



NATIONAL OPEN UNIVERSITY OF NIGERIA

SCHOOL OF EDUCATION

COURSE CODE: ECE 421

COURSE TITLE: HEALTH AND FAMILY LIFE EDUCATION



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COURSE GUIDE

Course Code:	ECE 421
Course Title:	HEALTH AND FAMILY LIFE EDUCATION
Course Developer:	Dr. V. Nmabueze Faculty of Education Enugu State University of Science & Technology, Enugu
Course Writer:	Dr. V. Nmabueze Faculty of Education Enugu State University of Science & Technology, Enugu
Course Editor:	Professor Nebath Tanglang National Open University of Nigeria Study Centre, Gombe
STAFF IN CHARGE	Dr. D N Ofoha School of Education National Open University of Nigeria Lagos
Course Coordinator:	Mrs. H. I. Johnson School of Education National Open University of Nigeria Lagos

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1.0 Introduction

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Welcome to ECE 4 21: Health and Family Life Education which is a two credit Unit Course. There are fifteen study units in this course. This guide is one of the several resource tools available to you, to help you successfully complete this course and ultimately your programme. In this guide, you will find very useful information about this course: course aim and objectives, what the course is all about. It also offers you guidelines on how to plan your time of study; your tutor-marked assignments. I wish you all the best in your learning experience and successful completion of this course.

2.0 Objectives

On completion of this unit, you will be able to:

- Explain the aim and objectives of this course
- Outline the structure and content of this course
- Provide a summary of what this course is all about
- Explain briefly what is required of you in relation to the self assessment exercises and Tutor-Marked Assignments.
- State what is required of you to be eligible to sit for this course examination at the end of the semester.

3.0 Main Contents

3.1 Course Aim and Objectives

The course aim for ECE 421 Health and Family Life Education is to help you understand the concept of health, lifestyle in relation to family life education issues.



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The course objectives for ECE 421: Health and Family Life Education should help you to check your learning of this course as you go along. Meanwhile there are objectives to achieve in each unit of this course (made up of 15 units). You should read them before studying each unit.

On completion of this course you should be able to:

- Explain the concept of health
- Explain the concept of wellness
- Explain the concept of lifestyle
- Name various determinants of health
- Describe some models and theories of health promotion.
- Explain the institution of the family
- Describe how the family is the core of early childhood education.
- Describe the concepts of marriage and divorce.
- Examine the influence of social change on the family institution
- Identify various adolescent issues.
- Identify the various socio-health family issues.
- Name and discuss various childhood diseases/illnesses.
- Identify various stressors as they affect families.
- List and explain some family lifestyle issues.
- Identify and explain social issues bearing on the family.

3.2 Course Materials and Structure



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3.2.1 Course Guide

Study Units

The units contained in this course reading material are:

- Concept of health
- Concept of wellness
- Concept of lifestyle
- Determinants of health
- Models and theories of health promotion
- Institution of the family
- Family: The core of early childhood education.
- Marriage and divorce
- Family and social change
- Adolescents issues
- Socio-health family issues
- Childhood illnesses
- Family and stress
- Family lifestyle issues
- Social issues bearing on the family

Course Summary

Module 1 introduces you to the field of health. Module 2 examines the family institution, marriage, divorce, social change and adolescent issues. Module 3 deals with social-



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health issues bearing on the family. There are fifteen units in this course, course guide exclusive. Each study unit consists of one week's work and should take you around 3 hours on the average to complete but let me quickly warn, that some units may take more than 3 hours, while others may take less. Each unit as you will observe includes specific objectives, guidance for study, reading material and self assessment exercises. Together with tutor-marked assignments, these exercises will assist you in achieving the stated learning objectives for the individual study units and the course in general.

Course Overview (Study Plan)

Units	Title of Study Unit	Weeks/ Activity	Assignment
	Course Guide	2	Course Guide Form
Module 1	Concept of Health		
1	Meaning of health	2	Assignment
2	Meaning of wellness	3	Assignment
3	Meaning of lifestyle	4	Assignment
4	Health determinants	5	Assignment
5	Models & Theories of Health	6	TMA 1 to be submitted
Module 2	Institution of Family		
1	Concept of family	7	Assignment
2	Families: The core of early childhood education	8	Assignment
3	Marriage and divorce	9	Assignment
4	Family and social change	10	Assignment
5	Adolescents issues	11	TMA 2 to be submitted
Module 3	Socio-Health Family Issues		
1	Child health	12	Assignment
2	Childhood illness	13	Assignment
3	Family and stress	14	Assignment
4	Family lifestyle issues	15	Assignment



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sues	16	TMA 3 to be submitted
	17	
	18	
Total	18	

* Now use this overview to plan your personal timetable.

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Further Reading

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3.2.2 How to get the most out of this Course

This course material provides with the advantage of reading and learning at your place, time, and place. Each study unit provides you with the introduction, objectives and exercise to help understand the course better. Try and do each Self Assessment Exercise as you come to it in the study. Draw up a time table for yourself and make use of left and right margins of your course book to notes of main and key points.

3.3 Course Delivery



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3.3.1 Facilitation

The language of instruction for this course material is English. The medium is the print material. Facilitation should take place at any NOUN Study Centre nearest to you. The time of facilitation is flexibly arranged between you (the learner) and your facilitator.

3.3.2 Tutorial Sessions

Tutorials are supposed to give you an opportunity to come face to face with your ‘teacher’ and with your fellow students. This course material is your ‘teacher’. Any questions and clarifications arising from studying this material will be handled during tutorial sessions. Your tutorial facilitator will help facilitate learning.

You are encouraged to participate in these tutorial sessions although it is optional. Every other question about the tutorials should be directed to your study manager, your facilitator or your study centre councillor. Remember that tutorial sessions are flexibly arranged between you and your tutorial facilitator.

3.3.3 Counselling

Counselling at NOUN is provided for you at two levels, academic and personal. For academic counseling (on facilitation and course materials) you should go to your study centre

For enquiries on tutorial facilitation and assignments, meet your tutorial facilitator. For personal counseling, students counselors are available in your study centre to attend to your personal issues. The study centre counsellor will give you guidance on personal issues as this will help to make your learning experience easier and smooth.

3.4 Assessment

There are three components of assessment for this course: Self Assessment Exercises and assignments at the end of each study unit, the Tutor-Marked Assignments; and a written examination. In doing these assignments, you are expected to use the information gathered during your study of the course. Below are detailed explanations on how to do each assignment.

3.4.1 Self Assessment Exercise (SAEs)

There are Self Assessment Exercises spread out through your course material. You should attempt each exercise immediately after reading the section that precedes it. Possible answers to the exercises are provided at the end of the course book, however, you should check the answers *only after* you must have attempted the exercises. The exercises are for you to evaluate your learning; they are not to be submitted. There are also questions spread through each study unit. You are required to attempt these questions after you have read a study unit. Again, the questions are to help you assess your knowledge of the contents of the unit. You are not required to submit the answers for SAEs.



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3.4.2 Tutor-Marked Assignments (TMAs)

There are three Tutor-Marked Assignments for this course. The assignments are designed to cover all areas treated in the course. You will be given your assignments and the dates for submission at your study centre. You are required to attempt all four Tutor-Marked Assignments. You will be assessed on all four and the best three will be recorded.

Guidelines for writing Tutor-Marked Assignments

1. On the cover page of your assignment, write the course code and title, assignment number (TMA 1, TMA 2), and date of submission, your name and matriculation number. It should look like this:

Course Code:

Course Title:

Tutor-Marked:

Date of Submission:

School and Programme:

Matriculation Number:

2. You should endeavour to be concise and to the point in your answers and adhere to word limit where given. Your answer should be based on your course material, further readings and experience. However, do not copy from any of these materials. If you do, you will be penalized. Remember to give relevant examples and illustrations.
3. Use ruled foolscap size paper for writing answers. Make and keep a copy of your assignments.

should be hand-written by you. Leave a margin of 2 inches on the margins of the left side and about 5 lines before the answer to the next question for your tutorial facilitator's comments.

