focus shifted from experiential causes such as bad air and God's wrath to scientifically probable causes such as the existence of specific micro-organisms. The pathological theory implies that the causative agent is one to one, i.e. one micro-organism is the culprit behind a particular disease (Dharmashree, Manish, Radha, Sharmistha and Karishma, 2020). Mycobacterium tuberculosis bacteria and the emergence of tuberculosis. But this is seldom the case, as it is not possible to explain many diseases with this causal relationship, but in fact the interplay of various other factors.



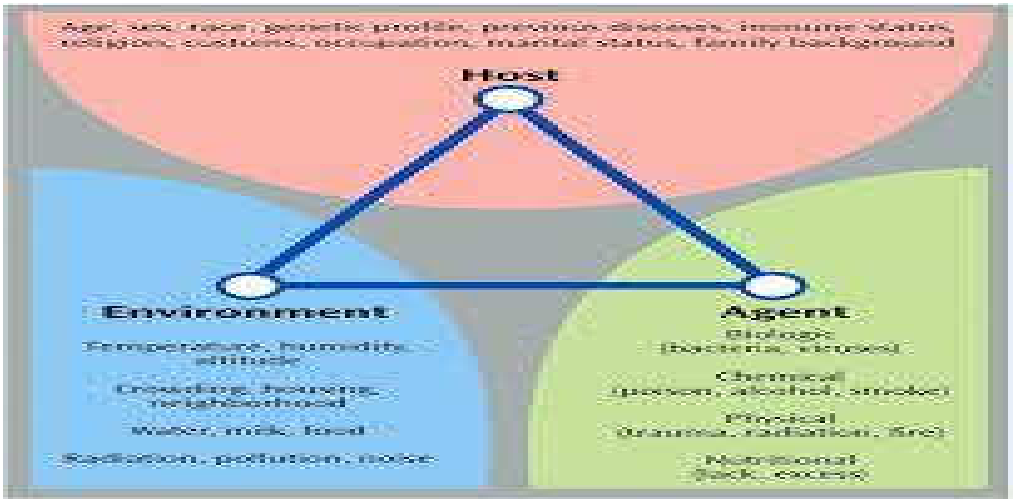
Biomedical model: This implies that the health of the human body is a machine that works well and all the variants that fail the organs of the components. Td. Hypothyroidism due to improper thyroid function. But the human body rarely functions independently of its environment. This theory ignores the complex and summarizing role of psychological and social characteristics.

Epidemiological triad: It suggests that the disease is the result of an imbalance in the communication between the three essential elements, the host, the agent and the environment. The disease is caused when a susceptible host becomes the cause in a compatible environment. It is a broader concept and overcoming the limitations of pathogens. Eavesdropping on one of the three links provides a way to stop the disease process and thereby shed light on areas where preventive measures are in focus.

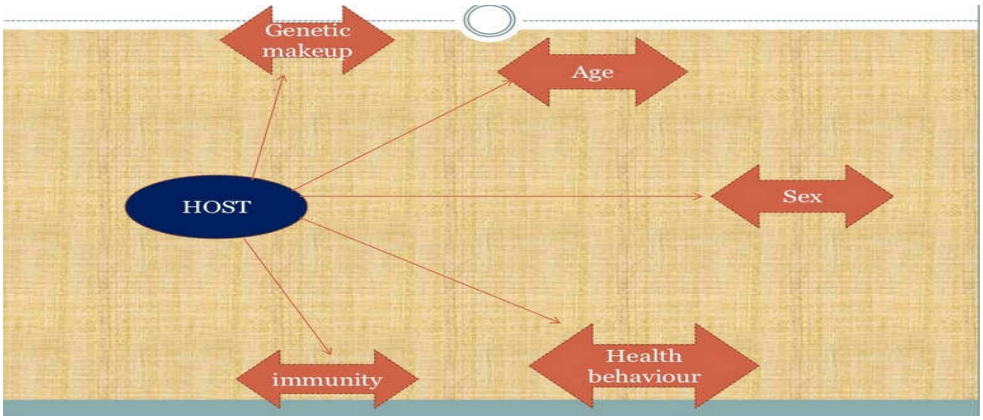
The standard model of the causative agent of infectious diseases according to the epidemiological tripartite theory states that an external

agent can cause diseases in sensitive hosts when promoting the environment.

Within an epidemiological tripartite division, the agent is known as a "necessary" factor. It must be present due to disease, although it cannot inevitably lead to disease. For the disease to appear, it needs a combination of what has been called "sufficient" factors. This would include hosting, which could be an individual or a group of individuals who are sensitive to the agent. Sensitivity may be based on age, gender, ethnicity or occupation. Environmental factors can also be sufficient factors that unite the ombudsman.



Dever's epidemiological model: This model highlights the interplay of four factors, namely: human biology, lifestyle, environment and health system. All of this can have a positive or negative effect. Human biology includes genetics as well as complex physiological systems, factors related to development and aging. Although lifestyle factors include daily routines, habits and traditions; Environmental factors are all living and non-living factors that surround us. The health care system consists of access to and access to health care. This model is used to explain diseases where harmful living conditions and lifestyles are taught rather than the causative organism.

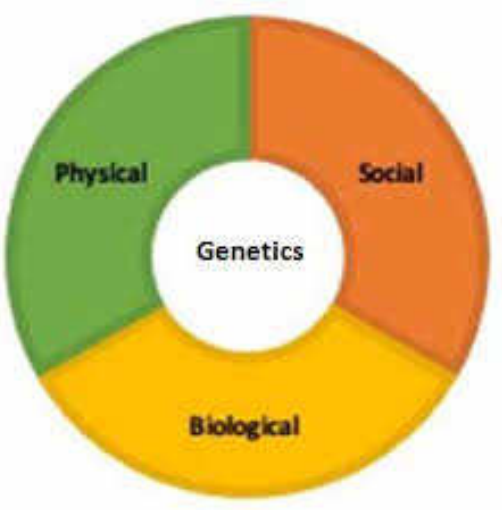


Multifactorial causation Theory: Pettenkofer suggested that disease was the result of many factors, in contrast to the bacteriological theory, which used the idea of a single cause. Benefits in public health and medicine reduced the number of infectious diseases. But other diseases that were not transmitted were on the rise that could not be explained by the pathological theory of disease. Therefore, one cause was considered to be the oversimplification of disease psychology, which ignored factors such as social, cultural, genetic, and economic factors. Having many causes for the disease also meant numerous ways to prevent that disease. But it was necessary to prioritize causal changes to address the cause of the disease (Dharmashree, Manish, Radha, Sharmistha and Karishma, 2020). As knowledge about diseases increased, one theory could not explain the causal relationship of all diseases. This led to multiple theories to find sensible explanations. Although many diseases are contagious, other causal factors such as genetic, nutritional, immunological, metabolic and cellular factors were identified as the cause of specific diseases.

Sydenham (1644-1689), often called the English Hippocrates, first ponders important things that should be responsible for various diseases. Sydenham believed that the disease was a result of the body's efforts to throw it away, to expel these IIateries inorbi, the dead substances in it, "which had caused the trouble." but some dose given blindly after a pre-given idea.

It was a step away from four moods and other artificial theories. In short, Sydenham put a lot of effort into teaching the medical profession the value and importance of "investigating the issue".

Sir William Osler (1849-1919), a legendary medical teacher and physician, wrote: "Medicine is an art based on science, working with science, in science and for science."



Web of Causation Theory: It was suggested by MacMahon, who argued that many factors that cause disease could not be explained by a linear causal relationship because they are complex. precursor of any causal group in the chain that each has its own complex interactions that overlap. Therefore, the graphical appearance of a complex communication web provides rather a linear causal link. This causal web provides each factor equally well in identifying influencing factors and assists in the planning of interventions. It integrates the social aspects of physiological etiological factors. The "epidemiological tripartite theory" was very effective by Leavel and Clark in explaining the natural history of diseases and the stages of prevention. The concepts of primary, secondary, and university defense were first documented in the late 1940s by Hugh Leavell and E. Guerney Clark of Harvard and Columbia Public Health Schools. Both were pioneers in public health. Leavell and Clark described the principles of prevention in the context of an epidemiological triangle model of the causes of diseases in hosting, the agent, and the environment.

According to their ideas, primary prevention seeks to prevent a disease or condition that is pre-existing; to prevent something from ever happening. Primary prevention methods focus on general health promotion, risk reduction and other health protection measures. These approaches include health education and health promotion programs designed to promote healthier lifestyles and environmental health programs designed to improve environmental quality.

Follow-up prevention is aimed at individuals who have health problems or illnesses and are at risk of developing complications. Activities focus on early diagnosis and prompt intervention, thus reducing severity and enabling the client to return to normal. Its purpose is to cure diseases, slow them down or reduce their impact on individuals or communities.

University protection occurs when a defect or disability is permanent and irreversible. It involves minimizing the effects of chronic illness or disability through direct intervention to prevent complications and degeneration. University prevention methods are both treatment and rehabilitation measures once the disease has been confirmed.

Wheel of disease causation theory: This was suggested by Mausner and Kramer. It excludes the agent as the sole cause of disease, but emphasizes the complex interactions of the physical, biological and social environment. It also introduces genetics into the mix. The outer circumference is divided into environmental factors consisting of social, biological and physical factors. The nucleus shows the genetic factor. As medical knowledge has evolved, an additional factor of interest that emerges is the comparative role of "genetic" and "environmental" (ie, external factors outside the host) in the cause of disease. The "trinity", as well as the "web" theory, does not sufficiently cover this difference.
.

To explain such a relative contribution of genetic and environmental factors, the "wheel" theory has been said.

The theory shows human diseases in the form of a wheel, which has a center that represents the genetic component and the peripheral component that represents the environmental component.
As each wheel has the outer part (environmental element) spokes (3 in this model) and the environmental element is thus divided into 3 sub-elements, represent the social, biological and physical aspects of the environment.

To maintain health, you need to exercise regularly and get adequate rest, follow personal hygiene, eat a nutritional balance in your diet, avoid drug and alcohol abuse, take care of your mental well-being and develop social skills to communicate positively within the community.

Beings' theory

The concept of suggesting that human diseases and their consequences are due to the complex interplay of nine different factors. By creating the first letters of these elements, the theory is called the BEINGS theory. These are (1) Biological factors innate in a person, (2) Behavioural factors related to individual lifestyles, (3) Environmental factors are physical, chemical and biological factors of the environment, (4) Immunological factors, (5) Nutritional factors, Nutritional factors (7) Social factors, (8) Mental factors and (9) Service factors, related to the various aspects of the health service.

4.0 CONCLUSION

Having read this course and successfully completed the assessment test, it is assumed that you have attained understanding of the definition of disease and illness ,as well as various theories of disease both Premodern/ancient theories and modern theories.

5.0. SUMMARY

In this Unit, you have learnt about definition of disease and illness as well as various theories of disease both Premodern/ancient theories and modern theories The assessment exercise have been provided to enable you understand your own rating os the understanding and learning you achieved reading this materials Unit.

6.0. TUTOR-MARKED ASSIGNMENT

1. In your own words, define disease and illness.
2. List and explain five out of the theories of disease.

7.0. REFERENCES/FURTHER READING

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UNIT 2 CAUSATIVE AGENTS OF DISEASE

CONTENTS

1.0. INTRODUCTION

Disease is a condition in which the health of the body is impaired, a deviation from health, a change in the human body that interferes with the performance of vital functions. Diseases are the opposite of health which is a deviation from the normal functioning or state of perfect physical or mental well-being and is caused by hydraheaded factors such as bacteria, direct and indirect contact with pathogen, lifestyle, accidents and so on.

2.0 OBJECTIVE

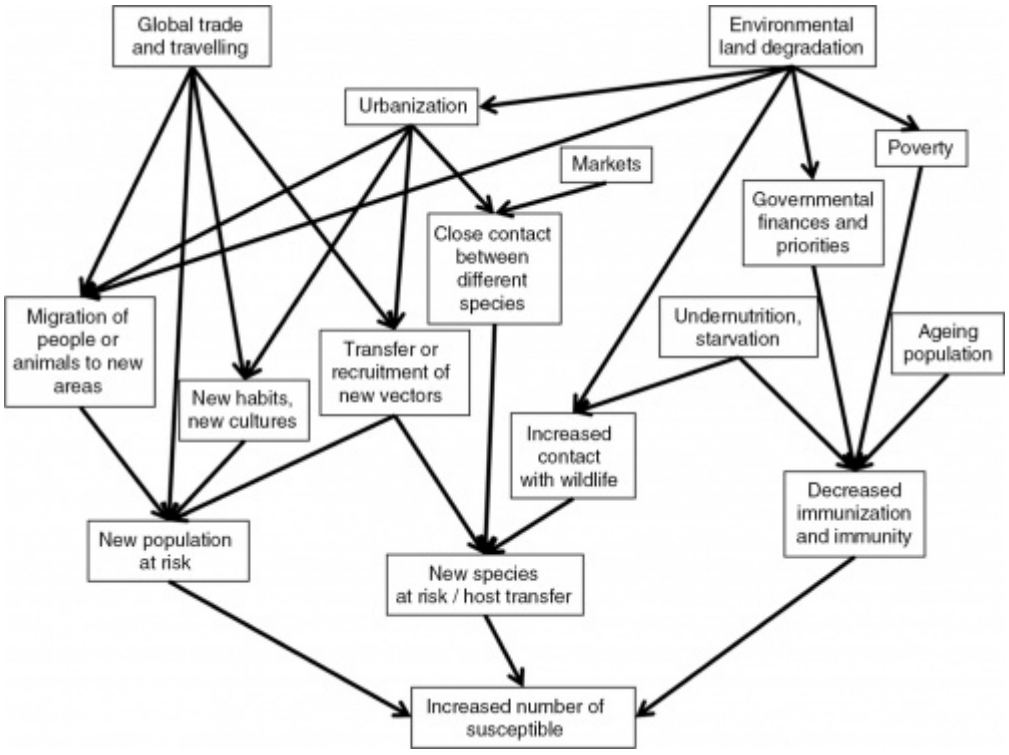
By the end of this unit, you will be able to:

- list and explain the causative agent of disease.

3.0 MAIN CONTENTS

3.1 Causative Agents of Disease

Disease can be caused by bacteria that are microbes caused by a micro-organism. This bacterium has an invasive way called infections which are variants like bacteria, viruses. Mushrooms, protozoa, metodoa and rickensia each with their own characteristics. Bacteria are small unicellular organisms that can only be seen with a microscope in the form of a round (bacillus), spherical (coccus and spiral) that causes tuberculosis; diphtheria, staphylococci; streptococcus; scarlet fever and syphilis; foot and respiratory system.



Protozoa such as amoeba, ciliates, sporozoans cause malaria, amoebic dysentery and trichomoniasis.

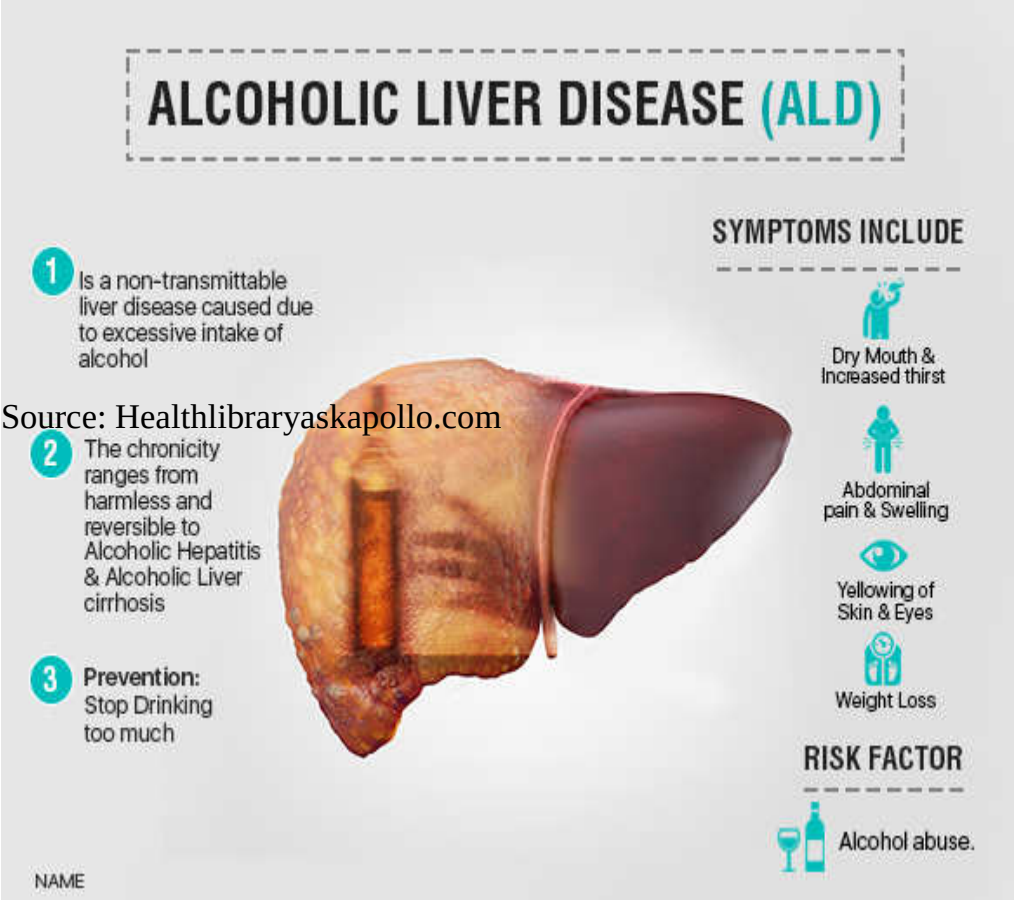
Infection can be transmitted through direct contact, such as contact with infected animals or other contaminated ponds such as in kisses, sexual intercourse, indirect contact by touching contaminated objects such as toys, cloth, dirty clothing, bedding, surgery and hand-carrying infectious agents. It can also be transmitted by contacting the droplet of an infected person.

Other routes of transmission are: carriers such as water, food, milk, biological products containing serum and plasma or any other substance as an intermediate for sensitive hosts, such as ingestion, insemination or skin contact.

Infections can also be transmitted by vectors such as flies, mosquitoes that carry malaria and yellow fever, lice and tick that carry relapses. It is also an airborne infection by inhalation or settling on the body surface of coarse particles that can be caused by contaminated floors, clothing, bedding or other particles.

Non-communicable diseases are chronic or degenerative diseases that cause the victim chronic physical and emotional discomfort. are: cancer, which is an uncontrolled growth of abnormal cells, capable of metastases through the bloodstream and are of various types, skin, breast, cervix, mouth, colon. Cancer is associated with a variety of causes of overexposure to X-rays and too much sunlight, consumption of hot food regulators, use of tobacco in any form, use of certain substances in the skin, pollutants and many sexual partners.

Cirrhosis of the liver, which is characterised by the destruction of liver cells and their causes, is associated with excessive alcoholism, which causes malnutrition and thus prevents the liver from receiving adequate nutrition, leading to cirrhosis.



