

- Course Code: HED 319
- Course Title: Personal Health of a University Students
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Name of Publisher (NOUN)

Year of Publication

ISBN

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Name of Printer

Introduction

Personal health refers to the wellness of the individual. While personal health care is provided to those people who are not able to take care of themselves. It involves people with certain mental disorder, physically challenged people, etc. Personal Health is the ability to take charge of your health by making conscious decisions to be healthy. It not only refers to the physical well being of an individual but also comprises the wellness of emotional, intellect, social, economical, spiritual and other areas of life. Personal health is concerned with the complete state of wellbeing of the whole body of an individual which is necessary for its proper and sound growth and development to enable the body carry out its efficient and effective different functions. The human body is made up of many parts; each part has its special functions and roles. For these functions to be performed effectively and healthy too there are basic requirements that must be met. Many of today's diseases could be largely prevented and controlled through some simple, consistent personal health practices needed for promotion of health and prevention of certain diseases.

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO, 1948). A resource for everyday life, not the objective of living; Health is a positive concept emphasizing social and personal resources, as well as physical capacities. This means that health is a resource to support an individual's function in wider society, rather than an end in itself. A healthful lifestyle provides the means to lead a full life with meaning and purpose which the university student needs. An undergraduate student is a student who is working towards a bachelor's degree, sometimes known as an undergraduate degree. Undergraduate students can be almost any age, but the majorities of undergraduate students are in their late teens and early twenties and have usually come straight from school or after taking a year or two away from their studies to travel or work. However, many students are taking their first undergraduate degrees as mature students or are changing career directions with an undergraduate degree. This means there is no upper limit to the age that an undergraduate student can be. They are different from postgraduate students who are studying their subject at a higher level than the undergraduate level, having already been awarded a bachelors degree in a relevant subject

It is evident that good health improves learning potentials, so for students to be able to attend school regularly and take full advantage of opportunities provided by schools, they must be in a state of health that enables them to do so. Being healthy should be part of your overall lifestyle. Living a healthy lifestyle can help prevent chronic diseases and long-term illnesses.

Feeling good about yourself and taking care of your health are important for your self-esteem and self-image. Maintain a healthy lifestyle by doing what is right for your body promote your wellbeing as a student and member of the University community.

Course Competencies

The aim of the course is to equip the student with the knowledge, attitude and skills required for Personal Health of a University Student, so that in your capacity as a student, you will be able to coordinate the personal health activities for the optimal health of the University/school population.

Course Objectives

By the end of this course the students should be able to:

- I. define and explain the word “Health”
- II. Define and explain the word “Health Education”
- III. Define and explain the word “personal health”
- IV. Explain the basic principles of personal hygiene
- V. State the types of personal hygiene
- VI. Explain Personal Hygiene Practices
- VII. Describe the factors that promote personal hygiene
- VIII. Describe health promotion as a yardstick for disease prevention.
- IX. Analyze the influence of family, peers, culture, media, technology and other factors on their personal health behaviours.
- X. Demonstrate the ability to use interpersonal communication skills to enhance their personal health and avoid or reduce health risks.
- XI. Demonstrate the ability to access valid information, products and services to enhance their personal health.
- XII. Demonstrate the ability to use decision-making skills to enhance their personal health.
- XIII. Demonstrate the ability to use goal-setting skills to enhance their personal health.
- XIV. Demonstrate the ability to practice personal health-enhancing behaviours and avoid or reduce health risky behaviour.
- XV. Demonstrate the ability to advocate for personal, family, and community health promotion.
- XVI. Explain Lifestyle that promote Personal Health
- XVII. Explain the elements and activities that are needed for planning personal hygiene promotion

XVIII. Describe the criteria that are used for evaluating the effectiveness of personal hygiene application.

Working through this Course

To successfully complete this course, you are required to study hard and understand the units by reading the recommended textbooks and other learning materials provided. Each study unit has introduction, intended learning outcomes, the main content, and conclusion, summary and references/further readings. The introduction tells you exactly your expectations in the study unit. Read and note the intended learning outcomes. The intended learning outcomes tell you what you should be able to do on completion of each study unit. So, you can evaluate your learning at the end of each unit to ensure you have achieved the intended learning outcomes. To meet the intended learning outcomes, knowledge is presented in texts and links arranged into modules and units. At the end of every unit, there are self-assessment exercises which you are required to answer and submit for evaluation purposes. Stated below are the components of the course and what you are expected to do.

Study Units

There are forty-two (42) study units in this course divided into three modules. The modules and units are arranged as follows:

Module 1 Personal Health Education

Unit 1 Introduction to personal health terms used in the study course such as: Health, Health Education and personal health,

Unit 2 Explain the basic principles of personal hygiene

Unit 3 State the types of personal hygiene

Unit 4 Explain Personal Hygiene Practices

Unit 5 Identify relevant tools and Counseling skills in screening University Student's health risk behaviours

Unit 6 Describe health promotion as a yardstick for disease prevention

Unit 7 Analyze the influence of family, peers, culture, media, technology and other factors on personal health behaviours of a university student

Unit 8 Describe the factors that promote personal health/ hygiene of a University Student

Unit 9 Describe personal health promotion as a yardstick for disease prevention among University Students

Unit 10 Demonstrate the ability to use interpersonal communication skills to enhance their personal health and avoid or reduce health risks.

Unit 11 Demonstrate the ability to use decision-making skills to enhance their personal health.

Unit 12 Demonstrate the ability to practice personal health-enhancing behaviours and avoid or reduce health risky behaviour.

Unit 13 Explain the elements and activities that are needed for planning personal health/hygiene promotion

Unit 14 Describe the criteria that are used for evaluating the effectiveness of personal health/hygiene application.

Module 2 Personal Health Requirements of a University student

Unit 1 Oral Hygiene

Unit 2 Care for Clothing

Unit 3 Care for the skin

Unit 4 Care for the Hair

Unit 5 Care for the Eyes

Unit 6 Care for the Ears

Unit 7 Care for the Hands

Unit 8 care for the foot

Unit 9 Good Food

Unit 10 Exercise

Unit 11 Sleep

Unit 12 Recreation

Unit 13 Posture

Unit 14 Rest and Relaxation

MODULE 3 lifestyle related health problems of a university student

Unit 1 Introduction to Healthy Lifestyle

Unit 3 Physical Activity as a Healthy Lifestyle of a University Student

Unit 4 Healthy Sexual Activity as a Healthy Lifestyle of a University Student

Unit 5 Emotional Wellbeing as a Healthy Lifestyle of a University Student

Unit 6 Avoidance of the Use of Tobacco as a Healthy Lifestyle of a University Student

Unit 7 Avoidance of Unintended Injuries as a Healthy Lifestyle of a University Student

Unit 8 Describe Avoidance of Violence as Healthy Lifestyle of a University Student

Unit 9 Drug Abuse and Addiction

Unit 10 Alcohol use and misuse

Unit 11 Smoking

Unit 12 Mental Illness-Depression

Unit 13 Suicide

Unit 14 Prostitution

Presentation Schedule

The presentation schedule gives you the important dates for the completion of your computer based tests and participation at facilitation. Remember, you are to submit all your assignments at the appropriate time. You should guide against delays and plagiarisms in your work please.

Assessment

There are three main forms of assessments in this course that will be scored; Self-assessment exercise and assignment at the end of each unit; the Continuous Assessments and final written examination. The maximum score for the three TMAs shall be 30%.

How to Get the Best from the Course

This course material provides you with the opportunity to read and learn at your own pace, time and location. To get the best from this course, you need to work with the learning material in the following logical order:

1. Read each unit step by step as arranged
2. Note the key words or points in each unit as you read the material
3. Refer to the link and text provided for you
4. Attempt the assessment exercise given to you at each step after reading
5. Obey all the rules and guiding instructions given to you

Facilitation

Online facilitation would be made available to provide you with the opportunity to interact with your tutor and your colleagues across the World

Course Information

Course Code: HED 326

Course Title: Personal Health and Health of the University Student

Course Unit: 2

Course Duration:

Required Hours for Study:

Course Team:

Course Developer:

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Course Editor:

Instructional Designer:

Copy Editor:

MODULE 1: PERSONAL HEALTH EDUCATION**Unit 1 INTRODUCTION**

This course HED 326 Personal Health of the University Student is for Health Education Teachers in training. The terms used in the study course/unit are Health, Health Education and personal health. This unit therefore hopes to unfold the concepts of Health, Health Education, personal health and the aims of personal health

1.1 OBJECTIVES

After successful completion of this unit, a student will be able to:

- 1) Define the word "health"
- 2) Explain wellness
- 3) Describe the dimensions of Wellness
- 4) Explain health education
- 5) Explain personal health
- 6) State the aims and objectives of personal health

1. MAIN CONTENT**1.1 Definition of health**

The Constitution of the World Health Organization, which came into force on April 7, 1948, defined health "as a state of complete physical, mental and social well-being." The writers of the Constitution were clearly aware of the tendency of seeing health as a state dependent on the presence or absence of diseases: so they added to that definition that an individual, if he is to be considered healthy, should not suffer from any disease or infirmity. In that way, the definition of the World Health Organization simply added a requirement to the previous position that allowed to declare someone healthy if no disease could be found. Health according to World Health Organization (1948) is "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"

The 'Constitution of the World Health Organization' which came into effect in 1948

also recognizes health as a basic human right and states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” With numerous nation states endorsing the right to health as part of their constitution, these are legally obliged to safeguard access to quality health in a "timely, acceptable and affordable" manner, whilst ensuring provision for the determinants of health

Today, three types of definition of health seem to be possible and are used. The first is that health is the absence of any disease or impairment. The second is that health is a state that allows the individual to adequately cope with all demands of daily life implying also the absence of disease and impairment. The third definition states that health is a state of balance, an equilibrium that an individual has established within himself and between himself and his social and physical environment.

1.2 Explain Wellness

Wellness is the act of practicing healthy habits on a daily basis to attain better physical and mental health outcomes, so that instead of just surviving, you are thriving. Social Connectedness Connecting with friends or loved ones is a great way to help improve your physical and mental health. Wellness is an active process of making choices toward a healthy and fulfilling life. Wellness is especially important as we age because regular exercise and proper nutrition can help prevent a variety of ailments including cardiovascular disease, obesity, and fall risk behaviours.

The Global Wellness Institute defines wellness as the active pursuit of activities, choices and lifestyles that lead to a state of holistic health. There are two important aspects to this definition. First, wellness is not a passive or static state but rather an “active pursuit” that is associated with intentions, choices and actions as we work toward an optimal state of health and wellbeing. Second, wellness is linked to holistic health, that is, it extends beyond physical health and incorporates many different dimensions that should work in harmony

Wellness is an individual pursuit, we have self-responsibility for our own choices, behaviours and lifestyles but it is also significantly influenced by the physical, social and cultural environments in which we live.

Wellness is often confused with terms such as health, wellbeing and happiness. While there are common elements among them, wellness is distinguished by not referring to a static state of being (i.e., being happy, in good health, or a state of wellbeing). Rather, wellness is

associated with an active process of being aware and making choices that lead toward an outcome of optimal holistic health and wellbeing.

The National Institute of Wellness considers wellness to be “an active process through which people become aware of, and make choices toward, a more successful existence”. This brings better understanding of wellness, using the following tenets:

- ✓ Wellness is an active process; it is a conscious, self-directed and continuous process of achieving full potentials as individuals.
- ✓ Wellness is directed towards a positive and affirming life
- ✓ Wellness takes into account multiple components, which involves lifestyle, spiritual well-being, mental wellbeing, and the environment.

The World Health Organization defines wellness as “the optimal state of health of individuals and groups”. According to WHO, wellness has two cardinal concerns, which are the achievement of individuals’ fullest potentials physically, psychologically, socially, spiritually and economically, and carrying out individuals’ expectation in the family, community, place of worship, workplace and other settings.

1.2.1 Health versus Wellness

Health is often used interchangeably as wellness, yet, the two concepts have clearly different origins. The World Health Organization (WHO-1948) defines health as “the state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity”. This definition of health proposes health as not only being the absence of disease, but encompassing a wider scope of the medical perspective of health. Furthermore, health has its determinants, which consist of social, physical and economical environments, as well as individual characteristics and behaviours. It is at this point that we begin to see the overlap between wellness and health.

The WHO in 2008 described a dominant holistic perspective of wellness as that which includes the absence of illness and a state of wellbeing. Thus, with wellness, an individual is seen from multiple dimensions, to create a holistic perspective. In summary, to make distinctions between health and wellbeing may seem daunting, but to simplify the task, we see that health is basically a state of being, while on the other hand, wellness is a state of actively living a lifestyle that helps to attain health.

2.2.2 Dimensions of Wellness

As the understanding of wellness began to shift from programs and circumstances that help to alleviate illnesses or increase health risks, wellness dimensions have been brought to

limelight and wellness is being related to quality of life and life satisfaction. It is believed that an improvement in one component of wellness may go on to positively affect the whole person. The following are the dimensions of wellness

1) Physical Wellness

This dimension of wellness is concerned with cardiovascular fitness, strength, flexibility, and so on are involved. Activities that may be carried out to improve physical health involve exercise regimens, diet, and close observation of health indices including stressors. It also includes health promotion behaviours and avoiding harmful health behaviours.

2) Emotional/psychological Wellness

This is associated with attitudes and beliefs about self and life. When a self-view is positive, actions, relationships and autonomy are well influenced; alternatively, when an individual does not feel in control of his/her lives, stress results causing a negative impact on wellness.

3) Social Wellness

In terms of social wellness, the interaction of the individual with other people, the community and nature is considered. A report of the World Health Organization stated that 'being included in the society in which one lives is vital to the material, psychosocial, and political empowerment that underpins social wellbeing and equitable health.

4) Intellectual/Cognitive Wellness

This component of wellness refers to the knowledge acquisition and intellectual activity. When knowledge is acquired, it can be shared and used in developing one's potentials to improve personal growth and make the society better. A sound intellectual functioning helps to improve an individual's wellbeing on the overall, influencing behaviour especially for transforming negative health habits into positive ones.

5) Spiritual Wellness

There is a continual process of finding meaning and purpose in life which contributes to wellness. This component of wellness may be found alone or within a community.

6) Occupational Wellness

This is concerned with being able to gain personal fulfilment and satisfaction from paid or non-paid jobs. It encompasses one's ability to handle multiple roles and being able to supply skills to meet community's needs.

7) Environmental Wellness

The environment is made up of individuals' homes, communities, work and nature. Environmental wellness is concerned with the interaction of an individual with the environment on local and global levels.

8) Economic Wellness

This helps with the assessment of institutional and public policies in order to make them more sensitive to inequalities in the population which can affect the wellness of individuals.

9) Cultural Wellness

This dimension has a subjective impact on wellness. This is seen as individuals living in democratic and individualistic settings with freedoms of choice and individual needs have higher levels of subjective wellbeing than individuals who live in authoritarian and collectivistic cultures.

10) Climate Wellness

This is an emerging dimension of wellness. It assesses the connection between climatic changes and human well-being. It is a new area of research which tends to study the consequences of climate and ecosystem changes on the wellness of individuals.

1.2.3 Wellness vs. Wellbeing

The terms "wellness," "wellbeing" and "happiness" have often been used together or interchangeably by businesses, researchers and the media. This graphic outlines what they share in common and how these terms differ in concept, usage and association.

1.2.4 Wellbeing

Wellbeing is not just the absence of disease or illness. It's a complex combination of a person's physical, mental, emotional and social health factors. Wellbeing is strongly linked to happiness and life satisfaction. In short, wellbeing could be described as how you feel about yourself and your life.

1.2.5 Factors that influence wellbeing

Every aspect of your life influences your state of wellbeing. Researchers investigating happiness have found the following factors enhance a person's wellbeing:

- Happy intimate relationship with a partner.
- Network of close friends.
- Enjoyable and fulfilling career.
- Enough money.
- Regular exercise.
- Nutritional diet.
- Enough sleep.
- Spiritual or religious beliefs.
- Fun hobbies and leisure pursuits.
- Healthy self-esteem.
- Optimistic outlook.
- Realistic and achievable goals.
- Sense of purpose and meaning.
- A sense of belonging.
- The ability to adapt to change.
- Living in a fair and democratic society.

1.2.6 How to achieve wellbeing

- Develop and maintain strong relationships with family and friends.
- Make regular time available for social contact.
- Try to find work that you find enjoyable and rewarding, rather than just working for the best pay.
- Eat wholesome, nutritious foods.
- Do regular physical activity.
- Become involved in activities that interest you.
- Join local organizations or clubs that appeal to you.
- Set yourself achievable goals and work towards them.
- Try to be optimistic and enjoy each day

1.3 Components of Health

Healthy is more than just how you look, what you weigh or your workouts. Health is how you,

- ✓ feel in the morning when you wake up
- ✓ feel when you go to bed

- ✓ handle stress
- ✓ deal with your busy week ahead
- ✓ handle relationships in your life

Therefore, there are six key components of health. Physical, Intellectual, Spiritual, Emotional, Environmental and Social. Let's look at each of these components of health.

1) Physical

Physical health includes our endurance, strength, flexibility, cardiovascular, digestive health and more. This is how prepared our body is each day to move through the world. It is a key component of health and must be a part of our self care routine. The basics of physical health is moving your body for 30 minutes a day, drinking half ounces of water or more, getting eight hours of sleep a night, eating a well balanced diet.

2) Intellectual

'Once you stop learning, you start dying.' Our minds are designed to continue learning, to continue improving. We as humans thrive on this. Learning comes in many forms, books, podcasts, classes, masterminds, coaches, community, conversations and more. What we fill our minds with impacts every area of our lives. Do the people around you challenge you to think bigger or pull you back to think smaller? Fuel your mind and fuel it with positivity. Schedule time to learn and grown your mind.

3) Spiritual

Spiritual health is different for everyone and it truly doesn't matter what you believe in, or what your practices are. What is important here is that you should take time daily to pause and clear your mind. Some of the most common ways to clear your mind is through meditation, prayer, or journaling. Spiritual health can also be expanded by finding ways to give back, to find a sense of purpose. Can you volunteer your time to give to others?

4) Emotional

Emotional health and wellness is extremely important and also very complex. This is the health of our mind, of our thoughts and our feelings. Are you able to maintain a positive mindset when stress arrives? Planning your week, and having your daily to do lists things helps you to stay in a positive emotional state. Physical exercise, proper

diets and supplementation, social interactions all play a role in emotional health as well. Another great release for your emotions are to journal. That is getting your thoughts out of your mind and onto paper. If you are struggling with emotional health it is always important to seek professional support.

5) Environmental

This includes your living situation, your work situation, your friend circle. What environments do you find yourself in? When you walk into your home or office do you feel safe, comfortable, peaceful, or do you feel anxious, overwhelmed, tired? Our environments are a key component to our health. This can be a harder component than others to change, however, start with what can be changed. Ensuring the immediate environment is clean and organized.

6) Social

Social health includes all relationships. This includes your family, friends and community. We are designed to be social beings. Do you have healthy relationships with those key people in your life? How about your workplace? To simplify the concept, even adults need play dates. Go for a hike with a friend, dinner with your family, see a movie. Get out and be social, whatever that looks like for you. Make sure it is in the schedule so it happens. Socially it is easy to feel like you need to say yes to everything that comes your way. It is ok to say no to things that do not lift you up, that do not help you move in the direction of health and wellness you are trying to go.

1.4 Explain health education

Health education is a profession of educating people about health. Health education can be defined as the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance, or restoration of health. Health education is concerned with establishing the changes in the knowledge, attitudes, and behaviour of individual for their healthier life. Health education teaches about physical, mental, emotional and social health. It motivates students to improve and maintain their health, prevent disease, and reduce risky behaviours. Health education is a social science that draws from the biological, environmental, psychological, physical and medical sciences to promote health and prevent disease, disability and premature death through education-driven voluntary behaviour change activities. Health education is a type of education designed for individuals

or the public at large to gain the knowledge, skills, value, and attitudes necessary to promote, maintain, improve, and restore their, or another person's, health.

Health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health. Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health. Health education includes the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual *risk* factors and risk behaviours, and use of the health care system. Thus, health education involves the communication of information, and development of skills which demonstrates the political feasibility and organizational possibilities of various forms of action to address social, economic and environmental determinants of health.

Health education is an important component of health work that enables people to have the right concept, to raise the level of knowledge; to develop positive attitude to bring about behaviour change voluntarily, and consequently to be able to solve own health problems by own effort. Health education is a process with intellectual, psychological and social dimensions relating to activities that increase the abilities of people to make informed decisions affecting their personal, family and community wellbeing.

2.4.1 Aims and objectives of health education

The aims and objectives of health education includes but not limited:

- To instil in the students/community members the need for a healthy lifestyle for quality living that will ensure high productivity
- To teach students how to take care of their personal health
- To motivate students to adopt health-promoting behaviour by providing appropriate knowledge, skills and helping them to develop positive attitude.
- To encourage students to use available health services to promote their health status.
- To stimulate students self reliance and participation to achieve health development through individual and community involvement at every step from identifying the health problems to solving them.
- To change students negative health knowledge, attitude and practice to positive ones.
- To make students see the needs for preventing diseases rather than spending more

time and money for treatment.

- To encourage students to continue their local ways of life that promote health status of the community members like breast feeding the young ones for at least one and a half years.
- To help students make decisions about their health and acquire necessary confidence and skills to put their decisions into practice.
- To establish co-ordination mechanism with those concerned in health promotion, strengthen their capability and work with them in collaboration.

2.4.2 Scope of health education

Learning about health is not limited to the classroom situation only, but must be carried out at home, community hall, churches, mosques, market square and can be delivered anywhere, at any time, everywhere and all the time. Health education is a continuous process and should not stop until all diseases are eradicated, using all available known methods of communicating health messages to the students/community members.

2.4.3 Characteristics of an effective health education

- Build on ideas, concepts and practices that the students have already known
- Use clear, simple language for easy understanding of the students/community members
- Use existing channel of communication such as song, drama, story telling
- Repeat and reinforce information over time, using different methods
- Use demonstrations to show the benefits of adopting practices for health promotion
- Provide opportunities for dialogue and discussion to allow learners' participation and feedback about understanding and implementation,

1.5 Explain personal health/hygiene



Personal hygiene is how you care for your body. This practice includes bathing, washing your hands, brushing your teeth, and more. Every day, you come into contact with millions of outside germs and virus. Personal hygiene practices help you and people around you prevent illnesses. Personal hygiene are practices performed by an individual to care for one's bodily health and wellbeing through cleanliness.

2.5.1 State the aims and objectives of personal health/hygiene

The goal of personal hygiene is to keep your body healthy and the space you live and work in clean and germ- free. Good hygiene will help prevent spreading germs to other people and prevent illness. Practicing proper hygiene will keep your body healthy while giving you confidence. When you look good and feel healthy, you also feel good. The focus or aims of personal hygiene looks at cleanliness of the hair, body, hands, fingers, feet and clothing, and menstrual hygiene. Safe hygiene practice includes a broad range of healthy behaviours, such as hand washing before and after eating and safe faeces disposal. When you carry out hygiene education and promotion the aim is to transfer knowledge and understanding of hygiene and associated health risks in order to help people change their behaviour to use better hygiene practices. Generally, the practice of personal hygiene is employed to prevent or minimize the incidence and spread of communicable diseases.

2.5.2 Components of personal hygiene

Personal hygiene has many components; these are:

- Face hygiene
- Fingernail & Toenail hygiene
- Ear hygiene
- Hair hygiene
- Foot hygiene
- Teeth hygiene
- Environmental cleanliness' Hygiene generally refers to the set of practices associated with the preservation of health and healthy living.

2.5.3 Public health importance of personal hygiene

The knowledge and practice of personal hygiene are vital in all our everyday activities. The purposes are:

- Preventing faeco-orally transmitted diseases; the fingers may get contaminated with one's own faeces, either directly or indirectly. Activities during defecation and child bottom-washing are additional opportunities for the contamination of the fingers that facilitate the transmission of infections.
- Aesthetic values of personal hygiene; a person with clean hands is proud while eating because they feel confident of preventing diseases.
- A teacher in a school is always happy to see their students with clean faces and eyes, and dressed in clean clothes.
- A mother is mentally satisfied to feed her infant with clean hands because she ensures the preservation of her child's health.
- Generally, cleaning oneself produces pride, comfort and dignity at home and in public places. Caring about the way you look is important to your self-esteem.
- Social impact: a person with poor personal hygiene might be isolated from friendship because telling the person about the situation might be sensitive and culturally difficult.
- The success of a job application or the chance of promotion could be affected by poor personal hygiene; no company wants to be represented by someone who does not appear to be able to look after themselves.

1.6 Conclusion

Having successfully discussed and completed this unit it is assumed that you should be able to define the word “health”, explain wellness, describe the dimensions of Wellness, explain health education, explain personal health and state the aims and objectives of personal health

1.7 Summary

In this unit you have learnt the definition the word “health”, the explanation wellness, describe the dimensions of Wellness, explain health education, explain personal health and state the aims and objectives of personal health

1.8 Tutor Marked Assignment

1. Define the word “health”
1. Explain wellness
2. Describe the dimensions of Wellness
3. Explain health education
4. Explain personal health
5. State the aims and objectives of personal health

1.9 References and Further Reading

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UNIT 2 EXPLAIN THE BASIC PRINCIPLES OF PERSONAL HEALTH/ HYGIENE

2.1

INTRODUCTION

One of the best ways to maintain good overall health and wellness is to maintain proper personal hygiene. Personal hygiene helps you to stay clean, giving you a boost in confidence and positively impacting personal relationships, as well as reduce the risk for disease and negative medical conditions that stem from bad hygiene.

2.2

OBJECTIVES

After successful completing this unit a student will be able to:

1. Explain the basic principles of personal health/hygiene.

MAIN CONTENT

The basic principles of personal health/hygiene

2.2.1 **Wash Your Hands Frequently:** Washing your hands is one of the most effective ways to reduce the spread of disease. You should especially wash your hands before and after you eat, after going to the bathroom and when you come into contact with someone who is sick. In order to achieve effective results, make sure you wash your hands properly by:

- Wetting your hands with clean water and apply soap.
- Lather your hands by rubbing them thoroughly with soap.
- Scrub your hands for at least 20 seconds.
- Rinse your hands well.
- Dry your hands with a towel or air dry.

2.2.2 **Bathe:** Cleaning your body washes away dead skin cells and dirt and helps fight the spread of disease. For older adults, it's recommended to shower or take a bath at least twice a day to achieve the positive effects.

2.2.3 **Brush Your Teeth Twice a Day:** Make sure you are brushing your teeth twice a day, once in the morning and once at night after evening meal, to maintain good oral hygiene along with regular dental checkups.

2.2.4 **Floss Your Teeth Daily:** In addition to brushing your teeth, floss your teeth once a day for optimal oral hygiene.

2.2.5 **Take Care of Your Nails:** Cleaning and trimming your nails reduces your risk of hangnails and infected nail beds.

- 2.2.6 **Wear Clean Clothes:** After you wear clothes, wash them with a detergent and dry them immediately upon rinsing and when dry, iron them properly to kill germs that might be on them during the process of drying. Dirty clothes can harbour bacteria that could lead to body odour or even skin irritations/infection
- 2.2.7 **Cover Your Mouth when you cough or Sneeze:** This is extremely important to avoid spreading germs to other people around you.
- 2.2.8 **Get Restful Sleep:** Restful sleep is essential to wellbeing, no matter your age. It is recommended for all adults to sleep between seven to nine hours a night.
- 2.2.9 **Create a Routine:** Whatever your process may be to maintain good personal hygiene, make either a mental checklist or write it down. This way, you will remember and keep up with the steps you need to take to stay clean and healthy.
- 2.2.10 **Visit the Doctor:** Maintaining regular healthcare appointments can help you catch infections and illnesses early, making it easier to treat them. Visit your healthcare provider when you have a concern and schedule routine check-ups.

2.3 CONCLUSION

Having successfully discussed and completed this unit it is assumed that you have fully understood the basic principles of personal health/hygiene for University Student.

2.4 SUMMARY

In this unit you have learnt the basic principles of personal health/hygiene for University Student

2.5 TUTOR MARKED ASSIGNMENT

1. Briefly explain the basic principles of personal health/hygiene for University Student

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UNIT 3 STATE THE TYPES OF PERSONAL HEALTH/HYGIENE

3.1 INTRODUCTION

Personal Health is the ability to take charge of your health by making conscious decisions to be healthy. It not only refers to the physical well being of an individual but it also comprises the wellness of emotional, intellect, social, economical, spiritual and other areas of life.

3.2 OBJECTIVES

After successful completing this unit a student will be able to:

1. State the types of personal health
2. Explain the types of personal health

MAIN CONTENT

3.3 TYPES OF PERSONAL HEALTH/HYGIENE

Practicing good personal hygiene is important for helping keep the body healthy and clean. Good personal hygiene involves keeping all parts of the external body clean and healthy. It is important for maintaining both physical and mental health. There are many types of personal hygiene. Examples are:

3.3.1 Dental hygiene

Dental hygiene involves more than just having white teeth. A good dental hygiene routine can help prevent issues such as gum disease and cavities. It can also prevent bad breath.

3.3.2 Body hygiene

Several million sweat glands cover the human body. When bacteria break down sweat, the process creates a smell or body odour. Washing the body will help prevent skin irritation, as well as removing the bacteria that cause body odour. Washing the hair removes oil and keeps a person looking clean and fresh.

3.3.3 Hand washing

Regular hand washing is one of the best ways to avoid spreading communicable diseases. The Center for Disease Control and Prevention (CDC) recommend washing the hands at certain times:

- before, during, and after preparing food
- before eating food

- before and after looking after anyone who is vomiting or has diarrhoea
- before and after treating a cut or wound
- after going to the bathroom
- after changing diapers or cleaning up a child who has used the toilet
- after blowing the nose, coughing, or sneezing
- after touching garbage or dirty surfaces or objects
- after handling pets or pet-related items, such as food

3.3.4 Nails hygiene

Fingernails may harbour dirt and germs, contributing to the spread of bacteria. It is easier for dirt and germs to collect under longer nails, so keeping them short can help reduce the risk of spreading infections. Using sanitized tools to trim the nails and keep them short is one of the best ways to ensure that no dirt can collect underneath them. Scrubbing the underside of the nails with a nail brush can form part of a person’s hand washing routine.

3.4 Maintain good personal hygiene

Knowing how to maintain good personal hygiene can make it easier to build a routine. A person should have some basic knowledge of the following types of hygiene:

3.4.1 Dental hygiene

For a healthy mouth and smile, the American Dental Association (ADA) recommend brushing the teeth for 2 minutes at least twice a day, once before breakfast and once before bed. People should use an ADA-accepted fluoride toothpaste and replace the toothbrush every 3–4 months. The ADA also advises people to floss daily.

3.4.2 Hand hygiene/washing

The CDC outlines five simple steps for effective hand washing:

1. Wet the hands with clean, running water, then turn off the tap and apply soap.
2. Lather the hands by rubbing them together with the soap, remembering to reach the backs of the hands, between the fingers, and under the nails.
3. Scrub the hands for at least 20 seconds, which a person can time by humming the “Happy Birthday” song twice.
4. Rinse the hands well under clean, running water.
5. Dry the hands using a clean towel or air dry them.

3.4.4 Body hygiene

It is advisable to shower or bathe daily, using soap and water to rinse away dead skin cells, oil, and bacteria. People can pay special attention to areas that accumulate more sweat, such as the armpits, in between the toes, and the groin area. They should also wash their hair with shampoo at least once a week, or more if necessary. Applying deodorant when fully dry can help prevent body odors.

3.4.5 Menstrual and genital hygiene

It is important to change sanitary products regularly and to wash the hands before and after changing tampons, pads, or any other sanitary products. As vaginas are self-cleaning, using soap to clean the vagina can cause an imbalance of its natural bacteria and lead to infections. The vulva (the external part of the vagina) should only need cleaning once a day using a mild soap and water. People with an uncircumcised penis can clean it by gently pulling back the foreskin and washing underneath it with warm water or soap.

3.4.6 Negative effects of poor personal hygiene

Poor hygiene is a sensitive topic, and talking to a person about it can be difficult. As a result, a person with poor personal hygiene could become isolated from other people. Poor personal hygiene may also have an effect on the workplace. Companies may be more likely to offer jobs and promotions to individuals who appear to take care of their health and presentation. Poor personal hygiene can be particularly problematic among University Students and in the food industry. There are many health implications of having poor personal hygiene, with the CDC listing the following as hygiene-related diseases:

- athlete's foot
- body lice
- chronic diarrhea
- tooth decay
- head lice
- hot tub rash
- pinworms
- pubic lice
- scabies
- swimmer's ear
- ringworm

3.5 CONCLUSION

Having successfully discussed and completed this unit it is assumed that you have fully understood the types of personal health/hygiene for University Student

3.6 SUMMARY

In this unit you have learnt the types of personal health/hygiene for University Student

3.7 TUTOR MARKED ASSIGNMENT

1. State the types of personal health
2. Explain the types of personal health
3. State five (5) hygiene-related diseases that University Student may suffer from.

References and Further Reading

A Guide to Good Personal Hygiene. Accessed 10/9/2021

UNIT 4 EXPLAIN PERSONAL HYGIENE PRACTICES

4.1 INTRODUCTION

Personal hygiene comes from greek language which means personal which means individual and hygiene mean healthy. Personal hygiene is an action to maintain hygiene and health a person for the physical and psychological well-being. Lack of self-care is a condition in which a person is incapable of performing hygiene care for him/herself. Self-care is one of the basic human capabilities in fulfilling its needs to maintain its life, health and well-being according to its health condition. The human body can provide places for disease-causing germs and parasites to grow and multiply. These places include the skin and in and around the openings to the body. It is less likely that germs and parasites will get inside the body if people have good personal hygiene habits.

4.2 OBJECTIVES

After successful completing this unit a student will be able to:

1. Describe the types of good personal hygiene practices
2. Explain the health reasons and benefits of personal hygiene practices

MAIN CONTENT

4.2 EXPLAIN PERSONAL HYGIENE PRACTICES

4.2.1 Washing the body often: If possible, everybody should have a shower or a bath every day. However, there may be times when this is not possible, for example, when people are out camping or there is a shortage of water. If this happens, a swim or a wash all over the body with a wet sponge or cloth will do.

4.2.2 Cleaning the teeth at least once a day: Brushing the teeth after each meal is the best way of making sure that gum disease and tooth decay are avoided. It is very important to clean teeth after breakfast and immediately before going to bed ,washing the hair with soap or shampoo at least once a week and washing hands with soap after going to the toilet

4.2.3 Washing hands with soap before preparing and/or eating food: During normal daily activities, such as working and playing, disease causing germs may get onto the hands and under the nails. If the germs are not washed off before preparing food or eating, they may get onto the food

4.2.4 Changing into clean clothes. Dirty clothes should be washed with laundry soap before wearing them again. Hanging clothes in the sun to dry, the sun's rays will kill some disease-causing germs and parasites

4.2.5 Covering Your Nose or Mouth: Turning away from other people and covering the nose and mouth with a tissue or the hand when coughing or sneezing. If this is not done, droplets of liquid containing germs from the nose and mouth will be spread in the air and other people can breathe them in, or the droplets can get onto food.

Maintaining good personal hygiene practices obviously helps reduce the risks of various health problems, but also affects social and psychological aspects of our lives. Good personal hygiene helps to prevent the development and spread of infections, diseases and unpleasant body odors and also help us look more presentable and attractive. Adding to the above, let's see the health, social and psychological reasons people should maintain good personal hygiene practices in their lives and what benefits do they offer them.

4.3 Health Reasons and Benefits

The difference between health and sickness sometimes depends on simple habits such as washing your hands or promptly dressing a superficial scratch. Mundane and seemingly trivial conditions such as small cuts, rashes, athlete's foot, sore throat etc should not be disregarded and treated immediately to avoid deterioration and spreading as well as to find out if there are more serious, underlying problems behind them. The single most important preventive health measure one can take in their everyday lives is washing their hands regularly, especially after using the toilet and before coming to contact with any foods, and keeping their environments clean. In short, staying clean by maintaining good personal hygiene will keep you healthier.

4.3.1 Social Reasons and Benefits

Maintaining proper personal hygiene means that you will look more healthy and attractive to other people. It is impossible to project a healthy body image and make good impression without adhering to personal hygiene principles. Looking unwashed and smelling bad will immediately place a person in several social disadvantages as others will find him or her less attractive and even potentially dangerous to their own health. For the above reasons it is of paramount importance to teach University Students the importance of good personal hygiene from a young age so that they might be able to keep themselves clean and healthy throughout their lives and avoid the social stigma that accompanies poor hygiene habits.

4.2.2 Psychological Reasons and Benefits

Confidence and self-esteem are affected by our body image which is reflected on our ability to care for ourselves and maintain good personal hygiene practices. Healthy teeth, hair,

skin and nails are signs of a healthy and well-groomed individual who pays attention to his or her personal hygiene and health. This can give confidence in everyday life and social interactions. By being clean and well-groomed, people can feel more confident in any social environment. First impressions, often an important factor in many interpersonal relationships as well as job interviews are heavily affected by our outwards image which is directly related to our personal hygiene habits and practices.

4.4 **CONCLUSIONS**

Having successfully discussed and completed this unit it is assumed that the students have fully understood personal hygiene practices for University Students

4.5 **SUMMARY**

In this unit you have learnt about personal hygiene practices for University Students

4.6 **TUTOR MARKED ASSIGNMENT**

- 1 Describe the types of good personal hygiene practices
2. Explain the health reasons and benefits of personal hygiene practices

REFERENCES

A Guide to Good Personal Hygiene. Accessed 10/9/2021

UNIT 5 IDENTIFY RELEVANT TOOLS AND COUNSELING SKILLS IN SCREENING UNIVERSITY STUDENT'S HEALTH RISK BEHAVIOURS

5.1 INTRODUCTION

To, identify relevant tools and counselling skills for identifying University Students engaging in multiple, co-occurring high-risk behaviours, and to create a screen that bypasses problems associated with assessment of sensitive and potentially stigmatizing behaviours by including questions that are minimally threatening and less transparent than purely face valid items. Health risk behaviours, such as tobacco, alcohol and other drug use, physical inactivity and sexual risk behaviours, are initiated and often consolidated during adolescence.

5.2 OBJECTIVES

After successful completing this unit a student will be able to:

1. Describe the types of good personal hygiene practices
2. Explain the health reasons/benefits of good personal hygiene practices
3. Explain relevant tools/counseling skills in screening university student's health risk behaviours
4. state the Impact of Effective Counseling Techniques on University Student's health risk behaviours

MAIN CONTENT

5.3 Types of good personal hygiene practices

There are various definitions of '**personal hygiene**' but in simple words, it defines how you care for your body. Good personal hygiene includes keeping all external body parts clean & healthy and it's really important to maintain both physical & mental health. It may include bathing, washing, brushing, and more. Nowadays, when the world is fighting against the COVID-19 pandemic, good personal hygiene is a must for everyone. It's important for both health & social reasons. Keeping your hands and body clean is essential to halt the spread of illness & viruses. Every day you go outside, your body attracts millions of germs & viruses. They can remain on your body, and in most cases can make you sick easily by affecting your nervous system. This simple habit doesn't only improve your health but also keeps people around you safe. There are various types of hygiene, importance, and ways to maintain it. Learn more about the types of personal hygiene and how to maintain good personal hygiene for a healthy lifestyle

There are various types of personal hygiene because each person's criteria is different.

1. Toilet Hygiene: Wash your hands and wash your hands properly are two different things that make a difference between good & bad hygiene. However, toilet hygiene is one of the most important types of personal hygiene, it is vital to wash your hands properly after you use the restroom. Scrub with soap or hand wash for 20-30 seconds, zig-zag of the finger, ensure to clean on the back of your hands, in your nails. Wash with water and dry with a clean towel. In case you don't have water & soap, the alcohol-based sanitizer will also work but make sure it contains nearly 60% alcohol.

2. Shower Hygiene: It's not taboo if you spend a little longer in the bathroom. However, personal preference may differ how often you wish to bathe, but you should bathe at least every twice day, morning and evening after a day's work using soap or shampoo to remove dead skin cells, bacteria, and oils as well. Also, you should wash your hair,. Shampooing your hair and scalp, removes skin build-up, and prevents major hair problems such as dandruff and oil that irritates.

3. Nail Hygiene: How many of you are habitual of nail-biting? Though trimming your nails regularly to keep them short & clean is a sign of personal hygiene, of course not from your teeth. Keep your nails short and brush under them to clean little particles of dirt and bacterias or use a washcloth to get rid of germs & filth. As it is the most important type of personal hygiene, trimming your nails can help you halt the spread of germs and virus transmission through your mouth and other body openings.

4. Teeth Hygiene: Good dental health is beyond brushing your teeth every day and getting white teeth. Taking care of your gums & teeth is the best way to prevent gum & teeth diseases and cavities. Experts recommend brushing at least twice a day for 5 minutes. Avoid edibles without brushing in the morning. It is better you brush after every meal because it removes all the food particles in teeth gape that causes gum diseases and stinginess. Floss between your teeth every day and using anantibacterial mouthwash is what professionals recommend. It doesn't just prevent tooth decay but also eliminates gum diseases and keeps your teeth healthy forever.

5. Hands Hygiene: One of the most common types of personal hygiene. Hand wash has become a habit amid pandemics. The coronavirus outbreak has added this to your daily routine, from children to elders, everyone is conscious about hand hygiene. However, you should always wash your hands frequently because germs may linger on your hands and can gate crash your body and affect your immune system. It is easier for germs to enter your body

through your hands than anywhere else. Bacterias may enter your body from the nose, mouth, eyes, and other parts of your body. Always wash your hands;

- *Before and after eating food*
- *After handling garbage*
- *After using the restroom*
- *When you sneeze*
- *After touching any animal*
- *When you contact someone who is sick*
- after changing baby diapers
- when rendering any medical service to someone.

5.4 How to Maintain a Good Personal Hygiene

So, now you know that good personal hygiene is as important as other factors to stay safe, but how to formulate a good personal hygiene routine and where to start has always been a big question. While good personal hygiene will help you stay healthy & safe, it's never too late to start teaching hygiene. Here we have broken down some of the easy steps to help you and your family stay healthy & safe. These steps will be a better start to maintain good personal hygiene.

Handwashing

The best and easiest place to start when thinking about maintaining personal hygiene is our hands. Whether it is about meeting someone or having dinner, we often use our hands; touching various surfaces and things. So, your hands are the most responsible for the transmission of viruses and germs in your body. You need to ensure that you and your family are practicing good hand hygiene because it is the easiest and quickest way to prevent common health issues such as cough, colds, flu, and gastroenteritis. Another way to halt the spread of potential illness-causing germs is to wash your hands properly and frequently using water and soap.

Dental Hygiene

Looking after your teeth is the second most vital step that must be taken to prevent some serious dental problems. Here is what experts recommend for a healthy mouth and smile;

- Brushing twice a day – in the morning and before bed or after every meal if possible.
- Floss Regularly

- Replace your toothbrush in every 3-4 months
- Store it in a clean and dry place
- Use an antibacterial mouthwash daily

Showering

It is suggested to shower or bathe every day, Also, you should use soap and shampoo to remove dead body cells, oil, and germs that irritate. You should pay more attention to your more sweaty body parts such as armpits, the back of your neck, between your toes, and the groin area. Here's how to bathe properly;

- Wash every day with soap and shampoo and warm water because warm water keeps you fresh the whole day.
- If any of your body parts are infected, then make sure to clean it every day using an antibacterial liquid such as Dettol and Savlon.
- Wash your hair twice a week with shampoo to prevent dandruff and other hair issues.
- Always bathe properly and clean all body parts, especially those that accumulate more sweat.
- Use an antibacterial soap to ensure killing more and more germs when you shower.

Menstrual and Genital Hygiene

We often take it lightly and end up diagnosed with a serious illness. It is important to change sanitary products regularly and to wash hands after removing or changing tampons, sanitary pads, or any other sanitary product. Vaginas are self-cleaning, you better use soap and lotion with fewer pH levels to clean the vagina because using high pH level soaps can cause an imbalance of its natural bacteria and lead to a serious infection. People with an infected penis can clean it gently using fewer pH levels of soap or warm water.

Hygienic Clothes

Do you know that dirt and bacteria can build up on your clothes too? Well, bacteria and viruses can linger on your clothes and can transmit via your hands and other ways. Therefore, as a part of personal hygiene, it is vital to take care of your clothes as well. You better wash them properly and every day in antibacterial solutions. This is perhaps the most important activity to do to keep yourself healthy and safe. Personal hygiene should not be tough. Once you start following good & healthy personal hygiene, you will automatically get free from doctors. And it will become your habit just like you wake up and brush every day. Of course, there are side effects of poor personal hygiene.

5.5 Side effects of poor personal hygiene

The effects of poor personal hygiene are far-reaching beyond the obvious health concerns. Failing to frequently wash your hands, brush your teeth, and take showers do not just affect you. It affects everyone you interact with. So let us talk about poor personal hygiene, its impact, and why we need to have daily routines to help keep our hygiene regimen headed in the right direction all the time. **5.5.1 What's Poor Personal Hygiene?**

Poor personal hygiene arises from either intentional or unintentional neglect of your body's cleanliness and health requirements. Your body begins to look unhealthy, you experience unwanted health concerns, and your overall well-being is affected.

5.5.2 The Effects of Poor Hygiene

Let's look at a few areas of concern when it comes to poor personal hygiene:

- **Body Odour**-This is probably the most common evidence of poor personal hygiene. Not only does it lead to discomfort and an embarrassing situation for those around you, but there are also other consequences. You could develop allergies, constant itching, and the result of being socially isolated due to your condition. When your sweat and the bacteria produced from your apocrine glands interact, it produces body odour. So the more there's unwashed sweat, the bacteria increases, and the odour gets even worse. But it all starts with poor personal hygiene and bad behaviours like:
 - Infrequent showering.
 - Wearing dirty, smelly socks
 - Not airing your shoes
 - Not taking the time to wash your feet
 - Wearing smelly, stained, or dirty clothes each day
 - Not changing your underwear regularly
- **Bad Breath and Other Oral Health Concerns**

Bad breath or halitosis is another effect of poor hygiene that impacts your oral health. When you eat and you do not rinse your mouth with water, food particles get stuck on your teeth. Bacteria will feed on these food particles, digest it and produce a strong unpleasant odor that is associated with halitosis. Poor oral hygiene leads to other problems like tooth decay and bleeding gums. The behaviours that lead to these oral diseases include:

- Irregular brushing of your teeth
- Not flossing every time you brush your teeth

- Neglecting to clean your tongue when brushing your teeth
- Drinking too many acidic drinks too often
- Excessive smoking

5.6 THE HEALTH BENEFITS/ADVANTAGES OF GOOD PERSONAL HYGIENE PRACTICES

Maintaining good personal hygiene practices obviously helps reduce the risks of various health problems, but also affects social and psychological aspects of our lives. Good personal hygiene helps to prevent the development and spread of infections, diseases and unpleasant body odors and also help us look more presentable and attractive. Adding to the above, let us look at the health, social and psychological reasons people should maintain good personal hygiene practices in their lives and what benefits do they offer them.

5.2.1 Health Reasons and Benefits

The difference between health and sickness sometimes depends on simple habits such as washing your hands or promptly dressing a superficial scratch. Mundane and seemingly trivial conditions such as small cuts, rashes, athlete's foot, sore throat etc. should not be disregarded and treated immediately to avoid deterioration and spreading as well as to find out if there are more serious, underlying problems behind them. The single most important preventive health measure one can take in their everyday lives is washing their hands regularly, especially after using the toilet and before coming into contact with any foods, and keeping their environments clean. In short, staying clean by maintaining good personal hygiene will keep you healthier.

5.2.2 Social Reasons and Benefits

Maintaining proper personal hygiene means that you will look more healthy and attractive to other people. It is impossible to project a healthy body image and make good impression without adhering to personal hygiene principles. Looking unwashed and smelling bad will immediately place a person in several social disadvantages as others will find him or her less attractive and even potentially dangerous to their own health. For the above reasons it is of paramount important to teach children the importance of good personal hygiene from a young age so that they might be able to keep themselves clean and healthy throughout their lives and avoid the social stigma that accompanies poor hygiene habits.

5.2.3 Psychological Reasons and Benefits

Confidence and self-esteem are affected by our body image which is reflected on our ability to care for ourselves and maintain good personal hygiene practices. Healthy teeth, hair, skin and nails are signs of a healthy and well-groomed individual who pays attention to his or her personal hygiene and health. This can give confidence in everyday life and social interactions. By being clean and well-groomed, people can feel more confident in any social environment. First impressions, often an important factor in many interpersonal relationships as well as job interviews are heavily affected by our outwards image which is directly related to our personal hygiene habits and practices. A person's chances of success in social environments, interpersonal relationships and even in their line of work can be substantially improved by improving their personal hygiene practices.