3.4.3 Final Examination and Grading

Each assignment (TMA) carries 10% and together will count for 30% of your total score for the course. The assignments must be submitted to your tutorial facilitator for formal assessment on or before the stipulated dates for submission. The work that you submit to your tutorial facilitator for assessment will count for 30% of your total course score, while the final examination will be 70% giving a total of 100% for this course.

The final examination for ECE 421 Health and Family Life Education will be of 2 hours duration. Before examination you should have:

1. Submitted all four Tutor-Marked Assignments for the course.
2. You should have registered to sit for the examination.

4.0 Conclusion

Conclusively, all the features of this course guide will help you achieve your aim and objectives for this course. Make use of them to achieve maximum results.

5.0 Summary

ECE 421: Health and Family Life Education provides you a pedestal upon which you will learn, understand, examine and



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review how you see health, lifestyle and family knowledge and practices. Upon completion of this course, you should be able to explain the relationship between wellness, lifestyle, individual and family health status.

I wish you success with the course and hope that it will enlighten you the more, be of interest and useful to you both personal and in your relationship with others.

All the best.



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Course Developer: **Dr. V. Nmabueze**
Faculty of Education
Enugu State University of Science & Technology,
Enugu

Course Writer: **Dr. V. Nmabueze**
Faculty of Education
Enugu State University of Science & Technology,
Enugu

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National Open University of Nigeria
Lagos

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ECE 421, HEALTH AND FAMILY LIFE EDUCATION

MODULE 1 CONCEPT OF HEALTH

Unit 1 Meaning of the Word Health

Unit 2 Meaning of the Word Wellness

Unit 3 Meaning of the Word Lifestyle

Unit 4 Factors Associated with One's Health Status.

Unit 5 Theories and Models of Health

UNIT 1 MEANING OF THE WORD HEALTH

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2.0 Objectives

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3.2 Various meanings of the Word Health

3.3 Various definitions of Health

3.4 The Health Triangle

3.5 Steps to Responsible Health

3.6 The Composition of Health

3.7 The Seven Cardinal Points of Health



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4.0 Conclusion
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7.0 References / Further Readings

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1.0 INTRODUCTION

When you hear the word health, what comes to your mind? A good looking man or woman? A bouncing baby? An athlete? A pot bellied middle age man? The list is really endless. You will learn more about health and other key words associated with health in the first three units of Module 1 of this course material.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Recount a brief history of health
- Define health according to World Health Organization (WHO)
- Compare the definitions of health based on the different areas of health
- Draw the health triangle
- Explain the different dimensions of health
- State the seven cardinal points of health

3.0 MAIN CONTENT

3.1 Brief history of the Word Health

The Word health is one of the most popular and yet abused word of our time.

Etymologically, health is derived from Health meaning sound and whole. Health is an old



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English word meaning to make sound, whole or well. The word comes from the same root as the word heal.

Throughout history the search for survival have lead to different interpretations of health. Each culture and generation have had its own concept which guided the definition they gave to the word health.

One of the earliest definitions of health came as a result of struggle for survival in the face of communicable diseases, pestilence, famine and wars. By the 1800s with the introduction of public health laws and acts, the definition of health associated with communicable diseases began to reduce tremendously. Mental and physical hygiene were incorporated into health. Towards the last two decades of the 20th century, wellness and lifestyle became prominent in the meaning and definitions of health.

The word heath is something of an enigma. Like the proverbial elephant, it is difficult to define yet easy to spot when we see it. “You look well” stands as a common greeting to a friend or a relative who appears relaxed, happy and buoyant “feeling good” Any reflection on the term, however immediately reveals its complexity. The idea of health is capable of wide and narrow application, and can be negatively as well as positively defined. We can be in good health and poor health. Moreover, health is not just a feature of our daily life; it also appears frequently on the political landscape. Health scares such as (Acquired Immune Deficiency Syndrome, AIDS), Severs Acute Respiratory Syndrome (SARS) and swine flu - HINI Virus)and even the prospects of bio-terrorism have all exercised politicians and their medical advisers in recent times, and have all provided a steady stream of media stories. Health risks seem to proliferate, even if, for most of us most of the time, these are less than urgent concerns.

SELF ASSESSMENT EXERCISE 1

Pause and recount the brief history of health

3.2 Various Meaning of the word Health.



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Other various ways of looking at health are:

- **Physically, if one is** looking at health from a physical point of view, health would now mean what makes it possible for a person to become what he / she wants to be and do what he / she wants to do.
- Health as a state of being hale, sound and whole in body, a kind of wellbeing especially being free from physical disease, illness and form of handicap.

Note: physical vigor alone does not constitute total health nor is longevity alone the purpose of living. Quality of living is as important as quantity of living.

Interpreting health from a mental point of view could look like –

- A good mental health spells out the ingredients of a good personality and that is one in which the individual's cognitive (intellectual), affective (emotional) and psychomotor (physical) abilities are such as to enable him / her to live effectively and adjust to a given community and situation.
- Good health as the attainment and maintenance of the highest state of emotional and mental vigor of which any given individual is capable.

On the other hand, from a social point of view –

- Health as an individual's value, depending on a man's / women's ability to either control or adapt to his / her environment.
- Health is the attribute which enables the individual to adjust to a given environment
- Health as an outward manifestation of how we are adapting to stresses in our lives. Good health suggests successful adaptation, while bad health shows a

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failure to adaptation. Health is a continuous process. That is it keeps on fluctuating to different levels, so health exist in each individual in a continuum.

Diagrammatic Expression of Health from a Social Point of View.

Optimal Health

↓ ↑ ← Physical / Environmental Stressors

Good Health

↓ ↑ ← Social Stressors

Average Health

↓ ↑ ← Biological Stressors

Poor Health

Stressors

Ill Health



Death

Arguably, we as humans choose many of the stressors in our lives when we choose our lifestyle and we also choose how to adopt to stressors. Recognizing our personal responsibility for health empowers us to promote our own health.

SELF ASSESSMENT EXERCISE 2

State one definition of health from a social point of view

3.3 Various Definitions of Health

Health is state of complete physical, mental and social well being of an individual and not merely the absence of disease or infirmity. (WHO, 1948)

This definition was ratified during the first World Health Assembly, and has not been modified since 1948.

Short falls of WHO's definition

- It is unrealistic
- It is not attainable

A complete state of physical, mental, social well – being corresponds much more closely to happiness than to health e.g.

*Sigmund Freud (a psychologist) stopped smoking cigars for health reasons and he later observed that though he is healthier but that he was not happier.

*Having a serious disease is likely to make you less happy but not having a serious disease does not amount to happiness.

Strong points for WHO's definition –

- it widened health to the psychological and social dimension
- it is a fine and inspiring concept and its pursuit guarantees health professional unlimited opportunity for work in the future.

Consequences of WHO's definition of health –

- Have failed to distinguish health from happiness, any disturbance to happiness, however minimal, may come to be seen as a health problem.
- Since the quest for happiness is essentially boundless, the quest for health also becomes boundless and this legitimizes an unlimited demand for health services (e.g. plastic surgery). Though some people may pursue happiness through music, religion or love.
- It describes an ideal state rarely attained by most people and it contains no ingredients that can be readily measured or counted, either at the individual or the population level. Because assessing the feeling of well – being may be a challenge and freedom from the risk of disease and ultimately health is not an achievable state.

Health can also be defined as a sustainable state of equilibrium among humans and other living things that share the earth. The key word in this definition is **equilibrium** meaning **harmony**. Human beings cannot long remain healthy in an environment in which they are



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out of harmony with other living things or if other living things are dead or dying as a result of people's actions.

The health of humans cannot be disassociated from the health of the life – supporting ecosystem (air quality, water etc) with which human interact and are interdependent. Moreover, no matter how healthy the present generation may be, the health of future generations is dependent upon the integrity and sustainability of these ecosystems. This definition is therefore a definition of 'sustainable health' that recognizes the interconnectedness between humans and the environment.