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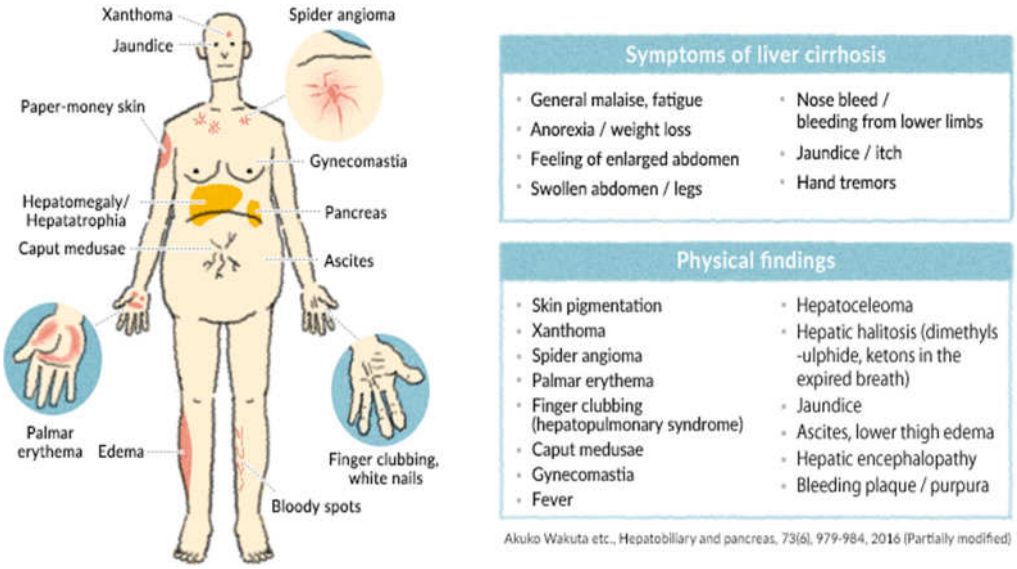
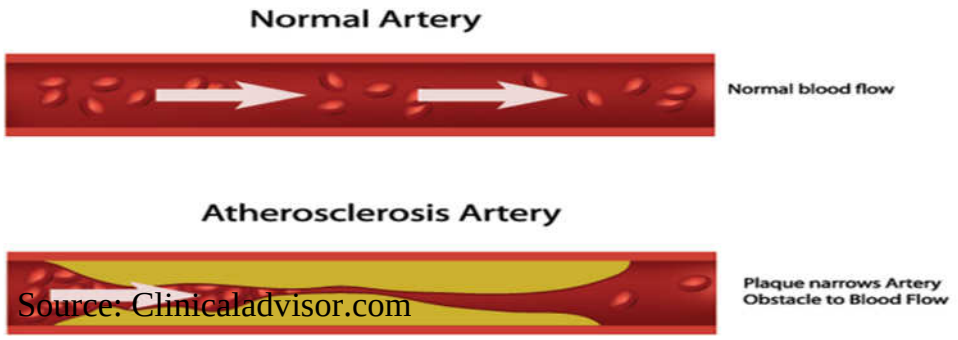


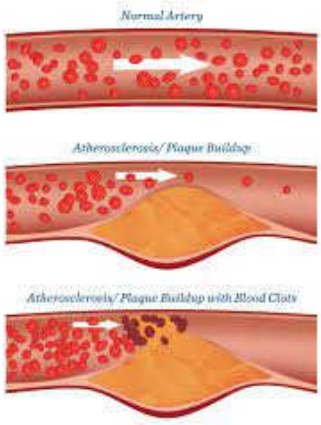
Source: www.Otsuka,com,jp

Rheumatoid arthritis, which is inflammation of the connective tissue that leads to stiffness and local pain, its causes are related to infection, endocrine imbalance and emotional stress.

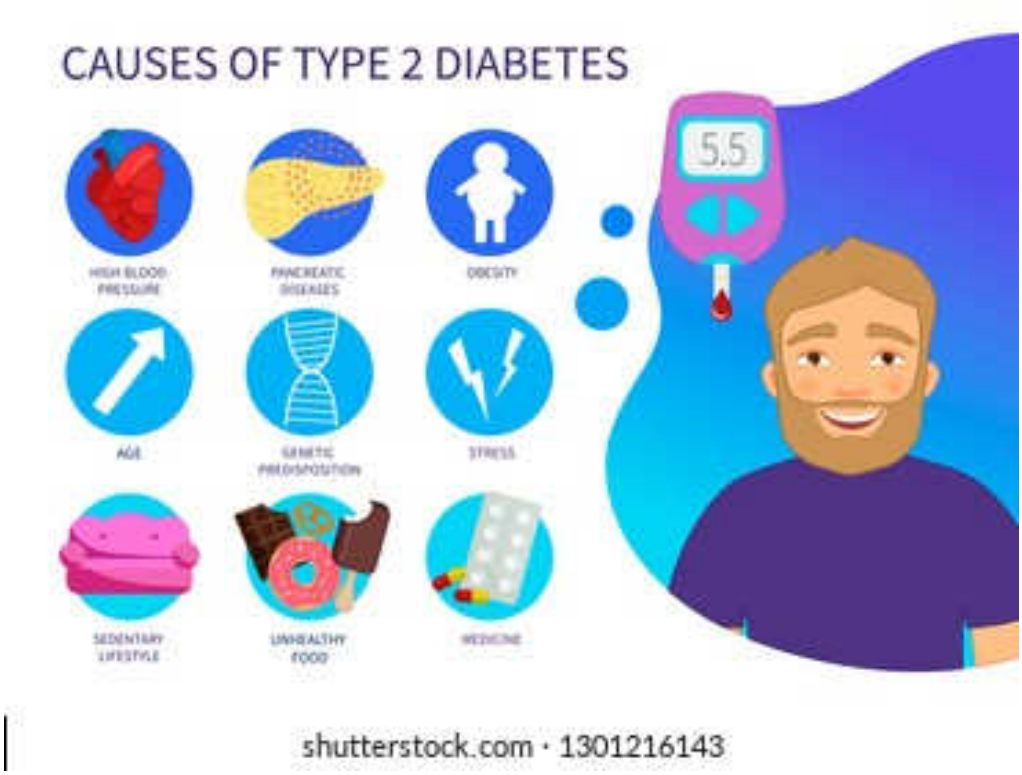
Atherosclerosis: is a disease group characterised by a loss of elasticity in the artery wall that makes it thick and hard due to calcium salts and the development of scar tissue, its cause is related to obesity, lack of exercise and smoking



Source: Clinicaladvisor.com



Source: Menshealthesoursecenter.com



Source: Shutterstock.com

Diabetes is another non-communicable disease that occurs when insulin which performs glucose (blood sugar) exercise is not well utilized by the body which results in blood sugar not being able to enter the body cells in adequate quantity, characterised by frequent urination, weight loss, great thirst and the victim's urine is licking ants due to sugar in it.

Hypertension is a condition in which arterial blood pressure rises for a long time beyond normal. Ordinary B.P. is 120 strokes / 80 strokes
It is characterised by fatigue after little work or activity, weakness, dizziness, palpitations and headaches, the cause of which is related to hereditary excessive salt intake, kidney disease, obesity and emotional stress.

A stroke occurs when the blood vessel that supplies blood to the brain becomes blocked or suddenly ruptures, cutting off the flow of blood to the brain, which can lead to sudden death. Its symptoms are characterised by visual disturbances, mental acuity, weakness, speech impairment, paralysis of the face, arm, or leg. It is caused by the consumption of excessive fat products, cerebral haemorrhage, cancer, hypertension.

Sick-role behaviour

The role of the sick is a concept derived from the work of the important American sociologist Talcott Parsons (1902–1979). Parsons was a structuralist who argued that social practices should be considered in terms of their role in maintaining order or structure in society. Thus, Parsons was concerned with understanding how a sick person is connected to the whole social system and what the person's activity is in that system. Finally, the role of the patient and the behaviour of the patient could be seen as a logical extension of the disease behaviour to complete the adaptation to the medical system. Parsons argues that behaviours with weak roles approve of symptomatic medicine and the diagnosis of the current medical system, thus enabling the individual to engage in behaviour that is consistent with the expectations of the medical system. Parsons defined the "sick role" as four main characteristics. First, the patient is released or exempted from performing normal social roles. The more serious the illness, the more one is freed from normal social roles. Everyone in the community experiences this; for example, a minor cold in the chest "allows" one to be excused from small duties such as attending a social gathering. On the other hand, a "major heart attack" allows "a considerable amount of time away from work and social obligations. Secondly, people in a weak role do not have direct responsibility for their situation. a temporary degree of abnormality that should not be prolonged if possible Finally, the patient or patient in a weak role must seek qualified help and work with medical care to become whole. This conceptual scheme involves many interrelationships between the patient (patient)) and the healer (the doctor). Thus the activity of the doctor is social management.

Complex theoretical explanations of Parsons yielded voluminous research literature in the second half of the twentieth century, and they continue to stimulate much research today. In particular, much research has been done on the norms and values that define the behaviour of both patients and those who provide treatment. These studies are the basis of modern research on patient-physician relationships. They inform about various methods that behavioural therapists have used to intervene in this relationship to bring about positive changes in behaviour in both patients and doctors that will lead to better health outcomes.

There are many research issues involved in understanding this complex relationship between patient and physician. One of the main issues is the difference between the participants in the union. According to this view, the physician's dominance in terms of technical knowledge and status will more effectively lead the patient to a positive medical outcome. It is this superior power that helps to make possible the painful actions that the patient acknowledges.

Vallencia (2017) reported that Infectious diseases are transmitted from person to person by direct or indirect contact. Certain types of viruses, bacteria, parasites, and fungi can all cause infectious disease. Malaria, measles, and respiratory illnesses are examples of infectious diseases.

Direct contact

Infectious diseases are often spread by direct contact. The types of direct contact are:

Human-to-human contact: Infectious diseases are often transmitted through direct human-to-human contact. Infection is transmitted when an infected person touches or exchanges body fluids with someone else. This can happen before an infected person is aware of the illness. Sexually transmitted diseases can be transmitted in this way.

Pregnant women can also transmit infectious diseases to their unborn children through the placenta. Some sexually transmitted diseases, incl. gonorrhea, can be passed from mother to child during childbirth.

Droplet spread: Mist drops when coughing and sneezing can spread an infectious disease. You can even infect another person with droplets that form when you speak. As droplets fall to the ground within a few meters, this type of infection needs to be present.

Indirect contact

Infectious diseases can also be spread indirectly through the air and other ways. For example:

Airborne transmission: Some infectious agents can travel long distances and stay in the air for extended periods of time. You can get a measles-like illness by going into a room after someone has measles.

Contaminated objects: Some organisms can live on objects for a short time. If you touch an object, such as a doorknob, soon after an infected person, you could become infected. You become infected when you touch your mouth, nose or eyes before washing your hands thoroughly. Bacteria can also be spread through contaminated blood products and medical devices.

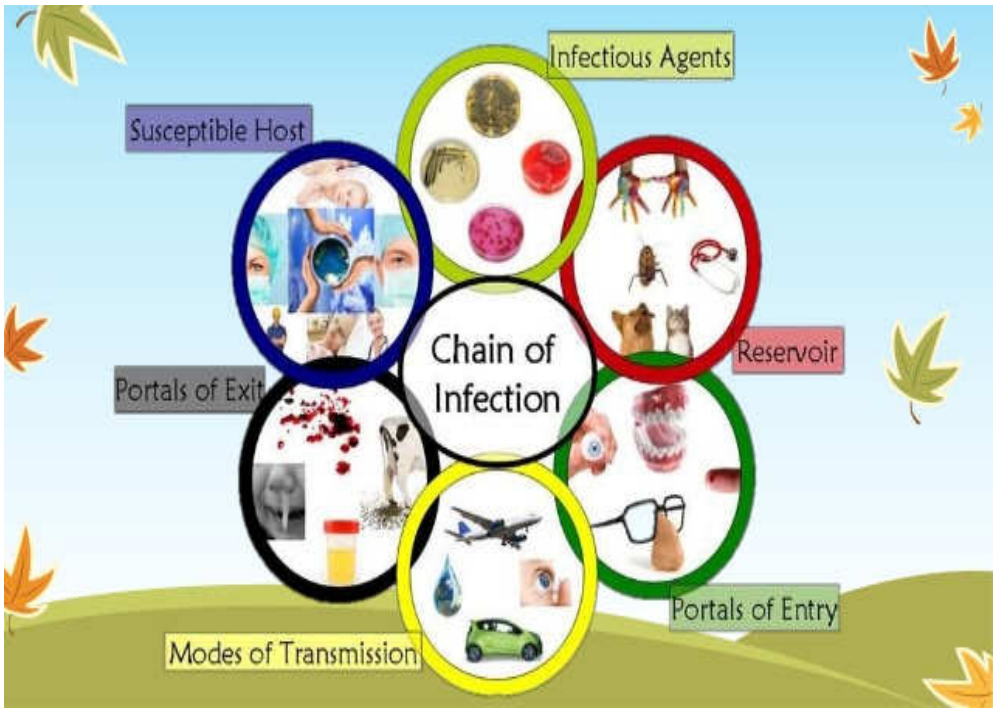
Food and drinking water: Infectious diseases can be transmitted through contaminated food and water. E. coli is often transmitted through improperly handled products or overcooked meat. Improperly canned food can create a mature environment for Clostridium botulinum, which can lead to botulism.

Animal-to-person contact: Some infectious diseases can be transmitted from animal to human. This can happen when infected animals bite you or scratch you or when you handle animal waste. The toxoplasma gondii parasite is found in the feces of cats. Pregnant women and people with weakened immune systems should take special care (disposable gloves and good hand washing) when changing cat litter, or avoid it altogether.

Animal reservoirs: Infection from animal to animal can sometimes be transmitted to humans. Zoonosis occurs when diseases are transmitted from animals to humans. Zoonotic diseases include: anthrax (from sheep), rabies (from rodents and other mammals), West Nile virus (from birds) and plague (from rodents).

Insect bites (vector-borne disease): Some infectious agents are transmitted by insects, especially those that suck blood. This includes mosquitoes, fleas and ticks. Insects become infected when they feed on infected hosts, such as birds, animals and humans. The disease is then transmitted when the insect bites a new host. Malaria, West Nile virus and Lyme disease are all spread in this way.

Environmental reservoirs: Soil, water and vegetation containing infectious organisms can also be transferred to humans. Hookworms, for example, infect contaminated soil. Legionnaires' disease is an example of a disease spread by water that provides cooling towers and evaporator capacitors.



Infectious agents of disease
Source: Shutter.com

Concepts of illness behaviour and sick-role behaviour in public health

Radwan Banimustafa (2012)emphasized that a pathological role derives its meaning from Parson's concept and it refers to a state of social dysfunction, a social role that the individual takes on and is differently defined according to the expectations of a particular society, it extends beyond the individual to include relationships with others. Disease behaviour is the behaviour of a person in a weak role.

A weak role is involved in l Exemption from normal social obligations and other people are expected to take on responsibilities. It is not expected to be complete without care. Is obliged to recover and seek appropriate medical attention. Other people must be kind and compassionate.

Disease behaviour involves much of it as a result of or associated with a recognised illness. Some people are born out of fear of illness or positive rewards and support are given to a person in need. Sometimes an individual can acquire the role of the disease and the disease behaviour without having an illness or demonstrating illness behaviour that is not directly proportional to the stage of the illness. Behaving normally in the presence of undiagnosed illnesses.

The importance of medicine l. A basic principle of teaching in education is that a rewarding behavioural pattern tends to increase in frequency. It is not surprising that not everyone who consults physicians with physical symptoms has objective evidence of disease. l These have probably been trained to do so under the stress of childhood.

To put it most simply, the patient role can be attractive and therefore it is likely that it will be taken up whenever the advantage outweighs the health. Different individuals take on the sick role according to their ability to cope, or to gain additional benefits.

In modern population-based public health practices and community-based approaches with an emphasis on participation, research from these concepts of behaviour has helped tremendously to clarify a critical approach to public health. The concept of diversity in the population has been greatly expanded by articulating the concepts of disease behaviour and the role of the patient. Researchers now have significant research that shows great variability in this behaviour concerning all the key variables. For example, there has been excellent work showing that the presentation of symptoms to a physician is highly dependent on gender, ethnic background, and other socio-cultural characteristics. Research on the concept of the disease has clarified the authority and its many manifestations in clinics, hospitals and other medical settings. Given this

literature, it would be difficult for practicing health educators not to consider the role of power in patient-physician communication.

Current health education has also been heavily influenced by research on illness and behaviour due to illness. These concepts have helped to illuminate part of the scientific basis for an educational and environmental approach to health promotion programs reported by L. W. Green and M. W. Kreuter in a widely used Precede-proceed model. At the same time, we continue to examine the subjective aspects of illness and disease behaviour in narrative analyzes of written and spoken traditions of people to describe their experiences of illness and disease.

4.0. CONCLUSION

Having read this course and completed the assessment test, it is assumed that you have attained understanding of the about causative agent of the disease and sick role behaviour and also Concepts of illness behaviour and sick-role behaviour in public health

5.0. SUMMARY

In this Unit, you have learnt about causative agent of the disease and sick role behaviour and also Concepts of illness behaviour and sick-role behaviour in public health . The assessment exercise have been provided to enable you understand your rating of the understanding and learning you achieved reading this materials Unit.

6.0. TUTOR-MARKED ASSIGNMENT

List and explain the causative agents of disease and illness
Explain the concepts of illness behaviour and sick-role behaviour in public health.

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UNIT 3 ATTITUDE AND BEHAVIOUR DURING TIME OF ILLNESS

CONTENTS

1.0. INTRODUCTION

The term disease behaviour was largely defined and adopted in the second half of the twentieth century. Broadly speaking, it is the behaviour of individuals who feel unwell to alleviate that experience or to better define the meaning of the disease experience. There are many different types of disease behaviours that have been studied. Some individuals who experience physical or mental symptoms seek medical help; others may turn to self-help methods, while others may decide to relinquish symptoms. In everyday life, the behaviour of illness can be a mixture of behavioural decisions. For example, a person who is experiencing recurring symptoms of joint pain may seek additional or other relief medications. But sudden, sharp and bad symptoms can lead a person straight to the emergency room of a hospital. However, pathological behaviour is usually mediated by strong subjective interpretations of the meaning of symptoms. As with any kind of human behaviour, many people resort to social and psychological factors and determine what kind of disease behaviour occurs in the individual.

OBJECTIVES

By the end of this unit, you will be able to:

- define illness behaviour
- list and explain stages of illness behaviour.

3.0 MAIN CONTENTS

3.1 Illness behaviour

Illness behaviour encompasses all activities that individuals consider ill to achieve recovery. This includes recognition of the first symptoms and prompt self-referral for treatment. Disease behaviour is also referred to as different ways in which an individual responds to the body's cues, how they monitor their internal condition, define and interpret symptoms, act as an adapter, take corrective action and take advantage of various information and formal care services. However, inactivity is also a type of response to illness where some people may be uneasy about their health and delay in seeking medical attention due to ill health until the condition worsens beyond acceptable or even leads to death.

It is the variability in the health problem or condition that affects the individual, some may need sudden care such as acute illness. Life experiences from illness and the desire to regain health are often the individual's responsibility as the individual is free to take action that is considered effective.

There is considerable research on the importance of age and gender in the behaviour of illness. Disease behaviour, as evidenced by the use of medical services, is much higher in women. Many studies have linked variants of morbidity to ethnicity, education, family structure, and social networks. Disease behaviour is also shown to be linked to health care and insurance. Most importantly, pathological behaviour is closely linked to socioeconomic status. Classical studies conducted in the 1950s showed strongly that the social and economic class influenced the way symptoms were treated, as lower-class individuals (lower in the socio-economic status) are likely to delay seeking professional health care. , even when they are shown severe symptoms.