5.7 Relevant tools and counselling skills for screening University Student's health risk behaviours

Students are routinely screened for physical health issues example vision, hearing among others. However, emotional or behavioural health issues are generally detected after they have already emerged. Screening for Behavioural Health Risk in Schools is designed to guide schools through the process of developing comprehensive screening procedures, as well as provide readily available resources to facilitate the implementation of effective behavioural health screening in schools.

5.8 The purpose of screening includes:

- Identify students at risk for poor personal health outcomes
- Identify students who may need monitoring or intervention example targeted supports for emerging adjustment problems and intensive supports for chronic behavioural issues
- Inform decisions about needed services
- Identify personal strengths/wellness as well as risk factors/emotional distress
- Assess effectiveness of universal social/emotional/behavioural curriculum

5.9 Behavioural health screening tools

There are a number of evidence-based, behavioural health screening tools available in the public domain for pupil services professionals to use in schools. Below are brief descriptions of the tools. School counsellors possess a variety of techniques/skills that allow them to help students, collaborate with faculty, and implement new district and school level policies. Students begin developing these skills before honing them in school settings (e.g, a practicum). However, many professionals do not master these skills until after they have acquired significant on-the-job experience.

5.9.1 Problem-Solving and Conflict Resolution

Without much life experience to pull from, primary and secondary school students lack developed problem-solving and conflict resolution skills example dealing with a bully, student-teacher conflict, etc. As a result, health educators/counsellors must help students identify and remedy problem behaviour. When more than one student is involved, health educators/counsellors use small-group counselling techniques.

5.9.2 Group Counselling Theories

Group counselling has many advantages in the school setting. One, it brings together students who may share a similar problem or were part of a conflict. Group counselling can also promote empathy among students. Finally, group counselling allows health educator/counsellor to help many students at once, freeing up more time for other responsibilities and tasks.

5.9.3 Special Needs Counselling

Students with special needs example drug abuse and addition, Autism-spectrum disorder, etc. require highly trained health educators/counsellors who can promote their academic success while working with such students. Health educators/Counsellors-in-training must examine the latest research and work with students with drug abuse and addition, Autism-spectrum disorder, etc. On the job, Health educators/counsellors collaborate with parents, administrators, and faculty to ensure that students with drug abuse and addition, Autism-spectrum disorder, etc receive the best education possible.

5.10 Impact of Effective Counselling Techniques

Effective counselling can make a significant, positive impact on students'/clients' lives. Some positive outcomes might include:

- Better decision making
- Coping skills
- Improved outlook on life
- Ability to plan for the future example, college and career preparedness
- Improve socialization with peers, teachers, and family
- Engagement with extracurricular activities

5.10 CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood relevant tools and counselling skills for screening university student's health risk behaviours.

5.11 SUMMARY

In this unit you have learnt about relevant tools and counseling skills for screening university student's health risk behaviours

5.12 TUTOR MARKED ASSIGNMENT

1. Describe the types of good personal hygiene practices
2. Explain the health benefits of good personal hygiene practices
3. Explain the relevant tools/counselling skills for screening university student's health risk behaviours
4. State the Impact of Effective Counselling Techniques on University Student's health risk behaviours

5.13 References and Further Reading

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UNIT 6 DESCRIBE HEALTH PROMOTION AS A YARDSTICK FOR DISEASE PREVENTION AMONG UNIVERSITY STUDENTS

6.1 INTRODUCTION

Health promotion and disease prevention are a major emerging theme in medicine and health care generally. Although efforts have typically been targeted at younger persons, there is growing evidence that this approach is both appropriate and feasible also for older adults. The health promotion and disease prevention approach is one of a number of possible strategies to deal with the prevalence of chronic illness and multiple chronic illnesses or functional impairments among the younger persons and elderly. This approach has promise for reducing the incidence and prevalence of chronic and acute disease among both the general population and the elderly

6.2 OBJECTIVES

After successful completing this unit a student will be able to:

1. Describe health promotion as a yardstick for disease prevention among University Students

MAIN CONTENT

6.3 Health promotion as a yardstick for disease prevention among University Students

The term health promotion was revisited in 1986, in the Ottawa Charter for Health Promotion where it is defined as 'the process of enabling people to increase control over, and to improve, their health. Health promotion is more relevant today than ever in addressing public health problems. The health scenario is positioned at unique crossroads as the world is facing a 'triple burden of diseases' constituted by the unfinished agenda of communicable diseases, newly emerging and re-emerging diseases as well as the unprecedented rise of non-communicable chronic diseases. The factors which aid progress and development in today's world such as globalization of trade, urbanization, ease of global travel, advanced technologies among others, act as a double-edged sword as they lead to positive health outcomes on one hand and increase the vulnerability to poor health on the other hand as these contribute to sedentary lifestyles and unhealthy dietary patterns. There is a high prevalence of tobacco use along with increase in unhealthy dietary practices and decrease in physical activity contributing to increase in biological risk factors which in turn leads to increase in

non-communicable diseases (NCD). Health, as the World Health Organization (WHO) defines, is the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The enjoyment of highest attainable standard of health is considered as one of the fundamental rights of every human being. The topics covered in these sections are related to nutrition, alcohol related harm, physical activity among others.

6.3.1 Disease prevention as yardstick for health promotion

Disease prevention commonly refers to interventions either population or individual-based which aim to minimize the burden of diseases and associated risk factors. Prevention is frequently categorized as primary, secondary, and tertiary prevention; quaternary prevention has been introduced recently.

- **Primary prevention** refers to actions that avoid the manifestation of a disease. It may comprise actions to improve health through changing the impact of social and economic determinants, the provision of information on behavioural and medical health risks, and measures to decrease them. Examples are nutritional and food supplementation, oral and dental hygiene education, preventive services such as immunization and vaccination.
- **Secondary prevention** is associated with early detection of a disease which may result in improved chances for positive health outcomes. It encompasses evidence- and population-based screening programmes, including production and purchasing of screening tests for early disease detection. Moreover, maternal and child health programmes including screening and prevention of congenital malformations, and production and purchasing of chemoprophylactic agents to control risk factors are considered secondary prevention
- **Tertiary prevention** is associated with services that promote better quality of life for those living with disease. It includes rehabilitation, disease management programmes, and support for patients with an established disease to minimize residual disabilities and complications.
- **Quaternary prevention** is related to avoiding over-medicalization of patients, protecting them from unnecessary interventions and suggesting ethical alternatives

7. CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood health promotion as a yardstick for disease prevention among University Students

6.7

SUMMARY

In this unit you have learnt about health promotion as a yardstick for disease prevention among University Students

6.8

TUTOR MARKED ASSIGNMENT

Describe health promotion as a yardstick for disease prevention among University Student.

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UNIT 7 THE INFLUENCE OF FAMILY, PEERS, CULTURE, TECHNOLOGY ON PERSONAL HEALTH BEHAVIOURS OF A UNIVERSITY STUDENT

7.1 INTRODUCTION

Family dynamics significantly impact health in both positive and negative ways. Having a close-knit and supportive family provides emotional support, economic well-being, and increases overall health. When family life is characterized by stress and conflict, the health of family members tends to be negatively affected.

Having friends and feeling connected to a group gives teenagers a sense of belonging and being valued, which helps develop self-esteem and confidence. Friendships also help teenagers learn important social and emotional skills, like being sensitive to other people's thoughts, feelings and wellbeing. Peer pressure can affect any aspect of someone's life, including their education. People may be directly teased for being smart or earning good grades, leading to less effort or pride in their schoolwork; peer pressure in other areas may also spill over and influence educational performance.

The influence of culture on health is vast. It affects perceptions of health, illness and death, beliefs about causes of disease, approaches to health promotion, how illness and pain are experienced and expressed, where patients seek help, and the types of treatment patients prefer. Culture is deeply involved in matters of personal hygiene, nutrition, immunization, seeking early medical care, family planning, in short, the whole way of life. Different cultures are there in different societies which may or may not have positive effects on health

In the present world of technology, social media is used to communicate, share information or linked within the Global field of the world. Social Networking websites have an adverse influence on students' lives and students browse social websites and got to know some complex stuff before their age. there is association between social media and students Health. The main reason is that students are addicted to browsing of social media, even they do not aware of suffering from the bundle of physical and psychological health issues. They also browse to get health-related information which may be prohibited stuff like sexual health. Some hackers also use students as a tool to diverse their belief as pupils spend most of their time using social media. Social Media is like a "DEEP OCEAN", which has an intense impact on students from each aspect of their lives.

Technology can decrease absenteeism, lower dropout rates, and motivate more students to continue on to college. Students who regularly use technology take more pride in their work, have greater confidence in their abilities, and develop higher levels of self-esteem. Social media and mobile devices may lead to psychological and physical issues, such as eyestrain and difficulty focusing on important tasks. They may also contribute to more serious health conditions, such as depression. The overuse of technology may have a more significant impact on developing children and teenagers.

7.2 OBJECTIVES

After successfully completing this unit a student will be able to:

1. Describe the influence of family, peers, culture, media and technology on personal health behaviours of a University Student

MAIN CONTENT

7.3 INFLUENCE OF FAMILY ON PERSONAL HEALTH BEHAVIOURS OF A UNIVERSITY STUDENT

7.3.1 Positive Influence of Family on Personal Health

A family's social support is one of the main ways that family positively impacts on personal health of their wards. Social relationships, such as those found in close families, have been demonstrated to decrease the likelihood of the onset of chronic disease, disability, mental illness, and death. Marriage in particular has been studied in the way it affects personal health. Marriage is thought to protect well-being by providing companionship, emotional support, and economic security. Marriage is associated with physical health, psychological well-being, and low mortality. Study found that on the whole, marriage produces a net improvement in avoiding the onset of disease, which is called primary prevention. Married people are more likely to avoid risky behaviour such as heavy drinking and high fat diets, and married people are also more likely to see the doctor for checkups and screenings. Studies have also confirmed that social support from parents, friends, and relatives has positive effects, especially on mental health. Prospective cohort studies have confirmed the direct beneficial effects of various forms of social support on global mental health, incidence of depressive symptoms, recovery from a unipolar depressive episode, psychologic distress, psychologic strain, physical symptoms and all causes of mortality. Social integration and social support, like marriage, have protective effects on reducing

mortality risks. For example, those reporting higher levels of support from close friends and family exhibit lower heart rate and systolic blood pressure, lower serum cholesterol, and higher immune function. Thus, available data provide evidence to support the idea that one's social environment or family situation does get under the skin to affect important physiologic parameters, including neuroendocrine, immune, and cardiovascular functioning.

7.3.2 Negative Influence of Family on Personal Health

Though good familial relations and social support serve as protective factors against mortality risks and improve overall personal health. Studies have shown that not all familial relations positively impact personal health. Problematic and non-supportive familial interactions have a negative impact on personal health. There is increasing evidence that poor-quality relationships can actually harm physical and mental health of individual student. Indeed, persons in unhappy marriages exhibit worse physical and mental health than unmarried persons. Furthermore, marriages characterized by an unequal division of decision making and power are associated with high levels of depression on the part of both spouses. Growing up all, in an unsupported, neglectful or violent home is also associated with poor physical, mental and social health and development of student.

7.3.2.1 Women Prevented From Accessing Health Care

Family power dynamics and gender roles may have a negative impact on a woman's health and her ability to seek health care. In many cultures, for a woman to access health care, she must receive permission from her husband, father, or mother in-law and must be accompanied by a male to her appointments. Researchers have noted that gender inequities play a role- across many cultures in women's ability to obtain needed medical care for sexual and reproductive health concerns, have recognized that family dynamics, in addition to institutional sources, are a key part in the practice of unequal treatment of personal health.

7.3.2.2 Family Dynamics and Children

Families characterized by conflict, anger, and aggression have particular negative effects on children personal health. Physical abuse and neglect represent immediate threats to the personal health of children. In addition, the fact that children's developing physiological and neuroendocrine systems must repeatedly adapt to the threatening and stressful circumstances created by these environments increases the likelihood of biological dysregulations that may contribute to a buildup of allostatic load, that is, the premature physiological aging of the organism that enhances vulnerability to chronic disease and to early mortality in adulthood. Children who grow up in risky families are likely to exhibit

risky behaviours such as smoking, alcohol abuse and drug abuse. Anger and aggression are highly noxious agents in a family environment. Conditions ranging from living with irritable and quarreling parents to being exposed to violence and abuse at home show associations with mental and physical health problems in childhood, with lasting effects in the adult years.

7.4 PEERS INFLUENCE ON PERSONAL HEALTH BEHAVIOURS OF A UNIVERSITY STUDENT

In China, moderate drinking with other people is considered a way of showing respect and facilitating interpersonal communication. Most people are introduced to alcohol at a young age, and those who go to university generally began drinking with friends at that time. The main reasons they gave for drinking were socializing, making friends, and acting “cool”, while the main drinking occasions are annual festivals, birthday parties, and other social situations. These studies suggested that drinkers more frequently give social reasons for drinking than physical gratification reasons for drinking. Implicit in the character of social drinking is the influence of peer pressure on alcohol use.

As students enter university, they spend more time with peers. Fitting into a group and developing social networks become a necessary developmental task. Identifying with a group membership strengthens students’ self-identity, feeling of self-worth and benefits their social acceptance. In this situation, they are likely to imitate normative behaviours within a group and conform to a group norm. Their attitudes and behaviours about substance use, alcohol consumption are increasingly similar to people who are friends in the group. Studies have consistently indicated the peer group membership influences personal alcohol use among adolescents. Membership in groups can increase a students’ perception of peer pressure.

The influence of peer group on alcohol consumption is, to a large extent, achieved through peer pressure, which is considered as the “price of group membership” Peer pressure that accompanies peer group membership refers to a subjective feeling of being pushed, urged, or dared by others to do something only because of the expectations of other people. Examples of alcohol-related peer pressure in the context of Chinese university student life include being offered a toast, having a drink refilled without asking, being teased for refusing to drink, being urged to drink more, or buying rounds. Drinking within a group is not an individual choice, but rather an obligation to group harmony and a loyalty to others within the group. The drinking behaviours of University Students frequently predicted drinking amount and frequency of their friends.

Self-efficacy for self-regulation refers to a person's confidence in their own ability to manage a behaviour; specifically with alcohol self-regulation; that is, the behaviours used to manage drinking amount, drink responsibly, and resist or refuse alcohol. Self-efficacy for alcohol self-regulation is a person's confidence that he or she can effectively enact these self-regulation behaviours. Studies have consistently shown that students with higher self-efficacy for alcohol self-regulation are more able to regulate their drinking behaviours and thus drink responsibly. As Bandura (1977) pointed out that an individual's perceived self-efficacy for alcohol use is affected by a number of factors. For instance, drinking values and behaviours within a group impact a person's confidence to manage his own drinking behaviours. A more favorable belief about alcohol within a group reduces self-efficacy for self-regulating drinking behaviours, because a person does not want to go against the majority belief within a group. Adopting the group's drinking belief is a way of maintaining group membership. Active drinking offers or toasts from peers impact students' beliefs in their efficacy to regulate their own drinking. An individual's self-efficacy to say "no" to alcohol offers may depend on a failure to learn or plan ways to say no.

7.4.1 NEGATIVE PEERS INFLUENCE ON PERSONAL HEALTH BEHAVIOURS OF A UNIVERSITY STUDENT

Peer influence is when you choose to do something you wouldn't otherwise do because you want to feel accepted and valued by your friends. Peer pressure and influence can be positive. For example, your child might be influenced to become more assertive, try new activities, or to get more involved with schoolwork or can be negative. Negative effects of peer pressure include:

- pressure to use alcohol, cigarettes or drugs
- distraction from schoolwork
- pressure to engage in risk taking behaviours.
- distance between family and existing friends.
- drastic changes in behaviour and attitudes

7.5 THE INFLUENCE OF CULTURE ON PERSONAL HEALTH BEHAVIOURS OF A UNIVERSITY STUDENT

Our culture greatly contributes to the development of our beliefs and values. For this reason, both cultural psychologists and social anthropologists believe that culture affects one's personality. In addition, gender differences also influence the personality traits a person possesses. Culture is deeply involved in matters of personal hygiene, nutrition, immunization,

seeking early medical care, family planning in short, the whole way of life. Different cultures are there in different societies which may or may not have positive effects on health. Cultural values determine how one will behave as a patient and what it means to be ill and especially to be a hospital patient. They affect decisions about a patient's treatment and who makes the decisions

7.3.1 Negative effects of culture on personal health

These include family roles, body language, concept of justice, notions of modesty, core values, family values, beliefs and assumptions, rules of conduct, expectations, gestures, and childrearing practices, female genital mutilation, all of which have been shown to influence our perception and approaches to personal health and medicine.

7.6 THE INFLUENCE OF MEDIA ON PERSONAL HEALTH BEHAVIOURS OF A UNIVERSITY STUDENT

Teenagers can be very smart consumers of media messages. They don't just take on board everything they see and hear on social media or in other media. You can help them develop the skills they need to handle media influence. Media influence on teenagers can be deliberate and direct. For instance, advertising is often directed at children and teenagers/university students. This means that children and teenagers/university students are increasingly conscious of brands and images. Media influence can also be indirect. For instance, this might include sexualized images and content on Instagram, Snapchat, Facebook and YouTube. It might also include violent imagery and coarse language in news media, documentaries, video games and some song lyrics. This kind of media influence can suggest to teenagers/university students that certain ways of behaving and looking are 'normal'.

7.6.1 Positive social media and other media influences on teenagers/university students

Social media and other media can be positive influences on teenage/university student's behaviour and attitude.

- **Citizenship**-Teenagers who are exposed to and take an interest in news media are more likely to be interested in major social and political issues like climate change. Media can encourage them to become more involved as citizens in their communities.
- **Healthy lifestyle**-Teenagers can also pick up important health promotion messages from social media and other media. This might include messages aimed at preventing youth depression and suicide, promoting positive, respectful relationships, or encouraging healthy eating and lifestyle habits.

- **Identity**-Good-quality stories in television shows and movies can help teenagers explore aspects of identity like sexuality, relationships, gender or ethics for example, the treatment of sexuality in a movie in a TV show like *The Good Place*. Watching these shows with your child/university students is a great opportunity for discussion. It's always worth remembering that media good and bad is just one of several influences on teenage/university students behaviour and attitudes. Other influences include family, friends and peers, cultural background and more. Often these influences can be more powerful than media influence.

7.4.2 Negative social media and other media influence on teenagers

Media messages can have a negative or unhealthy influence on teenage behaviour and attitudes in certain areas, including body image, health and citizenship.

- **Bodyimage**-Your child's/ university students body image is influenced by social media, other media and advertising. If teenagers/university students see unrealistic 'thin' or 'muscly' body types often enough in the media they follow, it can have an impact on their body image and dieting behaviour. This is especially true when there's no-one to disagree with messages like 'thin is beautiful'.
- **Health and lifestyle**-Social media and other media can influence the decisions that teenagers make about their health and lifestyle. For instance, media messages and content can make it look 'normal', cool or grown up to eat junk food, smoke, drink alcohol and take other drugs.
- **Citizenship**-To be responsible citizens, teenagers/university students need reliable and good quality information. But social media and other media are sometimes used in negative ways during elections and at other times. For instance, 'fake news' might influence teenagers/university students to believe false information about a politician, public figure or celebrity. Or sometimes online forums promote biased or hateful attitudes towards groups of people. Experts don't agree on whether violence in video games can lead to aggression or violence in teenagers/university students in real life. But they do agree that the best way to deal with the issue of violence in video games is by talking with your child/ university students about it and sharing your own family values.

7.6.2 How media celebrities influence teenagers

Celebrities and the way they use the media can be powerful influences on teenagers/university students. In particular, teenagers/university students can be attracted to

lifestyles, products or behaviour that celebrities promote on social media. This can sometimes be a negative influence for instance, YouTuber Logan Paul's risky behaviour. But there are lots of celebrities whose lifestyles, values and behaviour provide positive examples for instance, YouTuber Elise Ecklund. Children and teenagers/university students do need to be aware that some celebrities are paid to advertise the products they endorse.

7.6.3 Helping your child/university students handle media influence

Exposure to media messages is a part of modern life, but you can help your child/university students work out what's worth paying attention to.

- **Talking about media messages**-The best way to help your child/university students navigate the influence of social media and other media is to talk about media messages. For instance, if your child/university students like watching beauty channels on YouTube, you could talk about product advertising and sponsorship. Or if your child/university student is into a computer game like Grand Theft Auto, you could talk about the violence, exploitation of women and criminal activity. You could also talk about how your child/university students would handle these situations in real life. If your child/university student spends a lot of time on online forums, it's OK to ask what people talk about on the forum. You can also ask whether the forum seems to support particular attitudes towards race or ethnicity, gender or sexuality and whether any of these attitudes are biased or even hateful.
- **Encouraging a questioning attitude**-When you are talking about media with your child/university students, you can encourage him/her to ask questions too. This can help your child/university students sort facts from opinion, identify advertising, understand bias and be aware of the misuse of statistics. For instance, you could choose one of the **YouTube channels or Instagram accounts** your child/university students follows. Ask your child/university students:
 - ✓ Who's behind it?
 - ✓ What's their motivation?
 - ✓ What do they want from you?
 - ✓ How does it make you feel?
 - ✓ Do they want you to feel that way? Why?

You can do the same for **celebrities**. Encourage your child/university students to ask her/himself:

- ✓ Why do I like these people?
- ✓ Are they presented in a realistic way?
- ✓ Are they like this in real life?
- ✓ What values does this person portray?
- ✓ How does this person make me feel about myself?

During an election campaign, share some **political memes** with your child/university students. Encourage your child/university students to ask:

- ✓ What ideas are being promoted in this meme?
- ✓ Who made this meme and why?
- ✓ How might this meme influence voters during the election?

➤ **Understanding advertising**

You can help to limit the influence of advertising on your child/university students by talking about how advertising sells ideas as well as products. For instance, you could encourage your child to ask:

- ✓ Does this advertisement link the product with a particular kind of lifestyle?
- ✓ How does that make you feel about the product?
- ✓ What messages does this advertisement send about what girls, boys, women and men should look like, wear, do, eat and drink?

7.6.4 Helping teenagers balance the influence of social media and other media

When your child/university student balances media use with other activities like physical and creative activities and socializing face to face, he comes into contact with a wide range of influences. These include peers, community mentors and family, as well as the media. You can also introduce your child to real-life, positive role models. Ways to do this could be joining local community groups, sporting clubs or mentoring programs. You are still your child's/university students most important role model. By being an informed and questioning consumer, you show your child/university students how to handle powerful media influences. Part of this might be ignoring advertisements for the latest and greatest new gadget, or talking with your child/university students about why you follow certain people on Twitter or Instagram.

7.7 THE INFLUENCE OF TECHNOLOGY ON PERSONAL HEALTH BEHAVIOURS

Social media and mobile devices may lead to psychological and physical issues, such as eyestrain and difficulty focusing on important tasks. They may also contribute to more serious health conditions, such as depression. The overuse of technology may have a more significant impact on developing children and teenagers/university students

7.7.1 Negative effects of technology: What to know

People are more connected than ever, thanks in large part to rapid advancements in technology. While some forms of technology may have made positive changes in the world, there is evidence for the negative effects of technology and its overuse, as well. Social media and mobile devices may lead to psychological and physical issues, such as eyestrain and difficulty focusing on important tasks. They may also contribute to more serious health conditions, such as depression. The overuse of technology may have a more significant impact on developing children and teenagers/university students.

7.7.2 Psychological effects

Overuse or dependence on technology may have adverse psychological effects, including:

- **Isolation**-Technologies, such as social media, are designed to bring people together, yet they may have the opposite effect in some cases. In young adults aged 19–32 years found that people with higher social media use were more than three times as likely to feel socially isolated than those who did not use social media as often.
- **Depression and anxiety**-People who perceived that they had more negative social interactions online and who were more prone to social comparison experienced higher levels of depression and anxiety.

7.5.2 Physical health effects

Technology use may increase the risk of physical issues as well, including:

- **Eyestrain**-Technologies, such as handheld tablets, smartphones, and computers, can hold a person's attention for long periods. This may lead to eyestrain.
- ✓ Symptoms of digital eyestrain can include blurred vision and dry eyes. Eyestrain may also lead to pains in other areas of the body, such as the head, neck, or shoulders. Several technological factors may lead to eyestrain, such as:
 - screen time
 - screen glare
 - screen brightness
 - viewing too close or too far away

- poor sitting posture
- underlying vision issues

Taking regular breaks away from the screen may reduce the likelihood of eyestrain. Anyone regularly experiencing these symptoms should see an optometrist for a checkup.

- **The 20-20-20 rule for digital viewing-** When using any form of digital screen for longer periods of time, the American Optometric Association **recommend** using the 20-20-20 rule. To use the rule, after every 20 minutes of screen time, take a 20-second break to look at something at least 20 feet away. Doing this may help reduce the strain on the eyes from staring at a screen for a continuous period.
- **Poor posture-**The way many people use mobile devices and computers may also contribute to incorrect posture. Over time, this may lead to musculoskeletal issues. Many technologies promote a “down and forward” user position, meaning the person is hunched forward and looking down at the screen. This can put an unnecessary amount of pressure on the neck and spine. Correcting posture problems while using technology may lead to an overall improvement in posture and strength in the core, neck, and back. For example, if a person finds themselves sitting in the same position for hours at a time, such as sitting at a desk while working, regularly standing or stretching may help reduce strain on the body.. Additionally, taking short breaks, such as walking around the office every hour, may also help keep the muscles loose and avoid tension and incorrect posture.
- **Sleep problems-**Using technology too close to bedtime may cause issues with sleep. This effect has to do with the fact that blue light, such as the light from cell phones, e-readers, and computers, stimulates the brain. To avoid the potential impact of blue light on the brain, people can stop using electronic devices that emit blue light in the hour or two before bedtime.. Gentle activities to wind down with instead, such as reading a book, doing gentle stretches, or taking a bath, are alternatives.

7.7.3 Reduced physical activity

Most everyday digital technologies are sedentary. More extended use of these technologies promotes a more sedentary lifestyle, which is known to have negative health effects, such as contributing to: obesity, cardiovascular disease, type 2 diabetes, premature death

7.7.4 What to know about sleep deprivation

Many people do not get enough quality sleep, and this can affect their health, well-being, and ability to do everyday activities. The right amount of sleep can vary from person to person, but the Centers for Disease Control and Prevention (CDC) recommend that adults get at least 7 hours each night. They also estimate that 1 in 3 adults do not get enough sleep. Occasional interruptions to sleep can be a nuisance, while an ongoing lack of quality sleep can affect a person’s performance at work or school, their ability to function day to day, their quality of life, and their health.

7.5.4 How much sleep do people need

Age	Hours of sleep
4–12 months	12–16, including naps
1–2 years	11–14, including naps
3–5 years	10–13, including naps
6–12 years	9–12
13–18 years	8–10
18–60 years	7 or more

It is important to consider quality, as well as quantity, of sleep. If a person has low-quality sleep, they feel tired the next day, regardless of how many hours they have slept.

Low-quality sleep may involve:

- ✓ waking often during the night
- ✓ breathing difficulties, such as sleep apnea
- ✓ an environment that is too hot, cold, or noisy
- ✓ an uncomfortable bed

7.7.5 Symptoms of sleep deprivation

A person who is getting too little quality sleep may experience a range of symptoms including:

- fatigue
- Irritability
- mood changes
- difficulty focusing and remembering

- a reduced sex drive

7.7.6 Effects on the body

Sleep deprivation can affect various aspects of health, including:

- **The immune system:** Sleep deprivation may cause a person to be more prone to infections, which may take longer to resolve, and respiratory diseases.
- **Weight:** Sleep can affect the hormones that control feelings of hunger and fullness. It can also trigger the release of insulin. Changes to sleep can cause increased fat storage, changes in body weight, and a higher risk of type 2 diabetes
- **The cardiovascular system:** Sleep helps the heart vessels heal and rebuild and affects processes that maintain blood pressure, sugar levels, and inflammation control. Too little sleep may increase the risk of cardiovascular disease.
- **Hormone levels:** Insufficient sleep can affect hormone production, including the production of growth hormones and testosterone. It also causes the body to release additional stress hormones, such as norepinephrine and cortisol.
- **The brain:** Sleep deprivation affects the prefrontal cortex, which handles reasoning, and the amygdala, which deals with emotion. A lack of sleep may also make it harder for a person to form new memories, which can affect learning.
- **Fertility:** Poor sleep may affect the production of hormones that boost fertility.
- Increased risk of accidents
- A lack of sleep can limit the ability to:
 - ✓ pay attention
 - ✓ react quickly
 - ✓ make decisions
- ✓ A person who gets too little sleep may have a higher risk of drowsy driving, which can lead to accidents.

7.5.7 Long-term effects and complications

In the long term, having too little sleep may increase the risk of:

- ✓ hypertension
- ✓ diabetes or insulin resistance
- ✓ sleep apnea
- ✓ obesity
- ✓ heart attack
- ✓ stroke

- ✓ depression and anxiety
- ✓ psychosis

7.7.7 Causes

There are many reasons why a person may not get enough sleep. Examples include:

- ✓ shift work
- ✓ meeting deadlines
- ✓ a sleeping environment that is noisy or not the right temperature
- ✓ using electronic devices close to bedtime or keeping them in the bedroom
- ✓ medical problems, such as depression, sleep apnea, or chronic pain
- ✓ caring for another person during the night

Health issues that commonly disrupt sleep include:

- ✓ chronic fatigue syndrome
- ✓ chronic pain
- ✓ substance misuse
- ✓ depression
- ✓ anxiety
- ✓ bipolar disorder
- ✓ schizophrenia
- ✓ Obesity
- ✓ sleep apnea
- ✓ bruxism, or grinding the teeth
- ✓ narcolepsy

7.7.8 Treatments

There are many ways to support quality sleep, including counselling, lifestyle and environmental adjustments, medications, and alternative therapies. Sometimes, a person also needs treatment for an underlying health condition. Some approaches that do not involve drugs include:

- ✓ **Relaxation techniques:** mindfulness training, breathing exercises, and guided imagery can help reduce tension. Audio recordings and sleep apps can also help.
- ✓ **Cognitive behavioural therapy:** Known as CBT, this may help a person identify thought patterns that are contributing to limited sleep.
- ✓ Home care strategies- Changing sleeping habits and the sleep environment can often help. A person can:

- Try going to bed and waking up at the same times every day, even on the weekends, with the goal of establishing a routine.
- Avoiding eating 2–3 hours before bedtime.
- After trying to fall asleep for 20 minutes, get up and read, then try again later.
- Get regular exercise during the day.
- Keep the bedroom quiet, dark, and cool.
- Turn off electronic devices and keep them away from the sleeping area.
- Limit the consumption of caffeine and alcohol, especially close to bedtime.
- Avoid tobacco use.
- Use a mouth guard to manage bruxism.

If these measures do not help, a person should see a healthcare provider, especially if getting too little sleep is affecting the quality of life. Some people find that devices help, including mouth guards, white noise machines, anti-snore devices, sleep trackers, wedge pillows, and other products.

7.8 CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood the influence of family, peers, culture and technology on personal health behaviours of a university student

7.9 SUMMARY

In this unit you have learnt about the influence of family, peers, culture, and technology on personal health behaviours of a university student

7.10 TUTOR MARKED ASSIGNMENT

Describe the influence of family, peers, culture, and technology on personal health behaviours of a university student

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UNIT 8 DESCRIBE THE FACTORS THAT PROMOTE PERSONAL HEALTH/ HYGIENE OF A UNIVERSITY STUDENT

8.1 INTRODUCTION

Proper grooming and healthy personal habits can help you ward off illnesses and feel good about yourself. Personal hygiene habits such as washing your hands and brushing and flossing your teeth will help keep bacteria, viruses, and illnesses at bay. And there are mental as well as physical benefits. “Practicing good body hygiene helps you feel good about yourself, which is important for your mental health.”. People who have poor hygiene, disheveled hair and clothes, body odour, bad breath, missing teeth, and the like often are seen as unhealthy and may face discrimination.

8.2 OBJECTIVES

After successful completing this unit a student will be able to:

1. Describe the factors that promote personal health/ hygiene of a University Student

MAIN CONTENT

8.3 DESCRIBE THE FACTORS THAT PROMOTE PERSONAL HEALTH/ HYGIENE OF A UNIVERSITY STUDENT

Personal hygiene refers to all practices to ensure the body's cleanliness, promoting and preserving good health, and they are public health measures to prevent disease. Poor hygiene in schools can be traced to lack of sanitary facilities and potable drinking water. Diseases such as diarrhoea, dermatoses, intestinal parasites and respiratory diseases then become frequent with absenteeism as the inevitable outcome, which in turn affects academic results of students. However, programmes for promoting personal hygiene in schools exist and have demonstrated their effectiveness, like the WASH (water, sanitation and hygiene) programmes (UNICEF 2012).The factors associated with personal hygiene are complex and interrelated.

Personal hygiene is a concept that is commonly used in medical and public health practices. It is also widely practiced at the individual level and at home. It involves maintaining the cleanliness of our body and clothes. Personal hygiene is personal, as its name implies. In this regard, personal hygiene is defined as a condition promoting sanitary practices to the self. Everybody/student has their own habits and standards that they have been taught or that they have learned from others. Generally, the practice of personal hygiene

is employed to prevent or minimize the incidence and spread of communicable diseases among students. Healthy Habits include Good Grooming. If a university student wants to minimize his/her risk of infection and also enhance his/her overall health, he/she should follow these basic personal hygiene habits to promote his/her personal hygiene.

- **Bathe regularly.** Wash your body and your hair often. That is you should clean your body and shampoo your hair at regular intervals that work for you.” Your body is constantly shedding skin. hat skin needs to come off. Otherwise, it will cake up and can cause illnesses.
- **Trim your nails.** Keeping your finger and toenails trimmed and in good shape will prevent problems such as hang nails and infected nail beds. Feet that are clean and dry are less likely to contract athlete’s foot.
- **Brush and floss.** Ideally, you should brush your teeth after every meal. At the very least, brush your teeth twice a day and floss daily. Brushing minimizes the accumulation of bacteria in your mouth, which can cause tooth decay and gum disease. Flossing, too, helps maintain strong, healthy gums. The bacteria that builds up and causes gum disease can go straight to the heart and cause very serious valve problems. Unhealthy gums also can cause your teeth to loosen, which makes it difficult to chew and to eat properly. To maintain a healthy smile, visit the dentist at six-month intervals for checkups and cleanings.
- **Wash your hands.** Washing your hands before preparing or eating food, after going to the bathroom, after coughing or sneezing, and after handling garbage, goes a long way toward preventing the spread of bacteria and viruses. Keep a hygiene product, like an alcohol-based sanitizing gel, handy for when soap and water is not available.
- **Sleep tight.** Get plenty of rest 8 to 10 hours a night so that you are refreshed and are ready to take on the day every morning. Lack of sleep can leave you feeling run down and can compromise your body's natural defenses, your immune system.
- **Toilet hygiene:** Wash your hands after you use the restroom. Scrub with soap for 20 to 30 seconds, and be sure to clean between your fingers, on the back of your hands, and under your nails. Rinse with warm water, and dry with a clean towel. If you don’t have running water or soap, an alcohol-based hand sanitizer will also work. Use one that’s at least 60 percent alcohol.
- **Shower hygiene:** Personal preference may dictate how often you wish to shower, but most people will benefit from a rinse every day. Showering with soap helps rinse

away dead skin cells, bacteria, and oils. You should also wash your hair. Shampooing your hair and scalp helps remove skin buildup and protects against oily residues that can irritate your skin. take the opportunity to teach about washing all the different body parts, especially:

- ✓ Armpits
- ✓ Groins
- ✓ Neck
- ✓ Belly
- ✓ Knees
- ✓ Elbows
- ✓ Back
- ✓ Feet

8.4 Side effects of poor personal hygiene

Good personal hygiene habits are directly related to less illnesses and better health. Poor personal hygiene habits, however, can lead to some minor side effects, like body odour and greasy skin. They can also lead to more troublesome or even serious issues. For example, if you do not wash your hands frequently, you can easily transfer germs and bacteria to your mouth or eyes. This can lead to any number of issues, from stomach viruses to pink eye. Poor dental care is also a risk factor for several serious health issues, including heart disease. Poor hygiene habits can also affect your self-esteem. Looking and feeling presentable can give you a confidence boost and a sense of pride in your appearance. Other conditions may be prevented or the risk minimized by practicing good personal hygiene. These are some examples:

- ✓ scabies
- ✓ pubic lice
- ✓ head lice
- ✓ body lice
- ✓ diarrhea
- ✓ athlete's foot
- ✓ ringworm
- ✓ pinworms
- ✓ swimmer's ear

✓ hot tub rash

8.4 CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood the factors that promote personal health/ hygiene of a university student.

8.5 SUMMARY

In this unit you have learnt about the factors that promote personal health/ hygiene of a university student.

8.6 TUTOR MARKED ASSIGNMENT

1. Describe the factors that promote personal health/ hygiene of a university student
2. explain the side effects of poor personal hygiene

Reference and Further Reading

Niya J. (2009). A Guide to Good Personal Hygiene. Accessed 17/10/2021

Vivas, A. P., Gelaye, B., Aboset, N., KumieA. Berhane, Y. and Williams,M. A.(2010). Knowledge, attitudes and practices (KAP) of hygiene among school children in Angolela, Ethiopia *Journal of Preventive Medicine and Hygiene*

UNIT 9 DESCRIBE PERSONAL HEALTH PROMOTION AS A YARDSTICK FOR DISEASE PREVENTION AMONG UNIVERSITY STUDENTS

9.1 INTRODUCTION

Personal health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the health issues. Health education raises students' knowledge about physical, mental, emotional and social health. It motivates youth to improve and maintain their health, prevent diseases, and avoid unhealthy behaviours. Health promotion and disease prevention programs focus on keeping people healthy. Health promotion programs aim to engage and empower individuals and communities to choose healthy behaviours, and make changes that reduce the risk of developing chronic diseases and other morbidities. Improvements in sleep, activity, exercise, healthy eating, and tobacco-free living can supersede the effectiveness of medications in promoting health, especially when these changes are tied to a sustained lifestyle

Example of effective health promotion activities for child and family health are:

- Promoting breastfeeding
- Promoting child and family nutrition.
- SIDS prevention and education
- Injury prevention
- Promoting physical activity.
- Smoking cessation programs such as 'quit' activities and 'brief interventions

Health promotion and disease prevention programs can empower individuals to make healthier choices and reduce their risk of disease and disability. At the population level, they can eliminate health disparities, improve quality of life, and improve the availability of healthcare and related services.

9.2 OBJECTIVES

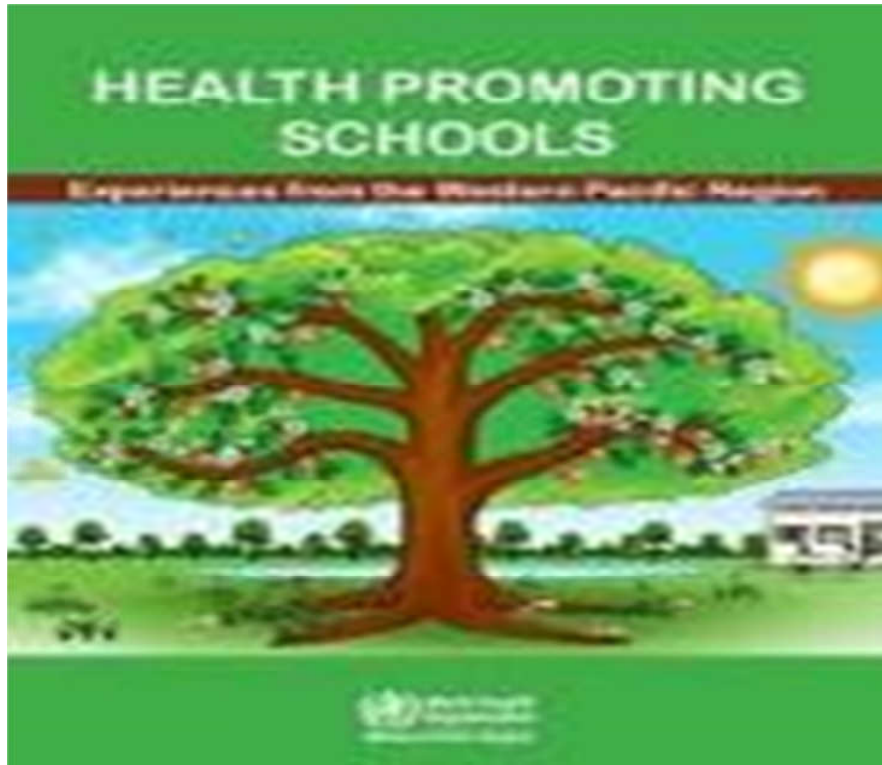
After successful completing this unit a student will be able to:

1. Describe personal health promotion as a yardstick for disease prevention among University Student

MAIN CONTENT

9.3

DESCRIBE PERSONAL HEALTH PROMOTION AS A YARDSTICK FOR DISEASE PREVENTION AMONG UNIVERSITY STUDEN



Health promotion is the process of enabling people to increase control over, and to improve, their health. This is accomplished by building healthy public policies, creating supportive environments, and strengthening community action and personal skills.

9.4 Goal of personal health promotion

The goal of personal health promotion is to promote health and prevent disease, disability, and premature death through education-driven behaviours and related activities. Communities and populations, through positive health promotion strategies, are able to improve their knowledge, attitudes, skills, and behaviours.

9.5 The aim of personal health promotion

Personal health promotion focuses on achieving equity in health. Personal health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential.

9.6 Level of personal health promotion

Four levels of personal health promotion are identified: environmental, social, organizational and individual. It is argued that health promotion interventions should not be confined to one level but instead an integrated approach should be adopted, in which the relationships between the four levels and the outcomes at all levels ought to be considered and analyzed. It is suggested that these four levels are used as a checklist when health promotion interventions are planned.

9.7 The importance of health promotion

Personal health promotion reduces premature deaths. By focusing on prevention, health promotion reduces the costs both financial and human that individuals, employers, families, insurance companies, medical facilities, communities, the State and the Nation would spend on medical treatment.

9.8 CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood the personal health promotion as a yardstick for disease prevention among university students

9.9 SUMMARY

In this unit you have learnt about the personal health promotion as a yardstick for disease prevention among university students

9.10 TUTOR MARKED ASSIGNMENT

1. Describe personal health promotion as a yardstick for disease prevention among university students
- 2 Mention the level of personal health promotion for disease prevention among university students
- 3 Explain the importance of health promotion for disease prevention among university students

Reference and Further Reading

Niya J. (2009). A Guide to Good Personal Hygiene. Accessed 17/10/2021

Vivas, A. P., Gelaye, B., Aboset, N., KumieA. Berhane, Y. and Williams,M. A.(2010). Knowledge, attitudes and practices (KAP) of hygiene among school children in Angolela, Ethiopia *Journal of Preventive Medicine and Hygiene*

UNIT 10 DEMONSTRATES THE USE OF INTERPERSONAL COMMUNICATION SKILLS TO ENHANCE PERSONAL HEALTH AND REDUCE HEALTH RISKS.

10.1 INTRODUCTION

Communication is an integral part of life; without it, we would not survive. Verbal and non-verbal communication begins at birth and ends at death. We need communication not only to transmit information and knowledge to one another, but more importantly, to relate to one another as human beings around the world in the context of relationships, families, organizations, and nations. The how, what, why, and wherefore of communication can either edify or harm us, as individuals, cultures, religions, and governments of countries, as we attempt to coexist. What we say, how we say it, and what we mean by it are extremely important, and can be life-changing.

Interpersonal communication in healthcare as the ability of the provider to elicit and understand patient concerns, to explain healthcare issues and to engage in shared decision-making if desired. Interpersonal skills are important for communicating and working with groups and individuals in your personal and professional life. People with strong interpersonal skills tend to build good relationships and can work well with others. They understand family, friends, coworkers and clients well.

10.2 OBJECTIVES

After successful completing this unit a student will be able to:

1. Describe interpersonal communication skills to enhance personal health and reduce health risks among University Students

MAIN CONTENT

10.3 DEMONSTRATE THE USE OF INTERPERSONAL COMMUNICATION SKILLS TO ENHANCE PERSONAL HEALTH AND REDUCE HEALTH RISKS.

Health communication is the study and practice of communicating promotional health information, such as in public health campaigns, health education, and between doctor and patient. The purpose of disseminating health information is to influence personal health choices by improving health literacy. Health communication is a unique niche in healthcare that allows professionals to use communication strategies to inform and influence decisions

and actions of the public to improve health. Because effective health communication must be tailored for the audience and the situation, research into health communication seeks to refine communication strategies to inform people about ways to enhance health or to avoid specific health risks. Health communication may variously seek to:

- increase audience knowledge and awareness of a health issue
- influence behaviours and attitudes toward a health issue
- demonstrate healthy practices
- demonstrate the benefits of behaviour changes to public health outcomes
- advocate a position on a health issue or policy
- increase demand or support for health services
- argue against misconceptions about health

10.4 IMPORTANT OF INTERPERSONAL COMMUNICATION

Effective interpersonal communication (IPC) between health care provider and client is one of the most important elements for improving client satisfaction, compliance and health outcomes.

IPC is important because it leads directly to better health outcomes. A pathway is clearly established which links processes, such as the way health care providers communicate, to proximate outcomes, such as patient satisfaction and recall, to final outcomes, such as client compliance with treatment regimens and improved health results. Hence, emphasis is on the importance of improving provider communication skills. The age, sex, ethnicity, and educational background of providers and clients affect how they communicate with each other. Other factors such as degree of privacy, time allotted for encounters, comfort and cleanliness of the environment, and treatment of clients from the time they enter the health facility until they are seen by a provider, can also inhibit or enhance client-provider interaction

While many of these socio-demographic and environmental factors are beyond their control, providers can improve IPC practices in their own health facility by adopting specific behaviours and techniques which lead to distinct positive outcomes. In the short-term, improved communication leads to more effective diagnosis and treatment of health problems; in the medium term, to greater compliance with treatment programs, better utilization of services, and enhanced feelings of awareness and confidence for both client and provider; in

the longterm, to greater relief of symptoms, enhanced prevention and reductions in morbidity and mortality. In some cases, overall health care costs are also reduced.

10.5 THE CHARACTERISTICS OF EFFECTIVE INTERPERSONAL COMMUNICATION

IPC is effective when it leads to the following five outcomes:

- the client discloses enough information about the illness to lead to an accurate diagnosis;
- the provider, in consultation with the client, selects a medically appropriate treatment acceptable to the client;
- the client understands his or her condition and the prescribed treatment regimen;
- the provider and the client establish a positive rapport;
- the client and the provider are both committed to fulfilling their responsibilities during treatment and follow-up care.

These steps generally include encouraging a two-way dialogue, establishing a partnership between client and provider, creating an atmosphere of caring, bridging any social gaps between provider and client, accounting for social influences, effectively using verbal and non-verbal communication, and allowing clients ample time to tell their story.

10.6 What is interpersonal communication?

Interpersonal communication is the process of face-to-face exchange of thoughts, ideas, feelings and emotions between two or more people. This includes both verbal and nonverbal elements of personal interaction.

10.7 What are interpersonal skills?

Interpersonal skills are the behaviours and tactics a person uses to interact with others effectively. Interpersonal skills are traits you rely on when you interact and communicate with others. They cover a variety of scenarios where communication and cooperation are essential. These skills involve the ability to communicate and build relationships with others. Often called people skills, they tend to incorporate both your innate personality traits and how you have learned to handle certain social situations. Effective interpersonal skills can help you during the job interview process and can have a positive impact on your career advancement. Some examples of interpersonal skills include:

- Active listening

- Teamwork
- Responsibility
- Dependability
- Leadership
- Motivation
- Flexibility
- Patience
- Empathy
- Active listening

10.8

The important of interpersonal skills

In a work environment, strong interpersonal skills are an asset that can help you navigate complexity, change and day-to-day tasks. Strong interpersonal skills can help you during the job interview process as interviewers look for applicants who can work well with others. They will also help you succeed in almost any job by helping you understand other people and adjusting your approach to work together effectively. Employers will be looking for workers who can both perform technical tasks with excellence and communicate well with colleagues. Unlike technical or “hard” skills, interpersonal skills are “soft” skills that are easily transferable across industries and positions. Employers value interpersonal skills because they contribute to positive work environments and help maintain an efficient workflow. Here is a list of interpersonal skills for you to identify interpersonal skills you may possess that are valuable to employers:

- I. **Active listening**-Active listening means listening to others with the purpose of gathering information and engaging with the speaker. Active listeners avoid distracting behaviours while in conversation with others. This can mean putting away or closing laptops or mobile devices while listening, and asking and answering questions when prompted.
- II. **Dependability**-Dependable people can be relied on in any given situation. This can include anything from being punctual to keeping promises. Employers highly value dependable workers and trust them with important tasks and duties.
- III. **Empathy**-A worker's emotional intelligence is how well they understand the needs and feelings of others. Employers may hire empathetic or compassionate employees to create a positive, high-functioning workplace.
- IV. **Leadership**-Leadership is an important interpersonal skill that involves effective decision making. Effective leaders incorporate many other interpersonal skills, like empathy and patience, to make decisions. Leadership skills can be used by both managers and individual contributors. In any role, employers value people who take ownership to reach common goals.
- V. **Teamwork**-The ability to work together as a team is extremely valuable in every workplace. Teamwork involves many other interpersonal skills like communication, active listening, flexibility and responsibility. Those who are good team players are often given important tasks in the workplace and may be seen as good candidates for promotions.