Since the mid-twentieth century, medical professional have been trying to conquer pathogenic micro organisms with antibiotics. This is a war that cannot be won because micro – organisms have very short generation times, measurable in minutes. Micro organisms can therefore adapt to the challenge of antibiotics by evolving and producing antibiotic resistant strains much more rapidly than new antibiotics can be developed.

An alternative to antibiotics which is perhaps insufficiently implemented is based on the ecological concept that humans are an integral part of the global ecosystem. Immunization programs aimed at protecting people from diphtheria, tetanus etc has been very effective. The micro-organisms responsible for these diseases are still there in people's throats, in the soil, where ever is their usual habitat. Once protected by immunization, people can live in harmony with these otherwise dangerous microorganisms and insect vector of disease. This is a more certain way to ensure long term health for the population than the impossible goal of attempting to exterminate these other life forms. Pathogen that have no other host than human can sometimes be eradicated, as the smallpox virus was and as the polio virus could soon be, at least regionally if not globally, but eradication is not feasible with microorganisms that can survive out – side human such as malaria parasites.

In the past health was equated with hygiene. Hygiene was taught in primary schools such as daily health inspection of hair, teeth, cloth etc but this concept seems to have changed. In recent times the concept of physical fitness was popularized. More recently health is now viewed as a result of lifestyle. In other words, one can achieve high quality or level of



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health if one adopts the right type of behavior. Although it has been pointed out earlier that a person can only reach the level of health for which he has the genetic potentials.

Health can also be defined as the state of optimum of an individual for the effective performance of the roles for which he has been socialized. This definition views health in terms of or in relation to the ability to perform roles or functions expected of the person. Note: the requirement for optimum capacity to perform the roles, i.e. the biggest capacity possible for that individual. With this definition there is the temptation to claim health if one is able to function even in the presence of disease or discomfort. E.g. if a teacher has slight fever but is able to give his lectures, he might be tempted to claim that he is healthy.

On the other hand, Chambers Dictionary views health as a condition in which the individual is able mobilize all his resources for optimum living. Resources here are referred to as physical, intellectual and emotional resources.

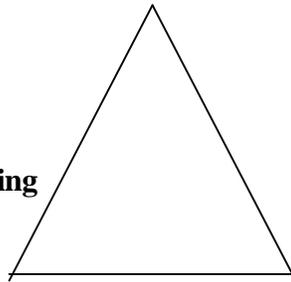
Besides physical health, your total health picture includes your mental / emotional health and your social health. In other words, being healthy also means feeling good about yourself and getting along with others. Health is a combination of physical, mental / emotional and social well – being.

3.4 The Health Triangle.

The three side of your health are connected, like the sides of a triangle. Each side affects the other two sides. E.g. being physically tired or being hungry can make you feel anxious or aggressive. Being depressed for a long time can make you feel physically weak and run down. Experiencing problems in getting along with others can make you feel bad about yourself.

Being healthy means having a balanced health triangle. It is not hard to have a balanced triangle. All you have to do is decide to take action to keep each side of your triangle healthy.

Physical health – includes total care of your body. This involves keeping your body fit, by exercising practicing cleanliness, grooming habits, and eating a well balanced diet



social health – involves getting along with other. This include working and playing well in a group, making and keeping friends, giving and getting support when it is needed.

Mental and emotional health – includes liking who you are and accepting yourself. This involves expressing emotions in a healthy way, facing life problems and dealing with its pressures.

Practicing making good choices (habits) helps you balance your health triangle. It also lessens your chances of illness and helps you stay well. Good health chances include:-

- Choosing the right food
- Avoiding tobacco products, alcoholic beverages and psychoactive drugs such as cocaine marijuana etc
- Taking part in regular exercise
- Learning ways to handle stress appropriately
- Getting along with others

SELF ASSESSMENT EXERCISE 3

Exercise is one choice you make that affects your health.



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At this picture take a small piece of paper and write four choices you've made in the last one week and indicate against each of the choices whether it affected your health negatively or positively.

3.5 Steps to Responsible Health

Taking care of your health is mainly your own responsibility. The three basic steps to accepting responsibility for your health are:-

- Find out how much you know about your health using health inventory such as this-
 - I generally like and accept who I am
 - I deal with stress in positive ways
 - I eat a healthy breakfast every day
 - If I have problem with someone I try to work it out
 - I express my emotions in a health way
 - I have at least one hobby I enjoy etc
- Get good reliable information on how to stay healthy or improve your health by reading newspapers, magazines and surfing the net. This way you keep up with data on new health discovery that could impact your health.
- Take action – making the right choice
 - * Balance / adequate diet.
 - * Regular exercises etc.
 - * Avoid tobacco and other hard drugs.

3.6 The Dimensions of Health



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Your health is composed of five interacting, dynamic dimensions. By becoming familiar with these dimensions of your health, you can more easily recognize what it is about your health that may or may not be helping you to master the developmental tasks.

. We will now briefly consider each of the five dimensions of health so that you can more clearly see how each forms a part of your total health.

- **Physical Dimension of Health**

You have a number of physiological and structural characteristics that you can call on to aid you in accomplishing your developmental tasks. Among these physical characteristics is your level of susceptibility to disease, body weight, visual ability, strength, coordination, level of endurance, and powers of recuperation. In certain situations the physical dimension of your health may be most important dimension. Perhaps this is why many authorities have for so long equated health with the design and operation of the body.

- **Emotional Dimension of Health**

You also possess certain emotional characteristics that can be you as you grow and develop. The emotional dimension of health includes the degree to which you are able to cope with stress, remain flexible, and compromise to resolve conflict.

Your growth and development can have associated with them some vulnerability, which may lead to feeling of rejection and failure that could reduce your overall productivity and satisfaction. People who consistently try to improve their emotional health appear to lead lives of greater enjoyment than those who let feeling of vulnerability overwhelm them or block their creativity.

- **Social Dimension of Health**

A third dimension of total health is that of social abilities. Whether you label these as social graces, skills, or insights, you probably have many strengths in this area. Because most of your growing and developing has been undertaken in the presence of others, you can appreciate how this dimension of your health may be a critically important factor in your life



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The social abilities of many nontraditional students may already be firmly established. Entering college may encourage them to develop new social skill that help them socialize with their traditional-age student colleagues. After being on campus for a while, nontraditional students often interact comfortably with traditional students in such diverse places as the library, the student center, and the bookstore. This interaction enhances the social dimensions of health for both types of students.

- **Intellectual Dimension of Health**

Your ability to process and act on information, clarify values and beliefs, and exercise your decision-making capacity ranks among the most important aspects of total health. Coping skills, flexibility, or the knack of saying the right thing at the right time may not serve you as well as does your ability to use information or understand a new idea. Certainly a refusal to grasp new information or to undertake an analysis of your beliefs could hinder the degree of growth and development your college experience can provide.

- **Spiritual Dimension of Health**

The fifth dimension of health is the spiritual dimension. Although you certainly could include your religious beliefs and practices in this category, we would extend it to include your relationship to other living things, the role of a spiritual direction in your life, the nature of human behavior, and your willingness to serve others. All are important components of spiritual health.

Cultivating the spiritual side of your health may help you discover how you “fit” into this universe. You can enhance your spiritual health in a variety of ways. Many concern opening yourself to new experiences that involve nature, art, body movement, or museum, listening to classical music, talking with your children, writing poetry, or pushing your body to its physical limits are just a few ways one can develop spiritual health.

Health is the blending of your physical, emotional, social, intellectual, and spiritual resources as they assist you in mastering the developmental tasks necessary for you to enjoy a satisfying and productive life.

Remember that this blending of your health resources is a never-ending process.