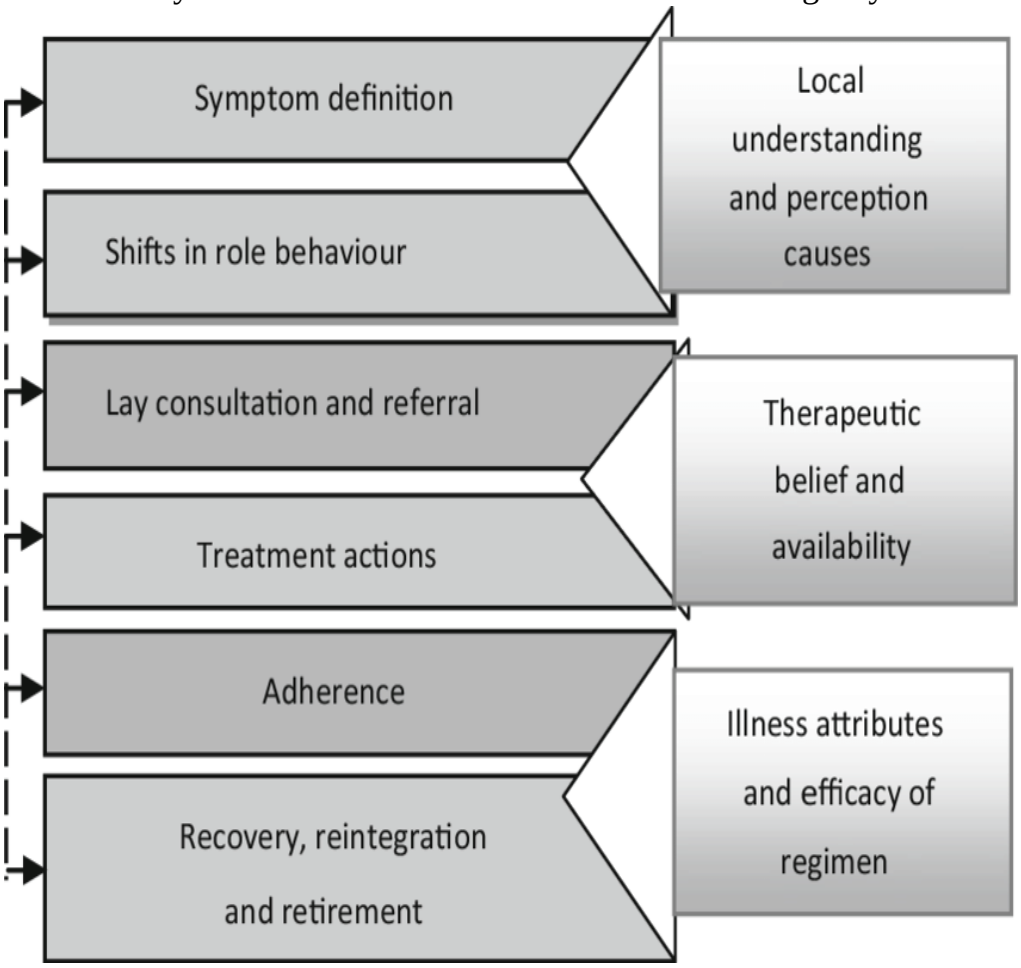
Although much of the initial work on the behaviour of the disease has been seen in the context of understanding the behaviour of patients seeking help, the large research books on disease behaviour have gone far beyond this narrow view of medicine. Many studies have looked at different perspectives on disease behaviour in individuals and healthcare professionals. The different worldview of patients and practitioners is now considered very important for the behaviour of illness. The doctor and the person experiencing the symptoms go through a very different assessment of the meaning of the symptoms. Increasingly in literature, there is a recognition of the strong link between the physical and mental experience of symptoms and the significance of that experience for the behaviour of illness. David Mechanic, a pioneer in disease behaviour

research, best summarizes current perspectives on disease behaviour: “Disease behaviour is caused by complex causes, including biological predisposition, the nature of symptoms, learned response patterns, adaptive tendencies, situational effects, and the effects of health and organisation. on accessibility, response and availability of supplements ”(Mechanic, 1995).

There are four basic questions that an individual needs to ask during an illness; these are: "What" is what is wrong in assessing the symptoms based on the nature of the disease experience and physical indications, it is how he or she feels in his or her system that deviates from the normal state, another question is "where" is it where can and an individual has received medical care and attention, an individual is free to decide where to seek medical attention for his or her illness, whether orthopedic from a recognised health care institution/hospital, from a qualified physician or tweets and charlatans, from a distant chemist shop or even from a traditional healthcare. The third question is "when", that is when it is best to see a doctor regarding diseases, early diagnosis and treatment but some people will not see a doctor in time until the disease becomes complicated, if there is an accidental feeling that is acute soon seek medical attention due to an emergency. The last question is "how" it is how the treatment process will be applied or implemented that involves the interaction of the caregiver (doctor, nurse, traditional physician) and the client with their consent and compliance, the management of the treatment can be with oral treatment, surgery, intravenous, rectum or usually by swearing, rituals, incisions, spiritual baths, etc.

Stages of Illness Behaviour

Disease behaviour is synonymous with behaviour that seeks health, various scholars have pointed out points and a sick individual undertakes to seek well-being. Among these scholars according to Jimoh and Razum in 2014 is Chrisman (1977) who reported on five main levels but one level was added by the researcher to make it six in the following way:



Source: J. Amzat, O. Razum, Medical Sociology in Africa,DOI 10.1007/978-3-319-03986-2_3,39© Springer International Publishing Switzerland 2014

1. **Symptom Definition**

The first step is to acknowledge and accept that something is wrong. This can be seen with physical indications and depends on the perceived danger and disability that is important in determining the likelihood of further health-related behaviours. In addition, factors such as the visibility of symptoms or the frequency of appearance are the sensory data that an individual seeks out as the symptoms are experienced in categorized or defined as illnesses, recognised cases, types of treatments and physicians sought.

2. Illness-Related Shift in Role Behaviour

This is relaxation or suspension of a person's social obligations due to illness limitations or inability to fulfill obligations are part of guidance factors, for example, if an individual has an acute illness, an obligation to perform other social obligations due to hospitalization or restrictions placed on illness during chronic illness, often gradual changes in role behaviour.

3. Lay Consultation and Social Referral

Medical advice involves communication with significant others about the nature and course of the illness. During this time, an individual can resort to certain treatment options that the important ones have prescribed, this can be in the form of medicines given at home, take the sick person to other clinics, visit traditional doctors, traditional maternity services before referring to modern health facilities. This indicates the reporting of illness if it is simply beyond confinement, causes undesirable discomfort or if the suffering or significant others perceive dangers

.

4. Treatment Actions/Initiation

This is a process to evaluate the treatment of all diseases that affect an individual, this treatment could be sought in different dimensions, such as self/home treatment which includes everything from home treatment with herbal medicines, purchase and use of modern medicines from patent pharmacies. These services can be provided at the national or private level mostly by women and often for family members and mostly unpaid. The service can also be provided by healthcare professionals for relatives, friends and community members at low cost.

5. Adherence

Compliance follows the importance of continuing to adhere to the treatment plan as it is designed, including taking all medications or drugs during treatment, planning and maintaining follow-up, and maintaining health behaviours. It also includes dose monitoring, storage planning and medication requirements necessary to obtain and maintain the clinical benefits of treatment. Failure to follow up or not to follow up is a negative disease behaviour that has been implicated in the development, spread, and enhancement of drug resistance, and in particular treatment failure (Bloland et al., 2000).

6. Recovery, Reintegration or Retreatment

Recovery and readjustment mean seeking further treatment if initial treatment fails to deliver the desired result. This can even lead to a redefinition of symptoms/illness while a lack of recovery can lead to reconnection of the illness. For example, a condition previously considered malaria could be marked as another disease or a mysterious disease caused by supernatural substances. After recovery, the individual is readjusted in the community as he/she continues with previous daily activities. The process of recovery and adjustment could continue indefinitely (especially in the case of chronic illness) or shorten to a permanent pension (mortality rate) from social roles. This means that not all patients will recover and not all patients will fully recover to normal social roles.

4.0 CONCLUSION

Having read this course and completed the assessment test, it is assumed that you have attained understanding of the about attitude and behaviour during time of illness, sick role behaviour and stages of illness behaviour.

5.0 SUMMARY

In this Unit, you have learnt about attitude and behaviour during time of illness, sick role behaviour and stages of illness behaviour. The assessment exercise have been provided to enable you understand your rating of the understanding and learning you achieved reading this materials Unit.

6.0. TUTOR-MARKED ASSIGNMENT

Identify the attitude and behaviour of people during time of illness
List and explain stages of behaviour during time of illness.

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MODULE 3 BEHAVIOURAL CONCEPT OF HEALTH AND ILLNESS

UNIT 1 EDUCATIONAL THEORIES OF HEALTH AND ILLNESS BEHAVIOUR

CONTENTS

1.0 INTRODUCTION

Health behaviour can be referred to as preventive health behaviour, it refers to the various ways that an individual prevents disease, injury and disability, it can also be called the daily activities that individuals undertake that make him/her healthy, to come prevent disease or diagnose it at an asymptomatic stage. Disease behaviour is defined as how an individual perceives symptoms, assesses them and acts on them according to an individual who knows pain, discomfort and or other signs related to organic failure.

Health behaviour as defined by Amazat and Razum (2014), as a special recognition, socially evaluated and medically recommended action performed voluntarily by a person who considers himself or herself healthy who tends to prevent undesirable health or discovering it at an asymptomatic level.

Health behaviour can be seen from four different perspective:

1. Primary prevention of disease, defects, injury or disability
2. Detection of asymptomatic diseases, injury and defects
3. Promotion of enhanced level of health wellness and quality of life
4. Protective behaviour to make environmental transaction safe from disease, injury, defect and disability.

There are several theories on health and illness behaviour, some of which would be discussed in these unit.

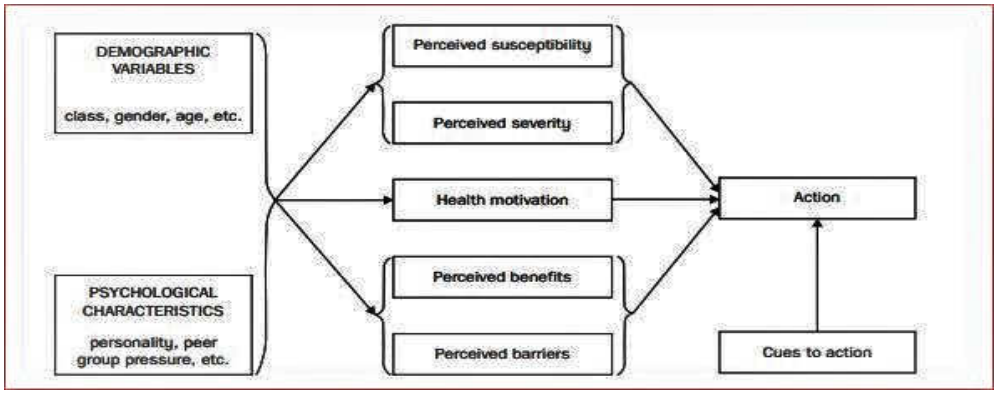
2,0.. OBJECTIVES

By the end of this unit, you will be able to:

- explain Health Belief Model, Social Cognitive Model
- explain Fishbein‘s Theory of Reasoned Action
- explain Attribution Model of health and illness
- explain Naturalistic Model).

3.0 MAIN CONTENTS

3.1. Heath Belief Model



Source: https://www.researchgate.net/publication/290193215

- The health belief model is a theoretical model that can be used to guide health promotion and disease prevention, it is one of the most widely used model, it is mainly used to explain and predict individual changes in health behaviour. This model was developed in the early 1950's by a social scientist at the US Public Health Service, it aimed at understanding failure or people adopting disease prevention methods or screening tests to diagnose diseases early. HBM points out that "a person's belief in a personal threat of an illness or disease, together with an individual's belief in the success of a recommended health behaviour or action, will predict the likelihood that the person will adopt the behaviour".

HBM was admittedly derived from the theory of psychology and behaviour, but it originally has 4 constructions, but later 2 additions were made to it, which now make it 6.

Perceived susceptibility: This has to do with an individual's perception of getting sick or ill. It has to do with individuals' feelings of vulnerability to disease illness

Perceived severity: This is an individual's perception of the severity of an illness or illness that has been linked to, although there is a change in the individual's perception of the outcome of health towards a family and a healthcare professional.

Perceived benefits: This has to do with how the individual feels about the various actions available to him / her as a cure for the disease condition.

Perceived barriers: This has to do with perceived barriers or feelings of barriers to accessing or benefiting from recommended health interventions. These obstacles can be dangerous, uncomfortable, time consuming or uncomfortable.

Cue to action: This is the incentive needed to initiate the decision-making process to approve the recommended health surgery. These indications may be internal (e.g. chest pain, wheezing, etc.) or external (e.g. advice from others, illness of a family member, newspaper article, etc.).

Self-efficacy: This has to do with the confidence that an individual receives to perform a behaviour successfully.

The Health Belief Model (HBM)is a psychological model that attempts to explain and predict health behaviours. This is done by focusing on the attitudes and beliefs of individuals. It addresses the individual's perception of the threat posed by a health problem (sensitivity to and perception of health seriousness), the benefits of avoiding the threat and the influencing factors of decision making (barriers, indications of action and automation) through health education on the prevalence and incidence of disease, assess the risk and provide information on the consequences of the disease (Glanz, Rimer and Viswanath, 2008). Glanz et al. (2008) added that training with the model of health beliefs could provide evidence of actions that will reduce and encourage individuals to adopt health-promoting behaviours.

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HBM was first developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels, who worked in the US public health service and is still one of the best known and most widely used theories in health behaviour research. The model was developed to explain and predict health-related behaviours, particularly concerning the introduction of health services and to respond to the failure of the tuberculosis health plan (TB). Although this service was available free of charge in various convenient locations, the program achieved limited results. The question was: "why?" To find an answer, social psychologists looked at what motivated or discouraged people from participating in the projects. They taught that people's beliefs about whether or not they were susceptible to disease, and their perception of the benefits of trying to avoid them, influenced their willingness to take action. The scientists expanded this theory and eventually concluded that six main buildings influence people's decision on whether to take action to prevent and control disease. They argued that people were ready for action if it:

Believe that they are sensitive to situations (perceptible sensitivity)

c. Believe that the situation has serious consequences (perceived severity)
d. Believe that taking action would reduce their sensitivity to the condition or its severity (considered benefits)
e. Believing the cost of operations outweighs the benefits (perceived barriers)
f. Provides incentives, incentives must also be in place to initiate health-promoting behaviours (for example, television and / or a health professional's reminder to use folic acid)
g. Be confident in their ability to perform effective action (automation) Since health motivation is the main focus, HBM is suitable for dealing with problems, behaviours that are worrying about health (for example, risk taking alcohol to drink together, six constructions provide HBM useful framework for design both short-term and long-term behavioural changes (Carpenter and Christopher, 2010).

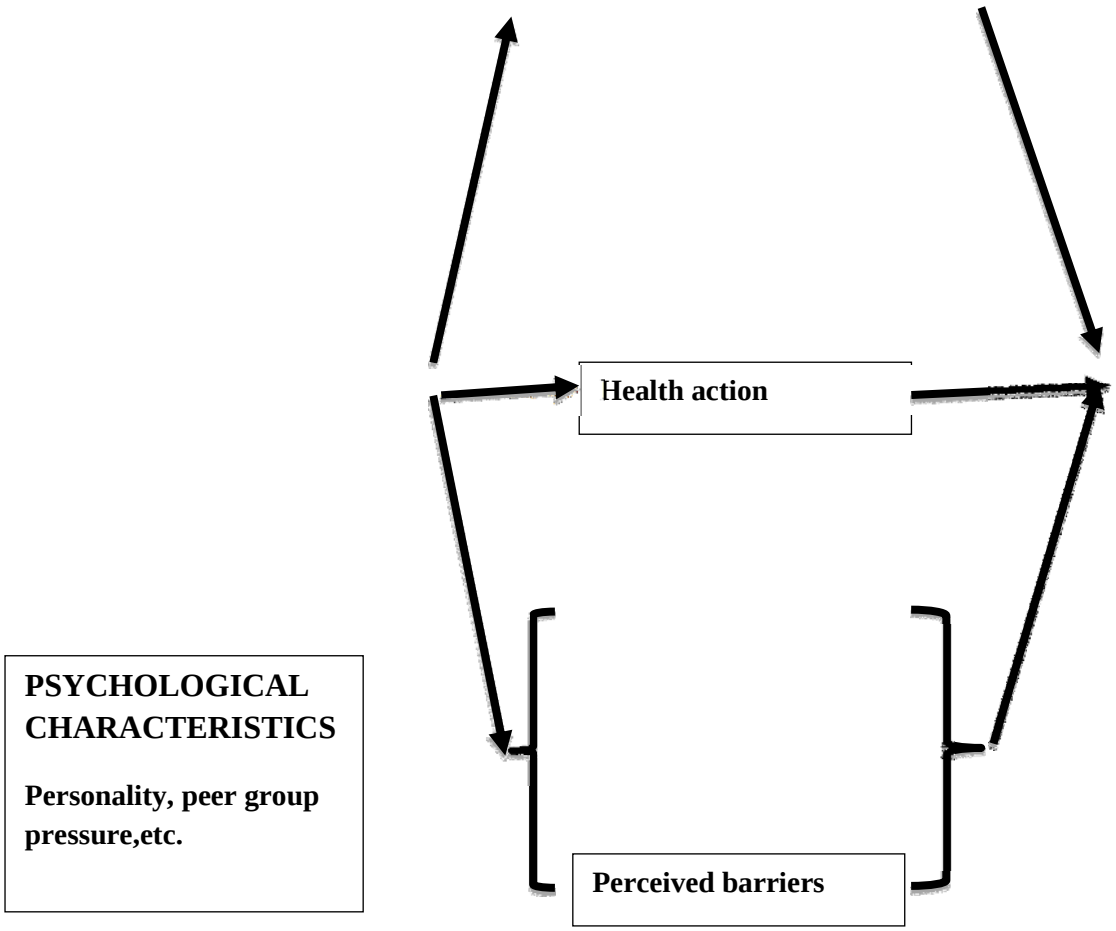
The health model is by far the most common theory in health education and health promotion (National Cancer Institute, 2003). The underlying concept of this model is that health behaviour is determined by personal beliefs or perceptions of diseases and the methods available to reduce their occurrence. The health belief model (HBM) is used to understand health behaviours and possible reasons for not following recommended actions (Turner, Hunt, Diberezzo, & Jones, 2011). The model deals with four main buildings to fulfill the recommended functions, i.e. perceive susceptibility to the disease, and perceive severity, perceived benefits, perceive barriers to recommended action. Each of these perceptions, collectively or individually, can be used to explain the conformity (recording) with the recommended actions. Recent additions that have been added are features, changes, and automation.

The overall goal of the contractors of the Health Belief Model theory was to improve the health literacy of individuals by providing education about a specific disease. The first goal was to make individuals aware of the disease (such as polycystic ovary syndrome) to which they are susceptible, the second goal was to let individuals know that the disease was serious, the third goal was to let people know that it is beneficial if individuals take the certain recommended action, but the subsequent goal was to let individuals know that there are barriers that can prevent them from taking such recommended action that can benefit them (Guobadia, 2015).