10.7 How to improve interpersonal skills

While interpersonal skills can seem easy to practice as you interact with others on a daily basis, making a deliberate plan can help you quickly improve. Consider the following ways to improve your interpersonal skills:

- **Attend workshops or online classes.** There are several workshops, online classes and videos on ways you can practice building interpersonal skills. While many are free, some are available at a cost.
- **Seek out opportunities to build relationships.** If you work from home or do not otherwise have many opportunities to build interpersonal skills, you might consider joining a group. This could be related to your work like networking or industry-specific groups, or simply a group that shares a similar interest or hobby.

- **Be thoughtful about ways your interactions could improve.** Take time to review the interactions you have and consider ways you could have interacted more effectively. This might be certain words you said, ways you reacted or body language you used.
- **Ask trusted friends or colleagues for constructive criticism.** It is helpful to get a third-party perspective about your skill level and specific ways you can improve. Ask friends or trusted colleagues to provide constructive criticism regarding your interpersonal skills.
- **Observe other positive interpersonal interactions.** It can also be helpful to learn by seeing others use interpersonal skills. Observe positive interactions of those around you and apply those qualities you admire to your own relationships.
- **Seek out mentorship.** Asking someone you trust, admire and respect to counsel you on improving interpersonal skills and advancing in your career overall can be an extremely effective way to learn.

10.9 ADVANTAGES OF EFFECTIVE INTERPERSONAL COMMUNICATION

It allows us to influence the behaviour, attitudes, and opinions of others. It allows for more effective, efficient cooperation, and can help us forge or maintain a social bond. It can help us learn, and relate to the problems or situations that other individuals face.

10.10 COMMON BARRIERS TO EFFECTIVE INTERPERSONAL COMMUNICATION

- The use of jargon.
- Emotional barriers and taboos.
- Lack of attention, interest, distractions, or irrelevance to the receiver.
- Differences in perception and viewpoint
- Physical disabilities such as hearing problems or speech difficulties

10.11 CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood the interpersonal communication skills to enhance personal health and reduce health risks among university students

10.12

SUMMARY

In this unit you have learnt about the interpersonal communication skills to enhance personal health and reduce health risks among university students

10.13 TUTOR MARKED ASSIGNMENT

1. Describe interpersonal communication skills to enhance personal health and reduce health risks among university students
2. Explain the steps for improving interpersonal skills to reduce health risks among university students
3. State the common barriers to effective interpersonal communication

Reference and Further Reading

Kathleen A. V. (2014). Effective Interpersonal Communication: A Practical Guide to Improve Your Life *OJIN: The Online Journal of Issues in Nursing* Vol. 19, No. 3

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Demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. Accessed 24/10/2021

UNIT 11 DEMONSTRATE THE ABILITY TO USE DECISION-MAKING SKILLS TO ENHANCE PERSONAL HEALTH OF UNIVERSITY STUDENTS

11.1 INTRODUCTION

Students will demonstrate the ability to use decision-making skills to enhance health. The ability to make values-based decisions that enrich your life and boost well-being. All day, every day we make conscious and unconscious decisions. But while you tend to focus on the outcome of your decisions, new research reveals that how you approach the decision-making process can seriously stress you out and take a toll on your health. Certain types of decision-makers were more stressed and slept less than others.

11.2 OBJECTIVES

After successful completing this unit a student will be able to:

1. Explain decision-making skills to enhance personal health of university students

MAIN CONTENT. DEMONSTRATE THE ABILITY TO USE DECISION-MAKING SKILLS TO ENHANCE PERSONAL HEALTH OF UNIVERSITY STUDENTS

11.3 DECISION-MAKING SKILLS TO ENHANCE PERSONAL HEALTH OF UNIVERSITY STUDENTS

How can decision-making skills improve your health? Decision-making skills help you make successful, responsible choices. When you practice healthy behaviours and manage stress, you act in ways that protect your health and promote your well-being. Students will demonstrate the ability to use decision-making skills to enhance health.

11.3.1 Rationale: Decision-making skills are needed to identify, implement, and sustain health-enhancing behaviours. This standard includes the essential steps that are needed to make healthy decisions as prescribed in the performance indicators. When applied to health issues, the decision-making process enables individuals to collaborate with others to improve their quality of life.

11.3.2 How to Improve Your Decision-Making Skills

No-one is born with great decision-making skills. Like most things, it needs to be learned. Taking the time to develop these skills can help you in all aspects of your life, whether it's professional or personal. It can also boost your confidence. These steps below are a good place to start.

11.3.3 Think Rationally:

When it comes to making decisions, you need to take a careful look at all of your options. Once you know what the logical ones are, choose the best one for you.

- ✓ **Gather all the Information** – Get all the facts before you make a decision. Make sure that your choice is not made based on limited information.
- ✓ **Check Your Emotions** – If you're too emotionally invested in an issue, your judgment may be clouded. This can lead to poor outcomes.
- ✓ **Give Yourself Time to Think** – Depending on the situation, take enough time to think it through. Rushing into a decision can lead to regret.

11.3.4 Assess Your Options

Every decision has consequences, and some are harder to make than others. This is why it is key to consider all the pros and cons.

- ✓ **Consider the Costs and Benefits** – What will your choice cost you? Will you benefit from the outcomes? Keep this in mind when faced with a decision.
- ✓ **Think About Alternatives** – Things don't always go according to plan. The reality is that the choice you make might not work out. This is why a Plan B or C is necessary.
- ✓ **Plan for Possible Problems** – Consider what your worst case scenario could be. What plan could you put in place to deal with it if it happens?

11.3.5 Find Support and Advice

If you are having a tough time deciding what to do, it is okay to ask for advice or support. Sometimes all you need is a different perspective to help you decide.

- ✓ **Learn how to Delegate Tasks** – Some decisions impact more than just you. Get input from the people that are also affected and boost their decision-making skills as well.
- ✓ **Talk to People you Trust** – Ask people who have helped you make a decision before. This can be a friend or family member. If necessary, ask an expert for their opinion.
- ✓ **Distance Yourself if Needed** – If you are feeling overwhelmed with making a decision, take a step back. Your health and well-being matters more.

11.4 Importance of Decision-Making Skills

Decision-making is crucial to almost any part of your life, whether it's work-related or personal. It's especially important to university students, managers and owners of companies as their decisions directly affect other people.

- **Enhances Leaderships Skills** -Leaders need great decision-making skills as it shows that they have direction. It also gives employees confidence if their manager knows what they are doing.
- **Deals With Problems**-When faced with issues or challenges, decision-making skills come in handy. It can help you come up with solutions and choose one that you think will work best.
- **Achieves Goals** -Working towards a set goal is bound to have its fair share of challenges. Good decision-making skills can help you work through those issues and make sure you meet your goal.
- **Promotes Growth**-Employees work best if they are within a good working environment. The choice a manager makes to achieve this is important.

11.5 What can Prevent Good Decision-Making?

Sometimes making a decision, especially if it can alter the course of your life, can be hard; here are some things that can stand in the way of making the right choice.

- Too much or too little information
- Emotional attachments
- Too many people involved
- Lack of time or commitment

11.6 CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood the decision-making skills to enhance personal health of university students

11.7 SUMMARY

In this unit you have learnt about the decision-making skills to enhance personal health of university students.

11.8 TUTOR MARKED ASSIGNMENT

1. Describe the decision-making skills to enhance personal health of university students

2. Explain the rationale for decision-making skills to enhance personal health of university students
3. State those things that will prevent good decision-making to enhance personal health of university students

Reference

Robin S. Gregory and Robert T. Clement Decision Research, 1201 Oak Street, Eugene, Oregon 9740. Improving Students' Decision Making Skills. Accessed 24/10/2021

UNIT 12 PRACTICES OF PERSONAL HEALTH-ENHANCING BEHAVIOURS TO AVOID OR REDUCE HEALTH RISKY BEHAVIOUR

12.1 INTRODUCTION

Health-enhancing behaviours refers to the behaviours undertaken by people to enhance or maintain their health. The health-enhancing behaviours included seat belt use, adequate hours of sleep, attention to healthy diet, adequate exercise, low sedentary behaviour, and regular tooth brushing. Health behaviours are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that decrease one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behaviour.

12.2 OBJECTIVES

After successful completing this unit a student will be able to:

1. Explain practice of personal health-enhancing behaviours to avoid or reduce health risky behaviour among university students

MAIN CONTENT

12.3 PRACTICE OF PERSONAL HEALTH-ENHANCING BEHAVIOURS TO AVOID OR REDUCE HEALTH RISKY BEHAVIOUR.

Health behaviours, sometimes called health-related behaviours, are actions taken by individuals that affect his or her health. These actions may be intentional or unintentional, and can promote or detract health of the actor or others.

12.4 RATIONALE

Research confirms that practicing health enhancing behaviours can contribute to a positive quality of life. In addition, many diseases and injuries can be prevented by reducing harmful and risk-taking behaviours.

12.5 FACTORS INFLUENCING THE PRACTICE OF HEALTH BEHAVIOURS:

Most commonly, people report that they eat regular balanced meals, get enough sleep, engage in some physical activity and enjoy relaxing leisure time activities. Interestingly enough, this health behaviour are not the sorts that require access to the health care system, as do using preventive screening programs or obtaining a pap smear, for instance. Rather, they are behaviours that individuals practice on their own. Despite the fact that nearly everyone

practices some healthy behaviours, some individuals are more likely to practice good health behaviour than others.

12.6 REMEDIAL MEASURE:

- Employing behaviour changes and methods people can alter their problem on health behaviour.
- Health promotion and primary prevention involving working with healthy population/ people who are at risk.
- The mass media have much to contribute in the way of health promotion by educating people about risks to their health posed by certain behaviour, such as smoking or excessive alcohol consumption.
- Legislation to contribute, by mandating certain activities that may reduce risk, such as the use of child restraining seats and seat belts.
- Studying the urban situations in our country holistically for the adolescents' effective healthy behaviours which could be made replicable at the country level at large.

12.7 PERSONAL HEALTH-ENHANCING BEHAVIOURS TO AVOID OR REDUCE HEALTH RISKY BEHAVIOUR.

Health behaviours are defined by the Center for Disease Control (CDC) as “an action taken by an individual or group of individuals to change or maintain their health status or prevent illness or injury. The health-enhancing behaviours include seat belt use, adequate hours of sleep, eating healthy diet, adequate exercise, and low sedentary life

12.8 CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood the practice of personal health-enhancing behaviours to avoid or reduce health risky behaviour of university students

12.9 SUMMARY

In this unit you have learnt about the practice of personal health-enhancing behaviours to avoid or reduce health risky behaviour of university students

1. Explain the rationale to enhance personal health of university students
2. Explain the factors influencing the practice of health behaviours of university students
3. State the health-enhancing behaviours of university students

Reference to further study

Alexa, B, (2017). Personal Health Behaviours and Health Counselling Practices of Professional Psychologists and Trainees Across Setting and Population Types .A doctoral research project submitted to Florida Institute of Technology in partial fulfilment of the requirement for the degree of Doctor of Psychology

Deydre S T., Dennis,R., Barbara, A. R. (2018). Promoting and Sustaining Positive Personal Health Behaviors -Putting the Person First.*Military Medicine*, Volume 183, Issue 3,

Kenneth,. K. (2003). “Health Promotion & the Practice of Health Behaviour” in Martin J. Bunch, Proceedings of the Third International Conference on Environment and Health, Chennai, India, 15-17 December, 2003. Chennai: Department of Geography, University of Madras and Faculty of Environmental Studies, York University. Pages 205-210.

UNIT 13 EXPLAIN THE ELEMENTS AND ACTIVITIES THAT ARE NEEDED FOR PLANNING PERSONAL HEALTH/ HYGIENE PROMOTION

13.1 INTRODUCTION

Personal hygiene habits such as washing your hands and brushing and flossing your teeth will help keep bacteria, viruses, and illnesses at bay. And there are mental as well as physical benefits. Practicing good body hygiene helps you feel good about yourself, which is important for your mental health. People who have poor hygiene—disheveled hair and clothes, body odour, bad breath, missing teeth, and the like—often are seen as unhealthy and may face discrimination.

13.2 OBJECTIVES

After successfully completing this unit a student will be able to:

1. Explain the elements and activities that are needed for planning personal health/hygiene promotion of university students

MAIN CONTENT

13.3 THE ELEMENTS AND ACTIVITIES THAT ARE NEEDED FOR PLANNING PERSONAL HEALTH/ HYGIENE PROMOTION

If you want to minimize your risk of infection and also enhance your overall health, follow these basic personal hygiene habits:

- **Bathe regularly.** Wash your body and your hair often. Your body is constantly shedding skin.
- **Trim your nails.** Keeping your finger and toenails trimmed and in good shape will prevent problems such as hang nails and infected nail beds. Feet that are clean and dry are less likely to contract athlete's foot.
- **Brush and floss.** Ideally, you should brush your teeth after every meal. At the very least, brush your teeth twice a day and floss daily. Brushing minimizes the accumulation of bacteria in your mouth, which can cause tooth decay and gum disease. Flossing, too, helps maintain strong, healthy gums. "The bacteria that builds up and causes gum disease can go straight to the heart and cause very serious valve problems. Unhealthy gums also can cause your teeth to loosen, which makes it difficult to chew and to eat properly. To maintain a healthy smile, visit the dentist at six-month intervals for checkups and cleanings.

- **Wash your hands.** Washing your hands before preparing or eating food, after going to the bathroom, after coughing or sneezing, and after handling garbage, goes a long way toward preventing the spread of bacteria and viruses. Keep a hygiene product, like an alcohol-based sanitizing gel, handy for when soap and water isn't available.
- **Sleep tight.** Get plenty of rest 8 to 10 hours a night so that you are refreshed and are ready to take on the day every morning. Lack of sleep can leave you feeling run down and can compromise your body's natural defenses, your immune system.

13.4 Good Personal Hygiene Help Keep You Healthy

For most people, good hygiene is so much a part of their daily routines that they think little about it. They bathe, they brush their teeth, visit the dentist and doctor for regular checkups, and wash their hands when preparing or eating food and handling unsanitary items. To keep those you care about healthy and safe like university students, help them learn, and be sure that they are practicing, good personal hygiene.



13.5 Poor Personal Hygiene

If someone you know has not bathed or appears unkempt, it could be a sign that he or she is depressed. When people are sad or depressed, they neglect themselves or the3ir

personal hygiene. Talking about the importance of proper personal hygiene for preventing illnesses and providing personal hygiene items will help university students. Be candid but sensitive and understanding in your discussions with them. Despite your best efforts, your friend or loved one may need professional help. You should encourage them to see a counsellor or doctor if their personal hygiene doesn't improve.

13.5 CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood the activities that are needed for planning personal health/hygiene promotion practice for university students.

13.6 SUMMARY

In this unit you have learnt about the activities that are needed for planning personal health/ hygiene promotion practice for University Students

13.7 TUTOR MARKED ASSIGNMENT

1.Explain the activities that are needed for planning personal health/ hygiene promotion practice for University Students

REFERENCE

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UNIT 14 THE CRITERIA THAT ARE USED FOR EVALUATING THE EFFECTIVENESS OF PERSONAL HEALTH/ HYGIENE APPLICATION

14.1 INTRODUCTION

Personal hygiene is practices performed by an individual to care for one's bodily health and wellbeing through cleanliness. Many people equate hygiene with 'cleanliness' but hygiene is a broad term including personal habits choices as how frequently to bathe, wash hands, trim fingernails and change clothing includes keeping the environment clean and pathogen free. The criteria for evaluating the effectiveness of personal hygiene including:

- ✓ Toilet hygiene. Wash your hands after you use the restroom.
- ✓ Shower hygiene
- ✓ Nail hygiene
- ✓ Teeth hygiene
- ✓ Sickness hygiene
- ✓ Hands hygiene.

14.2 OBJECTIVES

After successful completing this unit a student will be able to:

1. Explain criteria that are used for evaluating the effectiveness of personal health/ hygiene

MAIN CONTEN

14.3 THE CRITERIA THAT ARE USED FOR EVALUATING THE EFFECTIVENESS OF PERSONAL HEALTH/ HYGIENE APPLICATION

Personal hygiene may be defined as a practice contributing to maintaining health and preventing disease, especially through cleanliness of a personal individual. Good hygiene is a principal barrier to numerous communicable diseases, which includes the faecal-oral diseases, and which promotes well-being and healthier. To attain the significant health benefits, better hygiene should be built concurrently along with the development in the sanitation and water supply, and be merged with other interventions, equally improving in increasing income and nutrition. The main benefit of practicing personal hygiene is to decrease the disease communication and improve the health condition. Personal hygiene is very much important during menstruation or periods because women will be sweating and vaginal discharge will be there to prevent the odour and to be healthy personal hygiene is important.

14.4

THE BASIC PRINCIPLES OF PERSONAL HYGIENE

The basic principle of personal hygiene is to shower every day to cleanse the skin using a mild soap. The skin is the largest organ of your body and needs to be washed and moisturized frequently. Cleansing the skin will wash away the buildup of oil and bacteria to prevent infections. An everyday moisturizer will keep the skin supple and healthy looking. Good personal hygiene involves keeping all parts of the external body clean and healthy. It is important for maintaining both physical and mental health. In people with poor personal hygiene, the body provides an ideal environment for germs to grow, leaving it vulnerable to infection. On a social level, people may avoid a person with poor personal hygiene, which may result in isolation and loneliness.

14.5

COMPONENTS OF PERSONAL HYGIENE

Personal hygiene has many components, Following these components University students should be able to advance his/her hygiene as follows:

- Body hygiene (skin care) the body has nearly two million sweat glands
- Oral hygiene (oral care)
- Handwashing (hand care)
- Face hygiene
- Fingernail and toenail hygiene (nail care)
- Ear hygiene
- Hair hygiene (hair care)
- Foot hygiene (foot care)

14.6 CRITERIA USE FOR EVALUATING THE EFFECTIVENESS OF PERSONAL HYGIENE APPLICATION

The focus is mainly on personal hygiene that looks at cleanliness of the hair, body, hands, fingers, feet and clothing, and menstrual hygiene. Improvements in personal knowledge, skill and practice that modify an individual's behaviour towards healthy practice are the focus of hygiene promotion. Safe hygiene practice includes a broad range of healthy behaviours, such as handwashing before eating and safe faeces disposal. The aim of personal hygiene education is to transfer knowledge and understanding of hygiene and associated health risks in order to help students change their behaviour to use better hygiene practices to prevention human contact with wastes, for hygienic purposes which include:

- Wash your hair thrice a week. Washing your hair with good shampoo and conditioner is absolutely necessary
- Use coconut oil for your hair
- Clean your teeth
- Get rid of ear wax
- Get rid of bad breath
- Keep your body cool
- Use natural deodorants
- Shower the Bond way.

14.7 CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood the criteria use for evaluating the effectiveness of personal hygiene application for university students.

14.8 SUMMARY

In this unit you have learnt about the criteria use for evaluating the effectiveness of personal hygiene application for University Students

14.9 TUTOR MARKED ASSIGNMENT

1. Explain the criteria use for evaluating the effectiveness of personal hygiene application for University Students

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MODULE 2 PERSONAL HEALTH REQUIREMENTS OF A UNIVERSITY STUDENT

Between exams, papers and maintaining an active social life, many University Students feel they cannot really find the time to keep up on their personal health and wellness until an illness catches hold and stops them in their tracks. With most Universities providing health care and endless physical activities for students, staying healthy in University is about as easy as it will ever get. Here are some principles to help University students make the most of the resources at their fingertips and to ensure they stay healthy and illness free throughout their University Education period.

UNIT 1 ORAL HYGIENE

1.1 INTRODUCTION

Your oral health is more important than you might realize. Learn how the health of your mouth, teeth and gums can affect your general health. According to the World Health Organization (2012), oral health has been defined as a state of being free of mouth and facial pain, oral infections and sores and oral and other diseases that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial well-being.

1.2 OBJECTIVES

After successful completing this unit a student will be able to:

1. Explain oral hygiene
2. State the items you need to perform mouth care
3. Mention the procedure you will follow for effective oral hygiene
4. When do you contact health care provider for your oral hygiene
5. Itemize oral disease known to you
6. How do you control and prevent oral diseases among primary school pupils?
7. How will you promote oral hygiene in your school?

MAIN CONTENT

1.3 ORAL HYGIENE

Oral hygiene is the practice of keeping one's mouth clean and free of disease and other problems (e.g. bad breath) by regular brushing of the teeth (dental hygiene) and cleaning between the teeth. It is important that oral hygiene be carried out on a regular basis to enable prevention of dental disease and bad breath. Normally the body's natural defenses and good oral health care, such as daily brushing and flossing, keep bacteria under control.

However, without proper oral hygiene, bacteria can reach levels that might lead to oral infections, such as tooth decay and gum disease

1.4

ITEMS YOU NEED TO PERFORM MOUTH CARE

- An electric or manual toothbrush, or foam brush
- Toothpaste, dental sticks, and floss
- A cup of water for rinsing
- Water-based lip balm or moisturizer

1.5

ORAL CARE PROCEDURE

Clean the inner, outer, and top surfaces of the person's teeth. Brush the gums and top of the tongue if his mouth is free of sores. Use foam brushes dipped in water or just water if his mouth is too sore to be brushed. Have the person swish the water in his mouth, and spit it into a bowl or cup

- Wet the toothbrush and place a small amount of toothpaste on it.
- Gently place the brush onto each tooth, and move it in a circle. Do not press too hard. This may injure the gums.
- Clean the inner, outer, and top surfaces of the teeth. Brush the gums and top of the tongue if it is free of sores.
- Use foam brushes dipped in water, or just water if you mouth is too sore to be brushed.
- Swish the water in your mouth, and spit it into a bowl or cup or ground.
- Dry around your mouth. Apply water-based lip balm or moisturizer to your lips to avoid cracking and dryness.

1.6 THE CONNECTION BETWEEN ORAL HEALTH AND OVERALL HEALTH

Like other areas of the body, your mouth teems with bacteria mostly harmless. But your mouth is the entry point to your digestive and respiratory tracts, and some of these bacteria can cause disease. Normally the body's natural defenses and good oral health care, such as daily brushing and flossing, keep bacteria under control. However, without proper oral hygiene, bacteria can reach levels that might lead to oral infections, such as tooth decay and gum disease. Also, certain medications such as decongestants, antihistamines, painkillers, diuretics and antidepressants can reduce saliva flow. Saliva washes away food and neutralizes

acids produced by bacteria in the mouth, helping to protect you from microbes that multiply and lead to disease. Studies suggest that oral bacteria and the inflammation associated with a severe form of gum disease (periodontitis) might play a role in some diseases. And certain diseases, such as diabetes and HIV/AIDS, can lower the body's resistance to infection, making oral health problems more severe.

1.7 WHEN TO CONTACT YOUR HEALTHCARE PROVIDER

- If the person gets new mouth sores, or his sores change.
- If the person has excess plaque buildup.
- If the person's dentures do not fit well.
- If the person has pain with brushing.
- If you have questions or concerns about the person's condition or care

1.8 CONDITIONS THAT CAN LINK TO ORAL HEALTH PROBLEM

Your oral health might contribute to various diseases and conditions, including:

- **Endocarditis.** This infection of the inner lining of your heart chambers or valves (endocardium) typically occurs when bacteria or other germs from another part of your body, such as your mouth, spread through your bloodstream and attach to certain areas in your heart.
- **Cardiovascular disease.** Although the connection is not fully understood, some research suggests that heart disease, clogged arteries and stroke might be linked to the inflammation and infections that oral bacteria can cause.
- **Pregnancy and birth complications.** Periodontitis has been linked to premature birth and low birth weight.
- **Pneumonia.** Certain bacteria in your mouth can be pulled into your lungs, causing pneumonia and other respiratory diseases.

As well as certain conditions also might affect your oral health, which including:

- **Diabetes.** By reducing the body's resistance to infection, diabetes puts your gums at risk. Gum disease appears to be more frequent and severe among people who have diabetes. Research shows that people who have gum disease have a harder time

controlling their blood sugar levels. Regular periodontal care can improve diabetes control.

- **HIV/AIDS.** Oral problems, such as painful mucosal lesions, are common in people who have HIV/AIDS.
- **Osteoporosis.** This bone-weakening disease is linked with periodontal bone loss and tooth loss. Certain drugs used to treat osteoporosis carry a small risk of damage to the bones of the jaw.
- **Alzheimer's disease.** Worsening oral health is seen as Alzheimer's disease progresses. Other conditions that might be linked to oral health include eating disorders, rheumatoid arthritis, certain cancers and an immune system disorder that causes dry mouth (Sjogren's syndrome).

1.9

ORAL DISEASES

- Dental caries (also known as tooth decay or cavities) Tooth decay is one of the more common oral diseases
- Gum disease (or periodontal disease) Gum disease is a condition that occurs when the gums are not properly taken care of
- Herpes
- Oral cancer
- Conditions such as oral thrush or oral herpes viruses can cause the tongue to swell due to inflammation.
- Tumorous cancer, acromegaly (giantism), amyloidosis, sarcoidosis, hypothyroidism, and Kawasaki disease.
- Tongue swelling can also be found in individuals with Down syndrome.
- Tooth Decay & Cavities
- Cleft Lip or Palate

IMAGES OF PEOPLE WITH ORAL PROBLEMS

1.10

CONTROL AND PREVENTION OF ORAL DISEASES

- Brushing your teeth with fluoride toothpaste at least twice a day.
- Flossing your teeth at least once a day.
- Decreasing your intake of sugar.
- Eating a diet high in fruits and vegetables.
- Avoiding tobacco products.

- drinking fluoridated water

1.11 PROMOTION OF ORAL HEALTH

Oral health promotion is based mainly on 6 different areas:

1. Nutrition (reduction in the frequency of sugar intake);
 2. Oral hygiene (regular dental plaque removal);
 3. Smoking cessation (smoking explains 50% of periodontal disease prevalence);
 4. Preventing dental trauma (prevalence around 25%);
 5. Changing environment (conducive for oral health), and
 6. Supporting individuals (empowering people to take care of their health behaviour).
- Dental traumas are a public oral health problem and there is some evidence that they are increasing.

1.12 CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood oral hygiene for University Students

1.13 SUMMARY

In this unit you have learnt about concept of oral hygiene, items needed for oral hygiene, oral hygiene procedure, connection between oral hygiene and overall health, when to contact health care provider for your oral health care, oral diseases, control and prevention of oral diseases and promotion of oral health for University Students.

1.14 TUTOR MARKED ASSIGNMENT

1. Explain the term oral hygiene
2. State the items you need for oral hygiene
3. Mention the procedure you will follow for effective oral hygiene
4. When do you contact health care provider for your oral
5. Itemize oral disease known to you
6. How do you control and prevent oral disease among primary school pupils?
7. How will you promote oral hygiene in your school?

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UNIT 2 CARE OF CLOTHING

2.1 INTRODUCTION

Buying clothes built to last be one thing but there is a lot you can do to make them endure. We polled designers and the dry cleaners they trust for tips on how to take care of our clothes. And our biggest takeaway is that first and foremost; everything we wear should be enjoyed accessorized with a joie de vivre and not a fear of getting ruined. Here are the experts' tips for wearing, storing and even cleaning your clothes correctly to prolong the life of your favorite items. Clothes hygiene is an important aspect of one's dignity. Washing dirty clothes requires adequate clean water, detergents (solid or powdered soap) and washing facilities. If possible, the washed clothes should be ironed to help the destruction of body lice and nits. Dirty clothes can harbor microorganisms, and can lead to skin infections. Bad body odour occurs when wearing clothes with the bacteria and fungi found on them. Everyone has bacteria inside and outside the body. Washing these clothes separately from unsoiled items prevents contaminating other articles

2.2 OBJECTIVES

By the end of this unit the students should be able to:

1. Conceptualize clothes
2. Mention the types of clothing
3. Give reasons for wearing clothes
4. State the care of clothing
5. Explain how to maintain clothes to look new

MAIN CONTENT

2.3 CONCEPT OF CLOTHES

Clothes are what we wear to cover and protect the body from any external injury.

IMAGES OF CLOTHES

2.4 TYPES OF CLOTHING

There is clothing 'types' based on setting:

- Business attire – worn for work purposes.
- Casual wear – worn as standard clothing.

- Formal wear – worn for events such as weddings.
- Lingerie – under garments worn for support and / or decoration.
- Sportswear – worn for athletic activities like running.
- Uniform- worn by uniform people example students, military, police, warders, custom among others

2.5 REASONS FOR WEARING CLOTHING

- It makes us look good and smart
- It keeps the body warm during cold weather
- It protects the body against sun rays
- It protects the body against insects bite

2.6 CARE FOR CLOTHING

How to Care for Your Clothes and Keep Them for Longer Time

- Wash less. Think twice before washing your clothes.
- Wash at low temperatures.
- Pay attention to care labels.
- Use eco-laundry powders and detergents
- Wash inside out
- Air dry
- Store properly
- Our clothes must be properly ironed to make look good and smart
- Never wear clothes that are not well dried as they tend to smell when we put them on
- Wearing clothes that cover most parts of your private parts as skimpy or short shirt may expose you
- Faded or torn clothes must be disposed off.
- Alter to fit or refresh the style.
- Select clothes that will keep the body cool in hot seasons.
- Select clothes that will keep the body warm during cold seasons.
- Select clothes that keep the body dry during rainy season.
- Clothes for work should suit the types of work one engages in. Clothes worn during work should protect against accidents and should not constitute risks.
- Wear the right clothes for specific activities e.g. sports, laboratory, industry etc.

- Wash your clothes when they are dirty with soap and clean water.
- Dry clothes in the sun, to kill germs.
- Change underwear and wash on a daily basis.
- Wear night clothes when going to bed.

2.7 THE STEPS IN WASHING CLOTHES

1. Step 1: Separate Clothes. Begin by separating the clothes you need to wash into categories, typically
2. Step 2: Select Water Temperature
3. Step 3: Select Load Size
4. Step 4: Select Load Type.
5. Step 5: Start the Washer
6. Step 6: Add Detergent
7. Step 7: Add Clothes to Washer
8. Step 8: Add Fabric Softener (Optional)

2.8 MAINTAIN MY NEW CLOTHES

Keeping Clothes Like New

1. No one likes it when colors fade, fabric wears out, and hems come undone
2. Wash in cold water
3. Invest in a front-loading washer
4. Wash clothes inside-out.
5. Don't use chlorine bleach
6. Air dry
7. Follow care label directions
8. Treat stains the right way, and right away.

2.9 TAKE CARE OF YOUR SHIRTS

1. Alternate Your Shirts
2. Take Care When Washing
3. Avoid Dodgy Detergents
4. Buy Yarn Dyed
5. Don't Dry Clean

6. Hang Your Shirts
7. Iron Damp
8. Avoid Antiperspirants

2.10 WHEN YOU WEAR UNWASHED CLOTHES

According to Chau Stone on Dermascope.com, dirty clothes can transfer dirt and bacteria into the hair follicle, causing it to clog and become infected. When that happens, it's possible to get "bacne," as well as pimples on your chest and shoulders where clothes rub against your skin all day.

2.11 CONCLUSION

Having successfully discussed and completed this unit it is assumed that the students have fully understood the care of clothing for University Students

2.12 SUMMARY

In this unit you have learnt about Concept of clothes, the types of clothing, reasons for wearing clothes, the care of clothing and maintaining of clothes to look new

2.13 TUTOR MARK ASSIGNMENT

1. Conceptualize clothes
2. Mention the types of clothing
3. Give reasons for wearing clothes
4. State the care of clothing
5. Explain how to maintain clothes to look new

Reference and Further Study

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UNIT 3 CARE FOR THE SKIN

3.1 INTRODUCTION

The human skin is the outer covering of the body and is the largest organ of the integumentary system. The skin has up to seven layers of ectodermal tissue and guards the underlying muscles, bones, ligaments and internal organs. The skin is the body's largest organ. It covers the entire body. It serves as a protective shield against heat, light, injury, and infection. The skin also regulates body temperature. It is made up of Dermis which is the middle layer of the skin, the Epidermis which is the thin outer layer and the subcutaneous fat layer which is the subcutaneous tissue below the dermis of the cutis. Its purpose is to attach the skin to underlying bone and muscle as well as supplying it with blood vessels and nerves. It consists of loose connective tissue, adipose tissue and elastin.

3.2 OBJECTIVES

At the end of this unit the students will be able to:

1. Describe skin
2. State the components/structure of the skin
3. Describe the functions of the skin
4. Explain the steps to be followed to keep the skin healthy
5. Mention the skin diseases that university student may suffer from

MAIN CONTENT

3.3 CARE OF THE SKIN

The human skin is the outer covering of the body and is the largest organ of the integumentary system. The skin has up to seven layers of ectodermal tissue and guards the underlying muscles, bones, ligaments and internal organs. Human skin is similar to most of the other mammals 'skin, and it is very similar to pig skin. Though nearly all human skin is covered with hair follicles, it can appear hairless. There are two general types of skin, hairy and glabrous skin (hairless). The adjective cutaneous literally means "of the skin" (from Latin *cutis*, skin). Because it interfaces with the environment, skin plays an important immunity role in protecting the body against pathogens and excessive water loss. Its other functions are insulation, temperature regulation, sensation, synthesis of vitamin D, and the protection of vitamin B folates. Severely damaged skin will try to heal by forming scar tissue. This is often discoloured and depigmented. In humans, skin pigmentation varies among populations, and skin type can range from dry to non-dry and

from oily to non-oily. Such skin variety provides a rich and diverse habitat for bacteria that number roughly 1000 species from phyla, present on the human skin.

3.4

STRUCTURE

Human skin shares anatomical, physiological, biochemical and immunological properties with other mammalian lines, especially pig skin. Pig skin shares similar epidermal and dermal thickness ratios to human skin; pig and human skin share similar hair follicle and blood vessel patterns; biochemically the dermal collagen and elastic content is similar in pig and human skin; and pig skin and human skin have similar physical responses to various growth factors. Skin has mesodermal cells, pigmentation, such as melanin provided by melanocytes, which absorb some of the potentially dangerous ultraviolet radiation (UV) in sunlight. It also contains DNA repair enzymes that help reverse UV damage, such that people lacking the genes for these enzymes suffer high rates of skin cancer. One form predominantly produced by UV light, malignant melanoma, is particularly invasive, causing it to spread quickly, and can often be deadly. Human skin pigmentation varies among populations in a striking manner. This has led to the classification of people(s) on the basis of skin colour.

In terms of surface area, the skin is the second largest organ in the human body (the inside of the small intestine is 15 to 20 times larger). For the average adult human, the skin has a surface area of from 1.5–2.0 square metres (16–22 sq ft). The thickness of the skin varies considerably over all parts of the body, and between men and women and the young and the old. An example is the skin on the forearm which is on average 1.3 mm in the male and 1.26 mm in the female. One average square inch (6.5 cm²) of skin holds 650 sweat glands, 20 blood vessels, 60,000 melanocytes, and more than 1,000 nerve endings. The average human skin cell is about 30 micrometres (µm) in diameter, but there are variants. A skin cell usually ranges from 25–40 µm², depending on a variety of factors. Skin is composed of three primary layers: the epidermis, the dermis and the hypodermis.

3.4.1 Epidermis

"epi" coming from the Greek meaning "over" or "upon", is the outermost layer of the skin. It forms the waterproof, protective wrap over the body's surface which also serves as a barrier to infection and is made up of stratified squamous epithelium with an underlying basal lamina. The epidermis contains no blood vessels, and cells in the deepest layers are nourished almost exclusively by diffused oxygen from the surrounding air and to a far lesser degree by

blood capillaries extending to the outer layers of the dermis. The main type of cells that make up the epidermis are Merkel cells, keratinocytes, with melanocytes and Langerhans cells also present. The epidermis can be further subdivided into the following strata (beginning with the outermost layer): corneum, lucidum (only in palms of hands and bottoms of feet), granulosum, spinosum, and basale. Cells are formed through mitosis at the basale layer. The daughter cells (see cell division) move up the strata changing shape and composition as they die due to isolation from their blood source. The cytoplasm is released and the protein keratin is inserted. They eventually reach the corneum and slough off (desquamation). This process is called "keratinization". This keratinized layer of skin is responsible for keeping water in the body and keeping other harmful chemicals and pathogens out, making skin a natural barrier to infection.

3.4.2 Dermis

The dermis is the layer of skin beneath the epidermis that consists of connective tissue and cushions the body from stress and strain. The dermis is tightly connected to the epidermis by a basement membrane. It also harbours many nerve endings that provide the sense of touch and heat. It contains the hair follicles, sweat glands, sebaceous glands, apocrine glands, lymphatic vessels and blood vessels. The blood vessels in the dermis provide nourishment and waste removal from its own cells as well as from the stratum basale of the epidermis. The dermis is structurally divided into two areas: a superficial area adjacent to the epidermis, called the papillary region, and a deep thicker area known as the reticular region.

Papillary region

The papillary region is composed of loose areolar connective tissue. It is named for its finger-like projections called papillae, which extend toward the epidermis. The papillae provide the dermis with a "bumpy" surface that interdigitates with the epidermis, strengthening the connection between the two layers of skin. In the palms, fingers, soles, and toes, the influence of the papillae projecting into the epidermis forms contours in the skin's surface. These epidermal ridges occur in patterns (*see: fingerprint*) that are genetically and epigenetically determined and are therefore unique to the individual, making it possible to use fingerprints or footprints as a means of identification.

Reticular region

The reticular region lies deep in the papillary region and is usually much thicker. It is composed of dense irregular connective tissue, and receives its name from the dense

concentration of collagenous, elastic, and reticular fibres that weave throughout it. These protein fibres give the dermis its properties of strength, extensibility, and elasticity. Also located within the reticular region are the roots of the hairs, sebaceous glands, sweat glands, receptors, nails, and blood vessels. Tattoo ink is held in the dermis. Stretch marks, often from pregnancy and obesity, are also located in the dermis.

Subcutaneous tissue

The subcutaneous tissue (also hypodermis and subcutis) is not part of the skin, but lies below the dermis of the cutis. Its purpose is to attach the skin to underlying bone and muscle as well as supplying it with blood vessels and nerves. It consists of loose connective tissue, adipose tissue and elastin. The main cell types are fibroblasts, macrophages and adipocytes (subcutaneous tissue contains 50% of body fat). Fat serves as padding and insulation for the body.

3.5 FUNCTIONS OF THE SKIN

Some of the many roles of skin include:

1. Protecting against pathogens. Langerhans cells in the skin are part of the immune system.
2. Storing lipids (fats) and water.
3. Creating sensation through nerve endings that detect temperature, pressure, vibration, touch, and injury.
4. Controlling water loss by preventing water from escaping by evaporation.
5. Providing water resistance by preventing nutrients from being washed from the skin
6. Helping with thermoregulation by producing sweat and dilating blood vessels, which helps keep the body cool. “Goosebumps” and blood vessel constriction help people retain heat.

3.6 CARE OF THE SKIN

No matter what your skin type is, a daily skin care routine can help you maintain overall skin health and improve specific concerns like acne, scarring, and dark spots. A daily skin care routine has four basic steps you can do once in the morning and once before you sleep.

- 1. Cleansing:** Choose a cleanser that doesn't leave your skin tight after washing. Clean your face no more than twice a day, or just once, if you have dry skin and do not wear

makeup. Avoid washing for that squeaky-clean feeling because that means your skin is natural oils are gone. Cleansers known to work well for all skin types include Cetaphil and Banila Clean It Zero Sherbet Cleanser.

2. **Serums:** A serum with vitamin C or growth factors or peptides would be better in the morning, under sunscreen. At night, retinol or prescription retinoids work best. Makeup Artist's Choice has an effective vitamin C and E serum and retinol available
3. **Moisturizer:** Even oily skin needs moisturizer, but use one that is lightweight, gel-based, and non-comedogenic, or does not block your pores, like CeraVe's facial lotion. Dry skin may benefit from more cream-based moisturizers like MISSHA Super Aqua Cell Renew Snail Cream. Most brands will label their products as gel or cream on their packaging.
4. **Sunscreen:** Apply sunscreen with at least 30 SPF 15 minutes before heading outdoors, as it takes a while for sunscreen to activate. Darker skin tones actually need more sun protection because hyperpigmentation is harder to correct. Try EltaMD's sunscreen, which offers broad-spectrum UVA/UVB protection and is recommended by the Skin Cancer Foundation.

Choose products that fit your skin type and sensitivity, and remember to read the labels. Some products, such as retinol or prescription retinoids, should only be applied at night.

For all skin types

- Stay hydrated.
- Change pillow cases at least once a week.
- Wash or wrap up hair before bed.
- Wear sunscreen every day and apply 15 minutes before going out.

Start with a basic and simple routine to see how your skin reacts. Once you are comfortable, you can then add extra products such as exfoliants, masks, and spot treatments to boost your skin's health.

3.7

SKIN DISEASES

As with any other organ of the body, the skin is susceptible to certain diseases. These include:

1. **Atopic dermatitis:** Also known as eczema, this is an inflammatory skin disease characterized by dry, red, itchy patches of skin.
2. **Acne:** This is perhaps the most common skin disorder. It occurs when hair follicles become clogged with dead skin cells and oil.
3. **Melanoma:** A type of skin cancer caused by exposure to excess sunlight.
4. **Rosacea:** A common rash found in middle-aged people. They have a tendency to flush and have small red bumps on the center of the face.
5. **Psoriasis:** This is an auto-inflammatory skin disease. It causes red, flaky patches to appear on the skin.
6. **Scabies:** An itchy skin condition caused by the human scabies mite.
7. **Shingles:** Also called herpes zoster, it is a painful, blistering rash caused by a virus.
8. **Lichen planus:** An itchy non-infectious rash. The bumps have flat shiny tops.

5. CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood the care of the skin for University Students

3.8 SUMMARY

In this unit you have learnt about the concept of skin, structure of the skin, the functions of the skin, the steps to follow to keep the skin healthy and the diseases of the skin that university student may suffer from

3.9 TUTOR MARK ASSIGNMENT

1. Describe human skin
2. State the components/structure of the human skin
3. Describe the functions of the human skin
4. Explain the steps to be followed to keep the skin healthy
5. Mention the diseases of the skin that University Student may suffer from

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UNIT 4 CARE OF THE HAIR

4.1 INTRODUCTION

Hair is a protein filament that grows from follicles found in the dermis. Hair is one of the defining characteristics of mammals. Most common interest in hair is focused on hair growth, hair types, and hair care, but hair is also an important biomaterial primarily composed of protein, notably alpha-keratin. Hair is a keratinous filament growing out of the epidermis. It is primarily made of dead, keratinized cells. Strands of hair originate in an epidermal. Hair is a non-living body structure composed primarily of a protein called keratin that is produced by organs within the skin called hair follicles. Hair is a derivative of the epidermis and consists of two distinct parts: the follicle and the hair shaft. The follicle is the essential unit. Hair is a keratinous filament growing out of the epidermis. It is primarily made of dead, keratinized cells. Strands of hair originate in an epidermal Hair type can be broken into four categories, and then further into subcategories. The general hair types are straight, wavy, and curly among others.

Whether hair is growing out of your head, arm, or ankle, it all rises out of the skin in the same way. It starts at the hair root, a place beneath the skin. Hair is simple in structure, but has important functions in social functioning. Hair is made of a tough protein called keratin.

4.2 OBJECTIVES

At the end of this unit students should be able to:

1. Explain human hair
2. Explain hair texture
3. State the types of hair structure
4. Describe the Function of hair
5. Explain the health problems of the hair
6. State the Care of the Hair

4.3 CARE OF THE HAIR

4.3.1 Human hair

Hair is one of the characteristic features of mammals and has various functions such as protection against external factors; producing sebum, apocrine sweat and pheromones; impact on social and sexual interactions; thermoregulation and being a resource for stem cells. Hair is a derivative of the epidermis and consists of two distinct parts: the follicle and

the hair shaft. The follicle is the essential unit for the generation of hair. The hair shaft consists of a cortex and cuticle cells, and a medulla for some types of hairs. Hair follicle has a continuous growth and rest sequence named hair cycle. The duration of growth and rest cycles is coordinated by many endocrine, vascular and neural stimuli and depends not only on localization of the hair but also on various factors, like age and nutritional habits.

4.2 HAIR TEXTURES

Nearly whole body surface is coated with the hairs except a few areas like palms, soles and mucosal regions of lips and external genitalia. Most of these are tiny, colorless vellus hairs. The ones located in several areas like scalp, eyebrows and eyelashes are thicker, longer and pigmented and are called terminal hairs. Humans have approximately 5 million hair follicles and 100,000 of them are located on the scalp. Basically terminal hairs are found on scalp, eyebrows and eyelashes at birth while the rest of the body is covered with vellus hairs. In puberty, some vellus hairs that is beard, trunk, axilla and genital area by the influence of androgens differentiate to terminal hairs, which are long, thick, pigmented and medullated. The bulb of the terminal hairs is located in the subcutaneous fat; however, the bulb of vellus hairs is in the reticular dermis. Vellus hairs are thin and mostly non-medullated.

4.3 THE TYPES OF HAIR STRUCTURE

Structural features of the hair follicle have to be considered during the classification process. Hair is consisted of two distinct structures: follicle the living part located under the skin and hair shaft fully keratinized nonliving part above the skin surface. The arrector pili muscle, takes place between the hair bulge area and dermoepidermal junction. Above the insertion of the arrector pili muscle, sebaceous glands and, in some certain regions, apocrine glands are opened into the follicle.

Hair shaft is consisted of three layers: cuticle, cortex and in certain cases medulla. Flat and square-shaped cuticle cells are adhered tightly to the cortex cells proximally. Peripheric movements of cuticle cells make the direction of the distal free edge upward and cause extensive overlapping. These imbrications are crucial. By interlocking with the cuticle cells of inner root sheath, they contribute to the follicular anchorage of the growing hair. These imbricated surfaces also facilitate removal of dirt and desquamated cells from the scalp.

Cuticle has also important protective properties and barrier functions against physical and chemical insults.

Medulla is located in the center of the hair shaft preferably presented in coarser fibers. The hair medulla contains structural proteins that are markedly different from other hair keratins and eosinophilic granules that are filled by an amino acid, citrulline and eventually form internal coatings within the membranes of mature cells. The follicle is the essential growth structure of the hair and basically has two distinct parts: upper part consisting of infundibulum and isthmus whereas the lower part comprising of hair bulb and suprabulbar region. The upper follicle remains constant, while the lower part has continuous cycles of regeneration.

4.4 THE OF FUNCTIONS HAIR

The primary function of human hair is to insulate the human body. Hair does this in two ways: it serves as a physical barrier between external cold air and the skin, and it also traps warm air in between the skin and the hair, keeping the body warmer. Or we say the human skin does:

- Protection.
- Heat Retention.
- Facial Expression.
- Sensory Reception.
- Visual Identification.
- Chemical Signal Dispersal.
- Functions of Hair Flashcards

4.5 THE HEALTH PROBLEMS OF THE Hair

The health problems of the hair are:

- Head Lice (Pediculosis Capitis)
- Hair Loss (Alopecia Areata)
- Dandruff
- Folliculitis
- Ringworm, Scalp (Tinea Capitis)
- Hair Loss, Female Pattern Baldness (Female Pattern Alopecia)
- Hair Loss, Male Pattern Baldness (Male Pattern Alopecia)

- Mole, Atypical (Atypical Nevus)

PEDICULOSIS (HEAD LICE)

- ✓ Lice are small, wingless insects and about the size of a sesame.
- ✓ They feed on human blood.
- ✓ They can live only twenty four hours off the human host.
- ✓ They leave an itchy feeling, like mosquito bite.
- ✓ Each head louse can lay up to ten nits (eggs) per day.
- ✓ Daily shampooing will not prevent you from getting head lice.
- ✓ Nits can be found anywhere on the head.
- ✓ Head lice can be spread by wearing infested clothing such as hats, scarves, sports uniforms or hair ribbons.
- ✓ Head lice can be spread by using infested combs, brushes or towels
- ✓ Head lice do not jump or fly, they crawl from place to place and from person to person.
- ✓ Anyone who comes in close contact with someone who already has head lice, contaminated clothing and other belongings can get head lice. Children ages 3 to 10 years and their families are infested the most often at times.

4.6

CARE OF THE HAIR

Bushy and dirty hair harbours germs and head lice. One of the most important factors that determine a well groomed university student is the care of the hair. To maintain a good healthy hair:

- The hair scalp should be washed regularly with soap and water.
- Comb and brush the hair with good and neat combs that will not cause injury.
- Apply hair cream to give the hair a good texture.
- Always wash the hair at least once in a week for females and every day for males.
- Avoid using any heat treatment or substance that can cause damage to the scalp.
- Eat well balanced diet.