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11 FOR TOTAL HEALTH

	From illness	Optimal Health
Illness	Physical	Fitness
Isolation/loneliness	Social	Support network
Poor coping skills	Mental	Good coping skills
Unloved/uncontrolled anger	Emotional	Loved/controlled anger
Guilt/lack of purpose	Spiritual	Peak experiences
Professional stagnation	Occupational	Professional growth

3.7 You and Your Health – The Seven Cardinal Points

- Eating breakfast almost everyday
- Observing six to seven hours of sleep most nights (as against clubbing well into the night)
- Having reasonable access to health care service
- Engaging in some form of physical activities/ exercise
- use of alcohol, if any
- Absence of tobacco products usage
- Effective stress management skills (Owie, 2003)
- Rest and relaxation



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EATING BREAKFAST ALMOST EVERYDAY

By seven or eight in the morning, the average person would not have taken any food for ten or more hours. To start the day's activities without replenishing the system is obviously harmful and reduces productivity. The body, include the brain, needs constant supply of sugar, which is better and easier obtained from food energy. Thus, a good breakfast should be a must everyday even if you are trying to lose weight.

- SIX TO SEVEN HOUR OF SLEEP

The need for six to seven hours of sleep derives from the fact that sleep replenishes the body, allows for repair to take place and prepare the system for a new day. Lack of adequate sleep leads to confusion, reduce productivity and irritability.

- ACCESS TO HEALTH CARE SERVICES

Even with the best of health behaviours, sickness and disease will still affect us from time to time. To return the body to normalcy with minimum damage, early diagnosis and treatment is required. This, of course will not be possible without a reasonable access to health care services.

- USE OF ALCOHOL

Alcohol use and abuse are major risk factors for a large number of diseases ranging from liver cirrhosis to cancer of the mouth, esophagus and the stomach

- ABSENCE OF TOBACCO PRODUCTS USAGE

Tobacco products do not have any advantage whatsoever. Tobacco is a major risk factor for a large number of diseases, including lung cancer, heart diseases, high blood pressure and several chronic pulmonary diseases including bronchitis.

Stress refers to disruption of mind-body harmony and continues to be a silent killer.

Excessive stress is a major risk factor in a considerable number of diseases, both physical and psychological. It does not really matter the source of the stress, the mechanism and health consequences are basically the same. When we are stressed out our nervous and endocrine systems respond to the perceived threat or challenge. These are normal physiological responses to meet temporary situational threats. Illnesses arise when these physiological stress – response mechanism are continually activated. The organs responsible for the physiological responses, e.g., the heart begin to wear out and become diseased. Notably, because of the critical involvement of the endocrine, immunity is lowered leading to increase susceptibility to infection and other diseases.

4.0 CONCLUSION

From our discussion so far, you can see that health could imply a definition or subjective perception of an individual (person's) understanding and meaning of health. Should we then say that health is a matter of opinion?

Remember the health triangle. As you are aware a fourth dimension (Spiritual) health has been added. Upset in any of these dimensions can affect the other. Therefore, health is a state of balance between various aspects of life. When these aspects are in balance, we experience a quality of life we call health. It is commonly claimed that the purpose of being healthy is to be able to live well, on one's own term.

But the complexity of health can be seen when we look at questions such as these:-

- Is social conformity an important aspect of health?
- Can criminals be healthy people?
- Which is more important, emotional comfort or physical fitness?



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Some people appear to be obsessed with their health (washing of hands hundred times a day) is this a healthy attitude?

Different professionals see health in different ways – e.g. school teachers see health as related to their students being able to be socially useful. Because teachers accept that the primary goal of the educational system is to prepare students for life in society.

5.0 SUMMARY

In this unit you have learnt about what health could mean to different people. You also learnt about the health triangle and the composition of health. In the next unit you will be introduced to another important concept like health called wellness.

6.0 TUTOR MARKED ASSIGNMENT

- Put up a one page write up using five points to explain what health means.
- State five stressors that could affect people's health.

7.0 REFERENCES AND FURTHER READINGS

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UNIT 2 CONCEPT OF WELLNESS

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Definition of wellness
 - 3.1.1 A wellness profile
 - 3.1.2 Vitality the core of wellness
 - 3.1.3 Wellness explained
 - 3.1.4 Dimensions of wellness
 - 3.1.5 Decision making for wellness
 - 3.2 The wellness Continuum
 - 3.3 Difference between Health and wellness

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3.4 Relationship between wellness and other dimensions of health.
 3.5 Dimensions of Health and Wellness Definitions

4.0 Conclusion
 5.0 Summary
 6.0 Tutor – Marked Assignment
 7.0 References / Further Readings.

1.0 INTRODUCTION

In the previous unit we looked into the various meaning of health. In this unit we will learn about wellness. Wellness as a concept deals with the idea of living life to the fullest. The quality of life – vitality, buoyancy, feeling good about oneself etc.

2.0 OBJECTIVES

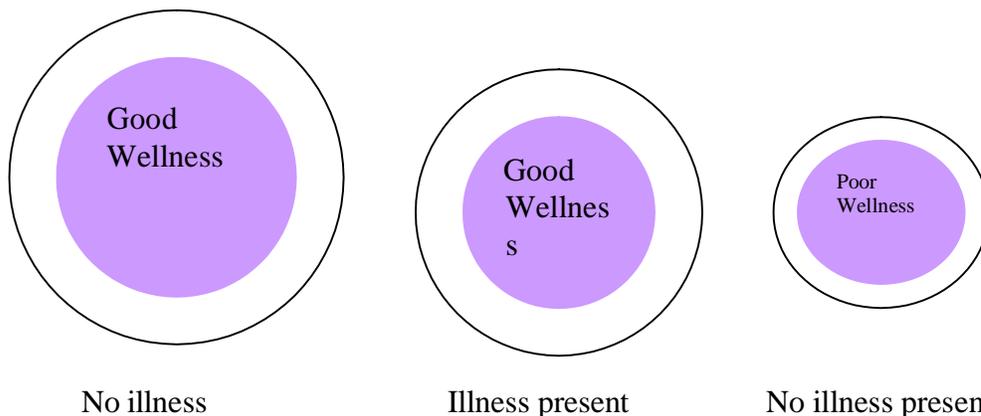
At the end of this unit, you should be able to:

- Define wellness
- State five healthy behaviors in the wellness profile
- Identify one major difference between health and wellness
- Mention two reasons for the need of a wellness doctrine.

3.0 MAIN CONTENT

3.1 Definition of Wellness

Wellness is an overall state of well – being or total health. It is a way of life. It involves making choices and decisions each day that promote good health or afford an individual a complete health.





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(B)

(C)

Figure
Wellness needs not be limited by illness.

The figure above illustrates the fact that the most desirable condition is buoyant health as seen in circle A, including freedom from illness and a high level of wellness. However, a person with a physical illness could also possess a good wellness as in circle B. whereas there could be no illness and yet there is poor wellness as indicated in circle C.

3.1.1 A Wellness Profile

This is a basic list of important healthy behaviors and habits –

- Having a sense of responsibility for your own health and taking a rather active stance towards your health.
- Learning to manage stress in effective ways
- Maintaining high self esteem and mentally healthy ways of interacting with other people.
- Understanding your sexuality and having satisfying intimate relationship.
- Avoiding drugs, alcohol and tobacco.
- Eating well, exercising and maintaining normal weight.
- Knowing when to treat illnesses yourself and when to seek help.
- Understanding the health system and using it intelligently.
- Knowing the facts about cardiovascular diseases, cancer, infections, STDS and accidents and using your knowledge to protect yourself against them.
- Understanding the natural processes of ageing and dying and accepting the limits of human existence.
- Understanding how the environment affects your health and taking appropriate actions to improve it.