A model for health belief was considered appropriate for this study because the main goal is to see how disease education can increase knowledge and attitudes towards polycystic ovary syndrome in women

graduate students at the University of Ibadan, which is in line with the emphasis on human health and perception. the methods available to deal with it. Furthermore, the adoption of this model is considered appropriate because this study seeks to provide health education that is a form of health literacy to help increase participants' knowledge of ovarian polycystic syndrome and change their attitudes towards prevention of those who are back in line with overall goals. The health belief model of increasing people's health literacy. HBH's core awareness of susceptibility to disease will be an important policy in trying to educate graduate students that although polycystic ovary syndrome is terrible, it could easily be prevented; In other words, when female students (residents of this study) consider themselves not immune to the various health effects of unhealthy lifestyles that can eventually lead to PCOS, they will consider themselves susceptible, as such, to the health education provided to them. and moderate variables (location of management and religion) will serve as changing factors

The health belief model as a theory could help to identify what changes occurred due to the provision of medical education to participants in the experimental group compared to those in the control group who did not receive the medical education. HBM focuses on improving communication and education about health (polycystic ovary syndrome). It also provides opportunities for advocacy, such as identifying barriers and indications of actions that can improve health communication as well as increase health promotion and ultimately improve disease prevention. Furthermore, HBM is relevant for this study because the overall goal was to improve the health literacy of graduate students in the hope that they would be empowered to adopt new positive health habits before entering into marriage. In addition, by improving health literacy, HBM can also help identify which group to target by education. HBM is considered appropriate for this study because its constructive application can help participants locate their perceptible susceptibility to polycystic ovary syndrome, the severity of polycystic ovary syndrome, the perceived benefits of recommended surgery (prevention), and their autonomy. When an individual perceives a threat to their health with the perceived benefit that outweighs the perceived obstacles, then that individual will likely embark on the recommended health action.



Source: Becker et al. 1977

Limitation of the Health Belief Model

There are some limitations that emerge from HBM, it is noted that the model is more descriptive than explanatory and also lacks the ability to change health-related negative health interventions. Wayne (2019) stated that HBM has many limitations as below.

- It does not describe the attitudes, beliefs or other individual decision-makers that dictate a person's recognition of health behaviours.
- It does not take into account normal behaviour and can therefore inform the decision-making process to accept the recommended action (e.g. smoking).
- It does not take into account behaviours that are performed for health reasons such as social recognition.
- It does not take into account environmental or economic factors that may prohibit or promote recommended action.

- It assumes that everyone has access to an equal amount of information about the disease or illness.

It assumes that there is widespread evidence of action to encourage people to take action and that "unhealthy" action is the main goal of decision-making.

3.2 Social Cognitive theory (SCT).

Social Cognitive Theory (SCT) started as the Social Learning Theory (SLT) in the 1960s by Albert Bandura. It developed into the SCT in 1986 and posits that learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment, and behaviour. The unique feature of SCT is the emphasis on social influence and its emphasis on external and internal social reinforcement. SCT considers the unique way in which individuals acquire and maintain behaviour, while also considering the social environment in which individuals perform the behaviour. The theory takes into account a person's past experiences, which factor into whether behavioural action will occur. These past experiences influence reinforcements, expectations, and expectancies, all of which shape whether a person will engage in a specific behaviour and the reasons why a person engages in that behaviour. Many theories of behaviour used in health promotion do not consider maintenance of behaviour, but rather focus on initiating behaviour. This is unfortunate as maintenance of behaviour, and not just initiation of behaviour, is the true goal in public health. The goal of SCT is to explain how people regulate their behaviour through control and reinforcement to achieve goal-directed behaviour that can be maintained over time. The first five constructs were developed as part of the SLT; the construct of Self efficacy was added when the theory evolved into SCT.

1. **Reciprocal Determinism** – This is the central concept of SCT. This refers to the dynamic and reciprocal interaction of person (individual with a set of learned experiences), environment (external social context), and behaviour (responses to stimuli to achieve goals).

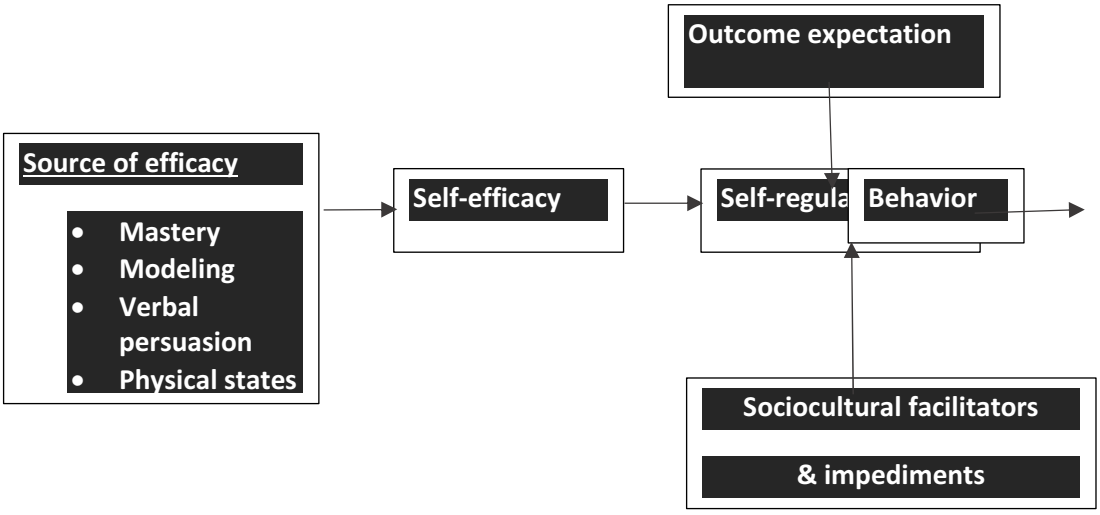
2. **Behavioural Capability** – This refers to a person's actual ability to perform a behaviour through essential knowledge and skills. In order to successfully perform a behaviour, a person must know what to do and how to do it. People learn from the consequences of their behaviour, which also affects the environment in which they live.

3. **Observational Learning** – This asserts that people can witness and observe a behaviour conducted by others, and then reproduce those actions. This is often exhibited through "modeling" of behaviours. If individuals see successful demonstration of a behaviour, they can also complete the behaviour successfully

4. **Reinforcements** – This refers to the internal or external responses to a person's behaviour that affect the likelihood of continuing or discontinuing the behaviour. Reinforcements can be Self-initiated or in the environment, and reinforcements can be positive or negative. This is the construct of SCT that most closely ties to the reciprocal relationship between behaviour and environment.

5. **Expectations** – This refers to the anticipated consequences of a person's behaviour. Outcome expectations can be health-related or not health-related. People anticipate the consequences of their actions before engaging in the behaviour, and these anticipated consequences can influence successful completion of the behaviour. Expectations derive largely from previous experience. While expectancies also derive from previous experience, expectancies focus on the value that is placed on the outcome and are subjective to the individual. 6. Self-efficacy – This refers to the level of a person's confidence in his or her ability to successfully perform a behaviour. Self-efficacy is unique to SCT although other theories have added this construct at later dates, such as the Theory of Planned Behaviour. Self-efficacy is influenced by a person's specific capabilities and other individual factors, as well as by environmental factors (barriers and facilitators). Limitation of Social Cognitive Theory There are several limitations of SCT, which should be considered when using this theory in public health. Limitations of the model include the following: The theory assumes that changes in the environment will automatically lead to changes in the person, when this may not always be true. The theory is loosely organized, based solely on the dynamic interplay between person, behaviour, and environment. It is unclear the extent to which each of these factors into actual behaviour and if one is more influential than another. The theory heavily focuses on processes of learning and in doing so disregards biological and hormonal predispositions that may influence behaviours, regardless of past experience and expectations. The theory does not focus on emotion or motivation, other than through reference to past experience. There is minimal attention on these factors. The theory can be broad reaching, so can be difficult to operationalize in entirety. Social Cognitive Theory considers many levels of the social ecological model in addressing behaviour change of individuals. SCT has been widely used in health promotion given

the emphasis on the individual and the environment, the latter of which has become a major point of focus in recent years for health promotion activities. As with other theories, applicability of all the constructs of SCT to one public health problem may be difficult especially in developing focused public health programs.



Source: https://www.dovepress.com/getfile.php?fileID=50243

Social cognitive theory as a health behaviour theory

This theory describes the influence of individual experiences, the actions of others, and environmental factors on individual health behaviours. SCT provides opportunities for social support through instilling expectations, self-efficacy, and using observational learning and other reinforcements to achieve behaviour change.

The theory however relate the behavioural changes in individuals to some key factors such as the below:

- **Self –efficacy**:This refers to the level of people's confidence in their ability to successfully perform a behaviour
- **Behavioural capacity:** This explain that behaviours are brought about as a result essential knowledge and skills, it also observed that an individual is product of learned behaviour which is influenced by the environment lived in.
- **Expectations:**This explain that expectations are as a result of previous experiences and expectancies focus on the value that is placed on the outcome and are subjective to the individual.
- **Self-control:** This explains that some health behaviours can be regulated and monitored.

- **Observational learning:** This explain why individual repeat task or performed by others through observation, individual can perform observed health behaviours through modelling of behaviours.
- **Reinforcements:** This explains why behavioural changes can be achieved through incentives and rewards.

Limitations of social Cognitive theory

The SCT is observed to have some limitations and these limitations such be considered when applying it in public health, these limitations are below:

- The theory assumes that a change in the environment automatically lead to changes in behaviour however this is not always so
- The theory also observed the interplay between the individual, behaviour and the environment but failed to establish which of them influences the other the most.

- The theory heavily focuses on processes of learning but neglects the biological and hormonal predispositions which sometimes influence behaviours, without References/Further Reading to the past experience and expectations.

- The theory neglect emotions and motivation but gave References/Further Reading more to past experiences.
- The theory is broad and so operationalizing it entirety is difficult.

Sosa-Estani, S., Colantonio, L. and Seguru, E.L. (2012). Therapy of changes: implications for levels of prevention. *Journal of Tropical Medicine*. Vol. 10 doi:101155/2021/292138.

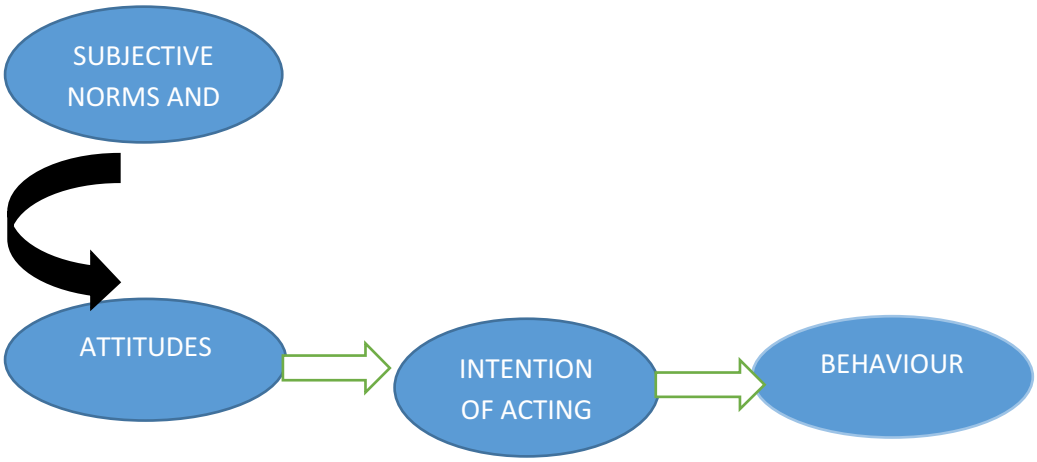
Ademuwagun, Z.A., Ajala, J.A., Oke, E.A., Moronkola, O.A. and Jegede A.S. (2002), *Health Education and Health Promotion.* Royal People Nigeria Limited Ibadan, Nigeria.

Udoh C.O. (2002). *Health and Illness Behaviour*. Chris-Rose Ventures Ibadan

Green, L. W., and Kreuter, M. W. (1999). *Health Promotion Planning: An Educational and Environmental Approach,* 3rd edition. Mountain View, CA: Mayfield.

Park's, K. (2015). *Preventive and Social Medicine* 23rd Ed. M/S Banarsidas Bhanot India.

3.1. Fishbein‘s theory of reasoned action



Source: J Environ Sci Public Health 2017; 1 (2): 120-133.

This theory was first developed by Martin Fishbein and Icek Azjen, the theory suggested that an individual's health behaviour is determined by the intention to perform behaviour. reflects behaviour only to the extent that the two refer to the same evaluated outcome situation that is evaluative. This theory has been used successfully to explain and predict behaviour, for example, predicting many areas of behaviour such as physical violence to drug use, recycling of space to choose a mode of travel, from safer sex to consumer behaviour, and from technology to privacy. . In short, a TRA is a behavioural model that determines an individual's intention to engage in behaviour, and the intention is a function of the individual's attitude toward behaviour is the individual's subjective criteria. Subjective criteria are then followed as a result of both social and environmental consequences environment as well as the individual's perception of the behaviour. Therefore, TRA provides useful information for all predictable health behaviours and can therefore be used to plan and implement health promotion and prevention programs, as well as subjective criteria to describe the behaviours of healthcare professionals, patients, caregivers and others in the community.

The theory of reasoned action was designed to explain not only health behaviour but all the will of behaviour. This theory was put forward by Fisher and Fisher (1992). This theory explains when people are involved in disease prevention. According to this theory, one of the predominant disease prevention measures (in this occupational risk study) is the belief in their negative impact on human health and its severity. It is a

prerequisite that individuals are likely to adopt health behaviours if they perceive it; they are susceptible to disease; the consequences of infection are serious; and effective solutions exist. In this study, it was assumed in continuation of the above, those employees are likely to take one or more preventive measures if they feel that the work environment is full of potential hazards (hazards); The consequences of this risk to individual health are serious and effective ways to avert such a situation.

The TRA model was proposed in 1975 by Fishbein and Azjen. It focuses on the structure of an observation system on two groups of variables, which are: –Attitude defined as a positive or negative emotion concerning achieving a goal; -Participating criteria, which are precisely the expression of individuals' perceptions of the ability to achieve these goals with the product. These authors have emphasized the importance of intention more than reality. Indeed, people who buy something do so concerning what they feel is doing and not really because of a real need related to the model to which it belongs. In the context of information technology, this approach does not work. The first set of options is similar to the methods taught in the theory of information integration: -strengthen the belief in a belief that supports persuasive goals. -encrease the evaluation of beliefs that support persuasive goals -Weaken faith-beliefs that oppose persuasive goals -Week evaluation of attitudes that support persuasive goals -Create new attitudes with faith-strength and assessments that support persuasive goals -Remind our audience of forgotten beliefs with faith-strength and an assessment that supports persuasive goals.

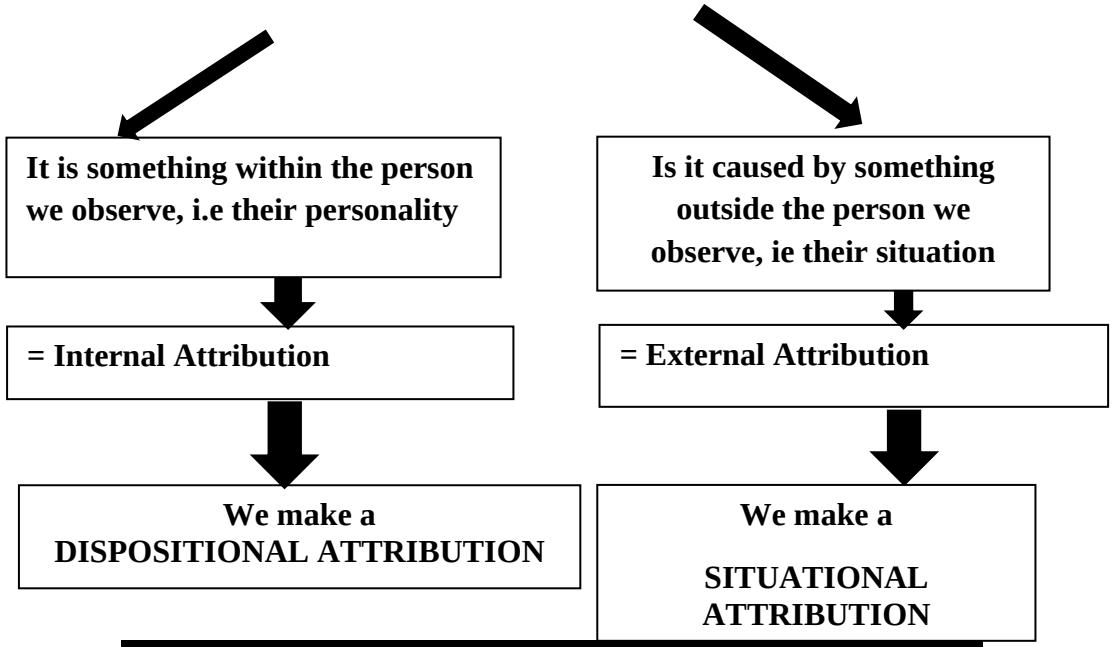
Since the inception of the theory of reasoned action in late 1970s by Martin Fishbein and Icek Ajzen, the theories of reasoned action and planned behaviour and, in its more recent incarnation, the reasoned action approach, have been among the most influential approaches to predicting and understanding intentional behaviour. The theories have been widely applied across multiple behaviours, contexts, and populations. With their roots in attitude theory and the social cognitive tradition, the theories focus on individuals' beliefs concerning future performance of a given behaviour.

The theory of reasoned action was the first version of the theory. The main structure of the theory is intention, motivation, which is considered to be the closest determinant of behaviour. The intention reflects the extent to which an individual is likely to intend to do and put a lot of effort into following a certain behaviour. The intention is ideological as a function of two religious agreements: attitudes and subjective norms. Attitudes are positive or negative assessments of future behaviour, but subjective norms reflect beliefs that significant others would want them to perform the behaviour. The theory of reasoned action demonstrated the success of

predicting human variability behaviour across multiple contexts, population, and behaviour. Ajzen changed the theory of reasoned actions to account for behaviour that was not under the complete control of the individual. The theory of planned behaviour introduced the perception of behaviour management as an additional prediction of intentions. In situations where individuals' perceptions of control reflect actual control, perceived behavioural control would determine the strength of Intention Behaviour Relationship. When their perceived behavioural control was high, individuals were more likely to act according to their intentions. Ajzen also suggested that when perceived behavioural control closely reflects actual control, it will predict behaviour directly. Fishbein and Ajzen proposed the reasoned approach as further development in their theory based on research. The reasoned action approaches the theory of planned behaviour by distinguishing between different sub-components of attitudes, subjective norms, and perceived behavioural constructs in the theory of planned behaviour. The popularity of theories is due to their relative simplicity and flexibility, as well as their effectiveness in explaining the material variability in behaviour. The theories have also served as the basis for longer theories that include new constructs to develop broader explanations of behaviour and to test prominent processes that determine actions such as the relationship between plans and behaviour.

3.2. Attribution model of health and illness

ATTRIBUTION THEORY
What causes certain behaviour?



Source: Fritz Heider. Graphic copyright © 2001 Psychology Press Ltd

Attribution theory suggests that people have a certain behaviour either causes outside the individual or some part within the performer of the actions ("disposition" or "internal" aspect) Ciccareloi and Meyer (2008). This theory explains that any health behaviour can be linked to both external and regular factors.
Internal trait: This is the process of assigning the cause of behaviour to some internal trait, rather than external forces, the explanation of the individual's behaviour is related to internal traits, such as personality traits. For example, an individual's behaviour may be related to their personality, motives, and attitudes.