To treat an infestation, experts offer the following recommendations:

- Treat the infested person and infested family members
- Soak combs and brushes in rubbing alcohol.
- Wash combs and brushes in soap and hot water.
- Wash and dry clean clothing and bed linens.

- Avoid sharing of combs, brushes and head scarves.
- Prevent re-infestation by avoiding contact with infected persons.

4.7 CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood the care of the hair for University Students

4.8 SUMMARY

In this unit you have learnt about the concept of human hair, the hair texture, the types of hair structure, the function of hair, the health problems of the hair and the care of the hair for university students.

4.9 TUTOR MARK ASSIGNMENT

1. Explain human hair
2. Explain hair texture
3. State the types of hair structure
4. Describe the Functions of hair
5. Explain the health problems of the hair
6. State the care of the hair

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UNIT 5 CARE OF THE EYES

5.1 INTRODUCTION

Eye is the organ of sight. The eye has a number of components. These components include but are not limited to the cornea, iris, pupil, lens, retina, macula, optic nerve, choroid and vitreous. The cornea is the clear front window of the eye that transmits and focuses light into the eye. Human eye, specialized sense organ in humans that is capable of receiving visual images, which are relayed to the brain. The eye has many parts, including the cornea, pupil, lens, sclera, conjunctiva and more. They all work together to help us see clearly. Your eyes are at work from the moment you wake up to the moment you close them to go to sleep. They take in tons of information about the world around you.

5.2 OBJECTIVES

By the end of this unit the students should be able to:

1. explain human eye
2. explain the structure of the human eye
3. Describe the functions of the human eye
4. State the eye problems
5. Enumerate the control and preventive measures for eye problem

MAIN CONTENT

5.3 EXPLAIN HUMAN EYE

Human eyes are specialized sense organ capable of receiving visual images, which are then carried to the brain. Eyes are organs of the visual system. They provide man with vision, the ability to receive and process visual detail, as well as enabling several photo response functions that are independent of vision. Eyes detect light and convert it into electro-chemical impulses in neurons. In human, the eye is a complex optical system which collects light from the surrounding environment, regulates its intensity through a diaphragm, focuses it through an adjustable assembly of lenses to form an image, converts this image into a set of electrical signals, and transmits these signals to the brain through complex neural pathways that connect the eye via the optic nerve to the visual cortex and other areas of the brain. Eyes with resolving power have come in ten fundamentally different forms, and 96% of animal species possess a complex optical system.

The most simple eyes, pit eyes, are eye-spots which may be set into a pit to reduce the angles of light that enters and affects the eye-spot, to allow the organism to deduce the angle of incoming light. From more complex eyes, retinal photosensitive ganglion cells send signals along the retinohypothalamic tract to the suprachiasmatic nuclei to effect circadian adjustment and to the pretectal area to control the pupillary light reflex.

5.4

THE FUNCTIONS OF THE HUMAN EYE

The eye is made up of three coats, which enclose the optically clear aqueous humour, lens, and vitreous body. The outermost coat consists of the cornea and the sclera; the middle coat contains the main blood supply to the eye and consists, from the back forward, of the choroid, the ciliary body, and the iris. The structures and functions of the eyes are complex. Each eye constantly adjusts the amount of light it lets in, focuses on objects near and far, and produces continuous images that are instantly transmitted to the brain. The orbit is the body cavity that contains the eyeball, muscles, nerves, and blood vessels, as well as the structures that produce and drain tears. Each orbit is a pear-shaped structure that is formed by several bones.

An Inside Look at the Eye

The outer covering of the eyeball consists of a relatively tough, white layer called the sclera (or white of the eye). Near the front of the eye, in the area protected by the eyelids, the sclera is covered by a thin, transparent membrane (conjunctiva), which runs to the edge of the cornea. The conjunctiva also covers the moist back surface of the eyelids and eyeballs. Light enters the eye through the cornea, the clear, curved layer in front of the iris and pupil. The cornea serves as a protective covering for the front of the eye and also helps focus light on the retina at the back of the eye. After passing through the cornea, light travels through the pupil (the black dot in the middle of the eye).

The iris is the circular, coloured area of the eye that surrounds the pupil and controls the amount of light that enters the eye. The iris allows more light into the eye (enlarging or dilating the pupil) when the environment is dark and allows less light into the eye (shrinking or constricting the pupil) when the environment is bright. Thus, the pupil dilates and constricts like the aperture of a camera lens as the amount of light in the immediate surroundings changes. The size of the pupil is controlled by the action of the pupillary sphincter muscle and dilator muscle. Behind the iris sits the lens. By changing its shape, the

lens focuses light onto the retina. Through the action of small muscles (called the ciliary muscles), the lens becomes thicker to focus on nearby objects and thinner to focus on distant objects. The retina contains the cells that sense light (photoreceptors) and the blood vessels that nourish them. The most sensitive part of the retina is a small area called the macula, which has millions of tightly packed photoreceptors (the type called cones). The high density of cones in the macula makes the visual image detailed, just as a high-resolution digital camera has more megapixels.

Each photoreceptor is linked to a nerve fiber. The nerve fibers from the photoreceptors are bundled together to form the optic nerve. The optic disk, the first part of the optic nerve, is at the back of the eye. The photoreceptors in the retina convert the image into electrical signals, which are carried to the brain by the optic nerve. There are two main types of photoreceptors: cones and rods. Cones are responsible for sharp, detailed central vision and colour vision and are clustered mainly in the macula.

Rods are responsible for night and peripheral (side) vision. Rods are more numerous than cones and much more sensitive to light, but they do not register colour or contribute to detailed central vision as the cones do. Rods are grouped mainly in the peripheral areas of the retina. The eyeball is divided into two sections, each of which is filled with fluid. The pressure generated by these fluids fills out the eyeball and helps maintain its shape. The front section (anterior segment) extends from the inside of the cornea to the front surface of the lens. It is filled with a fluid called the aqueous humor, which nourishes the internal structures. The anterior segment is divided into two chambers. The front (anterior) chamber extends from the cornea to the iris. The back (posterior) chamber extends from the iris to the lens. Normally, the aqueous humor is produced in the posterior chamber, flows slowly through the pupil into the anterior chamber, and then drains out of the eyeball through outflow channels located where the iris meets the cornea. The back section (posterior segment) extends from the back surface of the lens to the retina. It contains a jellylike fluid called the vitreous humor.

Tracing the Visual Pathways

Nerve signals travel from each eye along the corresponding optic nerve and other nerve fibers (called the visual pathway) to the back of the brain, where vision is sensed and interpreted. The two optic nerves meet at the optic.

Chiasm is an area behind the eyes immediately in front of the pituitary gland and just below the front portion of the brain (cerebrum). There, the optic nerve from each eye divides, and half of the nerve fibers from each side cross to the other side and continue to the back of

the brain. Thus, the right side of the brain receives information through both optic nerves for the left field of vision, and the left side of the brain receives information through both optic nerves for the right field of vision. The middle of these fields of vision overlaps. It is seen by both eyes called binocular vision. An object is seen from slightly different angles by each eye so the information the brain receives from each eye is different, although it overlaps. The brain integrates the information to produce a complete picture.

5.5 FUNCTIONS OF THE HUMAN EYE

The eye is one of the most important organs in the human body. The eyes carry out many important functions that make life comfortable and enjoyable. Some of the functions of the eyes include the following:

- Protection: The eyes serve as a protection against hazardous things and situations. The eyes are the first defense against dangers in the environment e.g. the eyes help to detect dangerous objects in the environment which an individual needs to avoid.
- The eyes help one to appreciate the beauty of the world and wonders of nature e.g. plants, animals.
- The eye widens the scope of knowledge.
- The eyes is a channel to knowledge and education, the eyes helps an individual to read books, watch motion pictures, operate modern technological devices such as the computer, phones, industrial machines and other tools that make life more comfortable and bearable.
- The eyes enable one to get to know and see other people who may affect life positively. In summary, the eye is the center of life for many people because one depends practically on the eyes for everything either in work, play or relaxation. To keep the eyes healthy and prevent the risk of endangering them, proper care of the eyes is very important.

5.6 CARE OF THE EYES

- Correct lighting at all times for the eyes is important.
- Avoid sharp objects close to the eyes.
- Avoid unnecessary straining of the eyes.
- Do not expose eyes to excessive brightness e.g. looking at eclipse of the sun without adequate protection can be hazardous to the eyes.

- Read and write in environment with adequate lighting in order to avoid straining of the eyes.
- Do not sit too close to television sets when watching.
- Never point sharp objects at your eyes or anybody's eyes
- Protect the eyes adequately when participating in games/sports that warrant the use of sharp equipment.
- Do not wear medicated glasses that are not recommended by a doctor for you
- Wear sunglasses where necessary, to protect the eyes from sunrays.
- Resting the eyes at intervals during long periods of studies is necessary
- Go for yearly medical examination of the eyes by a qualified ophthalmologist.

5.7 CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood the care of the eyes for University Students.

5.8 SUMMARY

In this unit you have learnt about the concept of the human eyes, the structure of the human eyes, the functions of the human eyes, the eyes problems and the control and preventive measures for eyes problems

5.9 TUTOR MARK ASSIGNMENT

1. explain the human eye
2. explain the structure of the human eye
3. Describe the functions of the human eye
4. State the eye problems
5. Enumerate the control and preventive measures for eye problems

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UNIT 6 CARE OF THE EARS

6.1 INTRODUCTION

Human ear is an organ of hearing and equilibrium that detects and analyzes sound by transduction or the conversion of sound waves into electrochemical impulses and maintains the sense of balance (equilibrium). The ears are the most visible part of the human hearing system. Taking care of your ears is important in many ways. Cleaning is one step, while preventing and treating infections is another. Ear care also includes taking steps to avoid unnecessary noise and watching for possible hearing loss. You should call your healthcare provider if you're worried about any of these issues.

6.2 OBJECTIVES

By the end of this unit the students should be able to:

1. Understand the science of hearing and how humans perceive sound
2. Draw and label the structure of the human ear
3. Mention the three portions of the human ear
4. Explain the functions of each of the three portions of the human ear
5. Outline the signs of hearing loss
6. State the ear problems that may affect the university student
7. Explain the steps to follow to ensure ear hygiene

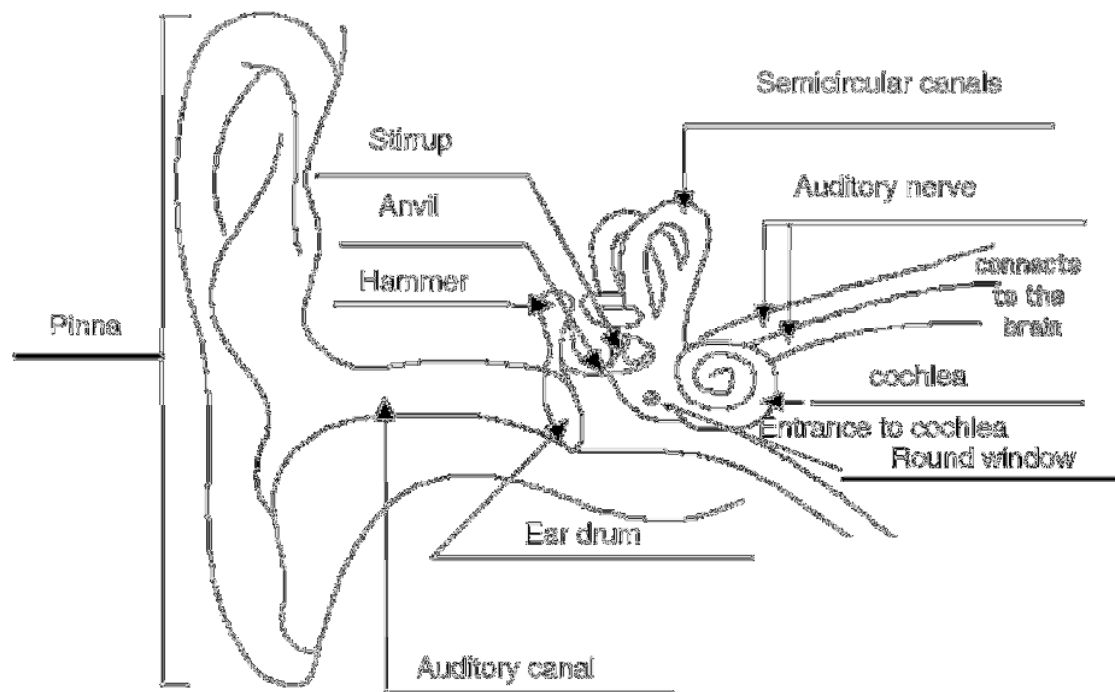
MAIN CONTENT

6.3 UNDERSTAND THE SCIENCE OF HEARING AND HOW HUMANS PERCEIVE SOUND

The human ear contains sense organs that serve two quite different functions: that of hearing and that of postural equilibrium and coordination of head and eye movements. Anatomically, the ear has three distinguishable parts: the outer, middle, and inner ear. The outer ear consists of the visible portion called the auricle, or pinna, which projects from the side of the head, and the short external auditory canal, the inner end of which is closed by the tympanic membrane, commonly called the eardrum. The function of the outer ear is to collect sound waves and guide them to the tympanic membrane. The middle ear is a narrow air-filled cavity in the temporal bone. It is spanned by a chain of three tiny bones: the malleus (hammer), incus (anvil), and stapes (stirrup), collectively called the auditory ossicles. This ossicular

chain conducts sound from the tympanic membrane to the inner ear, which has been known since the time of Galen (2nd century CE) as the labyrinth. It is a complicated system of fluid-filled passages and cavities located deep within the rock-hard petrous portion of the temporal bone. The inner ear consists of two functional units: the vestibular apparatus, consisting of the vestibule and semicircular canals, which contains the sensory organs of postural equilibrium; and the snail-shell-like cochlea, which contains the sensory organ of hearing. These sensory organs are highly specialized endings of the eighth cranial nerve, also called the vestibulocochlear nerve.

6.2. ANATOMY OF THE HUMAN EAR OR THE STRUCTURE OF THE HUMAN EAR



The ear has external, middle, and inner portions. The outer ear is called the pinna and is made of ridged cartilage covered by skin. Sound funnels through the pinna into the external auditory canal, a short tube that ends at the eardrum (tympanic membrane). Sound causes the eardrum and its tiny attached bones in the middle portion of the ear to vibrate, and the vibrations

are conducted to the nearby cochlea. The spiral-shaped cochlea is part of the inner ear; it transforms sound into nerve impulses that travel to the brain. The fluid-filled semicircular canals (labyrinth) attach to the cochlea and nerves in the inner ear. They send information on balance and head position to the brain. The eustachian (auditory) tube drains fluid from the middle ear into the throat (pharynx) behind the nose.

Tympanic membrane and middle ear—the thin semitransparent tympanic membrane, or eardrum, which forms the boundary between the outer ear and the middle ear, is stretched obliquely across the end of the external canal. Its diameter is about 8–10 mm (about 0.3–0.4 inch), its shape that of a flattened cone with its apex directed inward. The entire tympanic membrane consists of three layers. The outer layer of skin is continuous with that of the external canal. The inner layer of mucous membrane is continuous with the lining of the tympanic cavity of the middle ear. Between these layers is a layer of fibrous tissue made up of circular and radial fibres that give the membrane its stiffness and tension. The membrane is well supplied with blood vessels and sensory nerve fibres that make it acutely sensitive to pain.

6.3 MIDDLE-EAR CAVITY

The cavity of the middle ear is a narrow air-filled space. A slight constriction divides it into an upper and a lower chamber, the tympanum (tympanic cavity) proper below and the epitympanum above. These chambers are also referred to as the atrium and the attic, respectively. The middle-ear space roughly resembles a rectangular room with four walls, a floor, and a ceiling. The outer (lateral) wall of the middle-ear space is formed by the tympanic membrane. The ceiling (superior wall) is a thin plate of bone that separates the middle-ear cavity from the cranial cavity and brain above. The floor (inferior wall) is also a thin bony plate, in this case separating the middle-ear cavity from the jugular vein and the carotid artery below. The back (posterior) wall partly separates the middle-ear cavity from another cavity, the mastoid antrum, but an opening in this wall leads to the antrum and to the small air cells of the mastoid process, which is the roughened, slightly bulging portion of the temporal bone just behind the external auditory canal and the auricle. In the front (anterior) wall is the opening of the eustachian tube (or auditory tube), which connects the middle ear with the nasopharynx. The inner (medial) wall, which separates the middle ear from the inner ear, or labyrinth, is a part of the bony otic capsule of the inner ear. It has two small openings, or fenestrae, one above the other. The upper one is the oval window, which is closed by the

footplate of the stapes. The lower one is the round window, which is covered by a thin membrane.

AUDITORY OSSICLES

Crossing the middle-ear cavity is the short ossicular chain formed by three tiny bones that link the tympanic membrane with the oval window and inner ear. From the outside inward they are the malleus (hammer), the incus (anvil), and the stapes (stirrup). The malleus more closely resembles a club than a hammer, and the incus looks more like a premolar tooth with uneven roots than an anvil. These bones are suspended by ligaments, which leave the chain free to vibrate in transmitting sound from the tympanic membrane to the inner ear.

STRUCTURES OF THE MIDDLE EAR

The auditory ossicles of the middle ear and the structures surrounding them. The malleus consists of a handle and a head. The handle is firmly attached to the tympanic membrane from the centre (umbo) to the upper margin. The head of the malleus and the body of the incus are joined tightly and are suspended in the epitympanum just above the upper rim of the tympanic annulus, where three small ligaments anchor the head of the malleus to the walls and roof of the epitympanum. Another minute ligament fixes the short process (crus) of the incus in a shallow depression, called the fossa incudis, in the rear wall of the cavity. The long process of the incus is bent near its end and bears a small bony knob that forms a loose ligament-enclosed joint with the head of the stapes. The stapes is the smallest bone in the body. It lies almost horizontally, at right angles to the process of the incus. Its base, or footplate, fits nicely in the oval window and is surrounded by the elastic annular ligament, although it remains free to vibrate in transmitting sound to the labyrinth.

EUSTACHIAN TUBE

The eustachian tube, about 31–38 mm (1.2–1.5 inches) long, leads downward and inward from the tympanum to the nasopharynx, the space that is behind and continuous with the nasal passages and is above the soft palate. At its upper end the tube is narrow and surrounded by bone. Nearer the pharynx it widens and becomes cartilaginous. Its mucous lining, which is continuous with that of the middle ear, is covered with cilia, small hairlike projections whose coordinated rhythmical sweeping motions speed the drainage of mucous secretions from the tympanum to the pharynx.

The eustachian tube helps ventilate the middle ear and maintain equal air pressure on both sides of the tympanic membrane. The tube is closed at rest and opens during swallowing so that minor pressure differences are adjusted without conscious effort. During an underwater dive or a rapid descent in an airplane, the tube may remain tightly closed. The

discomfort that is felt as the external pressure increases can usually be overcome by attempting a forced expiration with the mouth and nostrils held tightly shut. This maneuver, which raises the air pressure in the pharynx and causes the tube to open, is called the Valsalva maneuver, named for Italian physician-anatomist Antonio Maria Valsalva (1666–1723), who recommended it for clearing pus from an infected middle ear.

6.4 INNER EAR

There are actually two labyrinths of the inner ear, one inside the other, the membranous labyrinth contained within the bony labyrinth. The bony labyrinth consists of a central chamber called the vestibule, the three semicircular canals, and the spirally coiled cochlea. Within each structure, and filling only a fraction of the available space, is a corresponding portion of the membranous labyrinth: the vestibule contains the utricle and saccule, each semicircular canal its semicircular duct, and the cochlea its cochlear duct. Surrounding the membranous labyrinth and filling the remaining space is the watery fluid called perilymph. It is derived from blood plasma and resembles but is not identical with the cerebrospinal fluid of the brain and the aqueous humour of the eye. Like most of the hollow organs, the membranous labyrinth is lined with epithelium (a sheet of specialized cells that covers internal and external body surfaces). It is filled with a fluid called endolymph, which has a markedly different ionic content from perilymph. Because the membranous labyrinth is a closed system, the endolymph and perilymph do not mix.

6.5 THE SIGNS OF HEARING LOSS

Here are some warning signs of hearing loss:

- You have difficulty hearing conversations, especially in the presence of background noise.
- You frequently ask others to repeat what they've said.
- You don't always understand what other people are saying and you answer inappropriately.
- You have difficulty hearing on the telephone.
- You agree, nod your head or smile during conversations when you are not sure what has been said. Or you strain to hear or keep up with conversations.
- Requiring the television or radio volume to be louder than others in the room prefer.
- Feeling that people are mumbling or have marbles in their mouth when they talk.
- Having a hard time hearing environmental sounds, such as birds chirping.

- Withdrawing from conversations and social situations because it's too difficult to hear.
- Reading lips so you can try to follow what people are saying.
- Hearing noise within your ears or head, called tinnitus, which isn't caused by an external sound source.

6.6 EAR CONDITIONS/PROBLEMS THAT MAY AFFECT THE UNIVERSITY STUDENT

- Earache: Pain in the ear can have many causes. Some of these are serious, some are not serious.
- Otitis media (middle ear inflammation): Inflammation or infection of the middle ear (behind the eardrum). Usually, this is caused by an infection.
- Swimmer's ear (Otitis externa): Inflammation or infection of the outer ear (pinna and ear canal). Sudden cases are usually infections; chronic otitis is often a skin condition (dermatitis).
- Meniere's disease: A condition in which the inner ear on one side malfunctions. Vertigo, tinnitus, hearing loss, and pain are common symptoms.
- Tinnitus: Ringing in one or both ears. Usually this is due to damage from noise exposure, or from aging.
- Cerumen (ear wax) impaction: Ear wax may block the ear canal and adhere to the eardrum. The eardrum's reduced vibrations impair hearing.
- Ruptured eardrum: Very loud noises, sudden changes in air pressure, infection, or foreign objects can tear the eardrum. The small hole usually heals within a few weeks.
- Acoustic neuroma: A noncancerous tumor that grows on the nerve traveling from the ear to the brain. Hearing loss, vertigo, and tinnitus can be symptoms.
- Mastoiditis: Infection of the mastoid bone, just behind the ear. Mastoiditis can result from untreated middle ear infections.
- Benign paroxysmal positional vertigo (BPPV): A disruption of function in the inner ear, causing episodes of vertigo. Although not medically serious, its symptoms can be distressing.
- Cholesteatoma: This is a benign condition. It is the abnormal buildup of skin within the middle ear and surrounding bones. Often there is a foul smelling discharge associated with hearing loss. The condition usually requires surgery in order to prevent hearing loss.

6.7 HERE ARE A FEW EAR HYGIENE

- Clean your ears with extra care. Don't clean your ears with anything smaller than a washcloth on your finger. Don't use Q-tips®, bobby pins or sharp pointed objects to clean your ears. These objects may injure the ear canal or eardrum.
- Earwax is the ear's way of cleaning itself. If you have a build-up of earwax that is blocking your hearing, see a healthcare provider to have it removed. Don't try to remove it on your own.
- If you experience itching or pain in your ears, call your healthcare provider. They'll examine you, advise you on suitable treatment and help you decide if you need to see a specialist.
- If you have pierced ears, clean your earrings and earlobes regularly with rubbing alcohol.
- At home or work, wear hearing protection during exposure to loud levels of noise. This includes when you're mowing the lawn, using a leaf blower or using power tools. The law requires you to use hearing protection if you work in a noisy environment. Homecare centers, hunting shops and some garden centers carry ear-protecting headgear. If hearing protection is available at work, use it.
- When using stereos and home theater systems, avoid high volume levels. If you think it's too loud, it probably is.
- When using personal sound systems, the volume should be at a comfortable level. If someone else can hear what you're listening to with ear buds, the volume is too high. Remove the headphones from time to time to give your ears a rest.
- Wear earplugs at rock concerts, nightclubs and loud motor sporting events.
- Keep automobile sound systems at sensible volumes. Doing this can help you avoid hearing damage and allow you to hear and yield to emergency vehicles.
- Have your ears checked regularly by your primary care doctor. Have your hearing checked by an audiologist (a provider who specializes in hearing issues) if you or anyone else questions whether your hearing is normal. Consult a specialist as needed.
- When outdoors in sunny weather, remember to use a sunscreen on your ears.
- If you notice unusual bumps or scaly areas on the exterior ear, call your healthcare provider.

- See an ear doctor immediately if you injure your ears, experience ear pain, or notice any changes in your ears or hearing. Sometimes ear pain can originate in the teeth or jaws or the neck.

6.8 CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood the care of the human ear for University Students

6.9 SUMMARY

In this unit you have learnt about the science of hearing and how humans perceive sound, the structure of the human ear, the three portion of the human ear, the functions of each of the three portion of the human ear, the signs of hearing loss, the ear problems that may affect the university student and the steps to follow to ensure ear hygiene for the university students.

6.10 TUTOR MARK ASSIGNMENT

1. explain the science of hearing and how humans perceive sound
2. Draw and label the structure of the human ear
3. Mention the three portion of the human ear
4. Explain the functions of each of the three portion of the human ear
5. Outline the signs of hearing loss
6. State the ear problems that may affect the university student
7. Explain the steps to follow to ensure ear hygiene

REFERENCE

World Health Organization (WHO,2014).Deafness and hearing loss: Ear care. Questions and answers. Accessed/7/11/2021

UNIT 7 CARE OF THE HANDS/HAND HYGIENE

7.1 INTRODUCTION

Hand washing is one of the best ways to protect yourself and your family from getting sick. Learn when and how you should wash your hands to stay healthy. Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:

- ✓ Touch your eyes, nose, and mouth with unwashed hands
- ✓ Prepare or eat food and drinks with unwashed hands
- ✓ Touch a contaminated surface or objects
- ✓ Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects

7.2 OBJECTIVES

By the end of this unit the students should be able to:

1. Conceptualize hand washing/hygiene
2. mention the time for washing hands
3. Explain the reasons for hand washing
4. Outline the procedure for hand washing
5. State the importance of hand washing/hygiene

MAIN CONTENT

7.3 CONCEPT OF HAND WASHING/HYGIENE

Hand Hygiene is a general term that applies to hand washing, antiseptic hand-wash, antiseptic hand rub, or surgical hand antisepsis. The Centers for Disease Control and Prevention (CDC) define these activities as follows:

- Hand washing - Washing hands with plain (i.e. non-antimicrobial) soap and water.
- Hand antisepsis - Refers to either antiseptic hand-wash or antiseptic hand rub.
- Surgical hand antisepsis - Antiseptic hand-wash or antiseptic hand rub performed preoperatively by surgical personnel to eliminate transient and reduce resident hand flora.

Good hand hygiene is an important aspect of protecting yourself and others from infection transmission. It is one of the most effective ways to prevent hospital care-associated infection rates. Failure to perform appropriate hand hygiene is

considered to be the leading cause of healthcare-associated infections and spread of multi-resistant organisms such as Methicillin Resistant Staphylococcus Aureus (MRSA) and has been recognised as a substantial contributor to outbreaks. Washing hands with soap and water are recommended for visibly soiled hands and is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitiser that contains at least 60% alcohol. These sanitisers are the most efficacious agents for reducing the number of bacteria and viruses on hands and are recommended for routine decontamination of hands for all clinical indications (except when hands are visibly soiled). Clean hands are a simple effective approach to reducing the spread of infections from one person to another and throughout an entire community - from your home and workplace to childcare facilities and hospitals. Regular hand washing is one of the best ways to remove germs, avoid getting sick, and prevent the spread of germs to others. Whether you are at home, at work, traveling, or out in the community, find out how handwashing with soap and water can protect you and your family

7.4 THE TIME FOR WASHING HANDS

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food
- Before and after eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

7.5 THE REASONS FOR HAND WASHING

Washing your hands is easy, and it is one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community from your home and workplace to childcare facilities and hospitals. To prevent the spread of germs during the COVID-19 pandemic, you should also wash your hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol to clean hands **BEFORE** and **AFTER**:

- Touching your eyes, nose, or mouth
- Touching your mask
- Entering and leaving a public place
- Touching an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens

7.6

THE PROCEDURE FOR WASHING HANDS

Follow these steps every time.

- **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- **Rinse** your hands well under clean, running water.
- **Dry** your hands using a clean towel or air dry them.

You can use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available. Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label. Sanitizers can quickly reduce the number of germs on hands in many situations. However,

- Sanitizers do not get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

Caution! Swallowing alcohol-based hand sanitizers can cause alcohol poisoning if more than a couple of mouthfuls are swallowed. Keep it out of reach of young children and supervise their use.

How to Use Hand Sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

The CDC describes the following indications for hand washing and hand antisepsis:

- When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water.
- If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described in items.
- Decontaminate hands before having direct contact with patients.
- Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter.
- Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
- Decontaminate hands after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient).
- Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.
- Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care.
- Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- Decontaminate hands after removing gloves.
- Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.

- Antimicrobial-impregnated wipes (i.e., towelettes) may be considered as an alternative to washing hands with non-antimicrobial soap and water. Because they are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water for reducing bacterial counts on the hands of healthcare workers, they are not a substitute for using an alcohol-based hand rub or antimicrobial soap.
- Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if exposure to *Bacillus anthracis* is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores.

7.7

THE IMPORTANCE OF HAND WASHING/HYGIENE

Normal human skin is colonized with microorganisms which, although varying considerably from person to person, are often relatively constant for any specific person. On the hands it is described in two categories of flora

1. **Transient flora** - often acquired during direct contact with patients or contaminated surfaces and colonizes superficial layers of the skin. Most frequently associated with healthcare-associated infections and are amenable to removal by hand washing.
2. **Resident flora** - attached to deeper layers of the skin, more resistant to removal and less likely to be associated with healthcare-associated infections.

These microorganisms when pathogenic can cause potential risks to people/patients and health care facilities by:

- Transmission of microorganisms to people/patients.
- Health-care worker colonization or infection caused by organisms acquired from the patient.
- Morbidity, mortality, and costs associated with healthcare-associated infections.

Transmission of pathogens from one patient to another requires the following sequence of events:

1. Organisms present on the patient's skin, or that have been shed onto inanimate objects in close proximity to the patient, are transferred to the hands of the caregiver.

2. These organisms must then be capable of surviving for at least several minutes on the hands of personnel.
3. Next, handwashing or hand antiseptics by the caregiver must be inadequate or omitted entirely, or the agent used for hand hygiene is ineffective.
4. Finally, the contaminated hands of the caregiver must come in direct contact with another patient, or with an inanimate object that will come into direct contact with the patient.

Teaching people/students about handwashing helps them and their communities stay healthy. Handwashing education in the community:

- Reduces the number of people who get sick with diarrhoea by 23-40%
- Reduces diarrheal illness in people with weakened immune systems by 58%
- Reduces respiratory illnesses, like colds, in the general population by 16-21%
- Reduces absenteeism due to gastrointestinal illness in schoolchildren by 29-57%

7.8. CONCLUSION

Having successfully discussed and completed this unit it is assumed that the students have fully understood the care of the hand/hand hygiene for University Students

7.9. SUMMARY

In this unit you have learnt about the Concept of hand washing, the time for washing hands, the reasons for hand washing, the procedure for hand washing and the importance of hand washing /hygiene for the university students.

7.10 TUTOR MARK ASSIGNMENT

1. Conceptualize hand washing
2. mention the time for washing hands
3. Explain the reasons for hand washing
4. Outline the procedure for hand washing
5. State the importance of hand washing

Reference and Further Studies

World Health Organization Hand Hygiene: Why, How & When? Accessed 7/11/2021

Centre for Disease Control (CDC's) Life is Better with Clean Hands campaign encourages adults to make handwashing part of their everyday life and encourages parents to wash their hands to set a good example for their kids. Accessed 7/11/2021

World Health Organization (2014). Evidence of hand hygiene to reduce transmission and infections by multi-drug resistant organisms in health-care settings. Accessed 7/11/2021

Center for Disease Control and Prevention. Handwashing: Clean hands save lives. Available from:<https://www.cdc.gov/handwashing/index.html>(Accessed 7/11/2021)

UNIT 8 CARE OF THE FOOT

8.1 INTRODUCTION

Looking after your feet (foot care) and treating common foot problems such as corns, calluses, bunions and ingrown toenails can help to prevent problems that make you unsteady on your feet and at risk of a fall. Wearing footwear that is safe, appropriate and in good repair can also help to prevent falls



TAKING CARE OF YOUR FEET

o



HOW TO EVALUATE YOUR FEET



ANKLE



HEEL



MIDFOOT



TOESKI CARE OF YOUR FEET

Taking care of your feet today can help prevent foot and ankle problems in the future

8.2 OBJECTIVES

At the end of this unit the students should be able to:

1. Describe the importance of keeping the feet clean
2. State the health problems of the feet
3. Explain the importance of taking care of your feet
4. State the importance of using proper foot wear
5. How will you take care of your feet?

MAIN CONTENT

8.3 THE IMPORTANCE OF KEEPING YOUR FEET HEALTHY

John J. Oricchio, *Podiatry & Foot and Ankle Surgery. National Foot Health Awareness*

Keep your feet clean and dry

As with any part of your body, healthy feet start with good hygiene. While bathing, thoroughly clean your feet with soap and water. After bathing, be sure to fully dry them, especially between each toe, as fungal organisms love moisture.. Continue this by wearing clean and dry socks. Also avoid sharing footwear; including rentals, as wearing other people's shoes can increase your odds of getting an infection.

Once you have dried your feet, take the time to examine your feet at least once a week. Check in between your toes and around your soles for scaling and/or peeling which is often an indication of athlete's foot. Be sure to look for cuts, blisters, scratches, redness and

swelling as catching these issues early can prevent serious complications later. Also, check for any discoloration of the toenails, which often indicates a nail fungus. Avoid putting any nail polish on an infected nail as this could possibly make the problem worse.

8.4 WEAR THE PROPER FOOTWEAR

Always wear sports-specific shoes for the sport you are participating in. Wearing improper shoes can lead to potential foot problems such as plantar fasciitis, arch spasms, heel spurs and tendinitis. When shopping for shoes, try to shop at the end of the day to compensate for foot swelling that may occur throughout the day. Wearing tight shoes can result in long-term foot problems, so ensure that you are purchasing shoes that have plenty of room for your toes and a wide heel. Never walk barefoot, as shoes and slippers are the simplest way to protect your foot from bumps and bruises.

If you are diabetic, get regular foot checks-Diabetes can lead to circulatory problems because of its ability to clog up the small blood vessels in your feet. As a result of the lack of proper blood supply, wound healing can be prolonged if any are sustained. Wounds found on the feet of a diabetic must be treated more aggressively than those who are not diabetic.

8.5 THE IMPORTANCE OF TAKING CARE OF YOUR FEET

We are careful to take care of most parts of our bodies, from the essential care of our hearts, muscles and joints to the more superficial hair and nail care. However, many people tend to neglect their feet. This issue can become severe when problems with your feet significantly impact your quality of life, and lead to further health concerns.

As people get older, the likelihood of developing a foot condition increases. According to Health in Aging, “One in three people over the age of 65 has foot pain, stiffness or aching feet.” This rate worsens in residents of long-term care facilities. However, practicing proper foot care techniques will ease discomfort and bring positive results regardless of age or current health status.

8.6 WHY TAKEN CARE OF YOUR FEET

Feet are your body’s foundation, so keeping them healthy is vital to your overall health. Years of wear and tear can be hard on your feet. Overuse, shoes that don’t fit properly

and even genetics can lead to injuries and disorders of the foot that can greatly impact your mobility. Aside from some foot issues becoming incredibly painful, they can also make you more susceptible to accidents. Walking awkwardly to avoid that pain sets you off-balance and heightens your risk of hurting yourself further.

Caring for the skin on your feet is also important. Your heels are not meant to feel rough and dry. The longer this issue persists, the more likely it is that your feet will begin to crack. Although some cracks are not painful, they still allow harmful bacteria in. If left untreated for a long time, the healing process will also take a while.

8.7 THE IMPORTANCE OF USING PROPER FOOTWEAR

The wrong shoe can also cause serious damage to your feet. People who wear high heels are probably keenly familiar with the feeling of pinched toes, pain radiating from the balls of their feet and aching arches after a long period of wearing such shoes. However, other shoes can still cause these sensations if not correctly fitted to the individual's foot. Those who will be on their feet all day need to have shoes with proper cushioning and traction. Gel inserts are highly recommended, and you should always try to take breaks to rest their feet periodically throughout the day. Most athletic shoe stores, like Fleet Feet, offer foot measuring to find the ideal size and shoe for your foot. Custom orthotics is molded specifically to your foot and can be used to address a variety of orthopedic issues.

8.8 FOOT PROBLEMS/CONDITIONS

Athlete's foot is not the only threat to foot health, but it is incredibly prevalent. However, it is easy to prevent. Fungal infections like athlete's foot or infected toenails are easily contracted through sweaty feet that are left to sit in shoes or socks for long periods. If you are in a situation where you know that your feet will be sweating, make sure to change your socks as soon as possible once you finish your activities. Also, consider wearing socks made of moisture-wicking material.

Another common foot condition is Achilles tendinitis, a condition that affects the Achilles tendon that connects the muscles in the back of your calf to your heel bone. Other foot conditions include:

- ✓ Hallux valgus (bunions)
- ✓ Metatarsalgia
- ✓ Foot or ankle sprains

- ✓ Ankle instability
- ✓ Posterior tibial tendon dysfunction
- ✓ Achilles tendonitis syndrome
- ✓ Plantar fasciitis
- ✓ Stress fractures
- ✓ Arthritis

8.9

TAKING CARE OF YOUR FEET

With all these threats to the health of your feet, you should care for them. First of all, make sure you wash your feet often, taking care to clean between your toes and trim your toenails. You should also use lotion on your heels to prevent cracked skin. If your heels are already dry, consider using a pumice stone lightly. It is also essential to make sure your shoes fit properly, neither too tight or too loose. Stretching and strengthening your feet is also critical when it comes to avoiding pain and injury. Always modify your activity or rest if you begin to notice foot pain.

Skin Problems

Sweaty feet can cause rashes and eczema. Wearing nylon socks in plastic shoes or tightly fitting shoes may not allow the feet to dry properly and can aggravate the problem. Changing socks every day and letting shoes dry out between wearing's can help eliminate smelly feet. Wearing thick, soft cotton socks helps draw moisture away from the feet.

True **athlete's foot** is a rash, often between the toes, caused by a fungus infection. Athlete's foot will usually respond to treatment with anti-fungal powders and lotions along with good foot hygiene.

Toenail Problems

Trimming your toenails too short, particularly at the sides, can lead to **ingrown toenails**. Trim your toenails straight across, allowing adequate length to project beyond the skin at the toenail margins. Cuticles should be pushed back with an orange stick or hindu stone and rarely cut.

Toenail fungus is more common among older adults. Factors that can increase the risk of developing nail fungus include walking barefoot in a damp environment (such as around a swimming pool), circulation problems, diabetes, and a weakened immunity system. Nail fungus is difficult to treat and it may take up to three months or longer to eliminate an

infection. Your foot and ankle orthopaedic specialist may prescribe oral antifungal medications.

Shoes

Your shoes should be comfortable, practical, and fit well. It is very important that the shoe fits the shape of your foot. Narrow and tight shoes result in foot problems. Poorly fitting shoes cause most **calluses, corns**, and blisters, and can aggravate other foot problems.

Make sure your shoes fit comfortably at the time you buy them. If new shoes need to be "broken in," it means either they were not properly designed or not properly fitted to your feet.

First Aid

Pay attention to cuts and bruises of the foot. Like any other injury, they should be cleansed and dressed. If a wound starts to spread, particularly on the sole of the foot, you should consider an emergency visit for stitches.

Puncture wounds are a serious matter and can be dangerous. Nails and the like do not have to be rusty to cause lockjaw (tetanus) or to cause an infection in the foot. You should wear foot protection when walking outdoors. A tetanus booster shot is recommended every 3-7 years to keep you immunized against lockjaw.

8.10 CONCLUSION

Having successfully discussed and completed this unit it is assumed that the students have fully understood the care of the feet for University Students

8.11 SUMMARY

In this unit you have learnt about the importance of keeping the feet healthy, the health problems of the feet, the importance of taking care of your feet and the importance of using proper foot wear for the university students.

8.12 TUTOR MARK ASSIGNMENT

1. Describe the importance of keeping the feet healthy
2. State the health problems of the feet
3. Explain the importance of taking care of your feet
4. State the importance of using proper foot wear
5. How will you take care of your feet?

Reference and further study

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UNIT 9 GOOD FOOD (BALANCE DIET)

9.1 INTRODUCTION

A balanced diet is a diet that contains differing kinds of foods in certain quantities and proportions so that the requirement for calories, proteins, minerals, vitamins and alternative nutrients is adequate and a small provision is reserved for additional nutrients to endure the short length of leanness. A balanced diet includes foods from five groups and fulfills all of a person's nutritional needs. Eating a balanced diet helps people maintain good health and reduce their risk of disease.

9.2 OBJECTIVES

By the end of this unit the students should be able to:

1. Define balance diet
2. State the classes of food that form balance diet
3. The functions of each class of food to the body
4. Explain the deficiency diseases due to lack of balance diet
5. Control and prevention of deficiency diseases

MAIN CONTENT

9.3 CONCEPT OF BALANCE DIET

A balanced diet is one that fulfills all of a person's nutritional needs. Humans need a certain amount of calories and nutrients to stay healthy. A balanced diet provides all the nutrients a person requires, without going over the recommended daily calorie intake. By eating a balanced diet, people can get the nutrients and calories they need and avoid eating junk food, or food without nutritional value. According to the USDA's recommendations, half of a person's plate should consist of fruits and vegetables. The other half should be made up of grains and protein. They recommend accompanying each meal with a serving of low-fat dairy or another source of the nutrients found in dairy.

9.4 THE CLASSES OF FOOD THAT FORM BALANCE DIET

A healthful, balanced diet includes foods from these five groups:

1. Vegetables
2. Fruits
3. Grains
4. Protein
5. Dairy

VEGETABLES-The vegetable group includes five subgroups:

1. leafy greens
2. red or orange vegetables
3. starchy vegetables
4. beans and peas (legumes)
5. other vegetables, such as eggplant or zucchini

To get enough nutrients and keep dietary boredom at bay, people should choose a variety of vegetables. Additionally, the USDA recommends Trusted Source that people should eat vegetables from each of the five subgroups every week. People may enjoy vegetables raw or cooked. However, it is important to remember that cooking vegetables removes some of their nutritional value. Also, some methods, such as deep-frying, can add unhealthful fats to a dish.

FRUITS

A balanced diet also includes plenty of fruit. Instead of getting fruit from juice, nutrition experts recommend eating whole fruits. Juice contains fewer nutrients. Also, the manufacturing process often adds empty calories due to added sugar. People should opt for fresh or frozen fruits, or fruits canned in water instead of syrup.

GRAINS

Share on Pinterest tWhole grains usually contain more protein than refined grains. There are two subgroups: whole grains and refined grains. Whole grains include all three parts of the grain, which are the bran, germ, and endosperm. The body breaks down whole grains slowly, so they have less effect on a person's blood sugar. Additionally, whole grains tend to contain more fiber and protein than refined grains. Refined grains are processed and do not contain the three original components. Refined grains also tend to have less protein and fiber, and they can cause blood sugar spikes. Grains used to form the base of the government-approved food pyramid, meaning that most of a person's daily caloric intake came from grains. However, the updated guidelines suggest that grains should make up only

a quarter of a person's plate. At least half of the grains that a person eats daily should be whole grains. Healthful whole grains include:

1. Quinoa
2. Oats
3. brown rice
4. barley
5. buckwheat

PROTEIN

The 2015–2020 Dietary Guidelines for Americans state that all people should include nutrient-dense protein as part of their regular diet. The guidelines suggest that this protein should make up a quarter of a person's plate. Nutritious protein choices include:

1. lean beef and pork
2. chicken and turkey
3. fish
4. beans, peas, and legumes

DAIRY

Dairy and fortified soy products are a vital source of calcium. The USDA recommends consuming low-fat versions whenever possible. Low-fat dairy and soy products include:

1. ricotta or cottage cheese
2. low-fat milk
3. yogurt
4. soy milk

People who are lactose intolerant can opt for low-lactose or lactose-free products, or choose soy-based sources of calcium and other nutrients.

9.4 THE FUNCTIONS OF EACH CLASS OF FOOD TO THE BODY

There are seven main classes of nutrients that the body needs. These are carbohydrates, proteins, fats, vitamins, minerals, fibre and water. It is important that everyone consumes these seven nutrients on a daily basis to help them build their bodies and maintain their health. A balanced diet supplies the nutrients your body needs to work effectively. Without balanced nutrition, your body is more prone to disease, infection, fatigue, and low performance. Children who don't get enough healthy foods may face growth

and developmental problems, poor academic performance, and frequent infections. They can also develop unhealthy eating habits that may persist into adulthood.

Foods to avoid

Foods to avoid or limit on a healthy diet include:

- highly processed foods
- Refined grains
- added sugar and salt
- red and processed meat
- alcohol
- trans fats

9.5 THE DEFICIENCY/NUTRITIONAL DISEASES

Nutritional disease is any of the nutrient-related diseases and conditions that cause illness in humans. They may include deficiencies or excesses in the diet, obesity and eating disorders, and chronic diseases such as cardiovascular disease, hypertension, cancer, and diabetes mellitus. Nutritional diseases also include developmental abnormalities that can be prevented by diet, hereditary metabolic disorders that respond to dietary treatment, the interaction of foods and nutrients with drugs, food allergies and intolerances, and potential hazards in the food supply. For a discussion of essential nutrients, dietary recommendations, and human nutritional needs and concerns throughout the life cycle are needed

Protein-energy malnutrition

Chronic under nutrition manifests primarily as protein-energy malnutrition (PEM), which is the most common form of malnutrition worldwide. Also known as protein-calorie malnutrition, PEM is a continuum in which people all too often children consume too little protein, energy, or both.

marasmus

Kwashiorkor, a Ghanaian word meaning the disease that the first child gets when the new child comes, is typically seen when a child is weaned from high-protein breast milk onto a carbohydrate food source with insufficient protein. Children with this disease, which is characterized by a swollen belly due to edema (fluid retention), are weak, grow poorly, and are more susceptible to infectious diseases, which may result in fatal diarrhea. Other symptoms of kwashiorkor include apathy, hair discoloration, and dry, peeling skin with sores that fail to heal. Weight loss may be disguised because of the presence of edema, enlarged

fatty liver, and intestinal parasites; moreover, there may be little wasting of muscle and body fat.

Treatment of PEM has three components.

1. Life-threatening conditions—such as fluid and electrolyte imbalances and infections—must be resolved.
2. Nutritional status should be restored as quickly and safely as possible; rapid weight gain can occur in a starving child within one or two weeks.
3. The focus of treatment then shifts to ensuring nutritional rehabilitation for the long term. The speed and ultimate success of recovery depend upon the severity of malnutrition, the timeliness of treatment, and the adequacy of ongoing support. Particularly during the first year of life, starvation may result in reduced brain growth and intellectual functioning that cannot be fully restored.

Carbohydrates

Under most circumstances, there is no absolute dietary requirement for carbohydrates simple sugars, complex carbohydrates such as starches, and the indigestible plant carbohydrates known as dietary fibre. Certain cells, such as brain cells, require the simple carbohydrate glucose as fuel. If dietary carbohydrate is insufficient, glucose synthesis depends on the breakdown of amino acids derived from body protein and dietary protein and the compound glycerol, which is derived from fat. Long-term carbohydrate inadequacy results in increased production of organic compounds called ketones (a condition known as ketosis), which imparts a distinctive sweet odour to the breath. Ketosis and other untoward effects of a very-low-carbohydrate diet can be prevented by the daily consumption of 50 to 100 grams of carbohydrate; however, obtaining at least half of the daily energy intake from carbohydrates is recommended and is typical of human diets, corresponding to at least 250 grams of carbohydrate (1,000 calories in a 2,000-calorie diet). A varied diet containing fruits, vegetables, legumes, and whole-grain cereals, which are all abundant in carbohydrates, also provides a desirable intake of dietary fibre.

Essential fatty acids

There is also a minimum requirement for fat not for total fat, but only for the fatty acids linoleic acid (a so-called omega-6 fatty acid) and alpha-linolenic acid (an omega-3 fatty acid). Deficiencies of these two fatty acids have been seen in hospitalized patients fed exclusively with intravenous fluids containing no fat for weeks, patients with medical conditions affecting fat absorption, infants given formulas low in fat, and young children fed

nonfat milk or low-fat diets. Symptoms of deficiency include dry skin, hair loss, and impaired wound healing. Essential fatty acid requirements a few grams a day can be met by consuming approximately a tablespoon of polyunsaturated plant oils daily. Fatty fish also provides a rich source of omega-3 fatty acids. Even individuals following a low-fat diet generally consume sufficient fat to meet requirements.

Marasmus is a form of malnutrition. It happens when the intake of nutrients and energy is too low for a person's needs. It leads to wasting, or the loss of body fat and muscle. A child with marasmus may not grow as children usually do. Humans deprived of single vitamins, in human experience multiple deficiencies are usually present simultaneously. The eight B-complex vitamins functions in coordination in numerous enzyme systems and metabolic pathways; thus, a deficiency of one may affect the functioning of others.