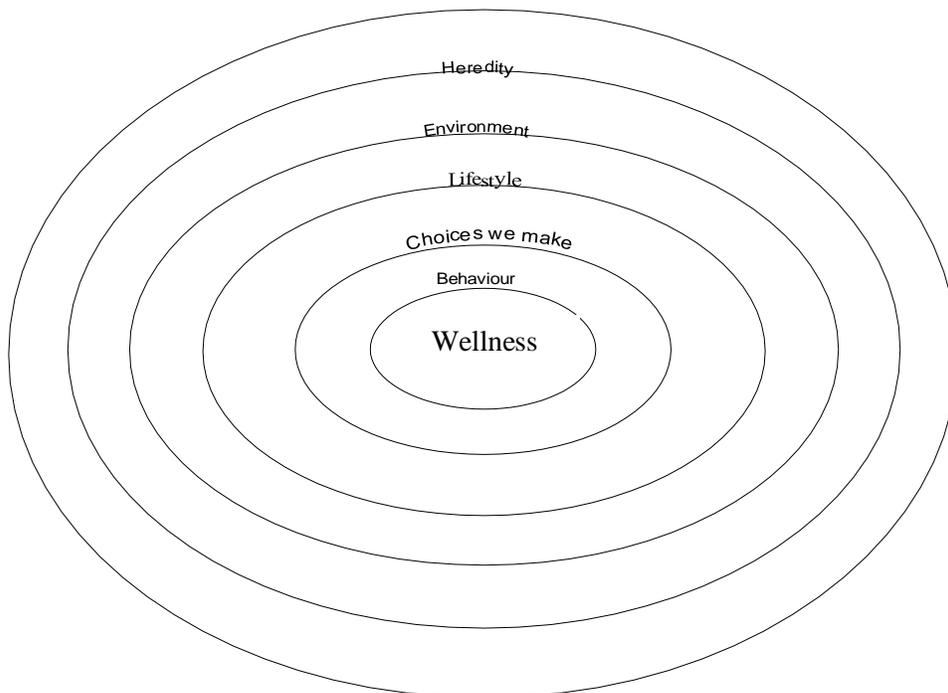
This is an important issue because habits and behavior established between the ages of

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18–34 are crucial. They usually stay via out life or their effects usually stay with the person via out life.

3.1.2 Vitality (The Core of Wellness)

What gives you a feeling of vitality? How often do you feel this way? What are the circumstances? If you want to enjoy vigor and health in your middle and old age, begin now to make the choices that will give you life – long vitality. The concept of vitality can help shed light on our discussion of wellness. Vitality is defined as the ability to function with vigor, to live life actively, energetically and fully. It is considered by some to be the essence of wellness; vitality can be viewed as both the process and the result of integrating the various dimensions of health and well being. Wellness is a state of energy, vitality and a meaningful life lived to its fullest.



3.1.3 Wellness Explained

It is the integration of many different components (mental, social, emotional, spiritual and physical) that expand one’s potential to live (quality of life), work effectively and to make a significant contribution to society. Wellness reflects how one feels (a sense of well

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being) about life as well as one's ability to function effectively. Wellness, as opposed to illness (a negative) is sometimes described as the positive component of good health. Wellness reflects how one feels about life as well as one's ability to function effectively. Wellness is an overall state of well – being or total health. It is a way of life. It involves making choices and decisions each day that promote good health.

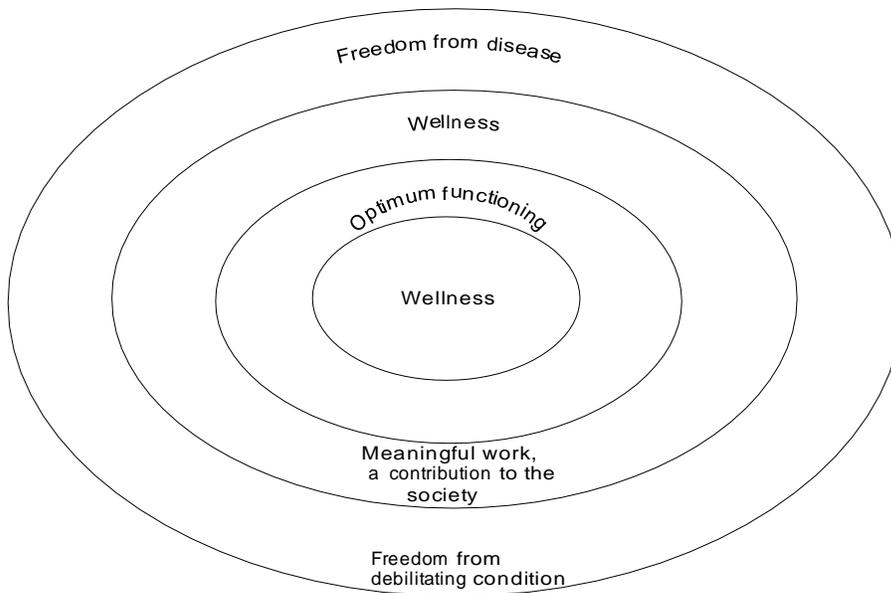


Figure. A model of optimal health including wellness

3.1.4 Dimensions of wellness

Negative (-)	Wellness dimension	Positive (+)
Depressed	Emotional / mental	Happy
Ignorant	Intellectual	Informed
Unfit	Physical	Fit
Lonely	Social	Involved
Unfulfilled	Spiritual	Fulfilled
Negative	Total out look	Positive

3.1.4 Decision Making for Wellness

What kind of decisions do you make everyday that affect your health? The way you spend your time and the foods you choose to eat are two decisions. After school, do you practice a musical instrument, ride your bike, or do you just watch TV? Do you eat fruits or yogurt for after school snack or do you eat fruits, fried potato chips, candy, ice cream? The everyday decisions you make will affect your health for years to come. Of course watching TV one day a week after school or having candy for one afternoon snack will not harm your health. Daily habits have long term effect on you.

SELF ASSESSMENT EXERCISE 1

3.2 The Wellness Continuum

The wellness continuum diagram shown below is a scale that shows a persons level of wellness, from a low level to a high level. People on the left side of the continuum, the low level, usually rely on someone else to help them maintain their health. People on the right side of the continuum, the high level, are usually responsible, have a high level of self discipline and have personal goals to achieving their complete state of health or wellness.