External property: This is the process of assigning the cause of behaviour to a situation or event that is outside one's control rather than an internal trait, that is, behaviour can be streamlined with external traits, such as circumstances or environmental actions.

The dimension of attribute that is responsible to individuals actions that lead to behaviour change are internal versus external, stable versus unstable, global versus specific, and controlled versus uncontrolled.

According to Banerjee, Gidwani and Rao (2020), attribution is the way of inferring the causes or origins of various events or behaviours that take place in one's life. Individuals shape attributes to understand and relate meaning to their life experiences. These experiences have a significant impact on the kind of communication people have with each other. Heider was the first to teach about attributes in the field of psychology; however, Weiner et al., developed a theoretical framework that has become an appropriate research policy in the field of social psychology. Heider shed light on psychology that is childish or sensible, as he viewed people as amateurs who try to understand and control the behaviour of others by gathering information unless they lead a logical conclusion or explanation.

Classification can be classified according to two dimensions: internal and external and stable and unstable. By combining these two sizes of properties, certain properties can be classified as internally stable, externally stable, or externally unstable. In "disposition versus internal" recognition, people conclude that the event or behaviour is the result of ability, emotion, and trait. In "external to situational" attribution, people tend to focus their explanations on events and behaviour around aspects of the social environment. For example, a person behaves with violence and violence. If his behaviour is traced to innate aggressive drives and temperament, then this attribute will be internal or disposable as it is directed at the innate tendencies of man. However, a probable explanation could also apply to human contextual factors such as starving weather or a lack of resources necessary to live a fulfilling life and so on. This is an

example of an external or situational property issue. Continuous and unstable operation are also separated. Individuals are said to present stable attributes when they conclude that behaviour is due to constant or unchanged factors. On the contrary, one tends to explain the event of the event or event with unstable or temporary factors while making irregular utterances.

According to Malle (2011), theories of attribution form an important interface between social awareness and behaviour. Because clinical practice is fundamentally dependent on understanding the nuances of human behaviour, "adaptation" can help us understand thought processes, the causes of certain specific "reactions," and ultimately help with behaviour and social change. A common example in everyday life is the use of cognitive behavioural therapy for dysfunctional thoughts or measures to reduce prejudice against the public based on prevailing knowledge-attitudes in society. Even in criminology and in the field of terrorism, attribute theories help to examine and understand intentional and unintentional behaviour, which is an important part of social responsibility and legal consequences. "The National Theory of Behavioural Explanation" puts "faith" and "desire" to be fundamental to an "intention" in an individual, moving to "intention" with skill and consciousness. Therefore, five requirements are considered necessary for actions to be "intentional".

It must be based on the desire for a conclusion
One has to believe in the connection between the actions and the result
The above two parameters must lead to the intention to perform a specific action
The existence of the necessary skills to accomplish this
Awareness of the action being performed.
Health and Illness Attribute Model Theories discuss ideas that people use to explain how to maintain a healthy condition and why they get sick. Ideas about the cause of diseases can include ideas such as breaking the taboo, loss of soul, germs, upset in the hot and cold balance of the body or weakening of the body's immune system.

3.3. Naturalistic Model

This model tries to explore how people use their experience to make decisions in natural situations, the model is more descriptive than prescriptive. The focus is on 3 factors that influence decision-making: factors related to the decision-maker, primarily knowledge and experience; project-related factors, such as complexity; and environmental factors.

Theories of natural diseases are the theories that exist within culture, which explain diseases and diseases in an impersonal word. George Foster explains a natural pathology according to a "balance model" where health stems from a possible balance between being good with one's age, condition and environment. Imbalances in these systems lead to illness through impersonal and systematic approaches. One example of a naturalistic disease theory is the theory of Western medicine or biological medicine, which links disease and illness to scientific causes. This leaves all personal responsibility for the disease out of the equation and the diseases are traced to organisms such as bacteria or viruses, accidents or toxic substances. Retrieved from .https: //en.m.wikipedia.org July 15, 2021.

Other cultures have developed different naturalistic theories about diseases. One particular example lies in Latin cultures, which classify "hot" or "cold" things as food, drink, and environmental conditions. They believe that a combination of hot and cold substances will cause imbalances leading to disease. Therefore, it is expected that you will not get a cold drink after taking a hot bath. Other examples of natural pathology include biology and theology. Diseases that are not considered to be caused by theories of natural diseases fall into the category of personalized theories of disease. This theory views illness as the result of a personal direct agent such as supernatural powers, magic or the evil eye. A naturalistic concept argues that the natural world is a powerful balance in an ecosystem where the inanimate and the living are interdependent and interdependent. Modern examples of threats to the health of the ecosystem are global warming, alien invasion of plants, acid rain and pests. In the same way, health comes from balance in life, balance in internal body systems and balance with nature. Illness is accompanied by an imbalance concerning the patient's age, physical activity, physical activity, and personal and social circumstances; or it may be due to an external threat such as infections or toxins. Natural elements can be used to restore balance in the organism or body systems. Thus, the term "naturalistic" refers to a healing that results from the use of natural approaches, such as local plants, water and heat. Practitioners seek to identify the cause of the imbalance through a variety of well-defined methods and skills. The treatment uses naturally specific remedies and methods including herbs, homeopathy, nutrition, massage, exercise and relaxation techniques. Naturally based preventive and health-promoting measures are of a magnitude. Herbal medicine is a care system in the United States that uses this term. Another modern example of a natural medicine method involves the search for toxins in body tissues or bowel (e.g., heavy metals, yeast) using modern toxicology and biological techniques. Such “bioterrain studies” are performed by non-conventional laboratories

4.0. CONCLUSION

Having read this course and successfully completed the assessment test, it is assumed that you have attained understanding of the about:Health Blief Model, Social Cognitive Model, Fishbein‘s Theory of Reasoned Action, Attribution Model of health and illness, and Naturalistic Model)

5.0 SUMMARY

In this Unit, you have learnt about Health Belief Model, Social Cognitive Model, Fishbein‘s Theory of Reasoned Action, ,Attribution Model of health and illness, and Naturalistic Model). The assessment exercise have been provided to enable you understand your own rating os the understanding and learning you achieved reading this materials Unit.

6.0. TUTOR-MARKED ASSIGNMENT

Explain :the concept of : Health Belief Model, Social Cognitive Model, Fishbein’s Theory of Reasoned Action, Attribution Model of health and illness and Naturalistic Model.

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UNIT 2 DETERMINANTS OF PREVALENCE OF HEALTH BEHAVIOURS.

CONTENTS

1.0. INTRODUCTION

An individual's health is a prerequisite for several factors, an individual's health may be relatively normal or below normal, however, it is very difficult to have an individual with "excellent health". Decisive health should therefore be the actions of each individual who contract to make him / her healthy or unhealthy. Some habits could therefore affect an individual's health, such as diet, exercise, alcohol consumption, cigarettes and drug use, and handwashing. What determines health is therefore the number of factors that affect the health of individuals or people, so that at each stage of life health is determined by the complex interactions of social and economic factors, the physical environment and individual behaviour.

2.0 OBJECTIVE

By the end of this unit, you will be able to:

- list and explain the determinants of prevalence of health behaviours.

3.0 MAIN CONTENTS

3.1. Determinants of prevalence of health behaviours.

A framework for determinants of health

The United State Department of Health and Human Services (2021), identified factors that determines the health of the individual as the below:

- Personal
- Social
- Economic
- Environmental Factors

Furthermore the public health agency of Canada identified 12 determinants of health to include the fooling:

- Income and social status
- Social support networks
- Education and literacy
- Employment/working conditions
- Social environments
- Physical environments
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender
- Culture

They also in the same vein further categorized the determinant of health to fall under a broader sections that include:

- Policy Making
- Social factor
- Health services
- Individual behaviour
- Biology and genetic factors

Policy making: Several policies set by various levels of government and local authorities (Local, State and Federal) such as food control, drug use, emigration laws, population control, food safety, etc., can improve the health of the population both positively and negatively. Some policies affect all residents and have a positive impact on citizens' lives, such as traffic and the use of road safety, which reduces the frequency of road accidents and deaths.

Social f

Social factors: This factor determines and reflects the social and physical state of the environment in which each individual is born, lives, learns, works and develops. These important factors are reflected in the supply of resources and amenities related to the supply of daily necessities (education, jobs, wages and healthy food), social norms and attitudes, exposure to crime (violence and social disorders), the supply of social support and communication, the media and new technologies. , social and economic conditions, quality and good transport options, public safety and housing separation. Nigeria's health indicators are among the worst in Africa despite rapidly growing population, social factors contribute significantly to the decline of the country's health (Joe-ikechebelu, Osuorah, Nwankwo, Ngene and Nwaneli, 2020).

Health Services: This requires both access to health care that is not only available but also accessible and affordable. Lack of access or limited access to health care has a major impact on a person's health. Some identified barriers to accessible health care include Lack of availability, , High cost, Lack of insurance coverage and Limited language access

Individual Behaviour: This needs to play the role that is responsible for the individual who determines the outcome of the individual's health, such as smoking or quitting, a healthy diet and exercising or not.

Biology and Genetics: Biological and genetic factors are important factors but have a greater impact on certain populations than others, older people are more susceptible to some diseases or infections than younger people, some genetic diseases such as sickle cell disease are common in some such as Africa, Caribbean, Caribbean. Some genetic factors include

age, gender, HIV status, genetics such as sickle cell fluid and blood thinning.

4.0 CONCLUSION

Having read this course and successfully completed the assessment test, it is assumed that you have attained understanding of the determinants of prevalence of health behaviours.

5.0 SUMMARY

In this Unit, you have learnt about Determinants of prevalence of health behaviours. The assessment exercise have been provided to enable you understand your own rating of the understanding and learning you achieved reading this materials Unit.

6.0. TUTOR-MARKED ASSIGNMENT

List and explain determinants of prevalence of health behaviours.

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UNIT 3 HEALTH RISKY BEHAVIOUR

CONTENTS

1.0 INTRODUCTION

Dangerous behaviour is defined as actions that increase the risk of illness or injury, which in turn can lead to disability, death, or social problems. The most common risk behaviours include violence, alcoholism, tobacco use, risky sexual behaviours and eating disorders. Risk-taking can be seen as participation in socially defined problem behaviours that can have positive consequences for the individual but can be considered undesirable by society's rules and often involves the possibility of harm or danger.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- define the concept of health risky behaviour
- identify and explain types of health risky behaviour
- list and explain the health risky behaviour of adolescents.

3.0 MAIN CONTENTS

3.1 Health Risky Behaviour

Research on risk taking has encompassed a variety of behaviours including alcohol consumption, tobacco use, risky sexual activity, dangerous driving, interpersonal aggression, and delinquent behaviours.

One line of research considers risk-taking to be due to poor decision-making processes. A well-recognized policy for assessing this perspective on risk-taking is the Iowa Gambling Project (IGT). In IGT, participants are advised to choose cards from different decks. Some decks have cards that represent big wins, while other decks have cards with smaller wins.

Over time, decks with larger payouts also begin to involve even greater losses (leading to total losses and called unfavorable decks) but decks with small payouts also begin to involve losses but less work (leading to total profits and referred to as favorable decks). Risky decision-making is measured by the number of choices from the deck.

3.2. Types of Health Risky Behaviours

Driving and playing with radio at the same time
Source:https//www.shuttesyck.com

Driving and receiving phone calls at the same tine
Source: https://www.shutterstock.com

Sitting / Reading Comfortably on a functional rail line
Source: https://www.shutterstock.com

Violence: Human violence is the leading cause of death among children and adolescents in the United States. Sumner, Mercy, Dahlberg, Hillis, Klevens, and Houry (2015) claim that more than 4,500 people worldwide die each day as a result of violence. Violence can take many forms, including violence or neglect of children, violence against young people, violence in close relationships, sexual violence, violence against the elderly, violence against themselves and collective violence. Violent behaviour is more common among adolescents and young adults. Other factors that can increase the risk of developing violent behaviour include experiencing violence as a child, drug problems, economic stress and living in a violent neighborhood.

(Sumner, Mercy, Dahlberg, Hillis, Klevens, and Houry, 2015).

Violence or witnessing violence in its clinical manifestations can have both physical and long-term psychological effects. Although people who experience sexual violence and intimate partner violence are at increased risk of contracting sexually transmitted diseases such as HIV, people who experience other forms of violence such as physical and emotional violence and neglect are also more likely to develop risky sexual relationships. behaviours such as interacting with multiple partners. and do not practice safe sex. Experiencing violence is also associated with various psychosocial disorders such as PTSD, anxiety, depression, drug use, eating disorders and increased suicide. Violence is also linked to the development of significant infectious diseases such as cardiovascular disease, lung disease, cancer, diabetes and obesity. Finally, violence

harms health care costs, indirectly slows economic growth and increases inequality.

Alcoholism: The American Medical Association defines alcoholism as "a disease characterized by severe impairment that is directly linked to persistent and untreated alcohol consumption," as well as such adverse effects on physical health and social behaviour. Constant use of alcohol also leads to dependence and subsequent withdrawal caused unwanted and harmful symptoms.

In the United States, up to 30% of people experience alcohol use disorder in their lifetime. It's more common in younger adults (18 to 44 years) and males. Other risk factors include African American, Asian, or Hispanic ethnicity, presence of mood disorders, substance abuse disorders, and disability (Hasin, Stinson, Ogburn, Grant, 2017).

Alcoholism decreases an individual's life expectancy by approximately ten years. It is associated with several physicals, psychological and social consequences like trauma or injuries, gastrointestinal disorders like hepatitis, steatosis, and pancreatitis, cardiac problems like cardiomyopathy, and cardiac dysrhythmias, hematological issues like bone marrow suppression and macrocytosis, and fetal alcohol syndrome in babies of women who drink alcohol during pregnancy (Camenga, Klein, 2016). Furthermore, alcoholism increases the risk of anxiety, depression, suicidality, as well as other substance abuse disorders and domestic violence.

(Alcoholism Health Risky Behaviour. Source: https;//www.shutterstch.com)

Tobacco use disorder: Tobacco use is a prevalent public health issue and is the leading cause of preventable morbidity and mortality in the United States (Camenga, Klein, 2016).Each year, cigarette smoking causes 8 million deaths worldwide, including 7 million deaths among first-time smokers and 1.2 million deaths among second-hand smokers (International, Regional and National Comparative Risk Assessment, 2017). The majority of people who smoke start before the age of 18 and younger people have significant difficulty quitting. Tobacco use is more common among people suffering from mental illness and other drug problems. Up to 44 percent of smokers in the United States are mentally ill. Although cigarette smoking is declining, the prevalence of other tobacco products such as e-cigarettes and hookahs is increasing.

Tobacco use: Tobacco use is a major risk factor for the development of lung diseases such as bronchitis, emphysema and obstructive pulmonary

disease. Smoking mediates atherosclerosis, which leads to a variety of cardiovascular diseases such as myocardial infarction, stroke, peripheral vascular disease and erectile dysfunction.

Furthermore, cigarette smoke contains many carcinogens that are responsible for causing various cancers, particularly of the lung, mouth, larynx, esophagus, and pancreas (Camenga, Klein, 2016).
(Tobacco Smoking Health Risky Behaviour**.** Source: https;//www.shutterstock).

Risky Sexual Behaviours: Risky sexual behaviours are defined as acts that increase the chance that a sexually active individual will contract a sexually transmitted infection, or become pregnant, or make a partner pregnant (Dimbuene, Emin and Sankoh, 2014). Such behaviours include unprotected intercourse, having multiple sexual partners, and abusing recreational drugs (Pandor, Kaltenthaler, Higgins, Lorimer, Smith, Wylie and Wong, 2015).

Risky sexual behaviours and sexually transmitted diseases are more common in adolescents. Surveillance data indicate that almost 50% of all new sexually transmitted diseases are found in adolescents and young adults. Other factors that increase the risk are mental disorders, drug use and unpleasant events in childhood such as sexual violence, sexual trafficking or abuse. Unsafe sexual practices increase the risk of developing sexually transmitted diseases such as HIV, chlamydia, gonorrhea, syphilis, trichomoniasis, etc. Untreated infections can lead to pelvic inflammatory disease, infertility, ectopic pregnancy and chronic pelvic pain. They can also lead to unfavorable pregnancies, such as miscarriages, stillbirths, premature births and various congenital infections.

Eating disorders: eating disorders are a group of mental illnesses that have a significant negative effect on a patient's physical and psychosocial health. They include anorexia (characterized by fear of gaining weight, food restrictions and low body weight), binge eating (characterized by overeating and followed by cleansing), overeating before eating (compulsive overeating), pica (do not eat food), avoid/restrict eating disorder (lack of interest in food), and a group of other specified feeding or eating disorders. Eating disorders are more common in women than men. Anorexia nervosa affects women three times more than men. Experiencing sexual violence, belonging to the dance industry and being exposed to a culture where thinning is ideal increases the risk of eating disorders. Eating disorders can cause serious health problems if left untreated. Anorexia nervosa can cause cardiovascular diseases such as arrhythmias and hypotension, hypothermia, hypothyroidism, amenorrhea, osteoporosis,

hypoglycaemia, coagulation anemia, gastritis, constipation, xerosis and lanugo hair. Bulimia nervosa can lead to tooth decay and reflux in the gastrointestinal tract but eating disorders of alcohol can cause diabetes due to obesity. Furthermore, malnutrition can lead to significant metabolic changes that can have fatal consequences.

3.3. Health-risk Behaviours of Youth and Adolescents

The Centers for Disease Control and Prevention (CDC) addresses six priorities regarding adolescent health behaviours that research has shown to contribute to the leading causes of death and disability among adults and adolescents. This behaviour is usually confirmed in childhood and can be prevented. In addition to causing serious health problems, this behaviour also contributes to learning and social problems

These six health risk priorities are:

1. Alcohol and other drug use, behaviour that contributes to unintentional injury and violence (including suicide), tobacco use, unhealthy diet, physical inactivity and sexual behaviour that contribute to unintended adolescent pregnancy and sexually transmitted diseases, including HIV. The following describes a health hazardous behaviour. The Youth Risk Behaviour Survey (YRBS) is a national survey conducted by the CDC Department of Adolescent and School Health (DASH) to monitor the prevalence of these health risk priorities among high school student samples. In 2009, Kentucky was one of 14 states that run the YRBS Elementary School for 6th and 8th graders. Over time, developments develop from surveys that provide information on whether the proportion of students. Alcohol and Other Substance Abuse Alcohol is used by more young people in the United States than tobacco or illicit drugs and accounts for approximately 41% of all car accident deaths.

Drug Abuse Health Risky Behaviour

Source: https;//www.shutterstock.com

2. Behaviours that contribute to involuntary injuries and violence (including suicide) Injuries and violence are the leading causes of death among young people aged 10-24: engine accidents (30% of all deaths), all other unintentional injuries (15%), homicides (15%) , and suicide (12%).
3. Tobacco Use Every day in the United States, approximately 3,600 teenagers aged 12-17 try their first cigarette. Each year, cigarette smoking accounts for about 1 in 5 deaths, or about 443,000 people. Cigarette smoking returns 5.1 million years of potential life lost in the United States annually.
4. Unhealthy dietary behaviours Healthy eating is associated with a lower risk of many diseases, including the three leading causes of death: heart disease, cancer, and stroke. In 2009, only 22.3% of high school students said they ate fruit and vegetables five or more times a day in the last 7 days.
5. Physical inactivity Participation in physical activity decreases as children get older. Overall, in 2009, 18% of high school students had participated in at least 60 minutes of daily exercise throughout the seven days before the survey. Sexual Behaviour that Promotes Adolescent Pregnancy and Sexually Transmitted Diseases, Including HIV Every year, there are approximately 19 million new sexually transmitted diseases in the United States, almost half of which are among adolescents aged 15 to 24 years. In 2009, 34% of high school students who are now sexually active did not use a condom during their last sexual intercourse.