Vitamin A

- Vitamin A supports healthy eyesight and immune system functions. Children with vitamin A deficiency face an increased risk of blindness and death from infections such as measles and diarrhea
- Globally, vitamin A deficiency affects an estimated 190 million preschool-age children
- Providing vitamin A supplements to children ages 6-59 months is highly effective in reducing deaths from all causes where vitamin A deficiency is a public health concern

Vitamin A deficiency is the leading cause of preventable blindness in children and is a major problem in the developing world, especially in Africa and Southeast Asia; in the poorest countries hundreds of thousands of children become blind each year due to a deficiency of the vitamin.

Vitamin D

- Vitamin D builds strong bones by helping the body absorb calcium⁷. This helps protect older adults from osteoporosis.
- Vitamin D deficiency causes bone diseases, including rickets in children and osteomalacia in adults
- Vitamin D helps the immune system resist bacteria and viruses
- Vitamin D is required for muscle and nerve functions.
- Available data suggest that vitamin D deficiency may be widespread globally

- Bodies make vitamin D from sunlight, but this varies based on geography, skin color, air pollution, and other factors. Also, sunlight exposure needs to be limited to avoid risk of skin cancer

Vitamin D (also known as vitamin D hormone) is synthesized in the body in a series of steps, starting in the skin by the action of sunlight's ultraviolet rays on a precursor compound; thus, without adequate food sources of vitamin D, a deficiency of the vitamin can occur when exposure to sunlight is limited. Lack of vitamin D in children causes rickets, a disease characterized by inadequate mineralization of bone, growth retardation, and skeletal deformities such as bowed legs

Vitamin E deficiency is rare in humans, although it may develop in premature infants and in people with impaired fat absorption or metabolism. In the former, fragility of red blood cells (hemolysis) is seen; in the latter, where deficiency is more prolonged, neuromuscular dysfunction involving the spinal cord and retina may result in loss of reflexes, impaired balance and coordination, muscle weakness, and visual disturbances.

Vitamin K is necessary for the formation of prothrombin and other blood-clotting factors in the liver, and it also plays a role in bone metabolism. A form of the vitamin is produced by bacteria in the colon and can be utilized to some degree. Vitamin K deficiency causes impaired clotting of the blood and internal bleeding, even without injury.

Thiamin Prolonged deficiency of thiamin (vitamin B₁) results in beriberi, a disease that has been endemic in populations where white rice has been the staple.

FOLATE

- Folate (vitamin B₉) is essential in the earliest days of fetal growth for healthy development of the brain and spine¹². Folic acid is another form of vitamin B₉. Women of reproductive age need 400 micrograms of folic acid every day
- Ensuring sufficient levels of folate in women prior to conception can reduce neural tube defects such as spina bifida and anencephaly.
- Providing folic acid supplements to women 15-49 years and fortifying foods such as wheat flour with folic acid reduces the incidence of neural tube defects and neonatal deaths
- . Folate is especially important before and during pregnancy.

IODINE

- Iodine is required during pregnancy and infancy for the infant's healthy growth and cognitive development

- Globally an estimated 1.8 billion people have insufficient iodine intake.
- Iodine content in most foods and beverages is low.
- Fortifying salt with iodine is a successful intervention – about 86% of households worldwide consume iodized salt¹⁰. The amount of iodine added to salt can be adjusted so that people maintain adequate iodine intake even if they consume less salt¹¹.
- The American Thyroid Association and the American Academy of Pediatrics recommend that pregnant or breastfeeding women take a supplement every day containing 150 micrograms of iodine.
- The American Thyroid Association recommends women who are planning a pregnancy consume a daily iodine supplement starting at least 3 months in advance of pregnancy

ZINC

- Zinc promotes immune functions and helps people resist infectious diseases including diarrhea, pneumonia and malaria
- Zinc is also needed for healthy pregnancies
- Globally, 17.3% of the population is at risk for zinc deficiency due to dietary inadequacy; up to 30% of people are at risk in some regions of the world
- Providing zinc supplements reduces the incidence of premature birth, decreases childhood diarrhea and respiratory infections, lowers the number of deaths from all causes, and increases growth and weight gain among infants and young children
- Providing zinc supplementation to children younger than 5 years appears to be a highly cost-effective intervention in low- and middle-income countries

9.6 CONTROL AND PREVENTION OF DEFICIENCY DISEASES

The amounts of most nutrients, especially vitamins, needed to both prevent and treat deficiency diseases are small. The average intake of 1mg of vitamin B₁ is sufficient to prevent a deficiency disease of that vitamin, while 10mg of B₁ could cure an advanced case of someone about to die of beriberi. Although small doses of vitamins cure deficiencies, large doses of some vitamins such as A and D can be harmful since these two vitamins are already stored by the liver. Vitamins A and D are fat soluble vitamins and can accumulate to the point of becoming toxic. Most other vitamins are water soluble and are excreted in the urine throughout the day.

DIET AND SUPPLEMENTS

Most nutritionists insist on a well-balanced diet consisting of the major food substances as an effective and economical way of obtaining nutrients for health. On the other hand, advocates of health food stores maintain that the FDA's required daily allowances (RDAs) for nutrients are much too low and that cultivation of much of our food supply and its preparation robs our diet of much of its nutrient value.

The American Dietetic Association (ADA) recommends that nutrient needs should come from a variety of foods taken from different dietary sources rather than self-prescribed vitamin supplementation. In order to avoid either the problem of nutrient deficiencies or excesses they recommend that physicians or licensed dieticians should be the source of prescribing supplementation.

The ADA, however, does make allowances for supplement usage under the following conditions: Iron supplements may be required by women when there is excessive menstrual bleeding. Pregnant and breast-feeding women need supplements, especially iron, folic acid, and calcium. People who are dieting and are therefore are on very low calorie diets may require supplementation if they are not getting the right amount of the nutrients they need. Vegetarians may need boosts of vitamin B-12, calcium, iron, and zinc. Newborns are sometimes given vitamin K to prevent abnormal bleeding. Those people who have diagnosed disorders or diseases or are being treated with medications which affect the absorption or metabolism of the nutrient may require supplementation.

Vitamin C, also known as ascorbic acid, is used as a supplement by more people than any other supplement. Its popularity is due to the work of the two-time Nobel laureate, Linus Pauling who maintained that vitamin C was effective in preventing and lessening the effect of colds and in the treatment of cancer. Pauling's vitamin C program called for mega doses that far exceeded the government's RDA recommendations. Pauling recommended a daily dose of between 2,000 and 9,000 milligrams (mg). The National Research Council recommends 60 mg for adult daily and 100 mg for smokers. The discovery of micro nutrition was made in the early twentieth century as a result of finding the cure for certain diseases, the nutrient deficiency diseases such as scurvy, beriberi, and pellagra.

9.7 CONCLUSION

Having successfully discussed and completed this unit it is assumed that the students have fully understood good food /balance diet for the University Students

9.8 SUMMARY

In this unit you have learnt about concept of balance diet, the classes of food that form balance diet, the functions of each class of food to the body, the deficiency diseases due to lack of balance diet and control and prevention of deficiency diseases among the university students

12 TUTOR MARK ASSIGNMENT

1. Define balance diet
2. State the classes of food that form balance diet
3. Mention the functions of each class of food to the body
4. Explain the deficiency diseases due to lack of eating balance diet
5. Describe the ontrol and prevention of deficiency diseases

REFERENCE

Centre for Disease Control Micronutrients Fact Sheet. Accessed 8/11/2021

UNIT 10 EXERCISE

10. INTRODUCTION

Exercise is defined as any movement that makes your muscles work and requires your body to burn calories. There are many types of physical activity, including swimming, running, jogging, walking, and dancing, to name a few. Being active has been shown to have many health benefits, both physically and mentally.

10.1 OBJECTIVES

By the end of this unit the students should be able to:

1. Define exercise
2. Describe brief history of exercise
3. State the types of exercise require of a university student
4. Describe the health benefit of exercise to the university students
5. Outline the health problems that may affect the university students due to lack of exercise

10 MAIN CONTENT

10.1 CONCEPT OF EXERCISE

Exercise involves engaging in physical activity and increasing the heart rate beyond resting levels. It is an important part of preserving physical and mental health. Exercise is any bodily activity that enhances or maintains physical fitness and overall health and wellness. Examples include brisk walking, jogging, swimming, and biking. Strength, or resistance training, exercises make your muscles stronger. Some examples are lifting weights and using a resistance band. Balance exercises can make it easier to walk on uneven surfaces and help prevent falls. Exercise is the training of the body to improve its function and enhance its fitness. The terms *exercise* and physical activity are often used interchangeably, but this article will distinguish between them. Physical activity is an inclusive term that refers to any expenditure of energy brought about by bodily movement via the skeletal muscles; as such, it includes the complete spectrum of activity from very low resting levels to maximal exertion. Exercise is a component of physical activity. The distinguishing characteristic of exercise is that it is a structured activity specifically planned to develop and maintain physical fitness. Physical conditioning refers to the development of physical fitness through the adaptation of the body and its various systems to an exercise program.

10.2 A HISTORICAL VIEW OF EXERCISE

Prehistoric period

Hominids human beings and their immediate ancestors have existed on Earth for at least two million years. For more than 99 percent of that time, hominids lived a nomadic existence and survived by hunting and gathering food. It is obvious that this way of life was enormously different from the way people live today in developed countries. Thus, evolutionary history has prepared humankind for one kind of life, but modern people lead another. This fact has profound implications for patterns of disease and for the association between living habits and health. Observation of the few remaining nomadic groups in the world indicates that they are relatively free of chronic diseases and that, in comparison to the populations in developed countries, they are leaner, have a higher level of physical fitness, eat a very different diet, and have different physical activity patterns. Data from the distant past are not available, but it is reasonable to speculate that early humans had considerably higher caloric expenditures per unit of body weight than do modern individuals.

Agricultural period

As civilization developed, nomadic hunting and gathering societies gave way to agricultural ones in which people grew their own food and domesticated animals. This development occurred relatively recently, approximately 10,000 years ago. Although many aspects of life changed during the agricultural period, it is likely that energy demands remained high, with much of the work still done by human power. Even in cities which had evolved by about midway through the agricultural period individuals expended more calories than do most people today.

Industrial period

The industrial period began during the mid-18th century, with the development of an efficient steam engine, and lasted to the end of World War II (1945). This relatively brief time span was characterized by a major shift in population from farms to cities, with attendant changes in many areas of lifestyle. Even though the internal-combustion engine and electrical power were increasingly used to perform work, the great majority of individuals in industrialized societies still faced significant energy demands. In the cities relatively more individuals walked to work, climbed stairs, and had more physically demanding jobs than do most people today.

Technological period

The post-World War II period has been a technological age, a period characterized by rapid growth in energy-saving devices, both in the home and at the workplace. As an example, longshoremen in the late 1940s worked hard loading and unloading ships; by contrast, most longshoremen in the late 20th century had much lower energy demands from the job, because of the containerization of cargo and the mechanization of the loading and unloading process. Also during this period, the use of labour-saving devices in the home and in yard and garden work became much more widespread. Physical activity became less and less common in industrialized countries, especially among the urban population. Although the level of general physical activity has declined, most observers feel that there have been increases in exercise participation in many countries since the late 1960s. Jogging, racket sports, cycling, and other active recreational pursuits have become much more common. In a sense this is simply humankind's returning to the more active lifestyle of its distant ancestors.

10.3 TYPES OF PHYSICAL FITNESS

Physical fitness is a general concept and is defined in many ways by different scientists. Physical fitness is discussed here in two major categories: health-related physical fitness and motor-performance physical fitness. Despite some overlap between these classifications, there are major differences, as described below.

Health-related physical fitness

Health-related physical fitness is defined as fitness related to some aspect of health. This type of physical fitness is primarily influenced by an individual's exercise habits; thus, it is a dynamic state and may change. Physical characteristics that constitute health-related physical fitness include strength and endurance of skeletal muscles, joint flexibility, body composition, and cardio respiratory endurance. All these attributes change in response to appropriate physical conditioning programs, and all are related to health.

Strength and endurance of skeletal muscles of the trunk help maintain correct posture and prevent such problems as low back pain. Minimal levels of muscular strength and endurance are needed for routine tasks of living, such as carrying bags of groceries or picking up a young child. Individuals with very low levels of muscular strength and endurance are limited in the performance of routine tasks and have to lead a restricted life. Such limitations are perhaps only indirectly related to health, but individuals who cannot pick up and hug a

grandchild or must struggle to get up from a soft chair surely have a lower quality of life than that enjoyed by their fitter peers.

Flexibility, or range of motion around the joints, also ranks as an important component of health-related fitness. Lack of flexibility in the lower back and posterior thigh is thought to contribute to low back pain. Extreme lack of flexibility also has a deleterious effect on the quality of life by limiting performance.

Body composition refers to the ratio between fat and lean tissue in the body. Excess body fat is clearly related to several health problems, including cardiovascular disease, type 2 (adult-onset) diabetes mellitus, and certain forms of cancer. Body composition is affected by diet, but exercise habits play a crucial role in preventing obesity and maintaining acceptable levels of body fat.

Cardio respiratory endurance, or aerobic fitness, is probably what most people identify as physical fitness. Aerobic fitness refers to the integrated functional capacity of the heart, lungs, vascular system, and skeletal muscles to expend energy. The basic activity that underlies this type of fitness is aerobic metabolism in the muscle cell, a process in which oxygen is combined with a fuel source (fats or carbohydrates) to release energy and produce carbon dioxide and water. The energy is used by the muscle to contract, thereby exerting force that can be used for movement. For the aerobic reaction to take place, the cardio respiratory system (i.e., the circulatory and pulmonary systems) must constantly supply oxygen and fuel to the muscle cell and remove carbon dioxide from it. The maximal rate at which aerobic metabolism can occur is thus determined by the functional capacity of the cardiorespiratory system and is measured in the laboratory as maximal oxygen intake..

Motor-performance physical fitness

Motor-performance fitness is defined as the ability of the neuromuscular system to perform specific tasks. Test items used to assess motor-performance fitness include chin-ups, sit-ups, the 50-yard dash, the standing long jump, and the shuttle run (a timed run in which the participant dashes back and forth between two points). The primary physical characteristics measured by these tests are the strength and endurance of the skeletal muscles and the speed or power of the legs. These traits are important for success in many types of athletics. Muscular strength and endurance are also related to some aspects of health, as stated above.

There is disagreement among experts about the relative importance of health-related and motor-performance physical fitness. While both types of fitness are obviously desirable,

their relative values should be determined by an individual's personal fitness objectives. If success in athletic events is of primary importance, motor-performance fitness should be emphasized. If concern about health is paramount, health-related fitness should be the focus. Different types of fitness may be important not only to different individuals but also to the same individual at different times. The 16-year-old competing on a school athletic team is likely to focus on motor performance. The typical middle-aged individual is not as likely to be concerned about athletic success, emphasizing instead health and appearance. One further point should be made: to a great extent, motor-performance physical fitness is determined by genetic potential. The person who can run fast at 10 years of age will be fast at age 17; although training may enhance racing performance, it will not appreciably change the individual's genetically determined running speed. On the other hand, characteristics of health-related physical fitness, while also partly determined by inheritance, are much more profoundly influenced by exercise habits.

10.4 PRINCIPLES OF EXERCISE TRAINING

Research in exercise training has led to the recognition of a number of general principles of conditioning. These principles must be applied to the development of a successful exercise program.

- **Specificity:** The principle of specificity derives from the observation that the adaptation of the body or change in physical fitness is specific to the type of training undertaken. Quite simply this means that if a fitness objective is to increase flexibility, then flexibility training must be used. If one desires to develop strength, resistance or strengthening exercises must be employed. This principle is indeed simple; however, it is frequently ignored. Many fraudulent claims for an exercise product or system promise overall physical fitness from one simple training technique. A person should be suspicious of such claims and should consider whether or not the exercise training recommended is the type that will produce the specific changes desired
- **Overload;** Overload, the second important principle, means that to improve any aspect of physical fitness the individual must continually increase the demands placed on the appropriate body systems. For example, to develop strength, progressively heavier objects must be lifted. Overload in running programs is achieved by running longer distances or by increasing the speed.

- **Progression:** Individuals frequently make the mistake of attempting too rapid a fitness change. A classic example is that of the middle-aged man or woman who has done no exercise for 20 years and suddenly begins a vigorous training program. The result of such activity is frequently an injury or, at the least, stiffness and soreness. There are no hard-and-fast rules on how rapidly one should progress to a higher level of activity. The individual's subjective impression of whether or not the body seems to be able to tolerate increased training serves as a good guide. In general it might be reasonable not to progress to higher levels of activity more often than every one or two weeks.
- **Warm-up/cool down:** Another important practice to follow in an exercise program is to gradually start the exercise session and gradually taper off at the end. The warm-up allows various body systems to adjust to increased metabolic demands. The heart rate increases, blood flow increases, and muscle temperatures rise. Warming up is certainly a more comfortable way to begin an exercise session and is probably safer. Progressively more vigorous exercises or a gradual increase in walking speed are good ways to warm up. It is equally important to cool down that is, to gradually reduce exercise intensity at the end of each session. The abrupt cessation of vigorous exercise may cause blood to pool in the legs, which can cause fainting or, more seriously, can sometimes precipitate cardiac complications. Slow walking and stretching for five minutes at the end of an exercise session is therefore a good practice. The heart rate should gradually decline during the cool down, and by the end of the five minutes it should be less than 120 beats per minute for individuals under 50 years of age and less than 100 beats per minute for those over 50.
- **Frequency, intensity, and duration:** To provide guidance on how much exercise an individual should do, exercise physiologists have developed equations based on research. It is generally agreed that to develop and maintain physical fitness, the exercise must be performed on a regular basis. A frequency of about every other day or three days per week appears minimally sufficient. Many individuals exercise more frequently than this, and, of course, such additional exercise is acceptable provided that one does not become over trained and suffer illness or injury.

The intensity of exercise required to produce benefits has been the subject of much study. Many people have the impression that exercise is not doing any good unless it hurts. This is simply not true. Regular exercise at 45 to 50 percent of one's maximal capacity is

adequate to improve one's physiological functioning and overall health. This level of intensity is generally comfortable for most individuals. A reliable way to gauge exercise intensity is to measure the heart rate during exercise. An exercise heart rate that is 65 percent of a person's maximal heart rate corresponds to approximately 50 percent of his maximal capacity. Maximal heart rate can be estimated by subtracting one's age in years from 220 (or, in the case of active males, by subtracting half of one's age from 205). Thus, a sedentary 40-year-old man has an estimated maximal heart rate of 180 beats per minute. Sixty-five percent of this maximal rate is 117 beats per minute; thus by exercising at 117 beats per minute, this individual is working at about 50 percent of his maximal capacity. To determine exercising heart rate, a person should exercise for several minutes, to allow the heart rate to adjust. The exerciser should then stop exercising, quickly find the pulse, and count the number of beats for 15 seconds. Multiplying this by four gives the rate in beats per minute. The pulse must be taken immediately after stopping exercise, since the heart rate rapidly begins to return to the resting level after work has been stopped. As noted above, exercising at the 50 percent level of intensity will improve physiologic functioning and provide health benefits. This level of exercise will not produce the maximum fitness needed for competitive athletics.

10.5 THE TYPES OF EXERCISE REQUIRE OF A UNIVERSITY STUDENT

There are several types of exercise, and they provide a range of benefits for health and well-being. People divide exercise into three broad categories:

1. Aerobic
2. Anaerobic
3. agility training

AEROBIC EXERCISE

Aerobic exercise aims to improve how the body uses oxygen. Most aerobic exercise takes place at average levels of intensity over longer periods. An aerobic exercise session involves warming up, exercising for at least 20 minutes, and then cooling down. Aerobic exercise mostly uses large muscle groups. Aerobic exercise provides the following benefits:

- improves muscle strength in the lungs, heart, and whole body
- lowers blood pressure
- improves circulation and blood flow in the muscles
- increases the red blood cell count to enhance oxygen transportation
- reduces the risk Trusted Source of diabetes, stroke, and cardiovascular disease (CVD)

- improves life expectancy Trusted Source and symptoms for people with coronary artery diseases
- stimulates bone growth and reduces the risk of osteoporosis when at high intensity
- improves sleep hygiene
- enhances stamina by increasing the body's ability to store energy molecules, such as fats and carbohydrates, within muscle

ANAEROBIC EXERCISE

Anaerobic exercise does not use oxygen for energy. People use this type of exercise to build power, strength, and muscle mass. These exercises are high-intensity activities that should last no longer than around 2 minutes. Anaerobic exercises include:

- weightlifting
- sprinting
- intensive and fast skipping with a rope
- interval training
- isometrics
- any rapid burst of intense activity

While all exercise benefits the heart and lungs, anaerobic exercise provides fewer benefits for cardiovascular health than aerobic exercise and uses fewer calories. However, it is more effective than aerobic exercise for building muscle and improving strength. Increasing muscle mass causes the body to burn more fat, even when resting. Muscle is the most efficient tissue for burning fat in the body.

AGILITY TRAINING

Agility training aims to improve a person's ability to maintain control while speeding up, slowing down, and changing direction. In tennis, for example, agility training helps a player maintain control over their court positioning through good recovery after each shot. People who take part in sports that heavily rely on positioning, coordination, speed, and balance need to engage in agility training regularly. The following sports are examples of ones that require agility:

- tennis
- American football
- Hockey
- Badminton
- Volleyball

- Basketball
- Soccer
- martial arts
- boxing
- wrestling

STRETCHING AND FLEXIBILITY

Some exercises combine stretching, muscle conditioning, and balance training. A popular and effective example is yoga. Yoga movements improve balance, flexibility, posture, and circulation. The practice originated in India thousands of years ago and aims to unify the mind, body, and spirit. Modern yoga uses a combination of meditation, posture, and breathing exercises to achieve the same goals. A yoga practitioner can tailor a course for individual needs. A person looking to manage arthritis might need gentle stretches to improve mobility and function. Someone with depression, on the other hand, may need more emphasis on the relaxation and deep breathing elements of yoga. Pilates is another stretching option that promotes flexibility and core strength. Tai chi is also an effective option for exercise that promotes calm stretching rather than intensity.

RISKS OF NOT EXERCISING

A sedentary lifestyle can increase the risk Trusted Source of the following health problems:

- cardiovascular disease
- type 2 diabetes
- cancer
- osteoporosis

It can also contribute to an increased risk of premature death from all causes, including the complications of being overweight and obesity. In many parts of the world, including the United States, the number of overweight and obese people continues to increase rapidly. According to the most recent National Health and Nutrition Examination Survey Trusted Source, that researchers did in 2013–2014 across the U.S., more than 2 in 3 adults are overweight or obesity. The same survey found that around 1 in 13 adults have extreme obesity and face an increased risk of severe health complications.

10.6 THE HEALTH BENEFITS OF EXERCISE TO THE UNIVERSITY STUDENTS

Exercise helps people lose weight and lower the risk of some diseases. Exercising regularly lowers a person's risk of developing some diseases, including obesity, type 2 diabetes, and high blood pressure. Exercise also can help keep your body at a healthy weight. Exercise can help a person age well.

- **Exercise benefits every part of the body, including the mind.** Exercising causes the body to make chemicals that can help a person feel good. Exercise can help people sleep better. It can also help some people who have mild depression and low self-esteem. Plus, exercise can give people a real sense of accomplishment and pride at having achieved a goal like beating an old time in the 100-meter dash.
- **Exercise helps people lose weight and lower the risk of some diseases.** Exercising regularly lowers a person's risk of developing some diseases, including obesity, type 2 diabetes, and high blood pressure. Exercise also can help keep your body at a healthy weight.
- **Exercise can help a person age well.** This may not seem important now, but your body will thank you later. For example, osteoporosis (a weakening of the bones) can be a problem as people get older. Weight-bearing exercise like jumping, running, or brisk walking — can help keep bones strong.
- reduce your risk of a heart attack
- manage your weight better
- have a lower blood cholesterol level
- lower the risk of type 2 diabetes and some cancers
- have lower blood pressure
- have stronger bones, muscles and joints and lower risk of developing osteoporosis
- lower your risk of falls
- recover better from periods of hospitalisation or bed rest
- feel better – with more energy, a better mood, feel more relaxed and sleep better.

THE MENTAL HEALTH BENEFITS OF EXERCISE

You already know that exercise is good for your body. But did you know it can also boost your mood, improve your sleep, and help you deal with depression, anxiety, stress, and more?



WHAT ARE THE MENTAL HEALTH BENEFITS OF EXERCISE?

Exercise is not just about aerobic capacity and muscle size. Sure, exercise can improve your physical health and your physique, trim your waistline, improves your sex life, and even adds years to your life. But that is not what motivates most people to stay active.

People who exercise regularly tend to do so because it gives them an enormous sense of well-being. They feel more energetic throughout the day, sleep better at night, have sharper memories, and feel more relaxed and positive about themselves and their lives. And it's also a powerful medicine for many common mental health challenges.

Regular exercise can have a profoundly positive impact on depression, anxiety, and ADHD. It also relieves stress, improves memory, helps you sleep better, and boosts your overall mood. And you don't have to be a fitness fanatic to reap the benefits. Research indicates that modest amounts of exercise can make a real difference. No matter your age or fitness level, you can learn to use exercise as a powerful tool to deal with mental health problems, improve your energy and outlook, and get more out of life.

Exercise and depression

Studies show that exercise can treat mild to moderate depression as effectively as antidepressant medication but without the side-effects, of course. As one example, a recent study done by the Harvard T.H. Chan School of Public Health found that running for 15 minutes a day or walking for an hour reduces the risk of major depression by 26%. In addition to relieving depression symptoms, research also shows that maintaining an exercise

schedule can prevent you from relapsing. Exercise is a powerful depression fighter for several reasons. Most importantly, it promotes all kinds of changes in the brain, including neural growth, reduced inflammation, and new activity patterns that promote feelings of calm and well-being. It also releases endorphins, powerful chemicals in your brain that energize your spirits and make you feel good. Finally, exercise can also serve as a distraction, allowing you to find some quiet time to break out of the cycle of negative thoughts that feed depression.

Exercise and anxiety

Exercise is a natural and effective anti-anxiety treatment. It relieves tension and stress, boosts physical and mental energy, and enhances well-being through the release of endorphins. Anything that gets you moving can help, but you will get a bigger benefit if you pay attention instead of zoning out. Try to notice the sensation of your feet hitting the ground, for example, or the rhythm of your breathing, or the feeling of the wind on your skin. By adding this mindfulness element really focusing on your body and how it feels as you exercise you will not only improve your physical condition faster, but you may also be able to interrupt the flow of constant worries running through your head.

Exercise and stress

Ever noticed how your body feels when you are under stress? Your muscles may be tense, especially in your face, neck, and shoulders, leaving you with back or neck pain, or painful headaches. You may feel tightness in your chest, a pounding pulse, or muscle cramps. You may also experience problems such as insomnia, heartburn, stomachache, diarrhea, or frequent urination. The worry and discomfort of all these physical symptoms can in turn lead to even more stress, creating a vicious cycle between your mind and body. Exercising is an effective way to break this cycle. As well as releasing endorphins in the brain, physical activity helps to relax the muscles and relieve tension in the body. Since the body and mind are so closely linked, when your body feels better so, too, will your mind.

Exercise and ADHD

Exercising regularly is one of the easiest and most effective ways to reduce the symptoms of ADHD and improve concentration, motivation, memory, and mood. Physical activity immediately boosts the brain's dopamine, norepinephrine, and serotonin levels all of which affect focus and attention. In this way, exercise works in much the same way as ADHD medications such as Ritalin and Adderall.

Exercise and PTSD and trauma

Evidence suggests that by really focusing on your body and how it feels as you exercise, you can actually help your nervous system become “unstuck” and begin to move out of the immobilization stress response that characterizes PTSD or trauma. Instead of allowing your mind to wander, pay close attention to the physical sensations in your joints and muscles, even your insides as your body moves. Exercises that involve cross movement and that engage both arms and legs such as walking (especially in sand), running, swimming, weight training, or dancing are some of your best choices. Outdoor activities like hiking, sailing, mountain biking, rock climbing, whitewater rafting, and skiing (downhill and cross-country) have also been shown to reduce the symptoms of PTSD.

Other mental health benefits of exercise

Even if you are not suffering from a mental health problem, regular physical activity can still offer a welcome boost to your mood, outlook, and mental well-being.

Exercise can help provide:

- **Sharper memory and thinking.** The same endorphins that make you feel better also help you concentrate and feel mentally sharp for tasks at hand. Exercise also stimulates the growth of new brain cells and helps prevent age-related decline.
- **Higher self-esteem.** Regular activity is an investment in your mind, body, and soul. When it becomes habit, it can foster your sense of self-worth and make you feel strong and powerful. You’ll feel better about your appearance and, by meeting even small exercise goals, you’ll feel a sense of achievement.
- **Better sleep.** Even short bursts of exercise in the morning or afternoon can help regulate your sleep patterns. If you prefer to exercise at night, relaxing exercises such as yoga or gentle stretching can help promote sleep.
- **More energy.** Increasing your heart rate several times a week will give you more get-up-and-go. Start off with just a few minutes of exercise per day, and increase your workout as you feel more energized.
- **Stronger resilience.** When faced with mental or emotional challenges in life, exercise can help you build resilience and cope in a healthy way, instead of resorting to alcohol, drugs, or other negative behaviors that ultimately only make your symptoms worse. Regular exercise can also help boost your immune system and reduce the impact of stress.

10.7 THE HEALTH PROBLEMS THAT MAY AFFECT THE UNIVERSITY STUDENTS DUE TO LACK OF EXERCISE

Not getting enough exercise puts you at increased risk for cardiovascular disease, type 2 diabetes, metabolic syndrome, high blood pressure and some cancers. Additionally, if you sit or stand for too long, you are more likely to have back pain, so it is important to alternate standing and sitting throughout the day and make sure to move around periodically.

11. CONCLUSION

Having successfully discussed and completed this unit it is assumed that the students have fully understood exercise for the University Students

12. SUMMARY

In this unit you have learnt about concept of exercise, the brief history of exercise, the types of exercise require of a university student, the health benefits of exercise to the university students and the health problems that may affect the university students due to lack of exercise

13 TUTOR MARK ASSIGNMENT

1. Define exercise
2. Describe the brief history of exercise
3. State the types of exercise require of a university student
4. Describe the health benefit of exercise to the university students
5. Outline the health problems that may affect the university students due to lack of exercise

14 REFERENCE

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UNIT 11 SLEEPS

11.1 INTRODUCTION

Sleep is an essential function that allows your body and mind to recharge, leaving you refreshed and alert when you wake up. Healthy sleep also helps the body remain healthy and stave off diseases. Without enough sleep, the brain cannot function properly. In addition to daily rest and relaxation, it's recommended that adults get seven to eight hours of sleep each night, but quality is just as important as quantity. Rapid eye movement (REM) sleep is the most restorative of the five sleep cycles. At least one-quarter of your sleep should be spent in the REM cycle.

11.2 OBJECTIVES

At the end of this unit the students should be able to:

1. Conceptualize sleep
2. Explain good sleep
3. State the importance of sleep
4. Mention how to get enough quality sleep each night
5. Explain how much sleep do people need by age

11. MAIN CONTENT

11.1 SLEEP

Sleep is an essential function that allows your body and mind to recharge, leaving you refreshed and alert when you wake up. Healthy sleep also helps the body remain healthy and stave off diseases. Without enough sleep, the brain cannot function properly. Scientific research makes clear that sleep is essential at any age. Sleep powers the mind, restores the body, and fortifies virtually every system in the body. But how much sleep do we really need in order to get these benefits? National Sleep Foundation guidelines advise that healthy adults need between 7 and 9 hours of sleep per night. Babies, young children, and teens need even more sleep to enable their growth and development. People over 65 should also get 7 to 8 hours per night. Knowing the general recommendations for how much sleep you need is a first step. Then it's important to reflect on your individual needs based on factors like your activity level and overall health. And finally, of course, it's necessary to apply healthy sleep tips so that you can actually get the full night's sleep that is recommended for personal health.

11.2 GOOD SLEEP

Good sleep is a body-mind state in which individuals experience sensory detachment from our surroundings. Sleep is an essential function of the body and impacts every system from our cognitive function to immune health. Quality sleep can help us reset, recover and recharge. It's absolutely vital to brain function, memory, concentration, immune health and metabolism. Sleep is something your body cannot function without. In fact, if you are sleep deprived, your body will force you to sleep, no matter what you are in the middle of.

11.3 THE IMPORTANCE OF GOOD SLEEP OR THE BENEFITS OF GETTING A FULL NIGHT'S SLEEP

- Sleep Can Boost Your Immune System-When your body gets the sleep it needs, your immune cells and proteins get the rest they need to fight off whatever comes their way like colds or the flu. And according to the well-rested sleep specialists over at the American Academy of Sleep Medicine, proper sleep can also make vaccines more effective, which is obviously a plus.
- . Gaining Zzz's Can Help Prevent Weight Gain. Racking up eight full hours of sleep isn't going to result in losing the lbs. by itself, but it can help your body from packing on the pounds. If you do not get enough sleep, your body produces ghrelin, a hormone that boosts appetite. Your body also decreases the production of leptin, a hormone that tells you you are full. Plus, when you do not sleep enough you get more stressed and do not have the energy to fight off junk food cravings. We're exhausted just thinking about it.
- Sleep Can Strengthen Your Heart. Not getting enough sleep can lead to heart health problems like high blood pressure or heart attacks. That is because lack of sleep can cause your body to release cortisol, a stress hormone that triggers your heart to work harder. Just like your immune system, your heart needs rest in order to function powerfully and properly.
- . Better Sleep = Better Mood. There is some truth in the old saying, "Getting up on the right side of the bed." It has nothing to do with which side of the bed you roll out of, but sleeping can lead to good moods. And really, it makes sense. If you sleep well, you wake up feeling rested. Being rested helps your energy levels soar. When your energy is up, life's little challenges would not annoy you as much. When you are

not annoyed, you are not as angry. If you are not angry, you are happy. So, go to bed early and everyone around you will thank you for it.

- **Sleeping Can Increase Productivity.** You may think you are wowing your boss by burning the midnight oil, but putting off a good night's rest could be having an adverse effect at work or school. In fact, sleep has been linked to improved concentration and higher cognitive function, both of which can help you be successful at work. But one restless night can leave you feeling frazzled, making it more likely that you will make mistakes that a pot of coffee won't be able to fix. Speaking of coffee, the more tired you feel, the more likely you are to reach for that afternoon cup. And while that may seem to fix the afternoon crash problem you experience, the extra caffeine late in the day could set you up for another sleepless night. Talk about a counterproductive cycle.
- **Lack of Sleep Can Be Dangerous.** Literally, according to a study from the AAA Foundation for Traffic Safety, you are twice as likely to get in a car accident when you are cruising on six to seven hours of sleep compared to if you get a full eight hours. Sleep less than five hours and your chances of a crash quadruple! That is because your reaction time slows way down when your brain is not fully rested. We do not know about you, but those statistics have us ready to climb into our PJs and hit the hay ASAP.
- **Sleep Can Increase Exercise Performance.** Someone studied the effects of sleep deprivation on basketball players and guess what they found? When they did not sleep well, they were not very good basketball players. You might be thinking, "So what? I'm only MVP in my dreams." Well, sleep affects all types of exercise performance. Under-the-covers recovery helps with hand-eye coordination, reaction time and muscle recovery. Plus, depriving yourself of sleep can have a negative impact on strength and power.
- **Sleep Improves Memory.** Even though sleep gives your body the rest it needs, your mind is still hard at work. It is actually processing and consolidating your memories from the day. If you don't get enough sleep, who knows where those memories go; or worse, your mind might actually create false memories.

Consistent sleep of seven hours a night is what's recommend for adults just for daytime functioning being on task, being alert for the day and being able to concentrate and not be so moody and tired during the day,". While there will certainly

be ebbs and flows to your sleeping patterns, we hope this is enough evidence to convince you to aim for seven to eight hours a night so that your mind and body can fully reap all the benefits. Need some help counting sheep? Create a nighttime routine to get your mind and body relaxed, maybe try meditating. Oh, and stop looking at your phone or tablet those social media alerts will all be there in the morning. Sweet dreams! Rest is vital for better mental health, increased concentration and memory, a healthier immune system, reduced stress, improved mood and even a better metabolism.

11.4 GET ENOUGH QUALITY SLEEP EACH NIGHT

Getting enough quality sleep each night, you should:

- Avoid caffeine in the afternoon and evening.
 - Stick to a consistent sleep schedule, even on the weekends.
 - Set your thermostat between 60 and 70 degrees at night.
 - Avoid napping during the day.
 - At least one hour before bed, swap screen time for a relaxing activity such as reading, bedtime yoga or a relaxing bath.
 - Exercises are important, but avoid working out late in the day, if possible.
- However, anyone and everyone can benefit from simply taking time to rest and relax during your daily routine

11.5 HOW MUCH SLEEP DO PEOPLE NEED BY AGE

The recommended sleep times are broken down into nine age groups.

	Age Range	Recommended Hours of Sleep
Newborn	0-3 months old	14-17 hours
Infant	4-11 months old	12-15 hours
Toddler	1-2 years old	11-14 hours
Preschool	3-5 years old	10-13 hours
School-age	6-13 years old	9-11 hours
Teen	14-17 years old	8-10 hours
Young Adult	18-25 years old	7-9 hours
Adult	26-64 years old	7-9 hours
Older Adult	65 or more years old	7-8 hours

In each group, the guidelines present a recommended range of nightly sleep duration for healthy individuals. In some cases, sleeping an hour more or less than the general range may be acceptable based on a person's circumstances

12. CONCLUSION

Having successfully discussed and completed this unit it is assumed that the students have fully understood sleep for the University Students

13. SUMMARY

In this unit you have learnt about the concept of sleep, good sleep, the importance of sleep, how to get enough quality sleep each night and how much sleep people need by age.

14 TUTOR MARK ASSIGNMENT

1. Conceptualize sleep
2. Explain good sleep
3. State the importance of sleep
4. Mention how to get enough quality sleep each night
5. Explain how much sleep do people need by age

15 REFERENCE

How Much Sleep Do We Really Need? Accessed 10/11/2021

The Science of Sleep: Understanding What Happens When You Sleep. Accessed 10/11/2021

UNIT 12 RECREATION AND LEISURE SERVICES

12.1 INTRODUCTION

Recreation is doing activities that are fun. They may be active games (moving games) or passive games (sitting games). A good recreation leader uses a variety of active and passive games. Sometimes recreation has a specific purpose, like getting acquainted. Other times recreation can simply provide an opportunity to have fun. Recreation is also a very effective educational tool and gives members/students a chance to be creative. Leisure is defined as freedom from work, school or other responsibilities and tasks. An example of leisure is the time after work has ended and all errands for the day have been run. An example of leisure is a time when one is temporarily released from other compulsory, but unpaid duties, such as child care, home or other maintenance, or personal obligations and matters.

12.2 OBJECTIVES

By the end of this unit the students should be able to:

1. explain the word “recreation”
2. state the functions benefits of recreation to the university students
3. describe the duties of a club recreation leader,
4. mention some activities that are available in recreational centre
5. Outline the Good Recreation Leader Tips and Tricks
6. Explain the elements of Sportsmanship in recreational centre

12MAIN CONTENT

12.1RECREATION

Recreation refers to all those activities that people choose to do to refresh their bodies and minds and make their leisure time more interesting and enjoyable. Examples of recreation activities are walking, swimming, meditation, reading, playing games and dancing

12.2 FUNTIONS/BENEFITS OF RECREATION

According to The American College of Dictionary, a benefit is anything that is for the good of the person or thing. In Parks and Recreation we add to this definition be adding the “community”. There are many different benefits that can be achieved by participating in leisure opportunities. Most of these benefits fall within one of four categories:

Individual

- Develops Personal Development and Growth
- Physical Health Development
- Self Esteem and Self Reliance
- Creativity and Sense of Accomplishment
- Creates more Fun
- Enhances Pleasure
- Reduces Stress
- Increases Life Satisfaction
- Promotes Psychological Well-being
- FUN in a club program
- Interest in club meetings
- A chance to learn cooperation
- A healthy outlet for competition
- Mental stimulation
- Opportunities for physical development and a chance to practice leadership and social skills

Community

- Connected Families
- Strengths Social Bonding
- Ethnic and cultural Harmony
- Reduces Alienation
- Develops Strong Communities

Environmental

- Reduces Pollution
- Promotes Clean Air and Water
- Preserves Open Space
- Protects the Ecosystem
- Increases Community Pride

Economic

- Reduces Healthcare Cost
- Reduces Vandalism and Crime
- Enhances Property Value

- Catalyst for Tourism

12.3 DESCRIBE THE DUTIES OF A CLUB RECREATION LEADER,

As the club recreation leader, you will:

- Make recreation an important part of your club's meetings.
- Serve as chairperson of the recreation committee, if your club has one. If not, and your club has enough members, it is a good idea to talk to your advisor about organizing one at the beginning of the year.
- Based on the interests of club members, prepare games or activities for each meeting and lead those games or activities.
- Practice each game or activity before using it at a meeting.
- Teach your fellow club members how to learn from teamwork activities.
- Make sure to have all "equipment" needed.
- Teach the rules of a game or activity
- Encourage everyone to participate.
- Be sure that all members have FUN!
- Make sure that all facilities are cleaned up following a recreation game or activity

12.4 MENTION SOME ACTIVITIES THAT ARE AVAILABLE IN RECREATIONAL CENTRE

- ✓ Singing
- ✓ Playing checkers
- ✓ Dancing
- ✓ Riddles, puzzles
- ✓ Skating
- ✓ Magic tricks
- ✓ Frisbee
- ✓ Volleyball
- ✓ Softball
- ✓ Kickball
- ✓ Jump rope
- ✓ Four Square
- ✓ Tell stories or
- ✓ Jokes
- ✓ Fishing

- ✓ Card games
- ✓ Relay races
- ✓ Sack races
- ✓ Wiener roast
- ✓ Crafts
- ✓ Holiday parties
- ✓ Bingo
- ✓ Hayride
- ✓ Darts
- ✓ Soccer

12.5 OUTLINE THE GOOD RECREATION LEADER TIPS AND TRICKS

A good recreation leader patiently explains the game or activity, and demonstrates if possible and then fully participates with his/her club members. You should:

- ✓ Check with your Extension Educator for resources on recreation.
- ✓ Show enthusiasm!
- ✓ Plan a program appropriate for the setting.
- ✓ Thoroughly practice and prepare it helps to write out the instructions you will give.
- ✓ Speak clearly
- ✓ Explain the signals you will use for starting and stopping.
- ✓ Know when to stop or change games it is always best to stop while everyone is still having fun.
- ✓ Overlook mistakes remember recreation is for FUN!

12.6 THE ELEMENTS OF SPORTSMANSHIP IN RECREATIONAL CENTRE

Become familiar with the meaning of sportsmanship and its elements by reading through these definitions:

- ✓ **Sportsmanship.** Conduct becoming of an individual involving fair and honest competition, courteous relations, and graceful acceptance of results.
- ✓ **Becoming conduct.** A mode or standard of personal behaviour, especially as based on moral principles; behaviour in a particular situation.
- ✓ **Fairness.** The quality or state of being honest and just; free from injustice, prejudice or favoritism; conforming to codes or rules of a competitive activity.

- ✓ **Honesty.** Fairness and straightforwardness of conduct; integrity; adherence to the facts; freedom from deception; truthfulness; sincerity; of unquestionable authenticity; genuine; real; reputable.
- ✓ **Competition.** Seeking to gain what another is seeking to gain at the same time, usually under fair or equitable rules of circumstances; a common struggle for the same object; a contest or trial between contestants.
- ✓ **Courtesy/courteous.** Well-mannered conduct showing respect and consideration of others.
- ✓ **Relations.** Dealings; connections; affairs; state of affairs existing between those having dealings or relationships.
- ✓ **Grace/graceful.** Disposition to kindness, favor, or compassion; the display of kindly treatment; acting with the intention of pleasing; thoughtfulness.
- ✓ **Acceptance.** The act of accepting; to take without protest; to endure or tolerate with patience; to regard as proper, suitable, or normal; acknowledge as appropriate, permissible or inevitable; agree to results: consequences, effects, or conclusions; decisions or resolutions; that which is achieved, obtained, or brought about through a process or competition.

13 CONCLUSIONS

Having successfully discussed and completed this unit it is assumed that the students have fully understood the recreation and leisure services for University Students

14. SUMMARY

In this unit you have learnt about the concept of “recreation”, the functions benefits of recreation to the university students, the duties of a club recreation leader, some activities that are available in recreational centre, the Good Recreation Leader Tips and Tricks and the elements of Sportsmanship in recreational centre for university students

15 TUTOR MARK ASSIGNMENT

1. explain the word “recreation”
2. state the functions benefits of recreation to the university students
3. describe the duties of a club recreation leader,
4. mention some activities that are available in recreational centre

5. Outline the Good Recreation Leader Tips and Tricks
6. Explain the elements of Sportsmanship in recreational centre

16 REFERENCE

Ohio 4-H *Recreation Officer's Handbook*. Accessed 6/11/2021

UNIT 13 POSTURES

13.1 INTRODUCTION

Good posture is about more than standing up straight so you can look your best. It is an important part of your long-term health. Making sure that you hold your body the right way, whether you are moving or still, to prevent pain, injuries, and other health problems. Therefore, posture is defined as the attitude assumed by the body either with support during the course of muscular activity, or as a result of the coordinated action performed by a group of muscles working to maintain the stability.

13.2 OBJECTIVES

By the end of this unit the students should be able to:

1. explain the concept of postures
2. describe the two types of postures
3. Assess posture
4. Explain Posture and health
5. Explain some faulty postures

13. MAIN CONTENT

13.1 TYPES OF POSTURES

There are two types of postures:

1. Dynamic posture is how you hold yourself when you are moving, like when you are walking, running, or bending over to pick up something. It is usually required to form an efficient basis for movement. Muscles and non-contractile structures have to work to adapt to changing circumstances.
2. Static posture is how you hold yourself when you are not moving, like when you are sitting, standing, or sleeping. Body segments are aligned and maintained in fixed positions. This is usually achieved by co-ordination and interaction of various muscle groups which are working statically to counteract gravity and other forces. It is important to make sure that you have good dynamic and static posture all the time. It is important to make sure that you have good dynamic and static posture all the time.

13.2 ASSESSMENT OF POSTURE

The key to good posture is the position of the spine. The spine has three natural curves - at your neck, mid/upper back, and lower back. Correct posture should maintain these curves, but not increase them. Your head should be above your shoulders, and the top of your shoulder should be over the hips.

- In an ideal posture, the line of gravity should pass through specific points of the body. This can simply be observed or evaluated using a plumb line to assess the midline of the body.
- This line should pass through the lobe of the ear, the shoulder joint, the hip joint, though the greater trochanter of the femur, then slightly anterior to the midline of the knee joint and lastly anterior to the lateral malleolus.
- When viewed from either the front or the back, the vertical line passing through the body's centre of gravity should theoretically bisect the body into two equal halves, with the bodyweight distributed evenly between the two feet.

While assessing posture, symmetry and rotations/tilts should be observed in the anterior, lateral and posterior views. Assess:

- ✓ Head alignment
- ✓ Cervical, thoracic and lumbar curvature
- ✓ Shoulder level symmetry
- ✓ Pelvic symmetry
- ✓ Hip, knee and ankle joints
- In sitting:
 - ✓ The ears should be aligned with the shoulders and the shoulders aligned with the hips
 - ✓ The shoulders should be relaxed and elbows are close to the sides of the body
 - ✓ The angle of the elbows, hips and knees is approximately 90 degrees
 - ✓ The feet flat on the floor
 - ✓ The forearms are parallel to the floor with wrists straight
 - ✓ Feet should rest comfortably on a surface

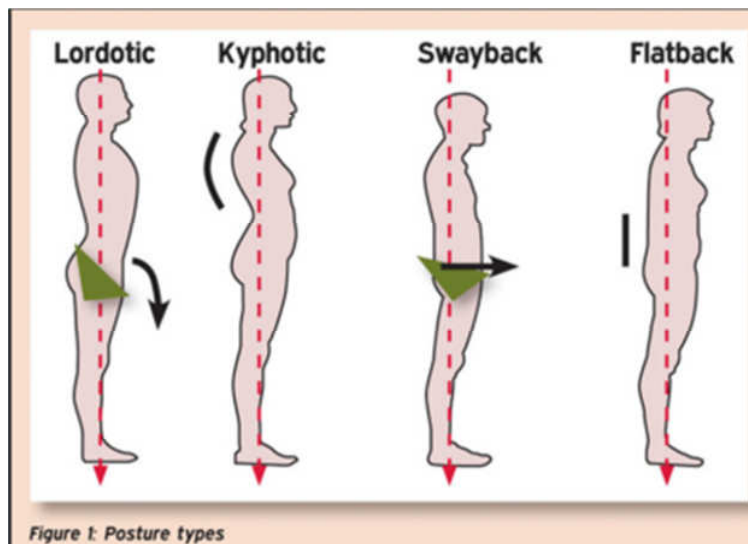
13.3 POSTURE AND HEALTH

Poor posture is bad for your health. Slouching or slumping over can:

- ✓ Misalign your musculoskeletal system
- ✓ Increase pressure on the spine, making it more prone to injury and degeneration

- ✓ Cause neck, shoulder, and back pain
- ✓ Decrease flexibility
- ✓ Affect how well joints move
- ✓ Affect balance and increase risk of falling
- ✓ Make it harder to digest food
- ✓ Make it harder to breathe
- ✓ The Relationship between Posture and Pain is that bad posture to low back pain,

13.3 SOME EXAMPLES OF FAULTY OR POSTURAL DEFECTS



- **Lordotic posture-** Lordosis refers to the normal inward curvature of the spine. When this curve is exaggerated it is usually referred to as hyperlordosis. The pelvis is usually tilted anteriorly.
- **Sway Back Posture-** In this type of posture, there is forward head, hyper-extension of the cervical spine, flexion of the thoracic spine, lumbar spine extension, posterior tilt of the pelvis, hip and knee hyper-extension and ankle slightly plantar flexed.
- **Flat back posture-** In this type of posture, there is forward head, extension of the cervical spine, extension of the thoracic spine, loss of lumbar lordosis and posterior pelvic tilt.
- **Forward head posture -** Describes the shift of the head forward with the chin poking out. It is caused by increased flexion of the lower cervical spine and upper thoracic spine with increased extension of the upper cervical spine and extension of the occiput on C1.