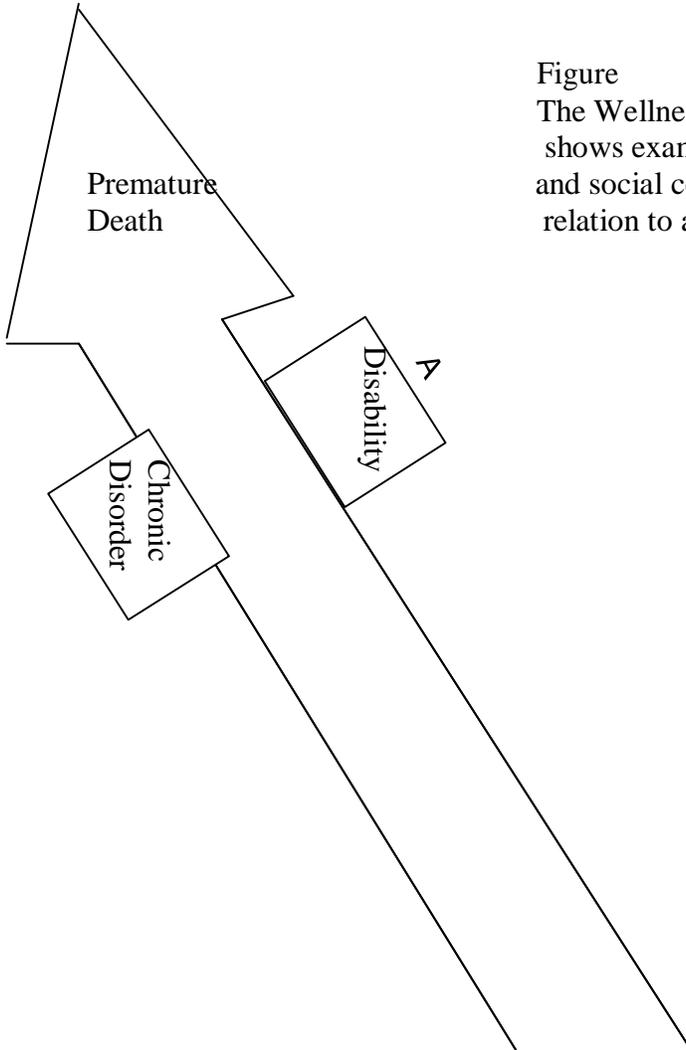
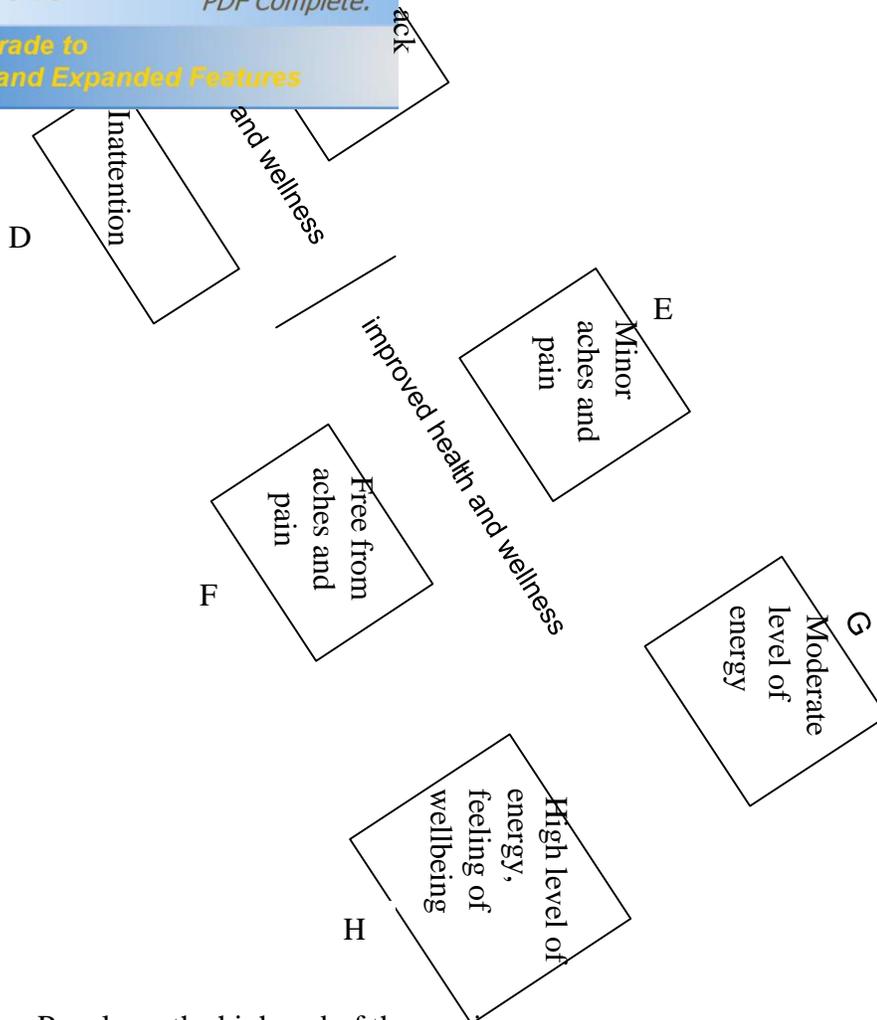


Figure
The Wellness continuum. (A) This illustration shows example of physical, mental, emotional and social conditions and where they are placed in relation to a person's level of wellness.



- People on the high end of the continuum chart can handle the challenges that come their way.

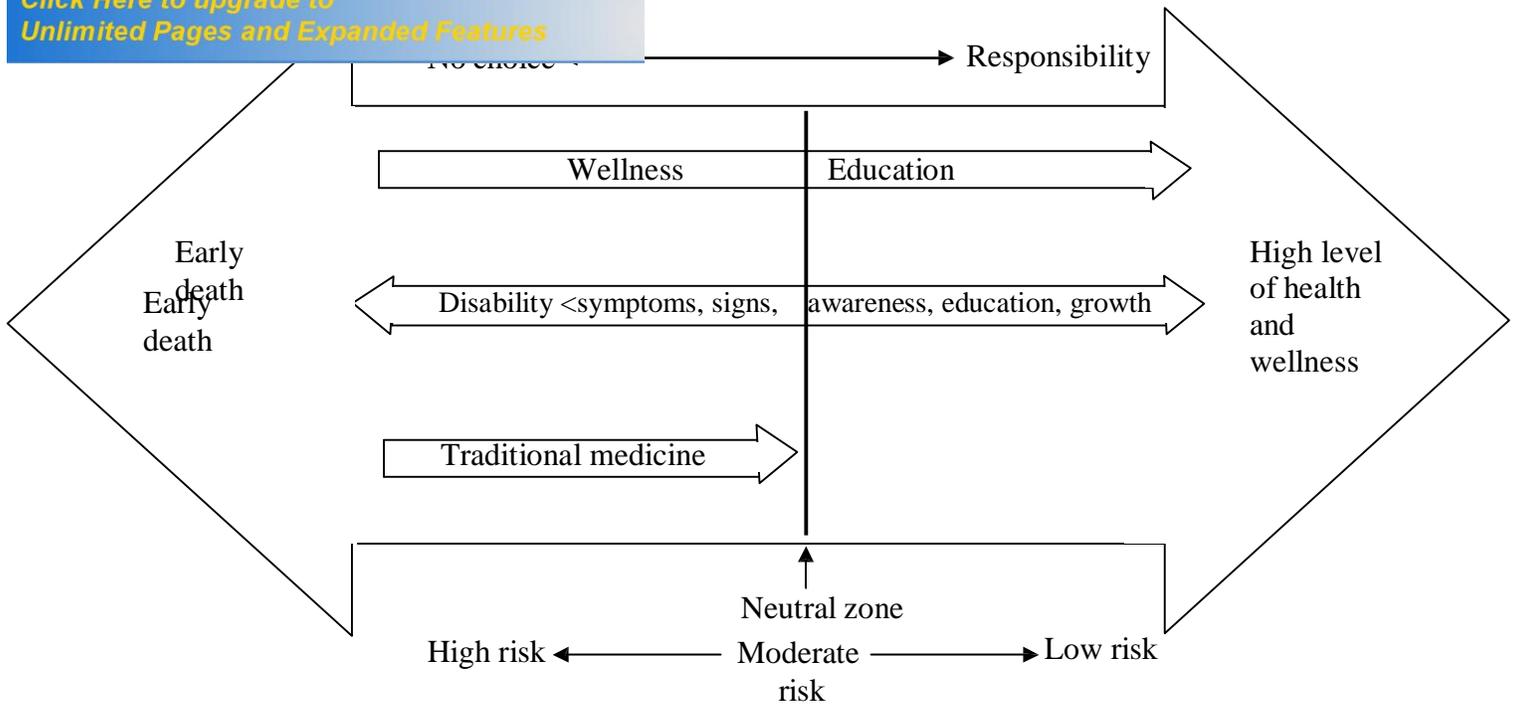
High level
Of health

The people on the right side of the continuum accept responsibilities for maintaining their own health. However, the level of wellness for most people is not high. The levels usually cluster around the midpoint on the continuum. Why do you think this is so? On what point of the continuum do you fall? What steps can you take to improve your position on the health continuum?

The choices you make regarding your health will influence your level of wellness for the rest of your life. Can you think of choices you make that can help you to maintain your wellness? Can you think of areas that need improvement? What can you do to work toward maintaining a high level of wellness for your self?

WELLNESS CONTINUUM (B)

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Traditional medicine concentrates on curing or alleviating disease, whereas, the wellness model encourages people to prevent illness by improving their positive well being in a variety of ways. Wellness, a way of life, which you design to enjoy the highest level of health and wellbeing possible during the years you have in this life. Life is not an illness we seek a cure. Instead it is a journey to be enjoyed and to enjoy it most, all aspects of self must be in tune and working harmoniously.

SELF ASSESSMENT EXERCISE 2

Looking at the wellness continuum charts state two positive health habits that could move you to the right side of these charts.