4.0 CONCLUSION

Having read this course and successfully completed the assessment test, it is assumed that you have attained understanding of the concept of health risky behaviour, types of Health Risky behaviour and the Health Risky behaviour of adolescents

5.0 SUMMARY

In this Unit, you have learnt about concept of Health risky haviour, types of Health Risky behaviour and the Health Risky behaviour of adolescents. The assessment exercise has been provided to enable you understand your own rating of the understanding and learning you achieved reading this materials Unit.

6.0 TUTOR-MARKED ASSIGNMENT

1. Define the Concept of Health Risky Behaviour.
2. Identify and explain types of Health Risky Behaviour.
3. List and explain the Health Risky Behaviour of Adolescents.

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MODULE 4 HEALTH CARE UTILISATION

UNIT 1 HEALTH MAINTENANCE

CONTENT

1.0 INTRODUCTION

Health promotion enables people to take control of their own health. It covers a wide range of social and environmental interventions designed to benefit and protect the individual's health and quality of life by addressing and preventing the root causes of ill health, and not just focusing on treatment and treatment.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- define Health Maintenance
- distinguish between Health Education and Promotion
- explain the Concept of prevention
- identified the level of prevention.

3.0 MAIN CONTENTS

3.1 Health Maintenance

Health maintenance is a guiding principle in health care that focuses on health promotion and disease prevention rather than treating symptoms

and illness. It includes a full range of counseling, screening and other preventive services designed to minimize the risk of premature illness and death and to ensure optimal physical, mental and emotional health throughout the natural life cycle. Organising medical care to encourage health maintenance involves removing financial, physical, and psychological barriers to health promotion and disease prevention in clinical settings; the use of the media to communicate health education messages; and advocacy for health policies that reduce the risk of injury; which reduce exposure to toxins in water, air and the workplace; and which ensure the availability of recreational facilities. According to the Ottawa Chatter Conference on Health Promotion in 1994, as reported by Ademuwagun, Ajala, Oke, Moronkola and Jegede in 2002, the health promotion method is the one that enables people to control and improve their health. To achieve the state of perfect physical, mental and social well-being, an individual or group needs to be able to identify and realize the desire to meet needs and change or cope with the environment. Therefore, health is seen as a resource for daily life and not the goal of life. Health is a positive concept that emphasizes social and personal resources, as well as physical ability. Therefore, health promotion is not only the responsibility of the health sector but goes beyond healthy lifestyles. well-being.

Health promotion and disease prevention programs focus on keeping people healthy. Health promotion programs aim to mobilise and empower individuals and communities to choose healthy behaviours and make changes that reduce the risk of developing chronic and other diseases.
Disease prevention differs from health promotion because it focuses on specific efforts aimed at reducing the development and severity of chronic diseases and other diseases.

Well-being is linked to health promotion and disease prevention. Well-being is described as attitudes and active decisions that individuals make and contribute to positive behaviours and health outcomes.

Health promotion and disease prevention programs often address the social health factors that influence altered risk behaviours. The social influences on health are the economic, social, cultural and political conditions in which people are born, grow and live that affect their health. Variable risk behaviours include, for example, tobacco use, poor eating habits and lack of exercise, which contribute to the development of chronic diseases.

Typical projects for health promotion, disease prevention and wellness programs are:

- Communication: Raising awareness of healthy behaviour for the general public. Examples of communication methods include

public service announcements, health shows, media campaigns and newsletters.

- Education: Promote behaviour change and action with increased knowledge. Examples of health education programs include courses, training, and support groups.
- Policies, systems and environment: Make systematic changes - through improved laws, rules and regulations (policies), active organisational elements (systems) and economic, social or physical environment - to encourage, make accessible and make sound decisions.

3.2. Concepts of Prevention

The goal of prevention is to promote health, to preserve health, to restore the word "prevention". Successful prevention depends on knowledge of causation, infection activity, identification of risk factors and risk groups, access to preventive or early detection and treatment, organisations to apply these measures to appropriate individuals or groups and continuous assessment and development of procedures.

It is not necessary (though desirable) to know everything about the natural history of the disease to initiate preventive measures. Often, it may be sufficient to remove or eliminate one known necessary cause to prevent disease. The goal of prophylactic drugs is to disrupt or counteract the "cause" and thus the disease process. This epidemiological concept allows treatment to be considered as one of the interventions.

Levels of Prevention

In modern day the concept of prevention has become broad based. It has become customary to define prevention in terms of four level:

- Primordial prevention
- Primary prevention
- Secondary prevention
- Tertiary prevention.

Preventive authorities do not agree on the exact boundaries between these boundaries, but this does not diminish their importance. For example, the availability of family supplements may be primary prevention or some members and side effects (curative) for others. This difference of opinion is more significant than substantive. Below is a general discussion of these terms:

1. Primordial Prevention

Primordial prevention, a new concept receives special attention in the prevention of chronic diseases. These are protections in their purest sense. It is to prevent emergencies or the development of risk factors in countries or populations in which they have not yet emerged. For example, many adult health problems (e.g. obesity, hypertension) start in early childhood, because this is the time when lifestyle is formed (for example, smoking, eating patterns, exercise). In primary care, attempts are made to discourage children from adopting harmful lifestyles. The main intervention in primary prevention is through education about individuals and the masses.

2. Primary prevention

Primary prevention can be defined as "actions taken before an illness occurs, which removes the possibility that an illness will ever occur". It represents an intervention in the prophylaxis of a disease or health problem (eg low birth weight) or other deviations from health. Protections can be achieved through measures designed to promote the general health and well-being and quality of life of people or through special protection measures.

Primary prevention is much more than preventing disease and prolonging life. It includes the concept of "positive health", a concept that encourages the achievement sand maintenance of "an acceptable level of health that enables all individuals to live a society and an economically productive life". It concerns the individual's attitude towards life and health and the initiative he takes for positive and responsible measures for himself, his family and his community.

The term primary protection is now used to prevent chronic diseases such as coronary heart disease, hypertension and cancer based on elimination or alteration of the "risk factors" of the disease. The WHO has recommended the following methods of primary prevention of chronic diseases where risk factors are confirmed.

(a) Population (mass) strategy
(b) High-risk strategy

a. *Population (mass)strategy*

Another preventive approach to "population policy" targets all residents, regardless of individual level of risk. For example, studies have shown that even a slight decrease in mean blood pressure or serum cholesterol would result in a significant reduction in the incidence of cardiovascular

disease. The population approach focuses on social and economic behavioural and lifestyle changes.

b. *High-risk strategy*

the high-risk policy aims at further preventive care of individuals at particular risk. This requires the identification of high-risk individuals with the best use of clinical methods.

Protections are a desirable goal. It is worth recalling the fact that the industrialized countries managed to eradicate several infectious diseases such as cholera, neurological diseases and cancers of the gastrointestinal tract and control some others such as plague, leprosy and tuberculosis, not by medical measures but mainly by raising living standards (primary prevention). And much of that success came even before vaccination became commonplace. The use of protections in the prevention of chronic diseases is a recent development. To influence the population, all three of the above methods (prevention, population policy and risk policy) should be implemented as they are usually complementary.

In short, prevention is a "holistic" approach. It relies on measures designed to promote health or protect against specific "drugs" and environmental hazards. It utilises knowledge of the pre-pathogenesis stage of the disease covering the agent, host and environment. The safety and low cost of antitrust justify its wider use. Primary prevention has increasingly been referred to as "health education" and the idea of the responsibility of individuals and society for health.

3. Secondary Prevention

Secondary prevention can be defined as "an action that stops the progression of disease at an early stage and prevents complications". Specific intervention is early diagnosis (eg screening tests, case detection programs) and adequate treatment. With early diagnosis and adequate treatment, prevention is tried to stop the disease process, restore health by looking for an unknown disease and treating it before irreversible pathological changes have taken place and reversing infectious diseases. It can also protect others in the community from becoming infected, thus providing both protection for infected individuals and protection for their potential contacts.

Continuation prevention is largely the domain of clinical medicine. The health programs initiated by governments are usually at the prevention stage. The disadvantage of concomitant prevention is that the patient has already experienced mental anguish, physical pain and society for productivity. These conditions do not arise in primary defense.

Follow-up prevention is an imperfect tool for managing disease transmission. It is often more expensive and less effective than primary prevention. In the long run, human health, happiness and useful longevity will be achieved with lower costs with less suffering with primary protection but with extras.

4. **Tertiary Prevention**

When the disease process goes further than early, it is still possible to prevent it with what could be called "university prevention". It represents an intervention in the second pathogenic phase. University prevention can be defined as "all measures available to reduce or limit impairment and disability, minimize the suffering of existing wards in good health and promote the patient's adaptation to irreversible conditions". For example, treatment, even if carried out late in the natural history of diseases, can prevent the consequences and limit disability. When disability and disability are more or less stable, rehabilitation can play a role that can be prevented. Modern rehabilitation includes psychosocial, practical and medical aspects based on teamwork from various professions. The University Defense extends the concept of prevention to the field of rehabilitation.

4.0. CONCLUSION

Having read this course and successfully completed the assessment test, it is assumed that you have attained understanding of the t health maintenance and principle of disease prevention.

5.0 SUMMARY

In this Unit, you have learnt about health maintenance, health education and promotion disease concept of prevention and levels of prevention such as primordial, primary, secondary and tertiary prevention of disease. The assessment exercise have been provided to enable you understand your own rating of the understanding and learning you achieved reading this materials Unit.

6.0 TUTOR-MARKED ASSIGNMENT

- Explain the concept of health maintenance.
- Identify and explain the levels of disease prevention.

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UNIT 2 HEALTH CARE DELIVERY SYSTEM

CONTENT

1.0 INTRODUCTION

Healthcare is an expression of concern for fellow human beings. It is defined as “a range of services provided to individuals, families or communities by the sports health service or the professions, to promote, maintain, monitoring or restoring health. Such services could be staffed, organised, managed and funded in every possible way, but they all have in common that they are "served" to people, that is: they are diagnosed, helped, cured, educated and rehabilitated by healthcare professionals. In many countries, healthcare is wholly or largely a government action.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- define health care delivery system
- list the characteristics of health care
- identify levels of health care
- explain the relationship between hospitals and the community.

An African lab scientist taking nasal sample from a man

3.0 MAIN CONTENTS

3.1 Health Care

Healthcare includes "medical care". Many people mistakenly believe that both are synonymous. Medical services are a subgroup of the health care

system. The term "medical service" (which extends from home care to hospitalization at home) refers primarily to the personal service provided by physicians or provided by a physician's guide.

Methods of Modern Health Care Delivery System

The modern (orthodox) health care system is very methodical in approaching its activities. The method is very systematic. Healthcare professionals who have assigned a special responsibility before the patient receives the doctor perform their normal duties. As soon as the patient reports to a doctor's office, the nurse who receives the patient's demographic characteristics (age, gender, occupation, educational status, place of residence and other relevant information) registers him or her.

When the patient is finally taken to the doctor, he is asked to describe how he feels, when the condition started as well as the progression of the condition. The patient is therefore faced with many questions. The second stage is when the doctor examines the patient physically. He may at this point conclude that the patient is suffering from a specific disease and, based on this finding, prescribe the treatment to be given, including a dose of medication by other staff.

On the other hand, if the doctor is unable to diagnose the disorder based on history and physical examination, he or she will order that an examination or tests be performed by another healthcare professional and the results sent to him/her. He could then come to some specific conclusion about what is happening to the patient based on the care history, physical examination and the outcome of the study and thus prescribe the appropriate medicine or medicines, including the son of the directive on how to take the medicine. At any time he prescribes treatment, the doctor will continue to monitor the patient's condition until he recovers and is discharged. It is important to keep in mind that the doctor will never prescribe any treatment cycles unless his diagnosis gives him the green light on the patient's health problems. As a matter of fact and professional ethics, a physician has one of two options after a regular meeting with a patient. One option is for the doctor to continue with the case if he considers himself qualified by his experience and specialty to deal with it. However, during treatment during which there is no apparent positive reaction, he may seek a different opinion from a colleague. Another option is to refer the matter to a specialist for such a condition if he does not have expertise in the condition.

Health care has many characteristics, they include:

i. appropriateness (relevance), i.e. whether the service is needed at all in relation to essential human needs, priorities and policies.
ii. comprehensiveness i.e. whether there is an optimum mix of preventive, curative and promotional services;
iii. adequacy, i.e. if the services is proportionate to requirement;
iv. availability i.e., ratio between the population of an administrative unit and the health facility (e.g. population per centre; doctor population ratio);
v. accessibility, i.e. this may be geographic accessibility, economic accessibility or cultural accessibility.
vi. Affordability i.e, the cost of health care should be within the means of the individual and the state; and
vii. feasibility, i.e. operational efficiency of certain procedures, logistics, support, manpower and material measures.

Health System

The "health system" is intended to provide health services. In other words, it is the management sector and involves organisational issues, e.g. plan, determine, prioritize, mobilize and allocate resources, send policies on services, evaluation and health education.

Elements of the health system include concepts (e.g. health and disease); ideas (e.g. equity, coverage, efficiency, effectiveness, impact); objects (e.g. hospitals, clinics, health plans) and individuals (e.g. providers and consumers). Together they form a whole where all the elements communicate to support or control each other. The goal of the health system is health development - a process of continuous and continuous improvement of the health of the population. At present, the goal of the health system is to achieve "Health for All" by the year 2000.

3.2 Levels of health care

Health services are usually organised at three levels, each level supported by a higher level to which the patient is refereed. These levels are:

(a) **Primary health care**: This is the first level of contact between the individual and the health system where “essential” health care (primary health care) is provided. A majority of prevailing health complaints and problems can be satisfactorily dealt with at this level. This level of care is closest to the people. In the Indian context, this care is provided by the primary health centres and their subcenters, with community participation.

(b) **Secondary health care**: All this level, more complex problems are dealt with. This care comprises essentially curative service sand is provided by the district hospitals and community health centres. This level serves as the first referral level in the health system.

(c) **Tertiary health care**: This level offers super-specialist care. This institutions provide not only highly specialize care, but also planning and managerial skills and teaching for specialized staff. In addition, the tertiary level supports and complements the actions carried out at the primary level.

Hospitals and community Relationship

The hospital is a unique institution of man. The WHO Committee of Experts in 1963 proposed the following working definition of a hospital: “A hospital is a place of residence that provides short-term and long-term medical services consisting of observation, diagnosis, treatment and rehabilitation services for individuals who suffer or are suspected of suffering from an illness. and before births. It may or may not provide services for patients in out-of-hospital patients.

The level of criticism towards the hospital is that it exists in an elegant isolation in the community and acquires the acronym "ivory tower diseases". It absorbs the used percentage (50 to 80 percent) of the health plan; it is not people-oriented, procedures and style are inflexible, it ignores the cultural aspects of illness (treating the disease without treating the patient), the treatment is expensive, it is inherently resistant to change and so on. The relative isolation of hospitals from the wider health problems of society, which has its roots in the historical development of health services, has contributed to the superiority of the hospital model in health care.

In 1957, the WHO Committee of Experts emphasized that the general hospital could not operate in isolation; it must be part of a social and medical system that provides the population with perfect health care. In the following years, the efforts of WHO, UNICEF and NGOs to get hospitals to provide basic and referral services were witnessed. The establishment of primary health care centers was a step forward in integrating preventive and curative services.

The social hospital should be a flexible institution that can adapt its resources to the overall needs of the health care community. This adaptation requires hospital management which is both science and art. Dr. Rene Sand has said that the right patient should get the right care at the right time in the right place at the right cost. This seemingly simple ideal may never be achieved, like all other ideals due to complex

interactions and often conflicting social forces operating both inside and outside the hospital system.

By accepting the goal "Health for all", the participation of hospitals in primary health care is being discussed. WHO member states have provided in their national policies to restructure and reorganise their health care systems based on primary health care. Primary health care can not operate unless there is effective hospital support to deal with referred patients and to refer patients who do not need hospital care to other basic health care services. Without the support of hospitals, basic health care could not reach its full potential. The Community Health Institute, which means that it is not only disease-oriented but also responsible for preventive medicine and health promotion.

4.0 CONCLUSION

Having read this course and successfully completed the assessment test, it is assumed that you have attained understanding of the definition of health care delivery system, Characteristics of health care system and levels/type of health care system.

5.0 SUMMARY

In this Unit, you have learnt about definition of health care delivery system, Characteristics of health care system and levels/ type of health care system The assessment exercise have been provided to enable you understand your own rating of the understanding and learning you achieved reading this materials Unit.

6.0 TUTOR-MARKED ASSIGNMENT

1. Identify the methods of modern health care system.
2. List the characteristics of health care system.
3. List and explain the level of health care systems.
4. Identify the relationship between the community and the hospital system.

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UNIT 3 ALTERNATIVE HEALTH CARE DELIVERY SYSTEM

CONTENT

1.0 INTRODUCTION

There are usually two major health systems in Nigeria. These are modern healthcare systems and non-Orthodox healthcare systems. The orthodoxy system consists of traditional chiropractic, religious healing, kidney problems, and naturopathy.

Melinda (2020)said that non-traditional medicine was a whole medical system that contained perfect systems of theory and practices that had evolved independently or in parallel with allopathic (traditional) medicine. Many are traditional medical systems practiced by unique cultures around the world. The main healthcare systems in the East include traditional Chinese medicine (TCM), Kampo medicine (Japanese) and Ayurvedic medicine, one of India's traditional medicine systems. The main Western health systems include homeopathy and naturopathy. Other systems have been developed by the Indians, Africa, the Middle East, Tibet, and Central and South America.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- defined alternative health care system
- explain methods of modern health care delivery system
- explain the mode of operation of traditional health care
- state the advantage and disadvantage of traditional health care
- identify faith-based health care and their mode of operation.

3.0 MAIN CONTENTS

3.1 Alternate Health Delivery Systems

Traditional Chinese Medicine

Traditional Chinese medicine is a complete healing system that dates back to 200 BCE Korea, Japan, and Vietnam have all developed their own versions of traditional medicine based on practices that originated in China. According to TCM, the body is a delicate balance of two opposing and inseparable forces: Yin and Yang. Yin represents the cold, slow or indirect principle, while Yang represents the hot, excited or active principle. Among the main assumptions in TCM are that health is achieved by maintaining the body in a "state of balance" and that the disease is due to an internal imbalance in yin and yang. This imbalance leads to an obstruction in the flow of qi (or life energy) along pathways called longitudinal strains. TCM practitioners typically use herbs, acupuncture and massage to help open chi in patients to try to bring the body into harmony and well-being.

TCM treatments are usually tailored to each patient's subtle pattern and are based on individualized diagnosis. The diagnostic tools are different from those in traditional medicine. One main point There are three main methods of treatment which are acupuncture and moxibustion (burning the herb above the skin to warm the acupuncture).