- **Scoliosis** - A deviation of the normal vertical line of the spine, consisting of a lateral curvature and rotation of the vertebrae. Scoliosis is considered when there is at least 10° of spinal angulation on the posterior-anterior radiograph associated with vertebral rotation. This is a 3 dimensional C or S shaped sideways curve of the spine.
- **Kyphosis** - An increased convex curve observed in the thoracic or sacral regions of the spine.

13.4 THE IMPORTANCE OF GOOD POSTURE

What is good posture anyway and why is it so important? Basically posture refers to the body's alignment and positioning with respect to the ever-present force of gravity. Whether we are standing, sitting or lying down gravity exerts a force on our joints, ligaments and muscles. Good posture entails distributing the force of gravity through our body so that no one structure is overstressed.

An architect has to take these same laws of gravity and weight distribution into account when he or she designs a building. And like a building with a poor foundation a body with poor posture is less resistant to the strains and stresses we experience over the months, years and decades of life.

When doctors or therapists look at someone's posture they generally first look at the alignment of the weight bearing joints in standing. Ideally from a back view the spine should have no lateral curvature and the legs should be symmetrical without undue angulation at the knees or ankles. From a side view the spine should form a smooth S-shaped curve, bisected by an imaginary plumb line dropped from the apex of the head through the center of gravity of the body. This same plumb line should pass through the tip of the shoulder, the center of the hip joint and ankle joint and slightly behind the knee joint. With this ideal alignment the body weight is balanced over the spine and lower extremity joints requiring minimum muscular effort. This alignment also evenly distributes pressure on the intervertebral discs and avoids excessive stress on the ligaments.

The sitting position is where most of us get into trouble with poor postural habits. This is especially true when driving or using a computer. As we focus on the activity in front of us we tend to protrude the head and neck forward. Because the body follows the head, the thoracic and lumbar spine tends to round forward as well. When this occurs, the weight of the head and upper body is no longer balanced over the spinal column but instead must be supported by increased muscular energy and placing spinal ligaments on stretch. Over time this leads to fatigue and eventually even pain in the neck and upper back. Shoulders rounded

forward which occurs for example when your car seat is too far away from the steering wheel further contributes to this pattern of imbalance. Ideally then, the S-shaped curvature of the spine that is characteristic of good standing posture should be maintained in sitting as well. This is best accomplished by sitting all the way back in a straight-backed chair and placing a folded towel or small pillow in the arch of the low back. Fortunately, many new office chairs and car seats come with built-in lumbar supports and other adjustable features.

Sitting and standing with proper postural alignment will allow one to work more efficiently with less fatigue and strain on your body's ligaments and muscles. Being aware of good posture is the first step to breaking old poor postural habits and reducing stress and strain on your spine. By putting this knowledge into practice one can prevent the structural anatomical changes that can develop if poor posture is left uncorrected for many years. So to repeat an old adage you may also have heard from your mother: "An ounce of prevention is worth a pound of cure." Thanks Mom!

14 **CONCLUSIONS**

Having successfully discussed and completed this unit it is assumed that the students have fully understood the concept of postures, the two types of postures, assessment of posture, Posture and health and explain some faulty postures for University Students

15 **SUMMARY**

In this unit you have learnt about the concept of postures, the two types of postures, assessment of posture, Posture and health and explain some faulty postures for university students

16. **TUTOR MARK ASSIGNMENT**

1. explain the concept of postures
2. describe the two types of postures
3. Assess posture
4. Explain Posture and health
5. Explain some faulty postures

REFERENCE

The Importance of Good Posture by Frank J. D. Accessed 6/11/2021

UNIT 14 RESTS AND RELAXATION

14.1 INTRODUCTION

It can be hard to maintain a healthy lifestyle in the hustle and bustle world that we live in. If you are in school, commuting to work and/or taking care of your family, time can seem to evaporate. Taking good care of your body and mind can make a difference in how healthy you are in general and how well you cope with change. Exercising, relaxing and getting enough rest will help you do better and enjoy life more. Taking good care of yourself may require a little extra time and effort, but it's worth it.

14.2 OBJECTIVES

By the end of this unit the students should be able to:

1. Explain the word “rest”
2. Explain the word “relaxation”
3. State the important of rest and relaxation to university students

14 MAIN CONTENT

14.1 REST

Getting the correct amount of quality sleep is essential to your ability to learn and process memories. Additionally, sleep helps restore your body's energy, repair muscle tissue and triggers the release of hormones that effect growth and appetite.¹

Just like exercise, the amount of sleep you need depends on your age. The National Heart, Lung and Blood Institute recommends at least 11-12 hours for preschool-aged children, 10 hours for school-aged children, 9-10 hours for teens and 7-8 hours for adults.²

Quality of sleep matters too. Quality of sleep refers to how much time you spend in REM (rapid eye movement) sleep. REM is the most restorative of the 5 cycles of sleep and should account for one-fourth of the time you spend sleeping. For example, an adult who sleeps 8 hours in a night should spend a total of 2 hours in REM sleep.

If you don't get enough sleep, or good quality sleep every once in a while, you may notice that you wake up feeling groggy, not well rested, and experience difficulty concentrating. If you consistently do not get enough quality sleep, you are at higher risk for conditions like heart disease, diabetes, obesity, headaches and depression. Try to stay in the suggested guidelines for amount of sleep - getting too much sleep on a regular basis can be problematic for health as well.

If you feel as though you are not getting enough sleep on a regular basis and it is affecting your work or personal life, talk to your primary care doctor to discuss whether you may have an underlying sleep disorder, like insomnia or sleep apnea.

14.2 RELAXATION

While there are no specific guidelines for how much relaxation a person should incorporate into their lifestyle, making time to unwind and enjoy life is an important part of maintaining good health. Deep relaxation, like meditation, when practiced regularly not only relieves stress and anxiety, but also is shown to improve mood. Deep relaxation has many other potential benefits as well it can decrease blood pressure, relieve pain, and improve your immune and cardiovascular systems.

Making time to find enjoyment is also an important element of relaxation. Laughing decreases pain, may help your heart and lungs, promotes muscle relaxation and can reduce anxiety. If you aren't getting enough time to relax, you may find yourself feeling tense and stressed out. Long-term stress, if not addressed, can cause a host of health issues, including chest pain, headaches, digestive issues, anxiety, depression changes in sexual desire and the ability to focus.

14.3 IMPORTANT OF REST AND RELAXATION TO UNIVERSITY STUDENTS



Recent research has revealed that people perform better at work and in life if we practice strategic renewal. If you are rundown you are more susceptible to getting sick and miss days from work.

You need to get more sleep during the week, scheduling daytime workouts, eat healthy foods, and enjoy rest and relaxation away from the office with your team members whenever possible.

These simple changes in behaviour are guaranteed to improve your attitude about work your performance at work and maybe even your beach volleyball skills. Humans aren't designed to run on high level without having a period of rest and relaxation. You need a time for renewal. It allows you to relax and rejuvenate your mind and body.

Here are some of the specific benefits of rest and relaxation whether you are on the beach or in your own backyard:

- **Restores your energy:** You need to recharge your batteries in order to perform at peak effectiveness throughout the day. Rest and relaxation is part of your work cycle and taking advantage of it whenever possible will improve your productivity.
- **Repairs your body:** Our bodies repair themselves from daily wear and tear when we rest. Rest and relaxation reduces stress and improves overall health. You will be able to easily work a full day.
- **Improves your focus:** An active mind gets tired just like an active body. Including time to quiet your thoughts and letting your mind rest is part of the healing process. You will improve your ability to concentrate and problem solve at work.
- **Improves your mood:** Relaxation makes you feel happier. When you choose to think about things that make you feel good, you will discover that you actually feel more positive about the challenges you face at work. You will begin to see obstacles as opportunities.
- **Increases your creativity:** Too much stress and activity often disconnect you from your creative potential. Rest and relaxation will allow you to regenerate as an individual and as a team. Your ability to create and innovate as a team member and as a cohesive group will be improved when you return to work.

15. CONCLUSION

Having successfully discussed and completed this unit it is assumed that the students have fully understood the concept of the word “rest,” the word “relaxation” and the importance of rest and relaxation to university students

16. SUMMARY

In this unit you have learnt about the concept of the word “rest,” the word “relaxation” and the importance of rest and relaxation to university students

17. TUTOR MARK ASSIGNMENT

1. Explain the word “rest”
2. Explain the word “relaxation”
3. State the important of rest and relaxation to university students

18. REFERENCE

MODULE 3 LIFESTYLE RELATED HEALTH PROBLEMS OF A UNIVERSITY STUDENT

UNIT1. HEALTHY LIFE STYLE

INTRODUCTION

A healthy lifestyle is the activity undertaken by a person for the purpose of preventing health problems and promoting health. For example, exercise, eating a healthy diet, wearing a seatbelt, and avoiding stress are forms of healthy lifestyle. Information to promote healthy lifestyle among University Students include: Healthy eating, Physical activity, healthy sexual activity, Emotional well-being, avoidance the use of tobacco, alcohol and other substances, unintended injuries, t

3.1 OBJECTIVES

At the end of this unit, a student should be able to:

1. State the types of healthy lifestyles expected of University Students
2. Explain Healthy Eating as a healthy lifestyle of a University student
3. Describe Physical activity as a healthy lifestyle of a University student
4. Explain Healthy Sexual activity as a healthy lifestyle of a University student
5. Describe Emotional well-being as a healthy lifestyle of a University student
6. Describe avoidance of use of tobacco as a healthy lifestyle of a University student
7. Describe avoidance of unintended injuries as a healthy lifestyle of a University student
8. Describe avoidance of violence and abuse as healthy lifestyles of a University Student
9. State the control and prevention of Violence and abuse as healthy lifestyles for University students

3 MAIN CONTAIN

3.1 The types of healthy lifestyles activities expected of University Students

A healthy lifestyle is the activity undertaken by a student/person for the purpose of preventing health problems and promoting his/her health. Personal health activities stand for individual actions and decision making that affects the health of an individual or the health of his or her immediate family members or friends such as wearing a seat belt, exercising regularly, getting adequate rest and sleep, participating in regular physical activity, following a physical fitness plan, developing and maintaining skill-related fitness, being a responsible

spectator and participant in sports, and preventing physical injuries and illnesses related to physical activity, healthy eating among others.

3.2 Healthy Eating is all about balance diet. A balanced diet gives your body the nutrients it needs to function correctly. To get the nutrition you need, most of your daily calories should come from: fresh fruits, fresh vegetables, whole grains, legumes, nuts and lean proteins. The number of calories in a food refers to the amount of energy stored in that food. Your body uses calories from food for walking, thinking, breathing, and other important functions. The average person needs about 2,000 calories every day to maintain their weight, but the amount will depend on their age, sex, and physical activity level.

Males tend to need more calories than females, and people who exercise need more calories than people who don't.

Current guidelines list the following calorie intakes for males and females of different ages:

3.1.1. Calorie intakes for males and females of different ages

Person	calories requirements
Sedentary children: 2–8 years	1,000–2,000
Active children: 2–8 years	1,000–2,000
Females: 9–13 years	1,400–2,200
Males: 9–13 years	1,600–2,600
Active females: 14–30 years	2,400
Sedentary females: 14–30 years	1,800–2,000
Active males: 14–30 years	2,800–3,200
Sedentary males: 14–30 years	2,000–2,600
Active people: 30 years and over	2,000–3,000
Sedentary people: 30 years and over	1,600–2,400

3.1.2 EMPTY CALORIES

The sources of your daily calories are important. Foods that provide mainly calories and very little nutrition are known as “empty calories.” Examples of foods that provide empty calories include:

cakes, cookies, and donuts

processed meats

energy drinks and sodas

fruit drinks with added sugar

ice cream

chips and fries

pizza

sodas

To maintain good health, limit your consumption of empty calories and instead try to get your calories from foods that are rich in other nutrients..

3.2 WHAT TO EAT FOR A BALANCED DIET

A healthy, balanced diet will usually include the following nutrients: vitamins, minerals, and antioxidants; carbohydrates, including starches and fiber and protein healthy fats. A balanced diet will include a variety of foods from the following groups:

Fruits

Vegetables

Grains

Dairy

protein foods

FOODS TO AVOID

Foods to avoid or limit on a healthy diet include:

highly processed foods

refined grains

added sugar and salt

red and processed meat

alcohol

trans fats

What's healthy for one person may not be suitable for another.

WHY A BALANCED DIET IS IMPORTANT

Explain the word "rest"

Explain the word "relaxation"

State the importance of rest and relaxation to university students

A balanced diet supplies the nutrients your body needs to work effectively. Without balanced nutrition, your body is more prone to disease, infection, fatigue, and low performance. Students who don't get enough healthy foods may face growth and developmental problems, poor academic performance, and frequent infections. They can also develop unhealthy eating habits that may persist into adulthood.

3.4 CONCLUSION

Having successfully read and completed this unit, it is assumed that the students have understood a healthy lifestyle and what to do to remain healthy.

3.5 SUMMARY

In this unit you have learnt the concepts of healthy lifestyle, healthy eating, the calories intakes for males and females of different ages, empty calories, what to eat for a balanced diet and why a balanced diet is important to the body.

3.6 TUTOR MARKED ASSIGNMENT

What is healthy lifestyle?

Explain healthy eating

In a tabular form, outline the calories intakes for males and females of different ages

What are empty calories? State five (5) of the empty calories

State what to eat for a balanced diet

Explain why a balanced diet is important to the body

3.7 REFERENCES/FURTHER READING

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3.PHYSICAL ACTIVITY AS A HEALTHY LIFESTYLE OF A UNIVERSITY STUDENT

3.1 INTRODUCTON

Physical activity is defined as any voluntary bodily movement produced by skeletal muscles that requires energy expenditure. Physical activity encompasses all activities, at any intensity, performed during any time of the day or night. WHO defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure. Physical activity refers to all movement including during leisure time, for transport to get to and from places, or as part of a person's work. Both moderate- and vigorous-intensity physical activity improve health. Popular ways to be active include walking, cycling, wheeling, sports and active recreation and play that can be done at any level of skill and for enjoyment by everybody. Regular physical activity is proven to help prevent and manage non-communicable diseases such as heart disease, stroke, diabetes and several cancers. It also helps prevent hypertension, maintain healthy body weight and can improve mental health, quality of life and well-being.

3.3.2 HOW MUCH OF PHYSICAL ACTIVITY IS RECOMMENDED?

World Health Organization (WHO) guidelines and recommendations provide details for different age groups and specific population groups on how much physical activity is needed for good health thus:

3.3.2.1 for children under 5 years of age

In a 24-hour day, infants (less than 1 year) should:

Be physically active several times a day in a variety of ways, particularly through interactive floor-based play; more is better. For those not yet mobile, this includes at least 30 minutes in prone position (tummy time) spread throughout the day while awake;

not be restrained for more than 1 hour at a time (e.g., prams/strollers, high chairs, or strapped on a caregiver's back);

When sedentary, engaging in reading and storytelling with a caregiver is encouraged; and

Have 14-17h (0-3 months of age) or 12-16h (4-11 months of age) of good quality sleep, including naps.

In a 24-hour day, children 1-2 years of age should:

spend at least 180 minutes in a variety of types of physical activities at any intensity, including moderate- to vigorous-intensity physical activity, spread throughout the day; more is better; not be restrained for more than 1 hour at a time (e.g., prams/strollers, high chairs, or strapped on a caregiver's back) or sit for extended periods of time.

For 1 year olds, sedentary screen time (such as watching TV or videos, playing computer games) is not recommended.

For those aged 2 years, sedentary screen time should be no more than 1 hour; less is better.

When sedentary, engaging in reading and storytelling with a caregiver is encouraged; and

Have 11-14h of good quality sleep, including naps, with regular sleep and wake-up times.

In a 24-hour day, children 3-4 years of age should:

spend at least 180 minutes in a variety of types of physical activities at any intensity, of which at least 60 minutes is moderate- to vigorous-intensity physical activity, spread throughout the day; more is better; not be restrained for more than 1 hour at a time (e.g., prams/strollers) or sit for extended periods of time.

Sedentary screen time should be no more than 1 hour; less is better.

When sedentary, engaging in reading and storytelling with a caregiver is); encourage; and have 10-13h of good quality sleep, which may include a nap, with regular sleep and wake-up times.

Children and adolescents aged 5-17 years

should do at least an average of 60 minutes per day of moderate-to-vigorous intensity, mostly aerobic, physical activity, across the week.

should incorporate vigorous-intensity aerobic activities, as well as those that strengthen muscle and bone, at least 3 days a week.

should limit the amount of time spent being sedentary, particularly the amount of recreational screen time.

Adults aged 18–64 years

should do at least 150–300 minutes of moderate-intensity aerobic physical activity; or at least 75–150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week

should also do muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week, as these provide additional health benefits.

May increase moderate-intensity aerobic physical activity to more than 300 minutes; or do

more than 150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week for additional health benefits.

should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits, and to help reduce the detrimental effects of high levels of sedentary behaviour on health,

all adults and older adults should aim to do more than the recommended levels of moderate- to vigorous-intensity physical activity

Adults aged 65 years and above

Same as for adults; and as part of their weekly physical activity, older adults should do varied multi-component physical activity that emphasizes functional balance and strength training at moderate or greater intensity, on 3 or more days a week, to enhance functional capacity and to prevent falls.

Pregnant and postpartum women

All pregnant and postpartum women without contraindication should:

do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week

incorporate a variety of aerobic and muscle-strengthening activities

should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits.

H People living with chronic conditions (hypertension, type 2 diabetes, HIV and cancer survivors)

should do at least 150–300 minutes of moderate-intensity aerobic physical activity; or at least 75–150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week

should also do muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week, as these provide additional health benefits.

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than 150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week for additional health benefits.

should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits, and to help reduce the detrimental effects of high levels of sedentary behaviour on health, all adults and older adults should aim to do more than the recommended levels of moderate- to vigorous-intensity physical activity.

I Children and adolescents living with disability:

should do at least an average of 60 minutes per day of moderate-to-vigorous intensity, mostly aerobic, physical activity, across the week.

should incorporate vigorous-intensity aerobic activities, as well as those that strengthen muscle and bone, at least 3 days a week.

should limit the amount of time spent being sedentary, particularly the amount of recreational screen time.

J Adults living with disability:

should do at least 150–300 minutes of moderate-intensity aerobic physical activity; or at least 75–150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week

should also do muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week, as these provide additional health benefits.

As part of their weekly physical activity, older adults should do varied multi-component physical activity that emphasizes functional balance and strength training at moderate or greater intensity, on 3 or more days a week, to enhance functional capacity and to prevent falls.

may increase moderate-intensity aerobic physical activity to more than 300 minutes; or do more than 150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week for additional health benefits.

should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits, and to help reduce the detrimental effects of high levels of sedentary behaviour on health,

all adults and older adults should aim to do more than the recommended levels of moderate- to vigorous-intensity physical activity.

It is possible to avoid sedentary behaviour and be physically active while sitting or lying. E.g.

Upper body led activities, inclusive and/or wheelchair-specific sport and activities.

Regular physical activity, such as walking, cycling, wheeling, doing sports or active recreation, provides significant benefits for health. Some physical activity is better than doing none. By becoming more active throughout the day in relatively simple ways, people can easily achieve the recommended activity levels.

Physical inactivity is one of the leading risk factors for non-communicable diseases mortality. People who are insufficiently active have a 20% to 30% increased risk of death compared to people who are sufficiently active.

3.3.2.2 Regular physical activity can:

improve muscular and cardiorespiratory fitness;

improve bone and functional health;

reduce the risk of hypertension, coronary heart disease, stroke, diabetes, various types of cancer (including breast cancer and colon cancer), and depression;

reduce the risk of falls as well as hip or vertebral fractures; and

help maintain a healthy body weight.

3.3.2.3 In children and adolescents, physical activity improves:

physical fitness (cardiorespiratory and muscular fitness)

cardiometabolic health (blood pressure, dyslipidaemia, glucose, and insulin resistance)bone health

cognitive outcomes (academic performance, executive function)

mental health (reduced symptoms of depression)reduced adiposity

3.3.2.4In adults and older adults, higher levels of physical activity reduces:

the risk of all-cause mortality

the risk of cardiovascular disease mortality

the incident hypertension

the incident site-specific cancers (bladder, breast, colon, endometrial, oesophageal adenocarcinoma, gastric and renal cancers)

the incident type-2 diabetes

the incidence of falls

mental health (reduced symptoms of anxiety and depression)

cognitive health problem

the incidence of lack of sleep

measures of adiposity may also improve

3.3.2.5 For pregnant and post-partum women

Physical activity confers the following maternal and fetal health benefits: a decreased risk of:

pre-eclampsia,

gestational hypertension,

gestational diabetes (for example 30% reduction in risk)

excessive gestational weight gain,

delivery complications

postpartum depression

newborn complications,

and physical activity has no adverse effects on birth weight or increased risk of stillbirth.

3.3.2.6 Health risks of sedentary behaviour

Lives are becoming increasingly sedentary, through the use of motorized transport and the increased use of screens for work, education and recreation. Evidence shows higher amounts of sedentary behaviour are associated with the following poor health outcomes:

In children and adolescents:

increased adiposity (weight gain)

poorer cardiometabolic health, fitness, behavioural conduct/pro-social behavior

reduced sleep duration

In adults:

all-cause mortality, cardiovascular disease mortality and cancer mortality incidence of cardiovascular disease, cancer and type-2 diabetes.

Levels of physical activity globally

More than a quarter of the world's adult population (1.4 billion adults) are insufficiently active Worldwide, around 1 in 3 women and 1 in 4 men do not do enough physical activity to stay healthy. Levels of inactivity are twice as high in high-income countries compared to low-income countries, There has been no improvement in global levels of physical activity since 2001 Insufficient activity increased by 5% (from 31.6% to 36.8%) in high-income countries between 2001 and 2016. Increased levels of physical inactivity have negative impacts on health systems, the environment, economic development, community well-being and quality of life.

Globally, 28% of adults aged 18 and over were not active enough in 2016 (men 23% and women 32%). This means they do not meet the global recommendations of at least 150 minutes

of moderate-intensity, or 75 minutes vigorous-intensity physical activity per week. In high-income countries, 26% of men and 35% of women were insufficiently physically active, as compared to 12% of men and 24% of women in low-income countries. Low or decreasing physical activity levels often correspond with a high or rising gross national product. The drop in physical activity is partly due to inaction during leisure time and sedentary behaviour on the job and at home. Likewise, an increase in the use of "passive" modes of transportation also contributes to insufficient physical activity. Globally, 81% of adolescents aged 11-17 years were insufficiently physically active in 2016. Adolescent girls were less active than adolescent boys, with 85% vs. 78% not meeting WHO recommendations of at least 60 minutes of moderate to vigorous intensity physical activity per day.

3.5 How to increase physical activity

Countries and communities must take action to provide everyone with more opportunities to be active, in order to increase physical activity. This requires a collective effort, both national and local, across different sectors and disciplines to implement policy and solutions appropriate to a country's cultural and social environment to promote enable and encourage physical activity.

3.6 Policies to increase physical activity aim to ensure that:

walking, cycling and other forms of active non-motorized forms of transport are accessible and safe for all; labour and workplace policies encourage active commuting and opportunities for being physically active during the work day; childcare, schools and higher education institutions provide supportive and safe spaces and facilities for all students to spend their free time actively;

primary and secondary schools to provide quality physical education that supports children to develop behaviour patterns that will keep them physically active throughout their lives; community-based and school-sport programmes should provide appropriate opportunities for all ages and abilities; provision of sports and recreation facilities to provide opportunities for everyone to access and participate in a variety of different sports, dance, exercise and active recreation; and health care providers to advise and support patients to be regularly active.

3.7 CONCLUSION

Having successfully read and completed this unit, it is assumed that the students are now well groomed on the unit and are able to conceptualize physical activity and explain the different

physical activities required by different age and gender groups as well as pregnant and **post-partum women**

3.5 SUMMARY

In this unit you have learnt the concepts of physical activity and explanation of the different physical activities required by different age and gender groups as well as pregnant and **post-partum women**

3.6 TUTOR MARKED ASSIGNMENT

What is physical activity?

Describe physical activities required by:

Adolescents

pregnant and post-partum women

adults and older adults

3 Explain the health risks of sedentary behaviour among:

adolescents

adults

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4.HEALTHY SEXUAL ACTIVITY AS A HEALTHY LIFESTYLE OF A UNIVERSITY STUDENTS

4.1INTRODUCTION

Explain Healthy Sexual activity as a healthy lifestyle of a University student

Sex is an important factor in your life Healthy sexuality has also been suggested to include components of communication and acceptance of love, expressing emotion and giving and receiving pleasure, having the ability to enjoy and control sexual and reproductive behaviour without feelings of guilt, fear, or shame. Sex and sexuality are a part of life. Aside from reproduction, sex can be about intimacy and pleasure. Sexual activity, penile-vaginal intercourse (PVI), or can offer many surprising benefits to all facets of your life:

Benefits of Healthy Sexual Activity to Your Body

The benefits of sex range from slashing stress levels to lowering your risk of cancer and heart attacks. Sex facilitates bonding and feelings of intimacy with your partner. This kind of connectedness does more than making you feel warm and fuzzy, it actually reduces anxiety and boosts your overall health that is to be physically, intellectually, emotionally, psychological and socially healthy. Sexual health is more than avoiding diseases and unplanned pregnancies. It's also about recognizing that sex can be an important part of your life, according to the American Sexual Health Association.

4.1.2 How to talk to Your Partner about Sexual Activity

Sometimes it can feel difficult, but talking to your partner about sex is an investment in your relationship. Here are ways for speaking effectively:

Schedule time in advance to talk about sex. By putting this conversation on your agenda, you eliminate the possibility that this talk will arise out of anger or frustration.

Discuss what is working and what is not. Many problems that couples experience in the bedroom can be rectified by talking it out. Find ways to compromise so that both of you feel safe and heard.

Make suggestions to your partner about what you would like. Positive suggestions often work better instead of complaining about the things they are already doing or not doing.

Be honest about what you want. However, don't talk your partner into anything they're not comfortable trying. Also don't allow your partner to do the same to you.

Be open to each other's ideas. Be willing to compromise on them, too, so that both of you feel heard and get what you need.

Be clear and honest. This will prevent less room for miscommunication. Don't make your partner have to read between the lines. If you want something but are uncomfortable verbalizing it, try writing it down instead

What Constitutes a Happy Sex Life

Whether you have been in your relationship for 30 days or 30 years, you may have concerns about your sex life together as a couple. Having a happy sex life has been linked to everything from better heart health to better relationship health. Some people believe a good sex life is based on how often the two of you have sex. Others believe multiple or mutual orgasming is the key. In truth, none of these things are vital to a happy sex life.

What matter is that each partner feels safe and comfortable, and they are having pleasurable sex. What is significant is a couple's ability to communicate with each other about the type of sex they want to have. Let's look at ways of improving your sex life together, and how that may also improve the quality of your relationship.

Ways of Improving Your sex Life

Most studies show that your sex drive peaks around ovulation, the biological time when you are most able to become pregnant. But that is not always the case. Other factors of life can also influence libido, especially things like stress and having a busy schedule. For example, having stress at work may decrease interest in sex, but while on vacation, your libido may rebound. Single women tend to have greater spikes in sexual interest around ovulation than women in

long-term relationships.

Learn how to Talk about Sex with Your Partner

Talking about sex in a new relationship can be difficult to start for years because you may feel shy or afraid to offend your partner's privacy. However, if sex is not satisfying for you, communication with your partner will help. A frank, heart-to-heart talking about sex with the partner will encourage you both to open up and share your feelings. For this conversation to be effective and not a source of argument, you should not moralize or reproach your partner. Gently explain what you want, not what your partner does wrong. Choose the right time for this conversation. It can be at breakfast, in the bathroom, or in bed. The main thing is that both of you are in no hurry and in a good mood to talk about sex and health.

How does Sexual Life/Activity Benefits Your Health

There are more than a few reasons for having sex. Recreation, emotional wellbeing, intimacy, and to get pregnant are some of the most common reasons people have sex. It's time to add "for health benefits" to the list. While you are enjoying a healthy sex life, you will be reaping these benefits to your health:

A boost to your immune system. Having sex frequently (once or twice a week) produces higher levels of immune-fighting antibodies. This helps your body fight off illness.

A happy heart. Love not only makes you happy but making love may protect men and women against heart disease. It increases your heart rate. Sex is similar to exercise. However, it has the added benefit of balancing estrogen (women) and testosterone (men) hormones. Both are critical to heart health.

Lowering blood pressure. When you combine happiness and exercise, you lower your blood pressure. Sexual intercourse does just that.

A workout. Some sexual activities, such as sexual intercourse, offer a healthy mix of aerobic and muscle-building exercise.

Good medicine. Sexual stimulation, and particularly orgasm, is a natural remedy for pain. Your body releases certain pain-relieving hormones. This helps with back and leg pain. Also, it helps with headaches, arthritis, and menstrual cramps.

Gender-specific physical gains. For men, ejaculation has been shown to lower their risk of prostate cancer. This is based on a man ejaculating a minimum of 21 times per month. For women, sexual activity strengthens the bladder. This improves bladder function. Regular sexual activity helps lubricate a woman's vagina, too. This makes it more comfortable for

women to engage in sexual activity, especially as they age.

Restful sleep. Your body produces relaxation hormones (prolactin) immediately after orgasm. Also, women (and men) release the hormone oxytocin when they have an orgasm. This promotes a restful sleep, as well as increased satisfaction with your mental health, increased levels of trust, intimacy, and love in your relationships, improved ability to perceive, identify, and express emotions, lessened use of your immature psychological defense mechanism, or the mental processes to reduce distress from emotional conflict

4.1.7 Things to be considered

Never forget to practice safe sex. This goes for persons of all ages. This is important in preventing pregnancy and sexually transmitted disease (STD). There are many birth control options for preventing pregnancy. A condom is the most effective way to prevent STDs. Sexual activity should always be consensual. That means that you both agree you want to have sex

4.1.8 How can Sex Benefit Your Body?

Some of the Benefits You can get from Sex Activity include:

lowering blood pressure

burning calories

increasing heart health

strengthening muscles

reducing your risk of heart disease, stroke, and hypertension

increasing libido

4.1.8 How Can Sex Benefits all Genders

In Men

A recent review found that men who had more frequent penile-vaginal intercourse (PVI) had less risk of developing prostate cancer. One study found that men who averaged having 4.6 to 7 ejaculations a week were 36 percent less likely to receive a prostate cancer diagnosis before the age of 70. This is in comparison to men who reported ejaculating 2.3 or fewer times a week on average. For men, sex may even affect your mortality. Study had shown that men who had frequent orgasms (defined as two or more a week) had a 50 percent lower mortality risk than those who had sex less often.

In Women

Having an orgasm increases blood flow and releases natural pain-relieving chemicals. Sexual

activity in women can:

improve bladder control

reduce incontinence

relieve menstrual and premenstrual cramps

improve fertility

build stronger pelvic muscles

help produce more vaginal lubrication

potentially protect you against endometriosis, or the growing of tissue outside your uterus

How Sex Benefits Your Mental Health

Sexual activity, with a partner can provide important psychological and emotional benefits.

Like exercise, sex can help reduce stress and anxiety and increase happiness.

increased satisfaction with your mental health

increased levels of trust, intimacy, and love in your relationships

improved ability to perceive, identify, and express emotions

lessened use of your immature psychological defense mechanism, or the mental processes to reduce distress from emotional conflict

5. CONCLUSION

Having successfully completed this unit, it is assumed that the students are now well groomed on the unit and are able to explain Healthy Sexual activity as a healthy lifestyle of a University student, benefits of a healthy sexual activity to your body, to describe the content of your talk to your partner about sexual activity, What constitutes a happy sex life, briefly explain the ways for improving your sex Life, How sexual life/activity benefits your health, state the benefits of sex activity to your body and enumerate the benefits of sex activity to your mental health

6.SUMMARY

In this unit, you have learnt about healthy sexual activity as a healthy lifestyle of a University student, benefits of a healthy sexual activity to your body, the content of your talk to your partner about sexual activity, happy sex life, the ways for Improving Your sex Life, Sexual Life/Activity Benefits Your Health, the Benefits of Sex activity to your body and the Benefits of Sex activity to your Mental Health.

7.TUTOR MARKED ASSIGNMENT

Explain Healthy Sexual Activity as a healthy lifestyle of a University student

State the Benefits of Healthy Sexual Activity to Your Body

Describe the content of your talk to Your Partner about Sexual Activity

What Constitutes a Happy Sex Life

Briefly explain the ways for Improving Your sex Life

How does Sexual Life/Activity Benefits Your Health

State the Benefits of Sex activity to your body

Enumerate the Benefits of Sex activity to your Mental Health

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5. EMOTIONAL WELL-BEING AS A HEALTHY LIFESTYLE OF A UNIVERSITY STUDENT

5.1 INTRODUCTION (Describe Emotional Well-Being)

University students represent the future of families, communities, and countries. They also face the stresses of achieving success in their academic goals and are expected to be competitive, adding to the demands and burdens and possibly leading to more stress. University is a period of responsibility for choices and lifestyle practices where students are exposed to the challenges of young adulthood and also tackle the mental and social issues of students' life. Many students confront changes in living conditions, and adjustments to lifestyle and environment. Emotional well-being as a healthy lifestyle of a University student is an important part of holistic wellness, as it can impact your outlook on life, your relationships, and your health. Emotional well-being is the ability to produce positive emotions, moods, thoughts, and feelings, and adapt when confronted with adversity and stressful situations. When you are emotionally healthy you manage the various elements of your life and work with a range of

emotions, without losing control. You bounce back.

Emotional well-being is the ability to produce positive emotions, moods, thoughts, and feelings, and adapt when confronted with adversity and stressful situations. One of its foundations is resilience, which allows you to navigate challenging life events. Emotional health and wellbeing describes how we think, feel and relate to ourselves and others and how we interpret the world around us. Having good emotional health affects our capacity to manage, communicate, and form and sustain relationships. Emotional well-being has been defined as an overall positive state of one's emotions, life satisfaction, sense of meaning and purpose, and ability to pursue self-defined goals.

Emotional well-being allows you to focus on the positive, and manage the negative emotions and feelings you may have in a given situation. This can help you forge stronger relationships with those around you. For instance, the person promoted into the role you had wanted, or the company leader who may have inadvertently overlooked you. According to the Mental Health Foundation and the CDC: “A positive sense of well-being enables an individual to be able to function in society and meet the demands of everyday life. Well-being generally includes global judgments of life satisfaction and feelings ranging from depression to joy.” Elements of emotional well-being include a sense of balance in emotion, thoughts, social relationships, and pursuits. Emotional well-being refers to the emotional quality an individual experiences. Emotional well-being is influenced by a variety of demographic, economic, and situational factors

5.2 Why emotional well-being is important

Your resilience grows when you recognize the emotions that trigger you and express them in a constructive manner to yourself and others. “If we do not transform our pain, we will most assuredly transmit it usually to those closest to us: our family, our neighbors, our co-workers, and invariably, the most vulnerable, our children. To transform that adversity, begin by observing and managing your thoughts, feelings, and behaviours. That helps determine the actions you take and completely changes the way you handle stressful situations and make decisions. As you place more emphasis on your emotional well-being, you are able to:

Receive and offer feedback with a healthy perspective.

Have discussions and difficult conversations with anyone.

Establish stronger relationships.

That is because your level of understanding, empathy, humor, and compassion increases. You view yourself and others with less judgment.

5.3 The Relationship between Emotional Well-being and Health

Everything in your life-emotional, social, spiritual, physical, and intellectual connects in a state of well-being. For example, walking just 10-15 minutes a day gives your brain a boost. That means more energy, awareness, and a healthier outlook on life. Because exercise of any sort balances your dopamine and serotonin levels, it also improves your sleep and reduces stress and anxiety. All of this can make you better equipped to manage your feelings and emotions.

Each area of your well-being has the potential to impact other areas. Many research studies focus on how poor mental well-being negatively impacts physical health leading to an increased risk in cancer, heart disease, and respiratory disease. And there is an emerging set of data that is focusing on the effects of positive well-being. Take control of your emotional well-being by focusing on the positive emotions you felt, and processing and learning from any negative experiences.

5.4 Some examples of Emotional Well-being

Strong emotional well-being means you are prepared to face events that may or may not be in your control. When faced with a challenging situation, you might use one of these strategies to bring yourself into a frame of mind that allows you to manage your emotions. **You breathe, ground yourself, and pause.** In a stressful situation, this simple three-step process can help you better control your emotions.

Breathe. When you breathe deeply, you send a message to your brain that helps you calm down and relax.

Ground yourself. Hold a pen. Grab the edge of a desk. Feel the floor under your feet. You return to the present moment and away from your challenging thoughts.

Pause. Wait. Now consider, “What do I really want to say?” When you know the words that will express what you need to communicate, you are in a state of emotional well-being.

You respond instead of react

To respond is to exercise emotional intelligence. To react is to be emotional. So how do you consistently respond instead of react? Begin by slowing down the process. Responding means

you think through what you want to have happen in an interaction or conflict. You are measured, thoughtful, and allow creative ideas to enter the process. Reacting, on the other hand, is typically immediate, without thought, and often results in a negative outcome.

You question your thoughts

The latest scientific research finds that the average person has more than six-thousand thoughts every day. The next time a thought challenges your emotional well-being, follow a pattern by self-Inquiry teacher Byron Katie and ask yourself these four questions:

Is it true? Consider whether the thought reflects how you really feel. For example, if you think, “My life is a disaster right now,” consider whether you truly feel that way.

Is it absolutely true? Go deeper, open your mind, and question what you think you know. If, after the first question, you thought, “Yes, my life is truly a disaster,” consider why you think that. Are there perhaps just a few things you could change, and can you find some things are going well?

How do I feel when I think that thought? Consider the emotions and feelings that come along with a negative thought. For example, when you think your life is a disaster, you might feel hopeless, anxious, or melancholy.

Who would I be without that thought? Now, imagine your life without that negative thought. For example, you might be happier, more motivated, and more focused if you thought your life was wonderful. Consider which thoughts and feelings you prefer and make a conscious decision to focus on that.

To wrap up this practice, use the final step of turning around the initial thought that challenged your well-being. The practice of questioning and then turning your thoughts around offers you a concrete way to return to a state of emotional well-being.

5.4 Improving Your Emotional Well-being

Your range of emotions and how you manage them influences your emotional health. There are eight ways that you can control your emotions and feelings, and stay resilient:

Move your body. Do some sort of physical activity every 90 minutes. Exercise. Dance. Fold laundry. Weather permitting, get outside. Walk around the block. Run. Visit a park.

Establish a routine. Create a schedule that balances the work you do with the life you want. Set time for your meetings. Block space to set goals. Create room to read. Cook a new dish. Listen to music.

Connect with others. Love on your family. Check in with those who support you. Ask for help.

Learn something out of your comfort zone. Spend time with someone who you respect.

Forgive. Forgive others and forgive yourself. Forgiveness frees you to keep your power. Forgiveness opens the path to live in the moment. Forgiveness allows for growth and happiness.

Do something for others. Offer to do something for someone you know or don't know, for which you cannot be repaid. Pick up groceries for a neighbour. Volunteer online. Send a thank you note.

Sleep. Healthy sleep gives your body the chance to repair itself. Sleep refreshes your brain to manage your memories and process information. You wake up in a better mood.

Be kind to yourself. What gives you joy? Where are you most at peace? When do you have space to be you? As you are kind to yourself, you will want to extend that kindness beyond yourself

Self-aware. Notice the thoughts, actions, habits, and character traits that serve you well. And when you spot what needs to change, you'll be ready. You will simply know.

5.5 Final Thoughts on Emotional Well-being

Watch your thoughts; they become words. Watch your words; they become actions. Watch your actions; they become habits. Watch your habits; they become character. Watch your character; it becomes your destiny. You become more resilient as you encounter and master any situation. Whenever you have doubts, and you will, remember that you have everything you need to take care of your emotional well-being. You will bounce back.

5.6 CONCLUSION

Having successfully completed this unit, it is assumed that the students are now well groomed on emotional well-being as a healthy lifestyle of a university student by describing Emotional Well-Being, Why emotional well-being is important, describing some examples of emotional well-being and How to improve their emotional well-being.

5.7 SUMMARY

In this unit, you have explained emotional well-being as a healthy lifestyle of a university student, describing Emotional Well-Being, Why emotional well-being is important, describing some examples of emotional well-being and How to improve your emotional well-being.

7.TUTOR MARKED ASSIGNMENT

Define emotional well-being as a healthy lifestyle of a university student

describe Emotional Well-Being of a university student

Why emotional well-being is important for a University Student

describe some examples of emotional well-being for a university student

How do you improve emotional well-being of a university student

8.REFERENCE

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Describe avoidance of use of tobacco as a healthy lifestyle of a University student

6.6.AVOIDANCE OF THE USE OF TOBACCO AS A HEALTHY LIFESTYLE OF A UNIVERSITY STUDENT

6.1INTRODUCTION

6.1 Explain Tobacco Smoking as a Risky Lifestyle of a University Student

Tobacco smoking is the practice of burning tobacco and ingesting the smoke that is produced. The smoke may be inhaled, as is done with cigarettes, or simply released from the mouth, as is generally done with pipes and cigars. Cigarette smoking harms nearly every organ of the body, causes many diseases, and reduces the health of smokers in general.

Tobacco smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic

obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Smoking also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis. Tobacco smoking can lead to lung cancer, chronic bronchitis, and emphysema. It increases the risk of heart disease, which can lead to stroke or heart attack. Smoking has also been linked to other cancers, leukemia, cataracts, and pneumonia. Smokeless tobacco increases the risk of cancer, especially mouth cancers.

Nicotine is the addictive drug in tobacco smoke that causes people who smoke to continue to smoke. Along with nicotine, people who smoke inhale about 7,000 other chemicals in cigarette smoke. Many of these chemicals come from burning tobacco leaf. Some of these compounds are chemically active and trigger profound and damaging changes in the body. Tobacco smoke contains over 70 known cancer-causing chemicals. Smoking harms nearly every organ in the body, causing many diseases and reducing health in general. Quitting smoking lowers your risk for smoking-related diseases and can add years to your life.

6.2 Dangerous Chemicals in Tobacco Smoke

Highly damaging components of tobacco smoke include:

Tar which is the word for the solid particles suspended in tobacco smoke. The particles contain chemicals, including cancer-causing substances (carcinogens). Tar is sticky and brown, and stains teeth, fingernails and lung tissue

Carbon monoxide which is a poisonous gas. It is odourless and colourless and, in large doses, quickly causes death because it takes the place of oxygen in the blood. In people who smoke, the carbon monoxide in their blood makes it harder for oxygen to get to their organs and muscles

oxidizing chemicals which are highly reactive chemicals that can damage the heart muscles and blood vessels of people who smoke. They react with cholesterol, leading to the build-up of fatty material on artery walls. Their actions lead to heart disease, stroke and blood vessel disease

metals which is tobacco smoke contains several metals that cause cancer, including arsenic, beryllium, cadmium, chromium, cobalt, lead and nickel

radioactive compounds which is tobacco smoke contains radioactive compounds that are known to be carcinogenic.

6.4. Health Risk of Tobacco/Cigarette Smoking

Tobacco use remains the leading preventable cause of death in the US, accounting for about 1 in 5 deaths each year. On average, people who smoke die about 10 years earlier than people who have never smoked. Most people know smoking can cause cancer. But it can also cause a number of other diseases and can damage nearly every organ in the body, including the lungs, heart, blood vessels, reproductive organs, mouth, skin, eyes, and bones

How Smoking Tobacco/Cigarette Increases Your Cancer Risk

Smoking causes about 20% of all cancers and about 30% of all cancer deaths in the United States. About 80% of lung cancers, as well as about 80% of all lung cancer deaths are due to smoking. Lung cancer is the leading cause of cancer death in both men and women. Smoking also increases the risk for cancers of the

Mouth

Larynx (voice box)

Pharynx (throat)

Esophagus

Kidney

Cervix

Liver

Bladder

Pancreas

Stomach

Colon/rectum

It also raises the risk of acute myeloid leukemia.

6.3.2 How Tobacco Smoking Damages Your Lungs

Smoking damages the airways and small air sacs in your lungs. This damage starts soon after someone starts smoking, and lung function continues to worsen as long as the person smokes. Still, it may take years for the problem to become noticeable enough for lung disease to be diagnosed. Smoke damage in the lungs can lead to serious long-term lung diseases such as chronic obstructive pulmonary disease (COPD). Smoking can also increase the risk of lung infections such as pneumonia and tuberculosis, and it can worsen some existing lung diseases, such as **asthma**.

6.3.3. Chronic Bronchitis

Chronic bronchitis is a common problem in people who smoke for a long time. In this disease, the airways make too much mucus, forcing the person to try to cough it out. The airways become inflamed (swollen), and the cough becomes chronic (long-lasting). The symptoms can get better at times, but the cough keeps coming back. Over time, the airways can get blocked by scar tissue and mucus, which can lead to bad lung infections (pneumonia). There is no cure for chronic bronchitis, but quitting smoking can help keep symptoms under control and help keep the damage from getting worse.

6.3.4 Emphysema

In emphysema, the walls between the tiny air sacs in the lungs break down, which creates larger but fewer sacs? This lowers the amount of oxygen reaching the blood. Over time, these sacs can break down to the point where a person with emphysema might struggle to get enough air, even when at rest. People with emphysema are at risk for many other problems linked to weak lung function, including pneumonia. In later stages of the disease, patients often need an oxygen mask or tube to help them breathe. Emphysema cannot be cured, but it can be treated and slowed down if the person stops smoking.

6.3.5 Why people who smoke have smoker's cough?

Tobacco smoke has many chemicals and particles that can irritate the upper airways and the lungs. When a person inhales these substances, the body tries to get rid of them by making mucus and causing a cough. The early morning cough common among people who smoke happens for many reasons. Normally, tiny hair-like structures called *cilia* in the airways help sweep harmful material out of the lungs. But tobacco smoke slows this sweeping action, so some of the mucus and particles in the smoke stay in the lungs and airways. While the person sleeps, some cilia recover and start working again. After waking up, the person coughs because the lungs are trying to clear away the irritants and mucus that built up from the day before.

6.3.6 Effects of Smoking Tobacco on the Body

Inhaling tobacco smoke causes damage to many of the body's organs and systems.

6.3.7 Effects of Smoking Tobacco on the Respiratory System

The effects of tobacco smoke on the respiratory system include:

irritation of the trachea (windpipe) and larynx (voice box)

reduced lung function and breathlessness due to swelling and narrowing of the lung airways and excess mucus in the lung passages

impairment of the lungs' clearance system, leading to the build-up of poisonous substances,

which results in lung irritation and damage

increased risk of lung infection and symptoms such as coughing and wheezing

Permanent damage to the air sacs of the lungs.

6.3.8 Effects of Smoking Tobacco on the Circulatory System

The effects of tobacco smoke on the circulatory system include:

raised blood pressure and heart rate

constriction (tightening) of blood vessels in the skin, resulting in a drop in skin temperature

less oxygen carried by the blood during exercise

'stickier' blood, which is more prone to clotting

damage to the lining of the arteries, which is thought to be a contributing factor to

atherosclerosis (the build-up of fatty deposits on the artery walls)

reduced blood flow to extremities (fingers and toes)

increased risk of stroke and heart attack due to blockages of the blood supply.