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3.3 Difference Between Health and Wellness

Health is a combination of physical, social, mental and emotional wellbeing, while wellness is a way of life that promote health. All parts of health are affected by the wellness decisions people make (such as high self discipline, eating more fruit and vegetables and setting personal goals for self esteem, engaging in regular and proper physical exercise

Health = Is optimal well – being that contributes to quality of life. It is more than freedom from disease and illness, though freedom from disease is important to good health. Optimal health include high – level mental, social, emotional, spiritual and physical well- being within the limits of one’s heredity and personal abilities.

Wellness = Wellness is the integration of many different components (mental, social, emotional, spiritual and physical) that expand one’s potential to live (quality of life), work effectively and to make a significant contribution to society. Wellness reflects how one feels (a sense of well – being) about life as well as one’s ability to function effectively. Wellness, as opposed to illness (a negative), is sometimes described as a positive component of good health

3.4 Relationship Between Wellness and other Dimensions of Health

Being physically fit is critical to a healthful style of living but is no more important for total well being than over social emotional, mental or spiritual stability.

Arguably, fitness can impact each of these components negatively or positively. In the wellness approach, there must be a balance between these components with no more emphasis on any single component than the other.

- **Relationship of emotion to wellness-**

Emotions play a major role in healthful living and have a great deal to do with how we feel about ourselves and others. Emotional stability determines how well you adjust to life



changes and deal with stresses. Variations in emotional stability may lead to both physical and mental disturbances in health

- **Relationship of social to wellness**

We interact with others who touch our lives and those lives we touch on daily basis. Communication and interpersonal relationship are important to psychological development. Another crucial aspect of healthy living is the ability to show emotions to others appropriately.

- **Relationship of intellectual to wellness**

When faced with variety of situation in life, one should be able to make wise decisions. This is made possible when the individual has developed a set of values and beliefs which he / she will consider when making decisions in life.

- **Relationship of spiritual to wellness**

Spiritual means believing in some supreme omnipotent entity or simply establishing values, morals and ethics, with the need of establishing some basic purpose for our existence on earth. This is ultimately what holds the wellness model together.

3.5 **Dimensions of Health and Wellness Definitions**

Emotional health - A person with emotion health is

- Free from emotional – mental illnesses or debilitating conditions such as clinical depression or chronic stress.
- Possesses emotional wellness.

Emotional wellness - Emotional wellness is a person's ability to cope with daily circumstances and to deal with personal feelings in a positive, optimistic, and constructive manner. A person with emotional wellness is generally characterized as happy, as opposed to depressed.



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Intellectual health - A person with intellectual health is free from illnesses that invade the brain and other systems that allow learning. A person with intellectual health also possesses intellectual wellness.

Intellectual wellness- Intellectual wellness is a person’s ability to learn and to use information to enhance the quality of daily living and optimal functioning. A person with intellectual wellness is generally characterized as informed, as opposed to ignorant.

Physical health - A person with physical health is free from illnesses that affect the physiological systems of the body such as the heart, the nervous system of the body etc. A person with physical health possesses an adequate level of physical fitness and physical wellness.

Physical wellness - Physical wellness is a person’s ability to function effectively in meeting the demands of the day’s work and to use free time effectively. Physical wellness includes good physical fitness and the possession of useful motor skills. A person with physical wellness is generally characterized as fit versus unfit.

Social health - A person with social health is free from illnesses or conditions that severely limit functioning in society, including antisocial pathologies.

Social wellness - Social wellness is a person’s ability to successfully interact with and to establish meaningful relationships that enhances the quality of life for all people involved in the interaction (including self). A person with social wellness is generally characterized as involved as opposed to lonely.

Spiritual health - Spiritual health is the one component of health that is totally comprised of the wellness dimension; for this reason, spiritual health is considered to be synonymous with spiritual wellness.



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Spiritual wellness-

A person's ability to establish a values system and act on the system of beliefs, as well as to establish and carry out meaningful and constructive lifetime goals. Spiritual wellness is often based on a belief in a force greater than the individual that helps one contribute to an improved quality of life for all people. A person with spiritual wellness is generally characterized as fulfilled as opposed to unfulfilled.

SELF ASSESSMENT EXERCISE 3

Name two dimensions of health and wellness and explain their differences.

4.0 CONCLUSION

Prevention they say is better than cure. A stitch in time saves nine. Wellness promotion should be a priority in people's lives because of the high cost of health care today. It becomes reasonable that people should invest in wellness programs and activities. A large segment of the Nigerian population cannot afford to be unnecessarily sick so it becomes imperative and cost effective healthy habits for the prevention of problems such as cancers, HIV / AIDS, accidents, suicides and premature deaths. Those who adhere to the wellness doctrine believe that it is the responsibility of the individual to work towards achieving a healthy lifestyle, to realize an optimal sense of well-being.



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5.0 SUMMARY

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This unit has taken you through the concept of wellness. Notably among what you learnt in this unit included:

- The wellness profile
- The dimensions of health and wellness
- The wellness continuum chart
- The relationship between wellness and other dimensions of health
- The definitions of the various dimensions of health and wellness

6.0 TUTOR MARKED ASSIGNMENT

Draw and label the wellness continuum chart B.

7.0 REFERENCES / FURTHER READING

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UNIT 3

THE CONCEPT OF LIFESTYLE

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 The meaning of lifestyle
 - 3.2 Positive lifestyle habits
 - 3.3 Steps for Behavior Modification



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- 3.4 Philosophical basis for healthy lifestyle change.
 - 3.5 Being responsible for your own health is a matter of lifestyle.
 - 3.6 Making healthy lifestyle decisions.
 - 3.6.1 Health decisions come in all sizes
 - 3.6.2 Steps of Decision Making.
 - 3.6.3 Practice makes it easier.
 - 3.6.4 Taking control of your life.
 - 3.7 Handling Emotions in a healthy way; a matter of lifestyle.
 - 3.7.1 What are Emotions?
 - 3.7.2 Kinds of Emotions.
 - 3.7.3 Expressing emotions in a healthy way
 - 3.7.4 Understanding your emotional needs
 - 3.8 Life long Fitness: A matter of lifestyle.
 - 3.8.1 Benefits of fitness
 - 3.8.2 Factors affecting adherence to physical activity participation
 - 3.8.3 Common reasons for not being Active
 - 3.8.4 Common reasons for doing regular physical activity
 - 3.9 Weight Management: A matter of lifestyle.
 - 3.9.1 Gaining or losing weight
 - 3.9.2 Dieting Do's
 - 3.9.3 Dieting Don'ts
 - 3.9.4 Eating Disorders associated with weight obsession
 - 3.10 Acting safely at home and at school: A matter of lifestyle.
 - 3.10.1 Fire safety at home
 - 3.10.2 Safety at school
 - 3.11 Personal Health Inventory Guide.
- 4.0 Conclusion
 - 5.0 Summary
 - 6.0 Tutor – Marked Assignment

It is exciting and empowering to know that to a great extent we have the power to determine our health status through the choices we make. Whether we choose to eat healthy food instead of junk foods, wear seat belts when we are riding a car is really up to us. When we choose to smoke or abuse alcohol, indulge in unprotected casual sex, all these choices go a long way to affect our health. Remember life is a matter of choices and every choice you make, makes you.

2.0 OBJECTIVES

On completion of this unit, you will be able to:

- Explain the meaning of lifestyle
- Outline the stages of lifestyle change model
- List five factors that promote lifestyle change
- State the steps for behavior modification
- Describe how you can be responsible for your own health through your lifestyle
- Explain what emotions are
- List ways to you can meet your emotional needs
- State the benefit of physical fitness
- Provide information on your rating on the personal health inventory guide

3.0 MAIN CONTENT

3.1 Meaning of Lifestyle

Lifestyles are patterns of behaviour or ways an individual typically lives. That is, your customary pattern of behaviour. Many diseases are referred to as 'lifestyle diseases'. Heart disease, diabetes, arteriosclerosis, high blood pressure and some types of cancer,



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peptic ulcer all have been linked to poor eating habits, sedentary living and unhealthy work environments.