Acupuncture

Acupuncture is widely practiced to relieve or prevent pain and various other health conditions, according to the National Institutes of Health. Acupuncture is now considered to have potential clinical value for nausea and vomiting due to chemotherapy or the after-effects of surgery, low back pain, neck pain, osteoarthritis and knee pain, tension headache, migraine and toothache. Limited evidence also suggests its potential for the treatment of other chronic pain disorders.

Studies have documented the effects of acupuncture, but they have not been able to fully explain how acupuncture works within the framework of the western medical system.

It is suggested that acupuncture works by conducting electromagnetic signals at higher than normal speeds, thus helping the action of painkillers, such as endorphins and immune cells, on certain parts of the body. In addition, research has shown that acupuncture can alter the chemistry of the brain by altering the release of neurotransmitters and neurotransmitters and affecting parts of the central nervous system related to sensory and involuntary bodily functions, such as immune responses

and processes where a person's blood pressure and blood flow control blood flow.

Picture of Acupuncture Traditional medicine (Source: The Johns Hopkins University, The Johns Hopkins Hospital, and Johns Hopkins Health System 2021).

Ayurvedic Medicine

Ayurveda, which means "science of life", is a natural healing system developed in India. Ayurvedic texts claim that the sages who developed India's original meditation system and yoga developed the foundations of this healing system. It is a comprehensive healing system that places equal emphasis on body, mind and spirit and seeks to restore the individual's innate harmony. Some of the major Ayurvedic treatments include diet, exercise, meditation, herbs, massage, exposure to sunlight and respiration. In India, Ayurvedic treatments have been performed for various diseases (e.g. diabetes, cardiovascular disease and neurological diseases). A review of Indian medical journals, however, suggests that the quality of published clinical trials generally does not fall within modern methodological standards in terms of randomization criteria, sample size, and adequate monitoring.

Naturopathy

A naturopathic system is a healing system, originating in Europe, which views diseases as a manifestation of changes in the processes by which the body naturally heals itself. It focuses on health recovery as well as disease treatment. The term "herbal medicine" literally means "natural

disease". Herbal medicine, or herbal medicine, is practiced all over Europe, Australia, New Zealand, Canada and the United States. Six principles underlie naturopathic practice in North America (not all of them are unique naturopaths):

1. The healing power of nature
2. Identification and treatment of the cause of the disease

The term "do no harm"

4. The doctor as a teacher
5. Treatment of the whole person
6. Prevention

The main methods that support these principles include dietary changes and supplements, herbal remedies, acupuncture and Chinese medicine, hydrotherapy, massage and joints and lifestyle advice. In some states, natural medicine licenses allow the use of some, if not all, of the drugs that doctors can use. Treatment rules combine what the practitioner considers the most suitable treatments for the individual

At the time of writing, there is no single study of herbal medicine as a whole system of medicine where such research would be difficult to design. However, many botanicals have been extensively studied and some of them are used by naturopaths.

Homeopathy

Homeopathy is a complete system of medical theories and practices. Its founder, the German physician Samuel Christian Hahnemann (1755-1843), hypothesized that treatments could be selected based on the extent to which the symptoms generated by the treatment matched the symptoms of the disease. He called it "the principle of parables." Hahnemann continued to give healthy volunteers repeated doses of many common remedies and carefully recorded the symptoms. This method is called "proof" or in modern homeopathy "pathogenic study in humans". As a result of this experience, Hahnemann developed his treatments for sick patients by aligning the symptoms produced by drugs with the symptoms of sick patients.

Because homeopathy is given in small or possibly no doses, there is a great deal of skepticism in the scientific community about its effectiveness. Nevertheless, medical records are an indication of ongoing research in this area. Research on the effectiveness of homeopathy includes three areas of research:

1. Comparison of homeopathic and placebo medicines.
2. Studies on the efficacy of homeopathy for specific clinical conditions.
3. Studies on the biological effects of concentrations, in particular ultra-high dilution.

Five systematic reviews and meta-analyzes evaluated clinical trials of homeopathic efficacy versus placebo. The reviews showed that, on the whole, the quality of clinical trials in homeopathy is low. However, when high-quality studies were selected for analysis, a surprising number of positive results emerged.

Overall, the results of clinical trials are contradictory and systematic reviews and meta-analyzes have not found homeopathy to be conclusive evidence of treatment for any medical condition.

John P. Cunha, (2021) also discusses that non-traditional medicine includes a whole medical system, mind-body technology, biologically based practices, therapy and body therapy, and energy therapies. Many practices in these disciplines have very little scientific evidence for success and some can be harmful. Other practices show real promise and can be incorporated into care rules under certain conditions.

Complementary and non-traditional medicine (CAM) involves several therapies and treatments that are not always included in traditional Western medicine.

Auxiliary medicine refers to non-traditional practices that are used in combination with traditional (general) medicines.

Alternative medicine refers to non-traditional practices that are used instead of traditional medicine.

Studies on supplementary medicinal products and other medicinal products do not always meet the strictest requirements for efficacy and safety. Although some CAM therapies are effective in treating specific conditions, many studies on CAM therapies have shown them to be ineffective or contradictory. In addition, because many treatments are not well researched or unproven, they can be harmful (for example, the use of certain herbal remedies).

Talk to your doctor before using any additional medicine or other medicines.

What Are the Major Types of Complementary and Alternative Medicine?

Complementary or alternative medicines are often classified into five major categories of practice: Whole medical systems, Mind-body techniques, biologically based practices Manipulative and body-based therapies Energy therapies.

Whole medical systems: Whole medical systems are complete systems that have a defined philosophy and explanation of disease, diagnosis, and therapy.

Ayurveda is the traditional medical system of India, originating more than 4,000 years ago Based on the theory that illness results from imbalance of the body's life force (prana) Ayurveda uses diet, herbs, massage, meditation, yoga, and internal cleansing.

Homeopathy was developed in Germany in the late 1700s, based on the principle that like cures like (thus the name homeo [Greek for “like”] and patho [Greek for “disease”]).

Based on the belief that substances in large doses that cause illness can cure the same illness when given in very small doses, which are thought to stimulate the body’s healing mechanisms.

Naturopathy is founded on the notion of the healing power of nature, and emphasizes the following: Prevention and treatment of disease through a healthy lifestyle.

Treatment of the whole person, Use of the body's natural healing abilities, Focuses on finding the cause of disease rather than just treating symptoms, Uses a combination of therapies, including: Diet, Nutritional supplementation, Medicinal herbs Acupuncture, Physical therapies (such as heat or cold therapy, ultrasonography, and massage), Mind-body therapies, Exercise therapy, Hydrotherapy.

Traditional Chinese medicine originated in China several millennia ago, based on the theory that illness results from the imbalance of the life force (qi, pronounced chee) through the body Qi is restored by balancing the opposing forces of yin (dark, feminine, negative forces) and yang (bright, masculine, positive forces), which manifest in the body as cold and heat, internal and external, and deficiency and excess practices commonly used are: Acupuncture Medicinal herbs Qi gong Diet and Massage.

Mind-body techniques

Mind-body techniques are based on the theory that mental and emotional factors can influence physical health. Some of these approaches are considered mainstream because there is scientific evidence that has demonstrated the benefits of these approaches.

Biofeedback: A method of bringing unconscious biologic processes under conscious control, Electronic devices are used to measure and report information about unconscious processes (such as heart rate, blood pressure, and muscle tension) to the conscious mind, With the assistance of a therapist or with training, people can learn how to regulate these functions, and potentially reduce the effects of conditions such as pain, stress, insomnia, and headaches.

Guided imagery: Involves the use of mental images to promote relaxation and wellness, reduce pain, or facilitate healing of a particular condition, such as cancer or psychological trauma, Images can involve any of the senses and may be self-directed or guided by a practitioner.

Hypnotherapy (hypnosis): People are guided into a progressive state of relaxation and heightened attention and become absorbed in images suggested by a hypnotherapist and can suspend disbelief, Due to the focused attention, patients are more open to suggestion, which can help people change behaviours and ultimately improve their health.

Meditation, including mindfulness: People regulate their attention or systematically focus on particular aspects of inner or outer experience. Meditation may involve sitting or resting quietly, often with the eyes closed or gaze cast downward, or it may involve repeating a phrase (mantra) to help the person focus.

Relaxation techniques: Practices are specifically designed to relieve tension and stress. Techniques may be used to:

Control the stress response (via the sympathetic nervous system)
Lower blood pressure and heart rate
Ease muscle tension
Alter brain wave activity

Biologically based practices

Botanical medicine (see naturopathy, above)

Natural products and supplements

Chelation therapy: Chelating drugs bind with metals so they can be excreted from the body and are commonly used in conventional medicine to treat lead poisoning, iron overdose, and other heavy metal poisonings. Chelation therapy practitioners believe many disorders are caused by excess metal in the body even if people were not exposed to the metal and blood tests do not show high levels of the metal.

Diet therapy: Uses specialized dietary regimens (such as macrobiotic, Paleo, Mediterranean, and low carbohydrate diets) to treat or prevent disease. Also used to detoxify the body.

Manipulative and body-based therapies

Manipulative and body-based therapies treat various conditions through bodily manipulation:

Chiropractic: The relationship between the structure of the spine and the function of the nervous system is seen as key to maintaining or restoring health, Spinal manipulation is used to correct this relationship, Chiropractors may also provide physical therapies (such as heat and cold, electrical stimulation, and rehabilitation strategies), massage, oracupressureor recommend exercises or lifestyle changes.

Osteopathic manipulation: Osteopathic Manipulative Treatment (OMT) is a set of hands-on techniques used by osteopathic physicians (DOs) to diagnose, treat, and prevent illness or injury, DOs are physicians who receive special additional training in the musculoskeletal system, the body's intricate system of muscles, nerves, and bones.

Cupping: Used in traditional Chinese medicine, cupping is believed to increase blood flow to the area on which a cup is placed, to improve healing in that area.

Massage: Massage may relieve pain, reduce swelling, and help loosen tight (contracted) tissue.

Moxibustion: Used in traditional Chinese medicine, Dried moxa herb (a mugwort) is burned usually just above, but sometimes directly on, the skin over acupuncture points and used to treat conditions similar to those treated with acupuncture.

Reflexology: A type of massage therapy based on the theory that different points on the feet, lower leg, hands, face or ears correspond with different areas of the body. A reflexologist works those reflected areas on the feet to bring those areas on the body back to balance and therefore aid the body to work as well as it can.

Scraping (for example, coining, spooning): Also called gua sha, scraping involves rubbing a dull implement across skin, usually on the back, neck, or extremities, It is believed to increase blood flow to an area and enhance metabolism and healing, Scraping has become popular in athletics, particularly weight lifting.

Energy Therapies

Energy therapies focus on energy fields thought to exist in and around the body (biofields) and are based on a belief in the existence of a universal life force or subtle energy that resides in and around the body (vitalism).

Energy therapies may use external energy sources (electromagnetic fields) to influence health and healing:

Acupuncture: Used in traditional Chinese medicine, acupuncture is a widely accepted CAM therapy in the Western world,, Acupuncture involves stimulating specific points on the body, usually by inserting very fine needles into the skin and underlying tissues, Stimulating these specific points is believed to affect the flow of qi, the life force that permeates the body, Stimulating these points helps restore the balance between yin (dark, feminine, negative forces) and yang (bright, masculine, positive forces).

Magnets: Uses static magnetic fields or electromagnetic fields, Magnets are placed on the body to reduce pain or enhance healing, Magnets may or may not be connected to an electric charge.

Qi gong and Tai chi: Used in traditional Chinese medicine, involves gentle postures, mindful movement, and the breath to bring the person's energy into better balance.

Reiki: A type of energy medicine that originated in Japan, Practitioners manipulate energy through their hands and cause energy movement in the person's body to promote healing, Practitioners either do not touch the person or only make light contact.

Therapeutic touch: Also referred to as a laying on of hands, The philosophy behind therapeutic touch that the therapist's healing energy (biofield) helps identify and repair imbalances in a person's biofield, Therapists usually do not touch the person but instead move their hands back and forth over the person.

Traditional Health Care Delivery System

Traditional health care is sometimes called non-traditional medicine, it involves the use of plant and animal products with pledges for the

treatment of the sick. These products are available and easy to seek help. Some people believe in their healing processes while others do not believe in them because of healing and also because of religion. Some traditional healers go to training while others inherit it from their parents.

Traditional health care services have existed in Nigeria and indeed around the world long before the advent of modern medicine with a scientific basis and principles. The methods varied from culture to culture, but a common denominator, as has been pointed out before, is the absence of knowledge of the principles and scientific basis of causation and treatment of disease. In addition to the natural causes of disease, the term evil eye (from witches and wizards and evil people), angry gods and ancestors have long or recently been considered the leading causes of disease in humans.

Within African culture, the main person responsible for the health and well-being of the people is a traditional medicine man or woman who has continued to be respected in rural areas. Many people still have infinite faith in his healing power and his service is highly sought after.

A conventional physician, like the modern physician, believes that illness has a specific etiology (cause). But unlike the modern doctor who runs pathogenic microorganisms and other environmental factors to blame illness and disease, the traditional healer maintains two sources as the main causes of illness - the spiritual causes and evil plans of witches or bad people.

If the spirits of the dead and any of the gods are responsible for the illness, the traditional physician must first ascertain what particular spirit or god is at stake and finally what the spirit of the deity needs in order to have peace. Without exception, most claims must involve the sacrifice of animals. Dead parents, grandparents, and great-grandparents are important spirits. Also, various gods who control the behaviour of humans who are believed to inflict punishment in the form of sickness and disease when dissatisfied or offended operate in the spirit world.

Violation of any social customs, traditions, or religious practices is sufficient to offend a spirit or a god. This could lead to illness or if it is serious enough death. Another equally important cause of illness and death is the wickedness of witches or bad people. There is still a strong belief among Nigerians that there are evil people, mostly women who are possessed by evil spirits that are passed from parent to child. The witch can inflict illness or death on any person she chooses. Those who arouse her jealousy over success, wealth, or good fortune usually encourage her. Her goals are usually people she knows well and without exception within the extended family. Unexpected and untimely deaths are usually

attributed to magic in Nigerian municipalities. It must be noted that such an attitude also permeates the urban population. The onset of sudden and mysterious illness is also attributed to the wicked misfortune of the witches. The responsibility of a traditional healer is to treat physical illnesses as well as block the path of mental or psychological attack on the patient.

A conventional healer first uses medication to improve or reduce pain as soon as the patient is admitted. He then investigates the possible origin or etiology of the disorder. He continues to research to find out what needs to be done to achieve a cure. The results may reveal a wounded god, or ancestor (s), or evil forces that need to be soothed by sacrifice. The execution of sacrifices and the treatment of the patient now go hand in hand when the patient's relatives either provide some money for the acquisition of sacrifices or have moved the sacrificial objects. In most cases, treatment costs are waived until after recovery, but money must be found for the prescribed sacrifice because of the basic belief that spirits, gods or wounded ancestors must be the originators of a certain disorder and must be pacified before health can be restored despite the treatment.

The traditional pharmacist is always available and he is ready to travel to any place he needs at very short notice. Because he shares the same cultural and religious views on disease ethics with the community he serves, he is naturally popular with members of society.

However, there have been recent attempts by the government at various levels to give official recognition to traditional medicine as another health care system in Nigeria. This has become inevitable because the majority of rural residents as well as a significant number of urban dwellers accept and protect traditional health care. In addition, the facilities, equipment and staff of the Orthodox health care system are insufficient to meet the health needs of Nigerians. It is also known that traditional health care physicians have been the most helpful and helpful in providing basic health care, especially in rural areas where orthodox physicians are most reluctant to serve. Traditional health care physicians are particularly useful in the field of maternal health services for traditional obstetricians (TBAs), as well as services such as orthopedics. They are considered to be more accessible, cheaper, available and more understanding among other features. The Nigerian government has no choice but to grant more than tacit recognition to traditional medicine like other African countries by encouraging traditional doctors as well as monitoring their activities to maintain standards.

Pictures of some Herbs ingredients for traditional medicine (Sourse: shutter stuck.com)

Pictures of some Herbs traditional medicine (Source: shutter stuck.com)

Advantages of Traditional Medicine

It is easy to access: There is no need for the long waiting at the center before receiving attention from the traditional healer. The healer is readily available to attend to the sick person compare with the modern health center.

It is easy to purchase: The drugs are easily available, compared with modern drugs. The healer champue into the forest or behind his house and get the likely plants that can work for the ailment or disease.

The products such as plants and animals that are used for healing are readily available; The plant products that are use by the traditional healer are readily available around him. The process of producing the drugs is very easy. Animals products that are used for healing are also available at the tips of the traditional healer range with modern drugs that required long processing.

There is easy transfer of knowledge for the healer to the Children: The child that develops an interest in learning the processes gets the knowledge easily without struggling. All the process and preparation of the drugs and sacrifice are done in the presence of the son. With this, there is the transfer of knowledge from the man to his son.

The drugs are natural: The processing and preparation do not require adding of some synthetic materials. The products are natural so also the drug is natural.

The traditional healer is readily available and relates well with the sick person.

Their product or healing processes are not costly.

No training ground required five years i.e. the knowledge is easily gotten.

Disadvantages of Alternative Medicine

The whole process of treatment and sacrifice is secrecy.

There is no dosage of drug.

There is clamour that the processing is done in an unhygienic manner of ways.

It refers to refresh because of the incantation and the process of sacrifice is done at midnight.

Due to the religious belief of some people, they see that it is ungodly to seek healing from a traditional healer.

Because there is no labeling on the drug that shows the composition of the drug, many believed that some animal's human parts are added to it.

Because it requires sacrifice and incantation and also taken the material to open ground.

3.2 Faith-based healing:

There are other differences between orthodoxy and traditional health care systems, such as those practiced by Christian scientists who believe that all physical anomalies are the result of human error, falsification, or lack of truth and are therefore advocates of prayer and spiritual understanding. The mind of man and recent faith healers' health delivery services offered by various Pentecostal and affiliated religions. Their method of healing is based on prayers, like Christian scientists, regular and specific ceremonies, especially by those who are meant to pray on behalf of the patient.

Each of these systems has a uniqueness, which makes it an ideal system for patients when they seek medical / healthcare care during illness. These decisions are largely dependent on ideas that someone has about the cause of the disease or about a particular disease. Theories about diseases discussed earlier seem to support one or the other in the health care system.

The oldest religious explanation for the cause of the disease is that practiced by Christian scientists. They claim to draw their teachings from the Bible and emphasize the lost art of Christian healing. They believe that the only thing that is real is in the mind and the ideas that come from the mind. They claim that all physical disorders are the result of human error, falsification, or lack of truth. Thus, people have only emotionless

bodies, which have no pain, illness or disease, only mental errors (Galli, 1978) and that truth and faith are the only cure for all this.

Today, there are a number of religious organisations that can be considered affiliated with Christian science because of their religious beliefs. Some have gone so far as to deny all types of drugs that involve the use of drugs. Christian followers, like Jehovah's followers, reject vaccination and blood transfusions and all artificial remedies.

Some Christian denominations, such as the Church of Heaven Christ (CCC) and the Aladura Churches which practice healing, attribute diseases to both natural causes and demons and demons and require that the patient be cleansed for healing. Such denominations strongly believe in devilish and divine doctrines of disease.

It is obvious that the belief of these religious institutions that evil spirits, demons and evil persons are the etiologic source of disease and weakness, is in line with the belief of traditional medicine. In connection with prayers, laying hands on the patient, applying "holy oil and water," some of these religious institutions perform animal sacrifices, just as a traditional physician does, and support their practice with sacrificial blood.