6.3.8 Effects of Smoking Tobacco on the Immune System

The effects of tobacco smoke on the immune system include:

greater susceptibility to infections such as pneumonia and influenza

more severe and longer-lasting illnesses

lower levels of protective antioxidants (such as vitamin C), in the blood.

6.3.9 Effects of Smoking Tobacco on the Musculoskeletal System

The effects of tobacco smoke on the musculoskeletal system include:

tightening of certain muscles

reduced bone density.

6.3.10 Effects of Smoking Tobacco on the Sexual Organs

The effects of tobacco smoke on the male body include an increased risk for:

lower sperm count

higher percentage of deformed sperm

genetic damage to sperm

impotence, which may be due to the effects of smoking on blood flow and damage to the blood vessels of the penis.

Smoking can damage blood vessels anywhere in the body.

Blood flow in the penis is a key part of male erections.

Men who smoke have a higher risk of **erectile dysfunction**. This risk increases the more they

smoke and the longer they smoke.

Smoking can also affect sperm, which can **reduce fertility** and increase the risk for miscarriages and birth defects.

The effects of tobacco smoke on the female body include:

reduced fertility, menstrual cycle irregularities, or absence of menstruation

menopause reached one or two years earlier

increased risk of cancer of the cervix

greatly increased risk of stroke and heart attack if the person who smokes is aged over 35 years and taking the oral contraceptive pill.

Tobacco use can damage a woman's reproductive health. For example, women who smoke are more likely to have trouble getting pregnant.

Smoking while pregnant can also lead to health problems that can affect both mother and baby.

Women who smoke while pregnant have a higher risk of:

An ectopic pregnancy (where the embryo implants outside the uterus), which can threaten the mother's life

Problems with the placenta, which is the organ that connects the mother to fetus. The placenta might be in the wrong spot (placenta previa), or it might separate from the uterus too early (placental abruption).

Premature births and low birth-weight babies

Miscarriages and stillbirths

Having a child with a cleft lip, cleft palate, and possibly other **birth defects**

Babies of mothers who smoke during and after pregnancy are also more likely to die from sudden infant death syndrome (**SIDS**).

6.3.11 **Other Effects of Smoking Tobacco on the Body**

Other effects of tobacco smoke on the body include:

irritation and inflammation of the stomach and intestines

increased risk of painful ulcers along the digestive tract

reduced ability to smell and taste

premature wrinkling of the skin

higher risk of blindness

gum disease (periodontitis).

6.3.12 **Effects of smoking Tobacco on babies**

The effects of maternal smoking on an unborn baby include:

increased risk of miscarriage, stillbirth and premature birth

weaker lungs

low birth weight, which may have a lasting effect on the growth and development of children.

Low birth weight is associated with an increased risk of heart disease, high blood pressure, and diabetes in adulthood

increased risk of cleft palate and cleft lip

increased risk of attention deficit hyperactivity disorder (ADHD).

6.3.13 Diseases caused by long-term smoking of Tobacco

A person who smokes throughout their life is at high risk of developing a range of potentially lethal diseases, including:

cancer of the lung, mouth, nose, larynx, tongue, nasal sinus, oesophagus, throat, pancreas, bone marrow (myeloid leukaemia), kidney, cervix, ovary, ureter, liver, bladder, bowel and stomach
lung diseases such as chronic bronchitis and chronic obstructive pulmonary disease, which includes obstructive bronchiolitis and emphysema

heart disease and stroke

ulcers of the digestive system

osteoporosis and hip fracture

poor blood circulation in feet and hands, which can lead to pain and, in severe cases, gangrene and amputation

type 2 diabetes

rheumatoid arthritis.

Quitting and Reduced Risks

Quitting smoking cuts cardiovascular risks. Just 1 year after quitting smoking, your risk for a heart attack drops sharply.

Within 2 to 5 years after quitting smoking, your risk for stroke may reduce to about that of a nonsmoker's.

If you quit smoking, your risks for cancers of the mouth, throat, esophagus, and bladder drop by half within 5 years.

Ten years after you quit smoking, your risk for dying from lung cancer drops by half.

6.4 How to Prevent Tobacco Use among University Students

Prevention can take the form of policy-level measures, such as:

increased taxation of tobacco products;
stricter laws (and enforcement of laws) regulating who can purchase tobacco products;
how and where they can be purchased;
where and when they can be used (i.e., smoke-free policies in restaurants, bars, and other public places); and
restrictions on advertising and mandatory health warnings on packages
Mass media campaigns to reduce smoking among youth and young adults
educating potential smokers about the health risks on their health
smoke-free schools/clubs for the University Students
banning the sale of cigarette within the vicinity of the University
strict penalty for those students who break the University Rules against smoking.
Involment of the family/community members in enforcing smoke-free environment in their various homes

6. CONCLUSION

Having successfully completed this unit, it is assumed that the students are now well groomed to explain Tobacco Smoking as a Risky Lifestyle of a University Student, State dangerous Chemicals in Tobacco Smoke, Explain the Health Risk of Tobacco/Cigarette Smoking on university students' health, describe the effects of Tobacco Smoking on Respiratory System, Circulatory System, Immune System, Musculoskeletal System, Sexual Organs and Babies/foetus, enumerate the diseases caused by long-term smoking and describe the prevention of tobacco use among University Students

7 SUMMARY

In this unit, you have successfully explained Tobacco Smoking as a Risky Lifestyle of a University Student, State dangerous Chemicals in Tobacco Smoke, Explain the Health Risk of Tobacco/Cigarette Smoking on university students' health, describe the effects of Tobacco Smoking on Respiratory System, Circulatory System, Immune System, Musculoskeletal System, Sexual Organs and Babies/foetus, enumerate the diseases caused by long-term smoking and describe the prevention of tobacco use among University Students

8. TUTOR MARKED ASSIGNMENT

Explain Tobacco Smoking as a Risky Lifestyle of a University Student

State dangerous Chemicals found in Tobacco Smoke

Explain the Health Risk of Tobacco/Cigarette Smoking on University Students

Describe the effects of Tobacco Smoking on the:

Respiratory System

Circulatory System

Immune System

Musculoskeletal System

Sexual Organs

Babies/foetus

5. Enumerate the diseases caused by long-term smoking

6. Describe the prevention of tobacco use among University Students

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7.AVOIDANCE OF UNINTENDED INJURIES AS A HEALTHY LIFESTYLE OF A UNIVERSITY STUDENT

7.1 INTRODUCTION: CONCEPT OF INJURY

Injury, also known as physical trauma, is damage to the body caused by an external force. This may be caused by accidents, falls, hits, weapons, and other causes. Any damage to your body is an injury. Injuries can be caused by accidents or acts of violence, and may occur at home, work, or play. They can be due to impact from blunt objects or from objects that penetrate the body. Injuries can be minor or severe. Minor injuries can often be managed with basic first aid techniques, while major trauma is injury that has the potential to cause prolonged disability or death requiring medical intervention or evaluation in an emergency setting. In some cases, a seemingly minor injury may in fact be a major injury requiring more urgent medical attention. your doctor will also determine if an underlying medical condition was responsible. for example, a bruise that came from a fall caused by an elderly person fainted while attempting to stand up because of poor blood circulation.

Causes of Injury

Anything that can damage the body can cause an injury. Injuries can be accidental or intentional, as in the case of acts of violence, and can be caused by blunt or sharp objects, impact at high speed, falls, animal or insect bites, fire or extreme heat, and exposure to chemicals and toxins. The numerous causes of injury include:

Acts of violence by others

Bicycle or motor vehicle accidents

Bite or sting injuries

Burns (thermal, chemical or electrical)

Drowning

Falls, impacts

Overuse and repetitive motion injuries

Poisonings and chemical exposures

Sports or athletic injuries

Types of Injury

The common types of injury include abrasions, lacerations, hematomas, broken bones, joint dislocations, sprains, strains, and burns.

7.4 The Risk Factors for Injury

A number of factors increase the risk of developing injury. Not all people with risk factors will

get injury. Risk factors for injury include:

Age (injuries are a common cause of death in those 44 and younger, but older people are at greater risk of sustaining injuries from falling)

Aggressive or violent behaviour

Alcohol and illicit drug use

Bone or joint disorders

Certain medications that depress the central nervous system or reduce blood pressure

Chronic illnesses

Decreased sensation

Distraction, inattention

Dementia and other conditions that affect mental function

Failure to use automotive seatbelts

Gait disturbances

Hearing problems

Poor judgment

Poor vision

Reduced mobility

Refusal to wear recommended protective equipment and headgear

Weakness

Common Symptoms of Injury

Injury symptoms include:

Abrasions (scrapes)

Bleeding or uncontrolled or heavy bleeding, haemorrhage

Bone deformity or other type of deformity

Burns, which may redden skin, cause blistering, or have a leathery white appearance

Joint swelling

Lacerations (cuts)

Pain

Reduced mobility (range of motion of the joint)

Tissue swelling with or without discoloration

Serious symptoms that might indicate a life-threatening condition including:

Abnormal pupil size or nonreactivity to light

Bleeding or abdominal trauma while pregnant

Bluish coloration of the lips or fingernails

Change in level of consciousness or alertness, such as passing out or unresponsiveness

Chest pain, chest tightness, chest pressure, palpitations

Paralysis or inability to move a body part

Respiratory or breathing problems, such as shortness of breath, difficulty breathing, laboured breathing, wheezing, not breathing, choking

Severe pain

Trauma, such as bone deformity, burns, eye injuries, and other injuries such as significant injuries to the head, neck or back

Uncontrolled or heavy bleeding, haemorrhage

Vomiting blood, major rectal bleeding, or bloody stool

Weak or absent pulse

7.6 Reducing Your Risk of Injury

You may be able to lower your risk of injury by:

Engaging in regular physical activity to enhance general good health

Installing handrails and grab bars

Obeying speed limits and using crosswalks

Optimizing lighting in and around your university/home

Putting children in car seats and booster seats

Reducing clutter and other tripping hazards in your home or office

Using nonslip mats or strips in the bathtub and shower

Wearing a helmet when riding bicycles, scooters or motorcycles

Wearing a seatbelt when driving

Wearing appropriate safety equipment during sports or other potentially risky activities

Wearing safety equipment, such as goggles, aprons and gloves, when working with hazardous substances or in dangerous areas

You can prevent or reduce the risk of many injuries by following basic safety precautions.

Common Injury Treatments

The Common treatments for injury include:

Antibiotic ointments or liquids to reduce the risk of infection

Pain medications to reduce discomfort

Rehabilitative therapy to improve strength and function

Resuscitation to maintain circulation, airway, ventilation, and blood volume

R.I.C.E. (rest, ice, compression and elevation), particularly for sprains, strains, pulled muscles, and other soft tissue injuries

Splinting, casting, setting or relocating broken bones and joint dislocations

Stabilization of the neck and back

Stitches to close surface layers of the skin

Surgery to remove foreign bodies, stop bleeding, and repair or remove damaged tissues and organs

Transfusion to replace lost blood

Use of topical cortisone, antihistamines, or epinephrine for injuries that may be associated with allergies, such as bug bites and bee stings

Wound cleansing or irrigation to remove foreign particles

Wound dressings to protect wound from infection

7.8 The Potential Complications of Injury

Complications of untreated or poorly managed injury can be serious, even life threatening in some cases. You can help minimize your risk of serious complications by following the treatment plan you and your doctor design specifically for you. Complications of injury include:

Abscess

Adverse effects of treatment

Amputation

Decreased range of motion

Deformity

Infection

Loss of bladder or bowel control

Loss of cognitive function

Loss of sensation or abnormal sensations

Loss of vision

Paralysis or inability to move a body part

Physical disability

Weakness

8.CONCLUSION

Having successfully completed this unit, it is assumed that the students are now well groomed to explain concept of Injury, causes of Injury, Types of Injury, The Risk Factors for Injury, how to reduce Your Risk of Injury, the common Symptoms of Injury, the common Injury Treatments and the Potential Complications of Injury to University students

9 SUMMARY

In this unit, you have explained the concept of Injury, causes of Injury, Types of Injury, The Risk Factors for Injury, how to reduce Your Risk of Injury, the common Symptoms of Injury, the common Injury Treatments and the Potential Complications of Injury to University students

10.TUTOR MARKED ASSIGNMENT

Explain the concept of Injury,

State the causes of Injury,

Mention the Types of Injury,

Describe the Risk Factors for Injury,

How will you reduce Your Risk of Injury,

Enumerate the common Symptoms of Injury,

State the common Injury Treatments

Outline the Potential Complications of Injury to University students

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8. DESCRIBE AVOIDANCE OF VIOLENCE AS HEALTHY LIFESTYLES OF A UNIVERSITY STUDENT

8.1 INTRODUCTION -Concept of Violence

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation. Violence is defined by the World Health Organization as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.

This definition emphasizes that a person or group must intend to use force or power against another person or group in order for an act to be classified as violent. Violence is thus distinguished from injury or harms that result from unintended actions and incidents. It also draws attention not only to the use of physical force but also to the use of threatened or actual power. Such power or force may be used against oneself, against an individual or against a group or community, as in gang violence or repression of ethnic groups. It is defined not only as resulting in physical injury but as well as psychological harm, mal-development or deprivation occurs; acts of omission or neglect can therefore be categorized as violent.

8.2 CAUSES OF VIOLENCE

These are some causes of violence among University Students

The influence of one's peers.

Having a lack of attention or respect.

Having low self-worth.

Experiencing abuse or neglect.

Witnessing violence in the home, community, or medias.

Access to weapons.

8.3 TYPES OF VIOLENCE

There are three sub-types of violence thus:

Self-directed violence refers to violence in which the perpetrator and the victim are the same individual and is subdivided into self-abuse and suicide. Self-directed violence is a broad term that includes suicidal thoughts or action and forms of self-harm. The term “fatal suicidal behaviour” is often used for suicidal acts that result in death. “Non-fatal suicidal behaviour”, “attempted suicide”, “Para suicide” and “self-harm” describe suicidal behaviour that does not result in death. “Suicidal ideation” is used clinically to describe contemplation of wilfully ending one's own life. “Self-mutilation” refers to direct and deliberate destruction or alteration of parts of the body without conscious suicidal intent.

Interpersonal violence refers to violence between individuals, and is subdivided into family and intimate partner violence and community violence. Interpersonal violence include acts of violence and intimidation that occur between family members, between intimate partners or between individuals, whether or not they are known to one another, and where the violence is not specifically intended to further the aims of any group or cause. This category includes child maltreatment, intimate partner violence, some forms of sexual violence and abuse of elders, acquaintance and stranger violence and includes youth violence; assault by strangers; violence related to property crimes; and violence in workplaces and other institutions

Collective violence refers to violence committed by larger groups of individuals and can be subdivided into social, political and economic violence. Collective violence has been defined as the “instrumental use of violence by people who identify themselves as members of a group against another group or set of individuals, in order to achieve political, economic or social objectives. Collective violence includes war, terrorism and violent political conflict between or within states, violence perpetrated by states (genocide, torture, systematic abuses of human rights) and organized violent crime such as gang warfare. It may include all categories of violence, be these physical, sexual, psychological, or characterized by neglect or discrimination.

Sexual Violence- Sexual violence incorporates non-consensual sexual contact and non-consensual non-contact acts of a sexual nature, such as voyeurism and sexual harassment. Acts qualify as sexual violence is committed against someone who is unable to consent or refuse, for example because of age, disability, misuse of authority, violence or threats of violence. Rape is defined as “physically forced or otherwise coerced penetration, even if slight, of the vulva or anus, using a penis, other body parts or an object”. Sexual coercion is defined as “the act of

forcing (or attempting to force) another individual through violence, threats, verbal insistence, deception, cultural expectations or economic circumstances to engage in sexual behaviour against his/her will.

Gender-based violence is the violence that occurs within the context of women's and girl's subordinate status in society, and serves to maintain this unequal balance of power. Gender-based violence is sometimes used interchangeably with “violence against women”. The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life. Gender-based violence therefore includes violence against women occurring within the family, geographically or culturally specific forms of abuse such as female genital mutilation, “honour killings” and dowry-related violence as well as various forms of sexual violence, including rape during warfare, trafficking of women and forced prostitution. This is particularly so when sexual and gender-based violence are perpetrated in situations of conflict.

Intimate partner violence refers to physical, sexual or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. Although women can be violent against their male partners and violence may be found in male-male and female-female partnerships, it is well accepted that the overwhelming burden of partner violence around the world is borne by women at the hands of men.

Domestic violence is often used interchangeably with intimate partner violence. Domestic violence includes physical abuse, verbal abuse, economic abuse and social abuse. Hegarty et al suggest that domestic violence can better be understood as a chronic syndrome characterized not only by episodes of physical violence but also by the emotional and psychological abuse the perpetrators use to maintain control over their partners.

Family violence-Family violence refers to child maltreatment, sibling violence, intimate partner violence and elder abuse. The concept of family violence is increasingly being used to draw attention to how each of the sub-types of family violence may cause or be a risk factor for the other subtypes, and how there may be common underlying risk factors at the levels of the family and the relationship between the family and the wider community and society. In turn, this suggests prevention opportunities that can help reduce the risk of all types of violence within the family by addressing the family and social systems. The interconnectedness of

family violence, suicide, crime and drug and alcohol abuse as manifestations of intergenerational trauma and the importance of understanding historical contexts that produce family violence have been emphasized.

Child maltreatment-Child maltreatment and child abuse are sometimes used interchangeably. For example, the WHO Consultation on Child Abuse Prevention define Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Youth violence-The World Health Organization defines youth violence as “homicide and non-fatal attacks perpetrated by or against a person aged 10–29 years of age. This definition explicitly includes young people as both victims and perpetrators, emphasising the increased exposure to violence young people experience as they pass through this life stage.

Elder abuse-Elder abuse may be an act of commission or omission and may be intentional or unintentional. As with other forms of abuse, it may be physical, psychological, financial, sexual or involve neglect. The International Network for the Prevention of Elder Abuse define it as a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.

Workplace violence-Workplace violence has received increased attention around the world in the last decade. The International Labour Organization uses a definition of workplace violence adapted from the European Commission as “Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health”. Bullying within a workplace may involve threats to professional status, threats to personal standing, isolation, overwork and destabilization. Within the health care professions, ambulance workers, nurses and workers with substantial face-to-face contact are particularly vulnerable to bullying. Harassment at work is any conduct based on age, disability, HIV status, sex, sexual orientation and other factors that is unreciprocated and unwanted and affects the dignity of men and women at work. Sexual harassment refers to “where any form of unwanted verbal, non-verbal or physical conduct of a sexual nature occurs, with the purpose or effect of violating the dignity of a person, in particular when creating an intimidating, hostile, degrading, humiliating or offensive environment”.

Structural violence—“Structural violence” refers to the physical and psychological harm that result from exploitative and unjust social, political and economic systems. The apartheid system, based on racial discrimination in South Africa, is a classical example of structural violence in which the state set in place unjust laws and systems that disempowered, marginalized and disenfranchised the majority of black population. These and related human rights violations are significant social determinants of ill health. Structural violence is, however, often most pervasive because of its invisibility for example, the link between the emergence and persistence of AIDS and TB impact on the poor to the enduring effects, slavery and racism and economic dependence on the United States are forms of structural violence operating globally against women, children, indigenous peoples and those in poverty. Structural violence may both underlie and be an outcome of modern armed conflicts.

Armed conflict—The term armed conflict is often used in preference to “war” given legal complexities surrounding definitions of war and the changing nature of violent political conflict. War typically suggests armed conflict between two states, but we are increasingly facing internal armed conflicts, wars within states, and often conflicts involving non-state actors such as private armies and locally armed militia, Boko Haram. Conflicts in the Middle East have highlighted the immense impact on lives and livelihoods of both terrorism and massive armed interventions.

8.4 THE PREVENTION OF VIOLENCE FOR A HEALTHY LIFESTYLE BY UNIVERSITY STUDENTS

The most important outcome of focusing on violence and defining it clearly is the potential to precisely understand its scale, forms and causes and to enhance the scope to intervene to prevent its occurrence or to modify its effects. Prevention activities can be classified by the stage during which prevention takes place (primary, secondary or tertiary prevention) as well as by its relationship to the population (universal, selective or indicated interventions).

Primary prevention—The primary prevention of violence aims to stop violent incidents occurring. Primary prevention is the most effective form of prevention but also the most difficult to achieve. Policy initiatives to address poverty and inequity could be classified as primary prevention activities in relation to violence, as could those directed at controlling the availability of firearms. Primary prevention is often unattractive to politicians because upstream preventive activities are not visible unless they are linked with service provision. Sustained

nurse home-visiting of mothers with young children is an evidence-based primary prevention strategy that does link with service provision and is widely acknowledged to improve outcomes for children and reduce their risk of becoming victims or perpetrators of abuse.

Secondary prevention-Secondary prevention aims at minimizing harm once a violent incident has occurred, focusing on immediate responses, such as emergency services or treatment for sexually transmitted diseases following rape. Secondary prevention could also include intervening in situations of high risk, such as reducing the risks of sexual exploitation in refugee camps or internally displaced person settings through better planning of facilities, better training of protection forces, and greater calls for accountability by those charged with the responsibility of protecting victims of violence.

Tertiary prevention-Tertiary prevention aims at treating and rehabilitating victims and perpetrators. Approaches focus on long-term care in the wake of violence, such as rehabilitation and reintegration, and attempts to lessen trauma or reduce the long-term disability associated with violence. For examples psychological therapies for abused children; screening and support services for victims of intimate partner, domestic or family violence; and specific recognition of the needs of survivors of torture.

Universal interventions

Universal interventions addressing violence aimed at the general population, or groups within it (for example those of a certain gender or age bracket) without regard to individual risk. For examples developing educational and training programmes against bullying in schools, or reducing population consuming alcohol by regulating the sales and increasing prices to prevent alcohol-related violence.

Selective (or targeted) interventions

Selective interventions focus on those at heightened risk of violence. For example, early intervention programs focusing on low-income single parents.

Indicated interventions

Indicated interventions focus on high-risk individuals who have detectable problems, such as perpetrators of domestic violence or sexual offenders.

CONCLUSION

Having successfully completed this unit, it is assumed that the students are now well groomed to explain Violence, Causes of Violence, Types of Violence and the control and prevention of

violence for a healthy lifestyle by University Students.

10.SUMMARY

In this unit, you have learnt the concept of Violence, Causes of Violence, Types of Violence and the control and prevention of violence for a healthy lifestyle of University Students.

11.TUTOR MARKED ASSIGNMENT

- 1.Explain the concept of violence
- 2.State the causes of violence,
- 3.Describe the types of violence
- 4.Discuss the control and prevention of violence among University Students

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UNIT 9. DRUG ABUSE AND ADDICTION

9.1 INTRODUCTION

Drug abuse or substance abuse refers to the use of certain chemicals for the purpose of creating pleasurable effects on the brain. There are over 190 million drug users around the world and the problem has been increasing at alarming rates, especially among young adults under the age of 30.

9.2 OBJECTIVES

By the of this unit the students should be able to:

Define drug

Explain drug addition

Describe reasons/ factors influencing students for abusing drugs

Mention drugs that are commonly abuse

State the effects of drug abuse on university students

Outline the control and prevention of drug abuse among university students through adolescent health promotion

9.MAIN CONTENT

9.1 CONCEPT OF DRUG ABUSE AND ADDICTION

Drug abuse is when you use legal or illegal substances in ways you shouldnot. You might take more than the regular dose of pills or use someone else's prescription. You may abuse drugs to feel good, ease stress, or avoid reality. But usually, you are able to change your unhealthy habits or stop using altogether while addiction is when you cannot stop. Not when it puts your health in danger. Not when it causes financial, emotional, and other problems for you or your

loved ones. That urge to get and use drugs can fill up every minute of the day, even if you want to quit. Addiction also is different from physical dependence or tolerance. In cases of physical dependence, withdrawal symptoms happen when you suddenly stop a substance. Tolerance happens when a dose of a substance becomes less effective over time

Addiction is a disease that affects your brain and behaviour. When you are addicted to drugs, you can't resist the urge to use them, no matter how much harm the drugs may cause. The earlier you get treatment for drug addiction, the more likely you are to avoid some of the more dire consequences of the disease. Drug addiction is not about just heroin, cocaine, or other illegal drugs. You can get addicted to alcohol, nicotine, sleep and anti-anxiety medications, and other legal substances. You can also get addicted to prescription or illegally obtained narcotic pain medications, or opioids. This problem is at epidemic levels in the United States. In 2018, opioids played a role in two-thirds of all drug overdose deaths. At first, you may choose to take a drug because you like the way it makes you feel. You may think you can control how much and how often you use it. But over time, drugs change how your brain works. These physical changes can last a long time. They make you lose control and can lead to damaging behaviours.

9.1.1 The Cause of Drug Abuse

The cause of drug abuse is not fully known but likely includes genetic predisposition, co-occurring conditions and environmental circumstances. Drug use and experimentation is common in pre-adolescents and adolescents, but only a small percentage of those users will go on to abuse drugs.

Genetics as a Cause of Drug Abuse

While many people use drugs, only a small percentage abuse drugs, but it has been noted that drug abuse often runs in families, suggesting genetics is one of the causes of drug abuse. While having parents that abuse drugs puts a child at risk, it is possible for the child to grow up without drug abuse problems. It is also possible to abuse drugs without having any other drug abuser in the family. It is clear genetics alone is not the cause of drug abuse.

Co-Occurring Conditions as Drug Abuse Causes

Drug abuse often occurs alongside other conditions like mental illness. While mental illness itself is not thought to cause drug abuse, one condition may indicate, and be complicated by, the other. One of the causes of drug abuse may be the attempt to manage the symptoms of an underlying mental illness. For example, a person with depression may

repeatedly use a drug to "get high" as an escape from their depressive mood (called self-medication). The depression was not the cause of drug abuse, but it was a contributing factor. It is known, however, not everyone with a mental illness abuses drugs so mental illness alone is not the cause of drug abuse.

Environmental Causes of Drug Abuse

There are certain life circumstances, particularly among younger users, that are risk factors for, rather than the direct cause of, drug abuse. Parental abuse and neglect are commonly seen as part of the cause of drug abuse. An adolescent or pre-adolescent may be trying to gain attention from an inattentive parent or escape an abusive one by using drugs; prolonged attempts through drug use can be a cause of drug abuse. A drug user, or the presence of drugs in the home, can also be a major cause of drug abuse.¹

Additional risk factors contributing to the causes of drug abuse include:

Unstable home environment, often due to drug abuse or mental illness of the parent

A poor relationship with parents

Use of drugs by friends/peers

Permissive attitude towards their own drug use and the drug use of the adolescent

Behavioral problems combined with poor parenting

Poor achievement in school

Apparent ambivalence or approval of drug use in the school, peer group or community

Availability of drugs from friends

Combination of Causes of Drug Abuse

While genetic, environmental and psychiatric causes of drug abuse are possible, it is likely that a combination of risk factors is truly the cause of drug abuse. If a person has a genetic predisposition to drug abuse, that likely indicates one of the parents abuses drugs. This may create an unstable home life and, possibly, emotional or psychological problems. Together, these can become the drug abuse cause.

9.1.2 Addiction vs. Abuse and Tolerance

Drug abuse is when you use legal or illegal substances in ways you should not. You might take more than the regular dose of pills or use someone else's prescription. You may abuse drugs to feel good, ease stress, or avoid reality. But usually, you are able to change your unhealthy habits or stop using altogether while Addiction is when you cannot stop. Not when it puts your health in danger. Not when it causes financial, emotional, and other problems for you or your loved ones. That urge

to get and use drugs can fill up every minute of the day, even if you want to quit. Addiction also is different from physical dependence or tolerance. In cases of physical dependence, withdrawal symptoms happen when you suddenly stop a substance. Tolerance happens when a dose of a substance becomes less effective over time. When you use opioids for pain for a long time, for example, you may develop tolerance and even physical dependence. This does not mean you are addicted. In general, when narcotics are used under proper medical supervision, addiction happens in only a small percentage of people.

9.1.3 Who is most likely to Become Addicted?

Each person's body and brain are different. People also react differently to drugs. Some love the feeling the first time they try it and want more. Others hate it and never try again. Not everyone who uses drugs becomes addicted. But it can happen to anyone and at any age. Some things may raise your chances of addiction, including:

Family history. Your genes are responsible for about half of your odds. If your parents or siblings have problems with alcohol or drugs, you are more likely as well. Women and men are equally likely to become addicted.

Early drug use. Children's brains are still growing, and drug use can change that. So taking drugs at an early age may make you more likely to get addicted when you get older.

Mental disorders. If you're depressed, have trouble paying attention, or worry constantly, you have a higher chance of addiction. You may turn to drugs as a way to try to feel better. A history of trauma in your life also makes you more likely to have addiction.

Troubled relationships. If you grew up with family troubles and aren't close to your parents or siblings, it may raise your chances of addiction.

9.1.4 Signs of Addiction

You may have one or more of these warning signs:

An urge to use the drug every day, or many times a day

Taking more drugs than you want to, and for longer than you thought you would

Always having the drug with you, and buying it even if you can't afford it

Using drugs even if they cause you trouble at work or make you lash out at family and friends

Spending more time alone.

Not taking care of yourself or caring how you look

Stealing, lying, or doing dangerous things, like driving while high or having unsafe sex

Spending most of your time getting, using, or recovering from the effects of the drug

Feeling sick when you try to quit

a. FACTORS INFLUENCING STUDENTS FOR ABUSING DRUGS

Drugs of abuse are usually psychoactive drugs that are used by people for various different reasons which may include:

New experiment (Curious)

Recreation

Learning from family

Friends insistence

Self- confidence increase

Relaxation

Getting more energy

Failure in life

Positive attitude towards drugs

Escape from problem

Staying awake

Pain relief

9.3 DRUGS THAT ARE COMMONLY ABUSE

Drugs of abuse fall into three groups and these include:

Depressants: These cause depression of the brain's faculties and examples include sleeping pills (barbiturates) and heroin.

Stimulants: These cause stimulation of the brain, giving rise to alertness and increased bursts of activity. A rapid heart rate, dilated pupils, raised blood pressure, nausea or vomiting and behavioral changes such as agitation and impaired judgment may also result. In severe cases, there may be delusional psychosis which can occur with the use of cocaine and amphetamines.

Hallucinogens: These cause hallucinations and an "out of this world" feeling of dissociation from oneself. Hallucinogens may cause distorted sensory perception, delusion, paranoia and even depression. Examples include ecstasy, mescaline and LSD. Other examples of drugs are:

Alcohol

Tobacco

Cocaine from coca

Opium and opioids from poppy plants

Hashish or marijuana from cannabis

Synthetic drugs such as heroin, ecstasy and LSD

THE EFFECTS OF DRUG ABUSE ON UNIVERSITY STUDENTS

Drug misuse, abuse, and addiction can all lead to both short-term and long-term health effects. The effects of drug abuse depend on the type of drug, any other substances that a person is using, and their health history.

Short-term effects

Drugs are chemical compounds that affect the mind and body. The exact effects vary among individuals and also depend on the drug, dosage, and delivery method. Using any drug, even in moderation or according to a medical prescription, can have short-term effects. For instance, consuming one or two servings of alcohol can lead to mild intoxication. A person may feel relaxed, uninhibited, or sleepy. Nicotine from cigarettes and other tobacco products raises blood pressure and increases alertness. Using a prescription opioid as a doctor has instructed helps relieve moderate-to-severe pain, but opioids can also cause drowsiness, shallow breathing, and constipation. Abusing a drug, or misusing a prescription medication, can produce other short-term effects, such as:

changes in appetite

sleeplessness or insomnia

increased heart rate

slurred speech

changes in cognitive ability

a temporary sense of euphoria

loss of coordination

Drug abuse can affect aspects of a person's life beyond their physical health. People with substance use disorder, for example, may experience:

an inability to cease using a drug

relationship problems

poor work or academic performance

difficulty maintaining personal hygiene

noticeable changes in appearance, such as extreme weight loss

increased impulsivity and risk-taking behaviors

loss of interest in formerly enjoyable activities

Long-term effects

Drug abuse, especially over an extended period, can have numerous long-term health effects. Chronic drug use Trusted Source can alter a person's brain structure and function, resulting in long-term psychological effects, such as:

depression

anxiety

panic disorder

increased aggression

paranoia

hallucinations

Long-term drug use can also affect a person's memory, learning, and concentration. The long-term physical effects of drug use vary depending on the type of drug and the duration of use. However, experts have linked chronic drug use with the following health conditions:

Cardiovascular disease-Stimulants, such as cocaine and methamphetamines, can damage the heart and blood vessels. The long-term use of these drugs can lead to coronary artery disease, arrhythmia, and heart attack.

Respiratory problems-Drugs that people smoke or inhale can damage the respiratory system and lead to chronic respiratory infections and diseases. Opioids slow a person's breathing by binding to specific receptors in the central nervous system that regulate respiration. By depressing a person's respiration, these drugs can lead to slow breathing or heavy snoring. A person may stop breathing entirely if they take a large dose of an opioid or take it alongside other drugs, such as sleep aids or alcohol.

Kidney damage-The kidneys filter excess minerals and waste products from the blood. Heroin, ketamine, and synthetic cannabinoids can cause kidney damage or kidney failure.

Liver disease-Chronic drug and alcohol use can damage the liver cells, leading to inflammation, scarring, and even liver failure.

Effect on Your Brain-Your brain is wired to make you want to repeat experiences that make you feel good. So you are motivated to do them again and again. The drugs that may be addictive target your brain's reward system. They flood your brain with a chemical called dopamine. This triggers a feeling of intense pleasure. You keep taking the drug to chase that high. Over time, your brain gets used to the extra dopamine. So you might need to take

more of the drug to get the same good feeling. And other things you enjoyed, like food and hanging out with family, may give you less pleasure. When you use drugs for a long time, it can cause changes in other brain chemical systems and circuits as well. They can hurt you're:

Judgment

Decision-making

Memory

Ability to learn

Together, these brain changes can drive you to seek out and take drugs in ways that are beyond your control.

Overdose-Taking too much of a drug or taking multiple drugs together can result in an overdose. According to the Centers for Disease Control and Prevention (CDC), drug overdose caused 67,367 deaths Trusted Source in the United States in 2018. Opioids contributed to nearly 70% of these deaths.

9.4 PREVENTION OF DRUG ABUSE/ADDICTION AMONG UNIVERSITY STUDENTS

While there is no one way or guaranteed way to prevent someone from abusing drugs and alcohol, there are things that everyone can do to prevent substance abuse. Here are the top five ways to prevent substance abuse:

Understand how substance abuse develops. Substance abuse starts by:

Using addictive drugs (illicit or prescribed) for recreational purposes

Seeking out intoxication every time you use

Abusing prescription medication

Avoid Temptation and Peer Pressure. Develop healthy friendships and relationships by avoiding friends or family members who pressure you to use substances. It's often said "we become most like those we surround ourselves by," meaning if you surround yourself with people who abuse drugs and alcohol you are more likely to as well. Peer pressure is a major part of life for teens and adults. If you are looking to stay drug free develop a good way to just say no, prepare a good excuse or plan ahead of time to keep from giving into peer pressure.

Seek help for mental illness. Mental illness and substance abuse often go hand in hand. If you are dealing with a mental illness such as anxiety, depression or post-traumatic stress disorder

you should seek professional help from a licensed therapist or counsellor. A professional will provide you with healthy coping skills to alleviate your symptoms without turning to drugs and alcohol.

Examine the risk factors. Look at your family history of mental illness and addiction, several studies have shown that this disease tends to run in the family, but can be prevented. The more you are aware of your biological, environmental and physical risk factors the more likely you are to overcome them.

Keep a well-balanced life. People often turn to drugs and alcohol when something in their life is missing or not working. Practicing stress management skills can help you overcome these life stressors and will help you live a balanced and healthy life.

Develop goals and dreams for your future. These will help you focus on what you want and help you realize that drugs and alcohol will simply get in the way and hinder you from achieving your goals.

10.CONCLUSION

Having successfully completed this unit, it is assumed that the students are now well groomed on drug abuse and addiction for a healthy lifestyle by University Students.

11..SUMMARY

In this unit, you have learnt the concept of drug abuse and drug addition, reasons/ factors influencing students for abusing drugs, drugs that are commonly abuse, drug abuse on university students, the control and prevention of drug abuse among university students through adolescent health promotion.

12TUTOR MARKED ASSIGNMENT

Explain the concept of drug abuse and drug addition

State the reasons/ factors influencing students for abusing drugs

Mention the drugs that are commonly abuse by university students

State the effects of drug abuse on university students

Outline the control and prevention of drug abuse among university students through adolescent health promotion.

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UNIT 9 ALCOHOL USE AND MISUSE

INTRODUCTION

Drinking alcohol is a culturally accepted practice in many families and traditions worldwide. The terms alcoholism, alcohol misuse, and alcohol dependence all relate to the serious problem of excessive drinking that leads to negative health and social implications. Chemically termed as ethanol, alcohol has been in use since ancient times. The most popular use of alcohol worldwide is as a beverage by adult humans for purposes of recreation. A daily instead of a weekly limit is suggested. Drinking small amounts daily is considered safer than binge drinking on special occasions or on weekends. When consumed in excessive amounts, alcohol causes intoxication. The specific impacts of high amounts of alcohol on the body are depression of the central nervous system, producing extreme joyousness, decreasing anxiety, increasing sociability, and impaired cognitive, memory, and motor functions. Misuse of alcohol is the deliberate, excessive, and harmful drinking on special occasions, for the purpose of celebration. This category includes binge drinkers who drink heavily at social gatherings. Such drinkers are open to risks of having an accident or getting into a brawl or argument, and they

are also likely to become alcohol addicts when their indulgence crosses the limit.

10.2 OBJECTIVES

By the end of this unit the students should be able to:

Conceptualize- alcohol use, alcohol misuse, Alcohol abuse, Alcohol addiction

Explain alcohol addiction as a health problem

Describe alcohol dependence as a health problem

Explain why people use alcohol

State when the use of alcohol become misuse

Explain why people misuse alcohol

Describe the risks of alcohol misuse

Explain the control and prevention of alcohol abuse

10.MAIN CONTENT

10.1CONCEPTUALIZE- ALCOHOL USE, ALCOHOL MISUSE, ALCOHOL ABUSE, ALCOHOL ADDICTION

Alcohol use- Drinking alcohol is a culturally accepted practice in many families and traditions worldwide. The most popular use of alcohol worldwide is as a beverage by adult humans for purposes of recreation, naming and marriage ceremonies.

Alcohol misuse- Misuse of alcohol is the deliberate, excessive, and harmful drinking on special occasions, for the purpose of celebration. This category includes binge drinkers who drink heavily at social gatherings. Such drinkers are open to risks of having an accident or getting into a brawl or argument, and they are also likely to become alcohol addicts when their indulgence crosses the limit. Alcohol misuse is when you drink in a way that is harmful, or when you are dependent on alcohol. Alcohol misuse describes alcohol consumption that puts individuals at increased risk for adverse health and social consequences. It is defined as excess daily consumption (more than 4 drinks per day for men or more than 3 drinks per day for women), or excess total consumption (more than 14 drinks per week for men or more than 7 drinks per week for women), or both. Or simply misuse of alcohol is intake of more than 3 to 4 drinks in a single sitting for women and more than 4 to 5 drinks in a single sitting for men.

The Centers for Disease Control and Prevention (CDC) Alcohol Team uses the following definitions of alcohol misuse:

Alcohol misuse-For women, more than 1 drink per day on average; For men, more than 2 drinks per day on average

Binge drinking-For women, 4 or more drinks during a single occasion; For men, 5 or more drinks during a single occasion

Excessive drinking includes heavy drinking, binge drinking or both

Alcohol misuse is a pattern of drinking that results in harm to one's health, interpersonal relationships or ability to work. Alcohol dependence, also known as alcohol addiction and alcoholism, is a chronic disease and is associated with experiencing withdrawal symptoms, loss of control, or alcohol tolerance

Alcohol abuse-Alcohol abuse refers to drinking "too much, too often." which affects a person's work, family and social life, and yet the person continues with it. There is repeated drinking at the workplace or while driving, and so it becomes a physical hazard. This stage is the beginning state of the disorder of alcoholism

10.2ALCOHOL ADDICTION

Alcohol addiction is a primary condition where there is a growing inability to stop consuming alcohol in spite of the knowledge of its negative repercussions. Alcohol addicts display a very strong urge to drink. Their uncontrollable urge to drink crosses their own self-imposed limits, and overrides other family or work-related obligations. Their bodies soon develop a physical tolerance for it, or they undergo withdrawal symptoms when they stop. They also need to have more and more drinks to bring about the same effects. These traits mark the beginnings of a physical dependence on alcohol.

10.3ALCOHOL DEPENDENCE AS A HEALTH PROBLEM

Alcohol dependence Long-term abuse of alcohol leads to alcohol dependence. It is the incapacity to quit drinking and is the most severe form of alcohol addiction. Also known as alcoholism, the individual is mentally and physically dependent on alcohol and feels that he must drink just to carry on. It is no more a weakness, but becomes a chronic progressive disease characterized by a course of duration with specific symptoms. It can also become fatal. Dependency cannot be easily identified as persons tend to hide their weakness for alcohol. A few visible symptoms are however reliable pointers to this disease. An alcohol-dependent person:

shows disinterest in regular activities;
appears tired, ill, or irritable;
appears to be intoxicated more often;
needs to drink more than considered usual to attain the same outcomes;
becomes dishonest and secretive;
is unable to say no to alcohol, despite being aware that it is harmful.

Alcoholism is a disease that arises from environmental, genetic, and psychosocial factors and may display any or all of the above symptoms. A majority of alcohol dependence cases seem to be genetically predisposed to the disease, although this can be overcome. Alcoholism needs proper treatment and medical counseling to get over the drinking habit and to lead a healthy life. The National Institute on Alcohol and Alcoholics (NIAA) reports four main symptoms that characterize dependency:

Craving

Loss of control

Physical dependence (withdrawals signs of nausea, sweating, and vomiting).

Tolerance (person will need more alcohol to meet his cravings and to get drunk).

10.4 WHY DO PEOPLE USE ALCOHOL

People often begin to use alcohol because of social pressure. Boys and men may face pressure to drink to prove their manhood. A man may believe that the more he drinks, is the more manly he is. Some people also use alcohol because they like how they make them feel. Many girls and women are also beginning to face social pressure to start drinking or using drugs. They may feel that they will appear more grown-up or more modern. Or they may think they will be accepted more easily by others. Companies that make and sell alcohol and drugs use social pressure, too. Advertisements that make using drugs and alcohol look glamorous, especially to young people, encourage people to buy them. And when companies that make alcohol, or places that sell alcohol, make it seem easy and even fun to buy, people want to buy more. This kind of pressure is especially harmful, because often people are not aware it is affecting them.

10.5 WHEN DOES THE USE OF ALCOHOL BECOME MISUSE?

Whatever the reason for starting, alcohol and drugs can easily become misused. A person is misusing drugs or alcohol if she loses control over when she uses alcohol or drugs, over the

amount she uses, or over the way she acts when using alcohol or drugs. Here are some common signs which indicate that people are misusing drug or alcohol. They

- feel they need to drink or take drug to get through the day or night. They may use it at unusual times or places, such as in the morning, or when they are alone.

lie about how much they or others use, or hide it.

have money problems because of how much they spend on buying drugs or alcohol. Some people commit crimes to get money for drugs or alcohol.

ruin celebrations because of how much they drink alcohol or use drugs.

are ashamed of their behaviour while using drugs or alcohol.

are not working as well as before or are not going to work as often because of using alcohol or drugs.

have problems with violent behaviour. A man may become more violent towards his wife, children, or friends.

If using alcohol or drug is changing your life, it is time to stop or to use less. It is better to stop before the alcohol or drug harms you, your family, or your friendships.

10.6 WHY DO PEOPLE MISUSE ALCOHOL?

Many people end up misusing drugs and alcohol in order to escape from problems in their lives. All types of people do this. But people whose parents misused alcohol or drugs are much more likely to try and solve their problems in the same way. This is because a 'weakness' to misuse drugs or alcohol may be passed from parents to children. And as children watch their parents use alcohol or drugs to escape problems, they learn this same behaviour.

Alcohol and drug misuse is also common among people who do not feel any hope about changing the miserable conditions of their lives. People who are displaced from their homes or facing desperate problems like losing their jobs or way of earning a living, losing family members, or being abandoned by a partner are also more at risk for misusing drugs and alcohol. Women often begin to misuse drugs or alcohol because they do not feel that they have any control over or power to change their lives. They may feel dependent upon, or at the mercy of, their partner or male family members. And if women have low status in the community, it may be hard for them to value themselves. Unfortunately, drugs and alcohol usually make all these problems worse, and people feel even less able to improve their lives. Instead of looking for ways to improve their situations, most people who misuse drugs or alcohol spend their

time, money, and health on trying to avoid and forget their problems.

10.6 RISKS OF ALCOHOL MISUSE

Short term

The short-term risks of alcohol misuse include:

accidents and injuries requiring hospital treatment, such as a head injury

violent behaviour and being a victim of violence

unprotected sex that could potentially lead to unplanned pregnancy or sexually transmitted infections (STIs)

loss of personal possessions, such as wallets, keys or mobile phones

alcohol poisoning this may lead to vomiting, fits (seizures) and falling unconscious

People who binge drink (drink heavily over a short period of time) are more likely to behave recklessly and are at greater risk of being in an accident.

Long term

Persistent alcohol misuse increases your risk of serious health conditions, including:

heart disease

stroke

liver disease

liver cancer

bowel cancer

mouth cancer

breast cancer

pancreatitis

As well as causing serious health problems, long-term alcohol misuse can lead to social problems for some people, such as unemployment, divorce, domestic abuse and homelessness.

If someone loses control over their drinking and has an excessive desire to drink, it's known as dependent drinking (alcoholism). Dependent drinking usually affects a person's quality of life and relationships, but they may not always find it easy to see or accept this. Severely dependent drinkers are often able to tolerate very high levels of alcohol in amounts that would dangerously affect or even kill some people.

Alcohol misuse is a risk factor for a number of adverse health outcomes including:

Unintentional injuries (e.g., motor vehicle accidents, falls)

Violence (e.g., homicide, suicide)

Liver disease

Diseases of the central nervous system (e.g., stroke, dementia)

Heart disease including coronary artery disease, atrial fibrillation (i.e., abnormal heart rhythm), high blood pressure, and congestive heart failure

Various cancers (e.g., breast, colorectal, and liver)

Risky sexual behaviors and adverse pregnancy outcomes

10.7 CONTROL AND PREVENTION OF ALCOHOL ABUSE

Excessive alcohol use is responsible for approximately 95,000 deaths in the United States each year and \$249 billion in economic costs in 2010. Excessive alcohol use includes

Binge drinking (defined as consuming 4 or more alcoholic beverages per occasion for women or 5 or more drinks per occasion for men).

Heavy drinking (defined as consuming 8 or more alcoholic beverages per week for women or 15 or more alcoholic beverages per week for men).

Any drinking by pregnant women or those younger than age 21.

The strategies listed below can help schools/universities/communities create social and physical environments that discourage excessive alcohol consumption thereby, reducing alcohol-related fatalities, costs, and other harms.

There are many reasons a person may want to actively avoid alcohol abuse. Perhaps a family member struggles with alcoholism or you are starting to notice some warning signs of alcoholism in your behavior. Whatever the reason, there are preventative measures you can put in place to help you avoid alcohol abuse and the risk of developing alcohol addiction.

Don't Keep Alcohol At Home. If you don't have alcohol at home, you can't drink it. Being unable to simply go to the cupboard or the fridge to grab a drink can keep you from developing a pattern of alcohol use that can easily develop into abuse or addiction. Restricting access to alcohol at home can also work to prevent drinking out of boredom or your emotions. Only drinking in social settings helps you maintain some accountability as well.

Know Your Drinking Limits. Often, people try to set their own limits with alcohol consumption. However, the limits of alcohol use and abuse are clearly outlined by the National

Institute on Alcohol Abuse and Alcoholism (NIAAA). Low-risk drinking for women means no more than seven drinks per week, and no more than three in one day. For men, no more than 14 drinks per week, no more than four per day. The suggested amount, if a person chooses to drink is one per day for women, two for men. These recommendations are not for people who already have an alcohol use disorder or have completed a substance abuse program. These recommendations may also vary for people who have health problems or different body types. There is often the argument that no one drinks that little; however, the NIAAA has found that 35 percent of people do not drink at all, 37 percent always drink at low-risk levels, and only 28 percent are heavy drinkers.

Surround Yourself with Non-Drinkers. Going out with co-workers to have multiple drinks during the week, and then also going out with friends on the weekend and drinking more than 3-4 drinks places you at a 50/50 chance for developing an alcohol use disorder. There are people you can spend time with and places you can go where alcohol is not the focal point. If you spend time with people who don't drink, or don't drink often, you will be less likely to drink as well. Socializing does not always mean going to the bar, playing drinking games, doing shots, or partying. Making friends who engage in a variety of activities without drinking can help you control or avoid drinking altogether.

Know the Consequences of Alcohol Abuse. Sometimes, knowing what excessive drinking can do to you or your body can keep you from drinking to excess. Excessive drinking can lead to a number of health issues, such as:

- Cancer
- liver disease
- stroke
- depression
- heart disease
- sleep disorders
- high blood pressure
- birth defects

Heavy drinking can also result in legal issues, financial troubles, employment problems, and overall displeasure in daily life. Resuming normal daily functioning after a night of heavy drinking can be problematic, especially with a hangover.

Tell Loved Ones Your Concerns. If you believe your drinking to be problematic, or if you

simply would like to cut down on the amount of alcohol you consume, tell someone. Putting those intentions out in the world can help you be more accountable. Additionally, having the support of those who care about you can also help you maintain your goals. Overall, it is up to you to make the changes you feel should be made in your own life. Surrounding yourself with people who support those changes will help you stay focused on the life you want.

Treatment Can Always Be an Option. Preventing alcohol abuse is not always easy and sometimes we do not realize that our drinking is a problem until it is out of our hands. Thankfully alcohol treatment is offered in Massachusetts that can help people get back on the right path.

The Community Preventive Services Task Force, an independent, nonfederal, volunteer body of public health and prevention experts, recommends several evidence-based community strategies to reduce harmful alcohol use.

Regulation of Alcohol Outlet Density External -Alcohol outlet density refers to the number and concentration of alcohol retailers (such as bars, restaurants, liquor stores) in an area.

Increasing Alcohol Taxes External-Alcohol taxes may include wholesale, excise, ad valorem, or sales taxes, all of which affect the price of alcohol. Taxes can be levied at the federal, state, or local level on beer, wine or distilled spirits.

Dram Shop Liability External-Dram shop liability, also known as commercial host liability, refers to laws that hold alcohol retail establishments liable for injuries or harms caused by illegal service to intoxicated or underage customers.

Maintaining Limits on Days of Sale External-States or communities may limit the days that alcohol can legally be sold or served.

Maintaining Limits on Hours of Sale External-States or communities may limit the hours that alcohol can legally be sold or served.

Electronic Screening and Brief Intervention (e-SBI) External-e-SBI uses electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional screening and brief interventions. At a minimum, e-SBI involves screening individuals for excessive drinking, and delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.

Enhanced Enforcement of Laws Prohibiting Sales to Minors External-An enhanced enforcement program initiates or increases compliance checks at alcohol retailers (such as bars, restaurants, and liquor stores).

Privatization of Retail Alcohol Sales External-The privatization of retail alcohol sales refers to the repeal of government (such as state, county, or city) control over the retail sales of one or more types of alcoholic beverage

.8.CONCLUSION

Having successfully completed this unit, it is assumed that the students are now well groomed on alcohol use and misuse for a healthy lifestyle by University Students.

11..SUMMARY

In this unit, you have learnt the concept of alcohol use, alcohol misuse, Alcohol abuse, Alcohol addiction as a health problem, description of alcohol dependence as a health problems, reasons why people use alcohol, when is the use of alcohol become misuse, why people misuse alcohol, the risks of alcohol misuse and the control and prevention of alcohol abuse.

12TUTOR MARKED ASSIGNMENT

Conceptualize- alcohol use, alcohol misuse, Alcohol abuse, Alcohol addiction

Explain alcohol addiction as a health problem

Describe alcohol dependence as a health problem

Explain why people use alcohol

State when the use of alcohol become misuse

Explain why people misuse alcohol

Describe the risks of alcohol misuse

Explain the control and prevention of alcohol abuse

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UN11. SMOKING

11.1 INTRODUCTION

No matter how you smoke it, tobacco is dangerous to your health. There are no safe substances in any tobacco products, from acetone and tar to nicotine and carbon monoxide. The substances you inhale don't just affect your lungs. They can affect your entire body. Smoking can lead to a variety of ongoing complications in the body, as well as long-term effects on your body systems. While smoking can increase your risk of a variety of problems over several years,

some of the bodily effects are immediate.

11.2 By the end of this unit the students should be able to:

Define smoking

State the reason why people smoke

Describe the effects of smoking on the body system of the person

Describe the health effect of smoking

Control and prevention of smoking among the students/community members

11.MAIN CONTENT

11.1 SMOKING

Smoking is the act of inhaling and exhaling the fumes of burning plant material. A variety of plant materials are smoked, including marijuana and hashish, but the act is most commonly associated with tobacco as smoked in a cigarette, cigar, or pipe. Tobacco contains nicotine, an alkaloid that is addictive and can have both stimulating and tranquilizing psychoactive effects. The smoking of tobacco, long practiced by American Indians, was introduced to Europe by Christopher Columbus and other explorers. Smoking soon spread to other areas and today is widely practiced around the world despite medical, social, and religious arguments against it.

11.2 REASON WHY PEOPLE SMOKE

People say that they use tobacco for many different reasons like stress relief, pleasure, or in social situations. Most people who smoke started smoking when they were teenagers. Those who have friends and/or parents who smoke are more likely to start smoking than those who do not. Some teenagers say that they “just wanted to try it,” or they thought it was “cool” to smoke.

The tobacco industry’s ads, price breaks, and other promotions for its products are a big influence in our society. The tobacco industry spends billions of dollars each year to create and market ads that show smoking as exciting, glamorous, and safe. Tobacco use is also shown in video games, online, and on TV. And movies showing people smoking are another big influence. Studies show that young people who see smoking in movies are more likely to start smoking. A newer influence on tobacco use is the e-cigarette and other high-tech, fashionable

electronic “vaping” devices. Often wrongly seen as harmless, as as and easier to get and use as traditional tobacco products, these devices are a way for new users to learn how to inhale and become addicted to nicotine, which can prepare them for smoking.

11.3 THE EFFECTS OF SMOKING ON THE BODY SYSTEM

Central nervous system

One of the ingredients in tobacco is a mood-altering drug called nicotine. Nicotine reaches your brain in mere seconds and makes you feel more energized for a while. But as that effect wears off, you feel tired and crave more. Nicotine is extremely habit-forming, which is why people find smoking so difficult to quit. Physical withdrawal from nicotine can impair your cognitive functioning and make you feel anxious, irritated, and depressed. Withdrawal can also cause headaches and sleep problems.

Respiratory system

When you inhale smoke, you are taking in substances that can damage your lungs. Over time, this damage leads to a variety of problems. Along with increased infections, people who smoke are at higher risk for chronic nonreversible lung conditions such as:

emphysema, the destruction of the air sacs in your lungs

chronic bronchitis, permanent inflammation that affects the lining of the breathing tubes of the lungs

chronic obstructive pulmonary disease (COPD), a group of lung diseases

lung cancer

Withdrawal from tobacco products can cause temporary congestion and respiratory discomfort as your lungs and airways begin to heal. Increased mucus production right after quitting smoking is a positive sign that your respiratory system is recovering. Children whose parents smoke are more prone to coughing, wheezing, and asthma attacks than children whose parents donot. They also tend to have higher rates of pneumonia and bronchitis.

Cardiovascular system

Smoking damages your entire cardiovascular system. Nicotine causes blood vessels to tighten, which restricts the flow of blood. Over time, the ongoing narrowing, along with damage to the blood vessels, can cause peripheral artery disease. Smoking also raises blood pressure, weakens blood vessel walls, and increases blood clots. Together, this raises your risk of stroke. You are also at an increased risk of worsening heart disease if you have already had heart bypass

surgery, a heart attack, or a stent placed in a blood vessel. Smoking not only impacts your cardiovascular health, but also the health of those around you who do not smoke. Exposure to secondhand smoke carries the same risk to a nonsmoker as someone who does smoke. Risks include stroke, heart attack, and heart disease.

Integumentary system (skin, hair, and nails)

The more obvious signs of smoking involve skin changes. Substances in tobacco smoke actually change the structure of your skin. A recent study has shown that smoking dramatically increases the risk of squamous cell carcinoma (skin cancer). Your fingernails and toenails are not immune from the effects of smoking. Smoking increases the likelihood of fungal nail infections. Hair is also affected by nicotine. An older study found it increases hair loss, balding, and graying.

Digestive system

Smoking increases the risk of mouth, throat, larynx, and esophagus cancer. Smokers also have higher rates of pancreatic cancer. Even people who “smoke but do not inhale” face an increased risk of mouth cancer. Smoking also has an effect on insulin, making it more likely that you’ll develop insulin resistance. That puts you at increased risk of type 2 diabetes and its complications, which tend to develop at a faster rate than in people who do not smoke.

Sexuality and reproductive system

Nicotine affects blood flow to the genital areas of both men and women. For men, this can decrease sexual performance. For women, this can result in sexual dissatisfaction by decreasing lubrication and the ability to reach orgasm. Smoking may also lower sex hormone levels in both men and women. This can possibly lead to decreased sexual desire.

11.4 HEALTH EFFECT OF CIGARETTE SMOKING

Cigarette smoking harms nearly every organ of the body, causes many diseases, and reduces the health of smokers in general. Quitting smoking lowers your risk for smoking-related diseases and can add years to your life.

Smoking and Death

Cigarette smoking is the leading cause of preventable death in the world especially the United States.

Cigarette smoking causes more than 480,000 deaths each year in the United States. This is

nearly one in five deaths.

Smoking causes more deaths each year than the following causes combined:

Human immunodeficiency virus (HIV)

Illegal drug use

Alcohol use

Motor vehicle injuries

Firearm-related incidents

More than 10 times as many U.S. citizens have died prematurely from cigarette smoking than have died in all the wars fought by the United States.

Smoking causes about 90% (or 9 out of 10) of all lung cancer deaths.

More women die from lung cancer each year than from breast cancer.

Smoking causes about 80% (or 8 out of 10) of all deaths from chronic obstructive pulmonary disease (COPD).

Cigarette smoking increases risk for death from all causes in men and women.

The risk of dying from cigarette smoking has increased over the last 50 years in the U.S.

Smoking and Increased Health Risks

Smokers are more likely than nonsmokers to develop heart disease, stroke, and lung cancer.

Estimates show smoking increases the risk:

For coronary heart disease by 2 to 4 times

For stroke by 2 to 4 times

Of men developing lung cancer by 25 times

Of women developing lung cancer by 25.7 times

Smoking causes diminished overall health, increased absenteeism from work, and increased health care utilization and cost.

Smoking and Cardiovascular Disease

Smokers are at greater risk for diseases that affect the heart and blood vessels (cardiovascular disease).

Smoking causes stroke and coronary heart disease, which are among the leading causes of death in the world

Even people who smoke fewer than five cigarettes a day can have early signs of cardiovascular disease.

Smoking damages blood vessels and can make them thicken and grow narrower. This makes

your heart beat faster and your blood pressure go up. Clots can also form.

A stroke occurs when:

A clot blocks the blood flow to part of your brain;

A blood vessel in or around your brain bursts.

Blockages caused by smoking can also reduce blood flow to your legs and skin.

Smoking and Respiratory Disease

Smoking can cause lung disease by damaging your airways and the small air sacs (alveoli) found in your lungs.

Lung diseases caused by smoking include COPD, which includes emphysema and chronic bronchitis.

Cigarette smoking causes most cases of lung cancer.

If you have asthma, tobacco smoke can trigger an attack or make an attack worse.

Smokers are 12 to 13 times more likely to die from COPD than nonsmokers.

Smoking and Cancer

Smoking can cause cancer almost anywhere in your body:

Bladder

Blood (acute myeloid leukemia)

Cervix

Colon and rectum (colorectal)

Esophagus

Kidney and ureter

Larynx

Liver

Oropharynx (includes parts of the throat, tongue, soft palate, and the tonsils)

Pancreas

Stomach

Trachea, bronchus, and lung

Smoking also increases the risk of dying from cancer and other diseases in cancer patients and survivors. If nobody smoked, one of every three cancer deaths in the world would not happen

Smoking and Other Health Risks

Smoking harms nearly every organ of the body and affects a person's overall health.

Smoking can make it harder for a woman to become pregnant. It can also affect her baby's health before and after birth. Smoking increases risks for:

Preterm (early) delivery

Stillbirth (death of the baby before birth)

Low birth weight

Sudden infant death syndrome (known as SIDS or crib death)

Ectopic pregnancy

Orofacial clefts in infants

Smoking can also affect men's sperm, which can reduce fertility and also increase risks for birth defects and miscarriage.

Smoking can affect bone health.

Women past childbearing years who smoke have weaker bones than women who never smoked. They are also at greater risk for broken bones.

Smoking affects the health of your teeth and gums and can cause tooth loss.

Smoking can increase your risk for cataracts (clouding of the eye's lens that makes it hard for you to see). It can also cause age-related macular degeneration (AMD). AMD is damage to a small spot near the center of the retina, the part of the eye needed for central vision.

Smoking is a cause of type 2 diabetes mellitus and can make it harder to control. The risk of developing diabetes is 30–40% higher for active smokers than nonsmokers.

Smoking causes general adverse effects on the body, including inflammation and decreased immune function.

Smoking is a cause of rheumatoid arthritis.

7. CONTROL AND PREVENTION OF SMOKING AMONG UNIVERSITY STUDENTS/COMMUNITY MEMBERS

The medical consequences of tobacco use including secondhand exposure make tobacco control and smoking prevention crucial parts of any public health strategy. Since the first Surgeon General's Report on Smoking and Health in 1964, states and communities have made efforts to reduce initiation of smoking, decrease exposure to smoke, and increase cessation. Researchers estimate that these tobacco control efforts are associated with averting an estimated 8 million premature deaths and extending the average life expectancy of men by 2.3 years and of women by 1.6 years. But there is a long way yet to go: roughly 5.6 million adolescents under age 18 are expected to die prematurely as a result of an illness related to

smoking.

Prevention can take the form of policy-level measures, such as increased taxation of tobacco products; stricter laws and enforcement of laws regulating who can purchase tobacco products; how and where they can be purchased; where and when they can be used i.e., smoke-free policies in restaurants, bars, and other public places); and restrictions on advertising and mandatory health warnings on packages. Over 100 studies have shown that higher taxes on cigarettes, for example, produce significant reductions in smoking, especially among youth and lower-income individuals. Smoke-free workplace laws and restrictions on advertising have also shown benefits.

Prevention can also take place at the school or community level. Merely educating potential smokers about the health risks has not proven effective. Successful evidence-based interventions aim to reduce or delay initiation of smoking, alcohol use, and illicit drug use, and otherwise improve outcomes for children and teens by reducing or mitigating modifiable risk factors and bolstering protective factors. Risk factors for smoking include having family members or peers who smoke, being in a lower socioeconomic status, living in a neighborhood with high density of tobacco outlets, not participating in team sports, being exposed to smoking in movies, and being sensation-seeking. Although older teens are more likely to smoke than younger teens, the earlier a person starts smoking or using any addictive substance, the more likely they are to develop an addiction. Males are also more likely to take up smoking in adolescence than females.

Some evidence-based interventions show lasting effects on reducing smoking initiation. For instance, communities utilizing the intervention-delivery system, Communities that Care (CTC) for students aged 10 to 14 show sustained reduction in male cigarette initiation up to 9 years after the end of the intervention.

6. CONCLUSION

Having successfully completed this unit, it is assumed that the students are now well groomed on smoking lifestyle by University Students.

7. SUMMARY

In this unit, you have learnt the concept of smoking, the reason why people smoke, the effects of smoking on the body system of the person, the health effect of smoking, Control and

prevention of smoking among the university students/community members

8.TUTOR MARKED ASSIGNMENT

Define smoking

State the reason why people smoke

Describe the effects of smoking on the body system of the person

Describe the health effect of smoking

Explain the Control and prevention of smoking among the university students/community members

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UNIT 12 MENTAL ILLNESS- DEPRESSION

12.1 INTRODUCTION

Depression is a severe condition that affects millions of people worldwide. Yet, if two depressed people compare their symptoms, they often find that they are quite different from each other. One reason for that is that you may not have the same depressive disorder. You may be wondering if you have depression at all, or if so, what type you have. Learning about the various disorders may help you make sense of the subject and give you the confidence to get the treatment you need.

12.2 OBJECTIVE

By the end of this unit the students should be able to:

Define depression

State the causes of depression

Explain the risk factors for depression

Types of depression

Mention the signs and symptoms of depression

Management strategies of depression

Control and prevention of depression

12.MAIN CONTENT

12.1 CONCEPT OF DEPRESSION

Depression is a mood disorder. Depression, in psychology, a mood or emotional state that is marked by feelings of low self-worth or guilt and a reduced ability to enjoy life. It may be described as feelings of sadness, loss, or anger that interfere with a person's everyday activities. It is fairly common. Data from the Centers for Disease Control and Prevention Trusted Source estimates that 18.5 percent of American adults had symptoms of depression in any given 2-week period in 2019. Depression usually involves self-loathing or a loss of self-esteem. People experience depression in different ways. It may interfere with your daily work, resulting in lost time and lower productivity. It can also influence relationships and some chronic health conditions. Conditions that can get worse due to depression

include:arthritis, asthma, cardiovascular disease, cancer, diabetes, obesity. It is important to realize that feeling down at times is a normal part of life. Sad and upsetting events happen to everyone. But if you are feeling down or hopeless on a regular basis, you could be dealing with depression. Depression is considered a serious medical condition that can get worse without proper treatment.

12.2 CAUSES OF DEPRESSION

There are several possible causes of depression. They can range from biological to circumstantial. Common causes include:

Brain chemistry. There may be a chemical imbalance in parts of the brain that manage mood, thoughts, sleep, appetite, and behaviour in people who have depression.

Hormone levels. Changes in female hormones estrogen and progesterone during different periods of time like during the menstrual cycle, postpartum period, perimenopause, or menopause may all raise a person's risk for depression.

Family history. You are at a higher risk for developing depression if you have a family history of depression or another mood disorder.

Early childhood trauma. Some events affect the way your body reacts to fear and stressful situations.

Brain structure. There is a greater risk for depression if the frontal lobe of your brain is less active. However, scientists donot know if this happens before or after the onset of depressive symptoms.

Medical conditions. Certain conditions mayTrusted Source put you at higher risk, such as chronic illness, insomnia, chronic pain, Parkinson's disease, stroke, heart attack, and cancer.

Substance use. A history of substance or alcohol misuse can affect your risk.

Pain. People who feel emotional or chronic physical pain for long periods of time are significantly more likelyTrusted Source to develop depression.

12.3 The Risk Factors for Depression

Risk factors for depression can be biochemical, medical, social, genetic, or circumstantial. Common risk factors include:

Sex. The prevalence of major depression is twice as high in femalesTrusted Source as in males.

Genetics. You have an increased riskTrusted Source of depression if you have a family history of it.

Socioeconomic status. Socioeconomic status, including financial problems and perceived low social status, can increase your risk of depression.

Certain medications. Certain drugs including some types of hormonal birth control, corticosteroids, and beta-blockers may be associated with an increased risk of depression.

Vitamin D deficiency. Studies have linked depressive symptoms to low levels of vitamin D.

Gender identity. The risk of depression for transgender people is nearly 4-fold that of cisgender people, according to a 2018 study.

Substance misuse. About 21 percent of people who have a substance use disorder also experience depression.

Medical illnesses. Depression is associated with other chronic medical illnesses. People with heart disease are about twice as likely to have depression as people who don't, while up to 1 in 4 people with cancer may also experience depression.

12.5 SIGNS AND SYMPTOMS OF DEPRESSION

Depression can be more than a constant state of sadness or feeling “blue.” Major depression can cause a variety of symptoms. Some affect your mood and others affect your body. Symptoms may also be ongoing or come and go.

General signs and symptoms

Not everyone with depression will experience the same symptoms. Symptoms can vary in severity, how often they happen, and how long they last. If you experience some of the following signs and symptoms of depression nearly every day for at least 2 weeks, you may be living with depression:

feeling sad, anxious, or “empty”

feeling hopeless, worthless, and pessimistic

crying a lot

feeling bothered, annoyed, or angry

loss of interest in hobbies and interests you once enjoyed

decreased energy or fatigue

difficulty concentrating, remembering, or making decisions

moving or talking more slowly

difficulty sleeping, early morning awakening, or oversleeping

appetite or weight changes

chronic physical pain with no clear cause that does not get better with treatment (headaches, aches or pains, digestive problems, cramps)

thoughts of death, suicide, self-harm, or suicide attempts

The symptoms of depression can be experienced differently among males, females, teens, and children.

Males may experience symptoms related to their:

mood, such as anger, aggressiveness, irritability, anxiousness, or restlessness

emotional well-being, such as feeling empty, sad, or hopeless

behaviour, such as loss of interest, no longer finding pleasure in favorite activities, feeling tired easily, thoughts of suicide, drinking excessively, using drugs, or engaging in high-risk activities

sexual interest, such as reduced sexual desire or lack of sexual performance

cognitive abilities, such as inability to concentrate, difficulty completing tasks, or delayed responses during conversations

sleep patterns, such as insomnia, restless sleep, excessive sleepiness, or not sleeping through the night

physical well-being, such as fatigue, pains, headache, or digestive problems

Females may experience symptoms related to their:

mood, such as irritability

emotional well-being, such as feeling sad or empty, anxious, or hopeless

behaviour, such as loss of interest in activities, withdrawing from social engagements, or thoughts of suicide

cognitive abilities, such as thinking or talking more slowly

sleep patterns, such as difficulty sleeping through the night, waking early, or sleeping too much

physical well-being, such as decreased energy, greater fatigue, changes in appetite, weight changes, aches, pain, headaches, or increased cramps

Children may experience symptoms related to their:

mood, such as irritability, anger, rapid shifts in mood, or crying

emotional well-being, such as feelings of incompetence (e.g., “I can’t do anything right”) or despair, crying, or intense sadness

behaviour, such as getting into trouble at school or refusing to go to school, avoiding friends or siblings, thoughts of death or suicide, or self-harm

cognitive abilities, such as difficulty concentrating, decline in school performance, or changes in grades

sleep patterns, such as difficulty sleeping or sleeping too much

physical well-being, such as loss of energy, digestive problems, changes in appetite, or weight loss or gain

12.6 TYPES OF DEPRESSION

Although the above symptoms may appear in any type of depressive disorder, each type has a unique blend, triggers, and presentation of them. Here are brief descriptions of various kinds of depression and what makes them unique.

Major Depressive Disorder

Major symptoms of MDD are lack of interest in things once enjoyed and a sad or depressed mood. To receive this diagnosis, one or both must be present, as well as three or four of the others, for a total of five of the symptoms above. The signs must be severe enough to interfere with daily life. Also, they must not be due to grief, substance abuse, a medication or another medical condition, a psychotic disorder, or a schizophrenic disorder. Finally, if you've had a manic or hypomanic episode, the diagnosis probably won't be MDD.

Persistent Depressive Disorder

Persistent depression, sometimes called dysthymia, is a type of depression that lasts at least two years or longer. Within those two years, the symptoms may get better or more severe, but they are present at some level throughout that time.

Bipolar Disorder

Bipolar disorder, also known as manic depression, is a condition in which depressive symptoms alternate with manic or hypomanic symptoms. During the depressive phases, you may have any of the general depression symptoms. While you are in the manic phase, you might have symptoms like rapid speech, grandiose ideas, elevated mood, and others. Hypomania is similar to mania, but it is less extreme. If you have bipolar disorder, you may also have times when you are neither depressed nor manic or hypomanic.

Seasonal Affective Disorder (SAD)

Seasonal affective disorder is a depressive disorder that begins in the winter months and lifts in the spring. It may be related to the amount of natural light available during the day. Seasonal

depression usually has symptoms like social isolation, weight gain, and oversleeping. SAD comes back every winter, year after year.

Perinatal Depression

Perinatal depression happens when a woman is pregnant. It can also occur after birth, in which it is sometimes called postpartum depression. This condition has the symptoms of major depression, and the most common for this disorder are anxiety, sadness, and fatigue. The symptoms may be severe enough to interfere with the mother's ability to take care of her infant correctly.

Premenstrual Dysphoric Disorder (PMDD)

Some women experience cyclic depressions that correspond to their menstrual cycles. Premenstrual dysphoric disorder (PMDD) is a hormone-related mood disorder. It is a more severe condition than PMS, and it typically interferes with life for several days before the woman's period. This disorder has physical symptoms, along with the usual symptoms of depression. Irritability is common.

Disruptive Mood Dysregulation Syndrome (DMDD)

Another recently identified type of depression is disruptive mood dysregulation syndrome. DMDD's most common symptoms are irritability and temper outbursts. It's primarily diagnosed in children. Unlike the episodes of irritability in bipolar depression, the irritability in DMDD is persistent and severe.

Atypical Depression

Atypical depression is a subtype of major depression characterized by specific symptoms such as oversleeping, overeating, and irritability. If you have this type, you may also feel extraordinarily sensitive to rejection, have a feeling of heaviness in your arms and legs, or have difficulty with your close relationships.

Reactive Depression

Reactive depression goes by many names, the most common being situational depression. Reactive depression comes as a reaction to a traumatic event or major life change. Your symptoms might be similar to the general symptoms of depression, but they typically subside within a relatively short time as you adapt to a loss or change.

Major Depression With Psychotic Features

Also known as psychotic depression, this type of depression is severe enough that you begin to

have psychotic symptoms in addition to the general depression symptoms. These symptoms might include disorganized thinking, delusions, and hallucinations. The psychotic symptoms might be sad or upsetting, corresponding with the depressed mood, or they might include grandiose ideas, feel exciting, and seem incongruent with the depressed mood.

12.7MANAGEMENT STRATEGIES OF DEPRESSION

Psychotherapy-Speaking with a therapist can help you learn skills to cope with negative feelings. You may also benefit from family or group therapy sessions.Psychotherapy, also known as “talk therapy,” is when a person speaks to a trained therapist to identify and learn to cope with the factors that contribute to their mental health condition, such as depression. Psychotherapy has been shown to be an effective treatment in improving symptoms in people with depression and other psychiatric disorders. Psychotherapy is often used alongside pharmaceutical treatment. There are many different types of psychotherapy, and some people respond better to one type than another.

Cognitive behavioral therapy (CBT)-In cognitive behavioral therapy (CBT), a therapist will work with you to uncover unhealthy patterns of thought and identify how they may be causing harmful behaviours, reactions, and beliefs about yourself. Your therapist might assign you “homework” where you practice replacing negative thoughts with more positive thoughts.

Dialectical behaviour therapy (DBT)-Dialectical behaviour therapy (DBT) is similar to CBT, but puts a specific emphasis on validation, or accepting uncomfortable thoughts, feelings, and behaviours, instead of fighting them. The theory is that by coming to terms with your harmful thoughts or emotions, you can accept that change is possible and make a recovery plan.

Psychodynamic therapy-Psychodynamic therapy is a form of talk therapy designed to help you better understand and cope with your day-to-day life. Psychodynamic therapy is based on the idea that your present-day reality is shaped by your unconscious, childhood experiences.In this form of therapy, your therapist will help you reflect and examine your childhood and experiences to help you understand and cope with your life.

12.7CONTROL AND PREVENTION OF DEPRESSION

Depression can be severe and life-altering, affecting the quality of life and the happiness of those who live with it. It is also a common condition. According to the Anxiety and Depression Association of America, it affects around 15 million Americans every year.

In some cases, it's possible to prevent depression, even if you have already had a previous episode. There are many lifestyle changes and stress management techniques you can use to prevent or avoid depression. There are certain triggers that can cause us to experience depressive episodes. While triggers may be different for everyone, these are some of the best techniques you can use to prevent or avoid depression relapse.

1. Exercise regularly

Exercising regularly is one of the best things you can do for your mental health. According to the Mayo Clinic, exercise can help in the treatment and prevention of depression in several key ways:

It increases your body temperature, which can have a calming effect on the central nervous system.

It releases chemicals like endorphins, which can boost mood.

It reduces immune system chemicals that may worsen depression.

All types of physical exercise can help treat depression, but it is best to exercise regularly.

To get more exercise, you can:

Join a sports team or studio (like yoga or kickboxing), where you will be part of a community in addition to being active.

Take the stairs instead of the elevator.

Make it a habit: This is the best way to maintain the fitness level that is most effective in preventing depression.

2. Cut back on social media time

Research has shown that increased social media usage can cause or contribute to depression and low self-esteem. Social media can be addictive, and it's a necessity to stay connected with family, friends, and even coworkers. It is how we plan and invite each other to events and share big news. However, limiting social media time can help prevent depression. You can do this by:

Deleting all social apps from your phone

Using website-blocking extensions that only let you use certain sites for a preset amount of time

Only going to social media with a purpose and avoiding logging on several times a day just for something to do

3. Build strong relationships

Having a strong support system and an active social life is important for our mental health. Research has shown that having even “adequate” social support can protect against depression. Make sure that you are regularly connecting with friends and family, even when your lives are busy. Attending social events when you can and finding new hobbies that could help you meet new people can all help you build new relationships too.

4. Minimize your daily choices

Have you ever walked into a theme park and been overwhelmed at what you want to do first? Researchers think that having too many choices can actually cause significant stress that can lead to depression. Psychologist Barry Schwartz, author of the book “The Paradox of Choice,” describes research that shows that when faced with too many choices, those who aim to make the best possible choice “maximizers” face higher rates of depression. For many of us, our lives are filled with choices. Which outfit do we wear, and should we buy yogurt or eggs or bagels or English muffins or sausage for breakfast? The pressure of making the right or wrong choice is thought to contribute to depression. If making choices stresses you out, simplify things. You can:

Learn to be decisive more quickly.

Reduce the decisions you will have to make during the work week: Plan out your outfits, and have your meals prepped and ready to go.

5. Reduce stress

Chronic stress is one of the most avoidable common causes of depression. Learning how to manage and cope with stress is essential for optimal mental health. To manage stress, you can:

Avoid overcommitting to things.

Practice mindfulness or meditation.

Learn to let things go that you can't control.

6. Maintain your treatment plan

If you have already experienced one depressive episode, there is a decent chance you will experience another. That is why maintaining your treatment plan is so important. This includes:

Continuing prescription medications, and never stopping them abruptly

Having “maintenance” visits with your therapist every so often when in remission

Consistently practicing the strategies and coping mechanisms your therapist taught you

7. Get plenty of sleep

Getting plenty of high-quality sleep is necessary for both mental and physical health. According to the National Sleep Foundation, people with insomnia have a tenfold risk of developing depression compared to those who sleep well. To get better sleep, you can:

Not look at any screens for two hours before bed (including your phone!)

Meditate before bed

Have a comfortable mattress

Avoid caffeine after noon

8. Stay away from toxic people

We have all met that person who just makes us feel bad about ourselves. Sometimes they are an outright bully, and other times they subtly put us down to make themselves feel better. They may even be someone who takes advantage of us. Regardless of the specific situation, toxic people should be avoided at all costs. They can lower our self-esteem. One study from 2012 found that negative social interactions were linked to higher levels of two proteins known as cytokines. These two proteins are associated with inflammation as well as depression. To avoid toxic people, you should:

Stay away from anyone who makes you feel worse about yourself.

Cut people out of your life who take advantage of you.

Know the signs. If someone spreads rumors or talks badly about someone as soon as they leave the room, they are likely to do the same for you.

9. Eat well

Recent research has shown that regularly consuming a high-fat diet can have similar effects as chronic stress in terms of causing depression. In addition, an unhealthy diet can also deprive your body of vital nutrients it needs to maintain physical and mental health. To prevent depression with your diet, you should:

Eat balanced meals with lean protein, and lots of fruits and vegetables.

Reduce high-sugar and high-fat foods.

Eliminate processed foods from your diet as much as possible.

Incorporate more omega-3s into your diet, with foods like salmon or nuts.

10. Maintain a healthy weight

Obesity can result in low self-esteem, especially once you start adding in the judgements and criticisms of other people. According to the Centers for Disease Control and Prevention, there

is a clear correlation between being obese and experiencing depression. A national survey found that 43 percent of adults with depression were obese. Additionally, adults with depression were more likely to be obese than those without it. If you are exercising regularly, getting enough sleep, and eating well, maintaining a healthy weight should fall into place.

11. Manage chronic conditions

People with other chronic conditions have a higher risk of developing depression. Chronic conditions are not something that can be avoided, but in many cases, they can be managed.

You should:

Consult your doctor if your condition or symptoms get worse.

Follow your treatment plan carefully.

Take your medications and make lifestyle changes as recommended.

12. Read prescription medication side effects carefully

However, a number of different prescription medications can cause depression as a side effect. Read prescription labels carefully before taking them. You can talk to your doctor and see if other medications or treatments can resolve your condition without depression as a side effect.

A few medications that can cause depression include:

Hormonal medications, like birth control pills

beta-blockers

corticosteroids

anticonvulsants

13. Reduce alcohol and drug use

The excessive use of alcohol and any drug use not only are associated with higher risks of depression, but also high risks of depression relapse. Limit alcohol intake, and eliminate any drug use as safely as possible. Because limiting alcohol can be difficult in some social situations, you can:

Order an appetizer instead of a drink at happy hour.

Plan and invite friends to events where alcohol isn't central.

Order cranberry juice; you don't have to tell anyone it doesn't have vodka in it.

14. Get off nicotine

Smoking and depression can perpetuate each other, though any type of nicotine can act as a depression trigger. To stop smoking, you can:

Focus on your reason for quitting and remind yourself of this every time you are

tempted.

Know what to expect ahead of time.

Tell your friends and ask them to help hold you accountable.

Quit at the same time as a friend.

15. Plan for unavoidable known triggers

There are some depression triggers, but if you know about them, you can plan for them. And that can help you cope preemptively. Examples of unavoidable depression triggers could be the anniversary of a death or a divorce, or knowing that you will see your ex and their new partner at your child's school function. To plan for these triggers, you can:

Know that it's coming up, and know what it will entail

Have plans with a friend, or ask someone to check in with you

Remind yourself that you will get through it

8.CONCLUSION

Having successfully completed this unit, it is assumed that the students are now well groomed on depression as a health problem of University Students.

9.SUMMARY

In this unit, you have learnt the concept of depression, the causes of depression, the risk factors for depression , the types of depression, the signs and symptoms of depression, Management strategies of depression, Control and prevention of depression among the university students/community members

10.TUTOR MARKED ASSIGNMENT

Define depression

State the causes of depression

Explain the risk factors for depression

Describe the types of depression

Mention the signs and symptoms of depression

Management strategies of depression

Discuss the Control and prevention of depression

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UNIT 13. SUICIDE

13.1 INTRODUCTION

Every year 703 000 people take their own life and there are many more people who attempt suicide. Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind. Suicide occurs throughout the lifespan and was the fourth leading cause of death among 15-29 year-olds globally in 2019. Suicide does not just occur in high-income countries, but is a global phenomenon in all regions of the world. In fact, over 77% of global suicides occurred in low- and middle-income countries in 2019. Suicide is a serious public health problem; however, suicides are preventable with timely, evidence-based and often low-cost interventions. For national responses to be effective, a comprehensive multi-sectoral suicide prevention strategy is needed.

13.2OBJECTIVES

By the end of this unit the students should be able to:

Conceptualize suicide

State the causes for suicide

Describe the factors triggering suicide
Mention the signs and symptoms of suicide
Outline the effects of suicide
Discuss the control and prevention of suicide

13.MAIN CONTENT

13.1 CONCEPT OF SUIDE

Suicide is death caused by injuring oneself with the intent to die. A suicide attempt is when someone harms themselves with any intent to end their life, but they do not die as a result of their actions. Suicide affects all ages. It is the second leading cause of death for people ages 10-34, the fourth leading cause among people ages 35-44, and the fifth leading cause among people ages 45-54

13.2THE CAUSES FOR SUICIDE

Most teens interviewed after making a suicide attempt say that they did it because they were trying to escape from a situation that seemed impossible to deal with or to get relief from really bad thoughts or feelings. They didn't want to die as much as they wanted to escape from what was going on. And at that particular moment dying seemed like the only way out. Some people who end their lives or attempt suicide might be trying to escape feelings of rejection, hurt, or loss. Others might feel angry, ashamed, or guilty about something. Some people may be worried about disappointing friends or family members. And some may feel unwanted, unloved, victimized, or like they are a burden to others. We all feel overwhelmed by difficult emotions or situations sometimes. But most people get through it or can put their problems in perspective and find a way to carry on with determination and hope. So why does one person try suicide when another person in the same tough situation does not? What makes some people more resilient (better able to deal with life's setbacks and difficulties) than others? What makes a person unable to see another way out of a bad situation besides ending their life? The answer to those questions lies in the fact that most people who die by suicide have depression.

13.3THE FACTORS TRIGGERING SUICIDE

Many factors can increase the risk for suicide or protect against it. Suicide is connected to other forms of injury and violence. For example, people who have experienced violence, including

child abuse, bullying, or sexual violence have a higher suicide risk. Being connected to family and community support and having easy access to health care can decrease suicidal thoughts and behaviors. Suicide does not discriminate. It can touch anyone, anywhere, at any time. But there are certain factors that can contribute to the risk of suicide, including:

1. Having attempted suicide before

Depression and other mental health disorders

Alcohol or drug use disorder

Family history of a mental health disorder

Family history of an alcohol or drug use disorder

Family history of suicide

Family violence, including physical or sexual abuse

Having guns in the home

Being in or having recently gotten out of prison or jail

Being exposed to others' suicidal behavior, such as a family member, peer, or celebrity

Medical illness, including chronic pain

Stressful life event, such as a job loss, financial problems, loss of a loved one, a breakup of a relationship, etc.

Being between the ages of 15 and 24 years or over age 60

13.4 THE WARNING SIGNS AND SYMPTOMS OF SUICIDE

The warning signs for suicide include:

1. Talking about wanting to die or wanting to kill oneself
2. Making a plan or looking for a way to kill oneself, such as searching online
3. Buying a gun or stockpiling pills
4. Feeling empty, hopeless, trapped, or like there's no reason to live
5. Being in unbearable pain
6. Talking about being a burden to others
7. Using more alcohol or drugs
8. Acting anxious or agitated; behaving recklessly
9. Sleeping too little or too much
10. Withdrawing from family or friends or feeling isolated
11. Showing rage or talking about seeking revenge
13. Displaying extreme mood swings

14. Saying good-bye to loved ones, putting affairs in order

15. Some people may tell others about their suicidal thoughts. But others may try to hide them. This can make so

13. 5THE EFFECTS OF SUICIDE

Suicide is devastating and the effects of suicide on family members and loved ones of the person who has died by suicide can be severe and far-reaching. Those left behind by suicide are often known as suicide survivors and while this is a very difficult position in which to find oneself, it is possible to heal and move forward.

Effects of Suicide on Family and Friends

Learning that a loved one has died by suicide can absolutely be traumatic. In addition to all the feelings that anyone would feel about the death of a loved one, when the death is a suicide, there are additional feelings like:

Extreme guilt for not preventing the suicide

Failure because a person they loved felt unloved and completed suicide

Anger or resentment at the person who chose to take his or her own life

Confusion

Distress over unresolved issues (many of which often exist in families where one person has a mental illness, which is common in people who die by suicide)

Suicide Effects on the Mental Health of Family and Friends

Unfortunately, friends and family of those who have completed suicide experience impacts on their own mental health. In a Canadian study, parents who lost a child to suicide typically have higher rates of depression, physical problems and low income (often even before the child's suicide). Anxiety and divorce are very common effects on parents after a child's suicide. Another study showed that children of parents who completed suicide are at a significantly increased risk of completing suicide themselves. The younger the child at the time of the parent's suicide, the greater the risk of his or her own suicide.

Stigma and the Effects of Suicide in Family and Friends

When a person dies, societally, others generally offer empathy and compassion, but when a person dies by suicide, there is a stigma around that death and people often treat the loved ones of the person who committed suicide differently. Loved ones can be very

afraid to talk about the suicide for fear of judgment and condemnation being blamed for the suicide of their family member or friend. Because of this, one effect of suicide on family and friends can be extreme isolation.

13.6 THE IMPACT OF SUICIDE

Suicide and suicide attempts cause serious emotional, physical, and economic impacts. People who attempt suicide and survive may experience serious injuries that can have long-term effects on their health. They may also experience depression and other mental health concerns.⁸ The good news is that more than 90% of people who attempt suicide and survive never go on to die by suicide.

Suicide and suicide attempts affect the health and well-being of friends, loved ones, co-workers, and the community. When people die by suicide, their surviving family and friends may experience shock, anger, guilt, symptoms of depression or anxiety, and may even experience thoughts of suicide themselves.⁸

The financial toll of suicide on society is also costly. Suicides and suicide attempts cost the nation over \$70 billion per year in lifetime medical and work-loss costs alone.³

13.7. THE CONTROL AND PREVENTION OF SUICIDE

Suicide is preventable and everyone has a role to play to save lives and create healthy and strong individuals, families, and communities. Suicide prevention requires a comprehensive public health approach. CDC developed Preventing Suicide: A Technical Package of Policy, Programs, and Practices which provides information on the best available evidence for suicide prevention. States and communities can use the technical package to help make decisions about suicide prevention activities. Strategies range from those designed to support people at increased risk to a focus on the whole population, regardless of risk. There are a number of measures that can be taken at population, sub-population and individual levels to prevent suicide and suicide attempts. LIVE LIFE, WHO's approach to suicide prevention, recommends the following key effective evidence-based interventions:

- limit access to the means of suicide (e.g. pesticides, firearms, certain medications);
- interact with the media for responsible reporting of suicide;
- foster socio-emotional life skills in adolescents;
- early identify, assess, manage and follow up anyone who is affected by suicidal behaviours.,

These need to go hand-in-hand with the following foundational pillars: situation analysis, multisectoral collaboration, awareness raising, capacity building, financing, surveillance and monitoring and evaluation. Suicide prevention efforts require coordination and collaboration among multiple sectors of society, including the health sector and other sectors such as education, labour, agriculture, business, justice, law, defence, politics, and the media. These efforts must be comprehensive and integrated as no single approach alone can make an impact on an issue as complex as suicide.

8.CONCLUSION

Having successfully completed this unit, it is assumed that the students are now well groomed on suicide as a health problem of University Students.

9.SUMMARY

In this unit, you have learnt the concept of suicide, the causes for suicide, the factors triggering, the signs and symptoms of suicide, the effects of suicide, the control and prevention of suicide among the university students/community members

10.TUTOR MARKED ASSIGNMENT

Conceptualize suicide

State the causes for suicide

Describe the factors triggering suicide

Mention the signs and symptoms of suicide

Outline the effects of suicide

Discuss the control and prevention of suicide

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14. PROSTITUTION

14.1 INTRODUCTION

Prostitution is sex engaged in for commercial reasons rather than for its own sake; it is commercial or mercenary sex – sex as work. ... Prostitution is a type of sex work that involves granting the client direct sexual access to the prostitute's body

14.2 OBJECTIVE

By the end of this unit the students should be able to:

1. Define prostitution
2. History background of prostitution
3. State the Reasons for prostitution
4. Explain the effects of prostitution
5. Describe the control and prevention of prostitution

14. MAIN CONTENT

14.1. PROSTITUTION

Prostitution is the practice of engaging in relatively indiscriminate sexual activity, in general with someone who is not a spouse or a friend, in exchange for immediate payment in money or other valuables. Prostitutes may be female or male or transgender, and prostitution may entail heterosexual or homosexual activity, but historically most prostitutes have been women and most clients men.

14.2 HISTORY BACKGROUND OF PROSTITUTION

Perceptions of prostitution are based on culturally determined values that differ between societies. In some societies, prostitutes have been viewed as members of a recognized profession; in others they have been shunned, reviled, and punished with stoning, imprisonment, and death. Few societies have exercised the same severity toward clients; indeed, in many societies, clients suffer few if any legal repercussions. In some cultures, prostitution has been required of young girls as a rite of puberty or as a means of acquiring a dowry, and some religions have required prostitution of a certain class of priestesses. The ancient Greeks and Romans mandated that prostitutes wear distinctive dress and pay severe taxes. Hebrew law did not forbid prostitution but confined the practice to foreign women. Among the ordinances laid down by Moses to regulate public health was several dealing with sexually transmitted diseases.

In Europe during the middleages, church leaders attempted to rehabilitate penitent prostitutes and fund their dowries. Nevertheless, prostitution flourished: it was not merely tolerated but also protected, licensed, and regulated by law, and it constituted a considerable source of public revenue. Public brothels were established in large cities throughout Europe. At Toulouse, in France, the profits were shared between the city and the university; in England, bordellos were originally licensed by the bishops of Winchester and subsequently by Parliament.

Joachim Beuckelaer: *Brothel*

Stricter controls were imposed during the 16th century, in part because of the new sexual morality that accompanied the Protestant Reformation and the Counter-Reformation. Just as significant was the dramatic upsurge of sexually transmitted diseases. Sporadic attempts were made to suppress brothels and even to introduce medical inspections, but such measures were to little avail. In the late 19th century a variety of changes in Western societies revived efforts to suppress prostitution. With the rise of feminism, many came to regard male libertinism as a threat to women's status and physical health. Also influential was a new religious-based moralism in Protestant countries. Antiprostitution campaigns flourished from the 1860s, often in association with temperance and women's suffrage movements. International cooperation to end the traffic in women for the purpose of prostitution began in 1899. In 1921 the League of Nations established the Committee on the Traffic in Women and Children, and in 1949 the United Nations General Assembly adopted a convention for the suppression of prostitution

Human trafficking

In the United States, prostitution was at best sporadically controlled until passage of the federal Mann Act (1910), which prohibited interstate transportation of women for "immoral purposes." By 1915 nearly all states had passed laws that banned brothels or regulated the profits of prostitution. After World War II, prostitution remained prohibited in most Western countries, though it was unofficially tolerated in some cities. Many law-enforcement agencies became more concerned with regulating the crimes associated with the practice, especially acts of theft and robbery committed against clients. Authorities also intervened to prevent girls from being coerced into prostitution ("white slavery"). Prostitution is illegal in most of the United States, though it is lawful in some counties in Nevada.

In most Asian and Middle Eastern countries, prostitution is illegal but widely tolerated. Among predominantly Muslim countries, Turkey has legalized prostitution and made it subject to a system of health checks for sex workers, and in Bangladesh prostitution is notionally legal but associated behaviours such as soliciting are prohibited. In some Asian countries the involvement of children in prostitution has encouraged the growth of "sex tourism" by men from countries where such practices are illegal. Many Latin American countries tolerate prostitution but restrict associated activities. In Brazil, for example, brothels, pimping, and child exploitation are illegal.

During the 1980s, attitudes toward prostitution changed radically through two major developments. One was the worldwide spread of AIDS, which increased concern about

public health problems created by prostitution. In Africa especially, one factor in the rapid spread of AIDS was the prostitution industry serving migrant labourers. A second influential development was a renewal of feminist interest and the perspective that prostitution is both a consequence and a symptom of gender-based exploitation. Reflecting these shifting attitudes, from the 1980s the more neutral term sex worker was increasingly employed to describe those involved in commercial sex activities.

It is difficult to generalize about the background or conditions of prostitutes because so much of what is known about them derives from studies of poorer and less-privileged individuals, people who are more likely to come into contact with courts and official agencies. Much more is known about streetwalkers, for example, than about the higher-status women who can be more selective about their clients and work conditions. Based on available studies, though, it is reasonable to assert that female sex workers often are economically disadvantaged and lack skills and training to support themselves. Many are drawn at an early age into prostitution and associated crime, and drug dependency can be an aggravating factor. They frequently are managed by a male procurer, or pimp, or by a supervisor, or madam, in a house of prostitution. Health hazards to prostitutes include sexually transmitted diseases, some of which may be acquired through drug abuse. Male prostitution has received less public attention in most cultures. Heterosexual male prostitution involving males hired by or for females is rare. Homosexual male prostitution has probably existed in most societies, though only in the 20th century was it recognized as a major social phenomenon, and its prevalence increased during the late 20th and early 21st century.

14.3 THE REASONS FOR PROSTITUTION

However, this is due to several precipitating factors that lead people into the prostitution industry. Some of the more influential factors are physical, emotional, pre-mature home leaving, childhood sexual abuse, drug abuse and a poor financial situation.

14.4 THE EFFECTS OF PROSTITUTION

Prostitution was associated with increased risk for bloodborne viral infections, sexually transmitted diseases, and mental health symptoms. Prostitution was associated with use of emergency care in women and use of inpatient mental health services for men. There is also Physical, Emotional, and Sexual Abuse affecting the victim.

14.5 THE CONTROL AND PREVENTION OF PROSTITUTION

Comprehensive prevention programs that include components such as peer education, medical services, and support groups, can be effective in enabling sex workers to adopt safer sex practices. Create a forum for networking and information sharing, raise national awareness about prostituted children, build a base of knowledge about good practices and assess the needs and strengths of the field.

6.CONCLUSION

Having successfully completed this unit, it is assumed that the students are now well groomed on prostitution as a health problem of University Students.

9.SUMMARY

In this unit, you have learnt the concept of prostitution, the historical background of prostitution, the reasons for prostitution, the effects of prostitution and the control and prevention of prostitution in our university system and community in general

10. TUTOR MARKED ASSIGNMENT

1. Define prostitution
2. Explain the historical background of prostitution
3. State the reasons for prostitution
4. Explain the effects of prostitution
5. Describe the control and prevention of prostitution

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