4.0 CONCLUSION

Having read this course and successfully completed the assessment test, it is assumed that you have attained understanding of the alternative health care system such as traditional health care, faith-based health care and methods of modern health care system.

5.0 SUMMARY

In this Unit, you have learnt about alternative health care system such as traditional health care, faith-based health care and methods of modern health care system. The assessment exercise has been provided to enable you understand your rating of the understanding and learning you achieved reading this materials Unit.

6.0 TUTOR-MARKED ASSIGNMENT

Explain the concept and types of alternative health care delivery system
What do you understand by faith based health care?

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UNIT 4 BARRIERS IN HEALTH CARE SERVICE UTILISATION

CONTENT

1.0 INTRODUCTION

Health Care Utilisation is the quantification or description of the use of services by persons to prevent and cure health problems, promoting maintenance of health and well-being, or obtaining information about one's health status and prognosis.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- list and explain factors affecting health service utilisation
- identify and explain barriers in health care utilisation.

3.0 MAIN CONTENTS

3.1 Factors Affecting Health Service Utilisation

Health service utilisation is affected positively or negatively by a variety of factors categorised in a wide range of ways.

Socio-cultural factors that affect the utilisation of health care Culture is generally defined as the lifestyle of a group of people; there are usually accepted codes of conduct for a group of individuals or communities. This way of life or religion affects the individual's attitude towards health care or will also directly affect other aspects. In most developing countries, especially in rural areas, women have a very limited role in decision-making, and this has an impact on seeking care. Cultural attitudes such as reduced exposure to medical care early in pregnancy; consumption of herbs and the use of traditional birth attendants were considered a way to protect and preserve an unborn child in any community. Common cultures and languages facilitate the dissemination of information and influence

the use of services within communities. Nationality is an important factor in the utilisation of health care, some ethnologists believe in the use of orthodox medical services, but some usually go to a traditional health care system.

Socioeconomic determinants Utilisation of healthcare Efficiency is a very important factor in the utilisation of healthcare and in this respect healthcare expenditure determines a person's willingness to seek care. People at a high socio-economic level take advantage of orthodox health care as it has the power of affordability that they have money to pay for health care costs while the majority of the population falls under a lower economic situation and this can lead them to seek other health care in times their health failure as they may not be able to cover the cost of modern healthcare, this is peculiar in most developing countries. But because health care is free, that is, the government is fully responsible for the medical bill of the citizens, the vast majority of people with low socioeconomic status will take advantage of modern health care facilities, for example in Tshwane, South Africa where primary health care is provided at no cost to the individual. , healthcare was new and patients reported satisfaction with the services provided (Nteta, Mokgatle-Nthabu & Oguntibeju, 2010).

Accessibility of health services: Accessibility can be viewed from different angles, such as the availability of services, the cost of transport services or the distance or the condition of the roads to be traveled. Where there is good accessibility, there is usually a corresponding increase in utilisation. In some rural areas in developing countries where only one clinic serves so many villages that are a couple with long distances, lack of resources for transportation and lack of transportation systems, there is a tendency for people who live far in the clinics health care where it will lead to another health care, but the opposite is the case in developed countries where, for example, people are close to / close to health care; Good access to the main health centers in Vietnam where the average distance from the service provider to the customer is 1.85 km and the travel time of 20 minutes has encouraged utilization.

Availability of Infrastructure and Staffing: Infrastructure and proper staffing are important to encourage utilisation. The majority of primary care clinics, especially in rural areas, look like a desert factory due to a lack of infrastructure such as electricity supply and portable drinking water couple with a lack of medical equipment and medicines. All of this will reduce the use of the facility by the people in the community, Poor / inadequate staffing, technical skills of available staff, attitudes and human relations of staff with patients will determine the level of utilisation of the facility. The low supply of staff in Nigeria's primary health care facilities means that facilities are virtually excluded around the clock and women

end up using traditional obstetricians or other service providers, even if they have attended maternity wards. (Babalola & Fatusi, 2009).

Education

The educational status of women and their spouses seems to be directly correlated with the use of health services, especially for childcare and childbirth services. Couples with intermediate or tertiary education due to their knowledge and exposure use health services, but people with little or no education, for example in rural northern Nigeria, a positive correlation between higher education and the use of basic health services were seen and the same was also observed in the central belt area. Nigeria, where mothers or husbands with primary education will benefit from maternity services than those with lower or no education (Kabiru, Iliyasu, Abubakar & Sani, 2005; Awusi, Anyanwu & Okeleke, 2009).

Other factors that affect health service utilisation: include knowledge of illness, contempt for illness or unwillingness to report illness, lack of time to seek health care, discrimination in caste and gender of health care providers, onset of labor at night, hospital staff not available at facilities and what Surprisingly, births that were previously unreported are all influential factors in health care utilisation (World Bank, 2001; Moore, Alex-Hart, & George 2011).

3.2 Barriers in Health Care Service Utilisation

The core of primary health care is to provide individuals and communities with the necessary health care and raw materials through available, adequate and sustainable resources. On the other hand, there is a growing lack of self-confidence among the population, which is reflected in the poor utilisation of the service. Differences in health, based on indices such as infant mortality, infant and child mortality and maternal mortality, between developed countries and developing countries have shown historical evidence. Within developing countries, the phenomenon has worsened as we move from urban to rural areas. Unfortunately, the causes of this disturbing reality are diseases that can be treated and deaths that can be prevented with simple interventions but where improper structures have been a scandal. To justify the amount of money spent on health and the number of employees, serious attention is required to improve the quality of health care while it includes costs and also to the organisation of health care activities and the implementation of effective management measures related to health care delivery systems.
(HCDS) (Jimoh, 2014).

The essence of primary health care is to provide the necessary health care and approaches to individuals and communities with available, acceptable and sustainable resources.

However, as the poor are witnessing, there is a growing lack of self-confidence in the population utilisation of the service. The core of primary health care is to provide individuals and communities with the necessary health care and raw materials through available, adequate and sustainable resources.

This cannot be done outside of operating conditions. This is because utilisation is the problem associated with most activities, as it is consumer-oriented with a variety of variables in needs, perceptions and knowledge. To the extent that utilisation involves cooperation and invitations from people outside the health system, the scope of the problem crystallizes. Utilisation as a major factor in the organisation of healthcare companies is validated by the past and present around the world. At the outset of HFA / 2000, the WHO had warned that its objectives, support activities, management and implementation could be relevant if they are not geared towards maximum efficiency (Jimoh, 2014).

Healthcare institutions and systems around the world are primarily designed to provide everyone with equal, timely, efficient and effective medical care. An efficient healthcare system must meet the conditions for accessibility, cost-effectiveness, availability, accommodation and adequate. There is a lot of real experience to be gained from them, especially in low- and middle-income countries (LMICs) where the situation is characterized by both systemic and institutional barriers that have resulted in poor healthcare. In Nigeria, for example, over the years there has been a growing lack of trust in health care providers due to their inability to provide individuals and communities with the necessary health care and raw materials that are timely, comprehensive, acceptable and sustainable. Poor utilisation of PHC as revealed in a study conducted by Kurfi A, Kalu N, Sambo M, Nasir O, Idris H, (2013) is attributed to lack of essential drugs, high cost of services as well as poor and inadequate infrastructure in PHC facilities.

A. In developing countries, attempts have been made to promote utilisation, especially among the rural population, but success has been limited. Free medical care as a way to improve utilisation by removing financial barriers has formed a major issue for political activists. Success in this direction has been limited due to inappropriate structures due to the lack of planning and management activities towards utilisation, but the situation is compounded by other existing problems, incl.

B. Rapid population growth..
C. Increasing demand for health services against dwindling resources
D. Faulty allocation of limited resources.
E. Internal inefficiency of government health care programs and health services.
F. Poor quality of private health care services
G. Inadequate support infrastructural facilities like water, electricity and good roads.

Kurfi, Kalu, Sambo, Nasir, Idris, (2013) In their results, it was stated that out of all respondents (n = 630) showed that the majority of people would rather go to patent shops (53.63%) compared to only 7.6% who used the first healthcare services. The most common reasons for respondents not using these services were the lack of necessary medicines, the high cost of services as well as the inadequate structure of primary health care. Barriers to the use of maternity clinics varied widely across the country and within. Service-related factors such as cost (not affordable), distance / lack of transport and supply were the main barriers to the birth of institutions in Kenya and Pakistan, but sociocultural factors, especially the perception that there was no need to use health care for childbirth, were the main reasons for non-institutional delivery in India, Nigeria and Tanzania Das, Bapat, More, Chordhekar, Joshi and Osrin, 2010). Therefore, appropriate methods need to be developed to remove these barriers from the countries concerned to reduce the unmet need for services for specific target groups, especially the poor and those living in remote areas. Cultural attitudes and practices and lack of awareness and knowledge are often barriers to the use of health care for childbirth. Many women and their husbands may not be aware of the various risk factors associated with pregnancy and childbirth. Further information, education and incentive programs and campaigns should be held to reach the general public, including the male.

Other challenges of community members in assessing health care facilities are:

Environmental Factors: Physical environment**,** Topography**,** Neighbouring village and Industrial condition.

Social Psychological Factors: Families factor, Tradition and prejudice, Political influence, Social economic status and Organisation factor.

Inadequate fund: the means of transportation to the place of the primary health care discourages.

the people from going to use the P.H.C. (primary health care).

Inadequate facilities: The insufficiency of the health facilities also affect people from going to seek medical help.

Lack of basic amenities: The basic amenities like light and good road are determinant factors to the optimum health of community members.

Attitude of health workers: The attitude of the health workers and how the attend to their client harshly and disrespectfully discourage a lot of people from attending maximum health.

Location of Health Workers: The location of the health worker, it may be just a doctor that is\allocated to a local government and so when the attention of the doctor is probably needed, he is nowhere to be found.

Belief of the People: Some belief of the people is that when the women a pregnant there are some contain things they must not eat and certain time of the day they must not walk around, these beliefs hinder them from achieving maximum health.

Time of Operation: Some of the health workers in the morning neglecting those that goes to farm and probably visit the health facilities in the evening or the night when they are chanced.

Location of the Health Facilities: The means of transportation to the health facilities maybe some hinderance to the optimum health of the people.

Environmental Factor: The environment poses a great challenge to the family in the attaining maximum health and these environmental factors include physical environment. The physical environment of the people may be a threat to their optimum health topography.

4.0 CONCLUSION

Having read this course and successfully completed the assessment test, it is assumed that you have attained understanding of the factors that affect the utilisation of health care as well as barriers in health care utilisation.

5.0 SUMMARY

In this Unit, you have learnt about factors that affect the utilisation of health care as well as barriers in health care utilisation. The assessment exercise have been provided to enable you understand your own rating of the understanding and learning you achieved reading this materials Unit.

6.0 TUTOR-MARKED ASSIGNMENT

List and explain the factors that affect utilisation of health care facilities.

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UNIT 5 VALUE CLARIFICATION

CONTENT

1.0 INTRODUCTION

It is not difficult to make decisions when you know what your values are. Values are influenced by family, individual experiences, religious factors and society. The value of the individual can be defined as what the person thinks is right or good. Explanation of values will give an individual the opportunity to reflect on personal, ethical issues and enable the analysis and clarification of values. Explanation of values teaches that behaviour is not morally good or bad, but sensible or foolish actions that can vary by time, place, and situation. Explanation of values must be a sensible process. An important factor in the interpretation of values in learning is the moral development of the child. A child's moral development can be achieved through a variety of methods, which are discussed in detail in this article. Children in schools with value confusion are usually accompanists not only in education but in all aspects. Teachers play an important role in shaping students so that they are effective members of society. To ensure such a recovery among valid confused students, an explanation of values in learning will be necessary. Explanation of values in education helps children in decision-making, self-examination, freedom of thought and action, tolerance and self-confidence (Karaikudi and Tamil, 2016).

When we expect good values among school students they must have a clear picture of their own values. As the prime hope of the peaceful and prosperous future world, today’s children need to be clarified about their values. Value clarification help students to identify more clearly what it is the value in specific situations, and it help them to realize that others may hold different but equally acceptable values. In shaping the behavioural aspects of children, education and environment of the schools

play a vital role. So, it is inevitable to impart Value Clarification in education.

2.0 OBJECTIVES

By the end of this unit, you will be able to:

- define the concept of value clarification
- identify the needs for value clarification
- explain the value clarification exercise
- discuss the value clarification therapy
- list and explain steps in value clarification.

3.0 MAIN CONTENT

3.1 Concept of Value Clarification

Values clarification is a psychological treatment that can often help a person to become aware of all the values that can influence lifestyle decisions and actions. This technology can give an individual the opportunity to reflect on personal ethical issues and enable the analysis and clarification of values. It can also be defined as educational activities that involve responses to personal, socio-cultural and cultural processes that seek to identify underlying or influential priorities that guide interests, choices, actions and responses in a variety of human and social contexts.

According to Kulich and Chi (2014), Values clarification is an educational action that involves responses to personal, socio-cultural and cultural processes that seek to identify the underlying or influential values of priorities that guide interests, choices, actions and responses in a variety of human and social contexts. By helping a person better understand what he or she considers most important in relation to complex make-up, diverse contexts and the changing parts of society in which one is located, this process of guidance, knowing one's self-reflection can facilitate a more realistic understanding of oneself in relation to social norms, expectations and options.

Values can be described as behavioural standards in relation to the needs that work together to support the individual's goals and vision that lead to decision making. The values of the individual are therefore influenced by several factors such as the family, the experiences of individuals, religions and cultures, society and political leaders.

The family: The perception of an individual most often is largely influenced by the king of upbringing, what is perceived as good or bad,

important, desirable or neglected could be traced to the parent or the larger family values.

Individual experience: The saying experience is a good teacher is very valid, values are often transformed or adjusted based on live experiences such as education, personal challenges, failure or success and media.

Religion and/or Culture: The religion of birth or being practice and the culture an individual is exposed to goes a long way to affect values and the perception of what is right, wrong or acceptable.

Community: Every community most times shares same values, and these values determine what is right or wrong and anything outside this is seen as an aberration.

Political leaders: Overarching political values may influence people regardless of religion, culture, upbringing, or life experience. Political ideologies sometimes direct or redirects people's views, perceptions and behaviour.

Values reflect our beliefs and what we believe about everything. Explanation of values helps an individual to connect his thoughts and feelings that lead to an awareness of his own worth. The purpose of the explanatory boundaries of values is not to teach specific values, but to make students aware of their own values and how their values compare with friends, adults, different groups in society, and even other societies at other times. It is hoped that as this awareness increases, students will revise and perhaps change ill-founded values at the same time as they have more secure values that pass the review and comparison test.
(Yogesh, 2011).

3.2 Needs for value clarification

Values reflect our beliefs and what we believe about everything. Explanation of values helps an individual to connect his thoughts and feelings that lead to an awareness of his own worth. The purpose of the explanatory boundaries of values is not to teach specific values, but to make students aware of their own values and how their values compare with friends, adults, different groups in society, and even other societies at other times. It is hoped that as this awareness grows, students will revise and perhaps change ill-founded values, while at the same time having more confident values that pass the test of revision and comparison.

Explanation of values as an essential part of our education system that is designed to help children know their core personality and guides them in the right way to choose the type of person they want to be. A value report helps to set students not a model for the outside world but within themselves. It helps to provide insight into one's own personality when

students are made aware of their values, they are allowed to strengthen it and integrate their value system as a whole. Values Report helps children tremendously to set goals, set priorities, and manage time
(Mary and Suganya 2016).

Karaikudi and Tamil (2016) describes a value system as an integral part of our education system helps children identify the core of their personality and it directs them to choose the right kind of person they want to be. Explanation of values does not provide students with a model not for the outside world but for themselves. It provides insight into one's own personality. When students are told about their values, they are allowed to strengthen it and integrate their value system as a whole. Values Report helps children tremendously to set goals, set priorities, and manage time.

3.3 Value Clarification as Exercise

According to Karaikudi and Tamil (2016), explanation of values is usually provided by therapists, but in schools, we can use experienced teachers who are familiar with student counseling. Sometimes it can be difficult for children to determine or analyze their core values. In such cases, the teacher can use worksheets and conceptual work. Although there are various ways to explain values, there are certain basic methods that must be followed when applying the policy:

- The teacher begins the lesson by "opening" assignments that focus on low-risk issues.
- The activity requires the student to state his or her position on the matter unambiguously.
- The teacher accepts the students 'reactions without judgment and assessment and does not write down all the students' attempts to challenge or mock each other's attitudes.
- Students should be asked to explain or argue for a particular position of validity. This is the explanatory part of the policy.
- The activity should, whenever possible, be related to issues that have historical implications or are related to current social or political concerns. It will help students to better understand their thoughts, feelings and behaviours.

3.4 Value Clarification as Therapy

Yogesh (2011), define value interpretation as a tool in psychotherapy that can often help us understand our personal values. In schools, students who did not analyze or realize their own values show poor progress in his academic and empathetic activities. Confusion of values often leads to poor behavioural factors that lead to anxiety, stress and depression.

Explanation of values helps students to know more about themselves and set reasonable goals. Explanation of values among upper secondary school students usually helps them to choose their career based on their values, despite all the other probabilities and confusion. Valuation can be used on its own or as an integrated technology with other consulting methods. The therapist should focus on all aspects of the value of confused individuals. He must ask good explanations to get them to realize their values.

Value clarification
Individual OD interventions

3.5 Steps for value clarification

Clarification process exit in different steps and stages, Abdullah and Leung 2019 and Clakson, Seah and Pang 2019 identified the process as listed below:

Step 1: Listing Alternatives/Choosing values: At this stage individuals decide on what type of action to be taken amidst other options. He or she makes deliberation and evaluates the positive and the negatives effects meaning that he or she considers the pros and cons of the cation taken.

Step 2: Examining possible consequences of choice/pricing values: The acts or those values which have been considered and chosen by persons must be cherished and prized. That is the choice made is considered the best and the outcome is considered worthy.

Step 3: Choosing after thoughtful consideration: The application of new knowledge begins only when the person starts to clarify his values. His actions will be receptive and consistent in a same pattern on the values he/she has chosen. To prize and cherish is the highest goal of value. This means that the choice made by an individual is considered the most valuable and he or she feel cool about it.

Step 4: Prizing and willing to affirm the choice: At this stage, the individual can be asked “Are you happy about feeling this way?” or “Why is this important to you?” and if the response is positive then the process is affirmed.

Step 5: Prizing and willing to affirm the choice publically: At the individual is not ashamed of his/her decision and he/she is ready to make it public and when confronted about the decision taken, he is not doubtful and not willing to let go.

Step 6: Acting on the Choice: At this stage, the individual is ready to act out the choice made and is also ready to associate with like minds.

Step 7: Acting repeatedly in some pattern of life: This is a stage that the action taken can be repeated or done again and again. At this stage it has become a way of live.

4.0 CONCLUSION

Having read this course and successfully completed the assessment test, it is assumed that you have attained understanding of the concept of value clarification, the needs for value clarification, the value clarification exercise, the value clarification therapy and steps in value clarification.

5.0 SUMMARY

In this Unit, you have learnt about the concept of value clarification, the needs for value clarification, the value clarification exercise, the value clarification therapy and steps in value clarification. The assessment exercise have been provided to enable you understand your own rating of the understanding and learning you achieved reading this materials Unit.

6.0. TUTOR-MARKED ASSIGNMENT

1. Define the concept of value clarification.
2. Identify the needs for value clarification.
3. Explain the value clarification exercise.
4. Discuss the value clarification therapy.
5. List and explain steps in value clarification.

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