SELF ASSESMENT EXERCISE 1

Select two countries in different parts of the world and research the presence or absence of similar lifestyle diseases in those locations. Also identify the factors that contribute to the presence or absence of the disease.

Getting fit by adopting a healthy style of living is gaining enthusiasm globally. Can you think a reason for that? Some of the reasons could be likened to people being conscious of their appearance, body weight control, going to play tennis, golf and exercising in the gymnasium as status symbols in the society. Another reason being the thin images of models in the television programs. The women's fashion trend of small sizes (8,10,12) dresses in shops and markets, forcing most fashion conscious women and girls to lose weight so as to be able to fit into some of the these dresses. The last but certainly not the least is high cost of health care. It is now very clear that its cheaper to be healthy by engaging in positive lifestyle habits than engaging in negative lifestyle habits and being sick all the time. Thereby spending your hard earned scarce resources trying to cure one disease or the other.

3.2 Positive Lifestyle Habits

As a human being, you can do more for your health than any doctor or herbalist can do for you. The idea of preventing diseases and promoting your health is far more easier than treatment of illness. Adopting and maintaining positive lifestyle habits will go a long way in helping you maintain good health. Some of these good lifestyle habits are:

- Never miss your breakfast -

To start the day's activity without replenishing your body is harmful and reduces productivity after an almost 8 – 10 hours of having not taken anything after a night. A good breakfast will help you supply the much needed sugar for the workings of the brain and energy for the other body systems. Even if you want to lose weight, do not forget to take at least 5 different servings of fruits every day. Avoid too much saturated fats (butter, cheese etc) salt and sugar.



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- Engage in regular exercise -

Engaging in regular moderate for at least 30 minutes, three times a week exercise. Such as brisk walking, gardening, walking or running the stairs, jogging, or biking will help you-

- Reduce the risk of serious diseases such as heart diseases, diabetes, and colon cancer
- Reduce cholesterol and high blood pressure
- Increase your sense of well being and reducing depression and anxiety
- Help you maintain a healthy body weight.
- Building and maintaining bones, muscles and joints.
- Helping you manage some existing health conditions and preventing their reoccurrence.
- Improving your quality of life and reducing the risk of dying prematurely.

- Getting seven to eight hours of sleep –

The need for seven to eight hours of sleep derives from the fact that sleep replenishes the body, allows for repair to take place and prepare the system for a new day. Lack of adequate sleep leads to confusion, reduced productivity and irritability.

- Making use of available health care services –

Even with the best of health behaviours, sickness and disease will still afflict us from time to time. To return the body to normalcy treatment is required. This, of course, will not be possible without a reasonable access to health care services.

Avoiding all tobacco product and other dangerous psychoactive substances such as marijuana cocaine etc. If you must take alcohol, make sure you drink moderately and responsibly.

- Learn to manage stress –



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Stress is the disruption of mind –body harmony. Stress can predispose a person to so many diseases and ill health conditions such as high blood pressure, stomach upset lower immunizing of the systems. Some of the ways to manage stress are.

- Engage in recreational activities that you enjoy
- Get plenty of rest
- Learn to accept the things you cannot change, engage in meditation and deep breathing.
- Engage in voluntary community services.
- Learn to take things easy accept your follies and move ahead.

Practicing one healthy lifestyle does not mean you will practice another, though adopting one healthy behaviour often leads to adoption of another. People do not make lifestyle changes overnight. Rather, people progress forward and backward through several stages of change.

Factors that promote life style change

3.3 Steps for Behaviour Modification

Health Behaviours people typically want to change –

- To lose or gain weight
- To stop smoking
- To stop using smokeless tobacco
- To eliminate or reduce caffeine consumption
- To reduce levels of stress
- To eliminate unsafe sex practices
- To improve fitness
- To eat more nutritiously
- To develop more meaningful friendship



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Steps to follow in changing the above stated behaviours

- Establishing some specific short –term goals that are easily attainable.
- Make a personal contract to accomplish these goals.
- Devise a plan of action
- Chart your progress daily or keep a journal
- Encourage your friends and family to help you
- Set up a reward system for yourself
- Be prepared for obstacle along the way
- Revise your plan when necessary
- Get some idea about your current health practices and behavior and see areas where change is necessary
- Identify any practices and behaviours.

SELF ASSESSMENT EXERCISE 2

Mention any three steps for health behaviors change

3.4 Philosophical Basis for Healthy Lifestyle Change.

The four letter acronym HELP philosophy can provide a basis for making healthy lifestyle change possible. Each letter in the word help characterizes an import part of the philosophy.

H – Health - A personal philosophy that emphasizes health can lead to behaviours that promote it. This theory suggests that people who state intentions to put their beliefs in action are likely to adopt behaviours that lead to health, wellness and fitness.



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benefit from healthy lifestyle. Accepting the fact that being a behavior or lifestyle means that you are included. It is not just for athletes it is for you. Eating well and adopting stress management techniques is not just for everyone it is for you. Healthy lifestyle can be practiced by every one

L – Lifetime- Healthy behaviours are most effective when practiced for a lifetime.

Young people sometime feel immortal because the harmful effects of unhealthy lifestyles are often not immediate. As we grow older, we begin to realize that we are not immortal and that unhealthy lifestyle have cumulative effects. Starting early in life to emphasize healthy behaviours result in long term, wellness and fitness benefits.

P – Personal- Healthy lifestyle should be based on personal needs. No two people are exactly alike. Just as there is no single pill that will cure all illness, there is no single lifestyle prescription for good health, wellness and fitness. It is important for each person to assess personal needs and make lifestyle changes based on those needs.

3.5 Being Responsible for your own Health is a Matter of Lifestyle.

Some people today think that health is the responsibility of doctors, hospitals, clinics and the government. They feel that health is someone else's responsibility, not their own. If they become sick, they reason that the doctor will prescribe the right medicine or will send them to the hospital or to a specialist who will provide the proper remedy. It is important to realize, however, that health cannot be purchased and that the responsibility cannot be relegate to some other person or agency. Health is an obligation on the part of individuals, and it is erroneous to equate more health service with better health. Instead, individuals, must take responsibility for their own health by adopting a positive lifestyle.

The decisions that you make will have an impact on your health. You are the one who decides what to eat and when and if to exercise, drink, engage in drug abuse, smoke or see



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a doctor. Thus the decisions you make will leave their imprint on your health and well being. In many cases, if people are sick they have only themselves to blame. Today, modern medical science has eliminated many health scourges and has provided humans with knowledge about the causes of diseases and many preventive measures. However to be effective this knowledge must be applied. The realization that health is a personal responsibility has resulted in many individuals making conscious efforts to adopt sound health practices. The challenge of attaining the optimal level of health for ourselves and our loved ones is a lifetime one – a matter of one’s lifestyle

Good health is part of a happy, satisfying life, learning how to get and stay health should be an important part of your life. That is why health education is so important. Health education means proving health information in such a way that it influences people to change their attitudes and take positive actions regarding their health. The goal of health education is to help people live long and productive life. Health education is more than just learning health facts. It can help you again the tools you need to maintain and improve your total health and wellness. You can use the health facts you learn in all areas of your life.

3.6 Making Healthy Lifestyle Decisions

Evaluating the degree of risk may sometimes be comforting. It often helps to have a system for weighing things carefully. Shows a model for decision-making that can help you make wise health choices. An example will show you how the model works.

- **Start the problem**

Imagine that your friends, many of whom smoke cigarettes, are encouraging you to start smoking. Your best friend smoke and so do your parents. Your grandparent, who visits often, do not smoke and always ask your parents to quit. Every time you are with your friends, they want you to try a cigarette. You feel a great deal of pressure to start smoking. The problem, or decision you must make, is whether or not to smoke cigarettes.

- **Identify your options**



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You have many options. You can go along with your friends and being to smoke o a regular basis. You can choose not to smoke. You could smoke only in the presence of your friends and not smoke at other times.

- **Choose one option**

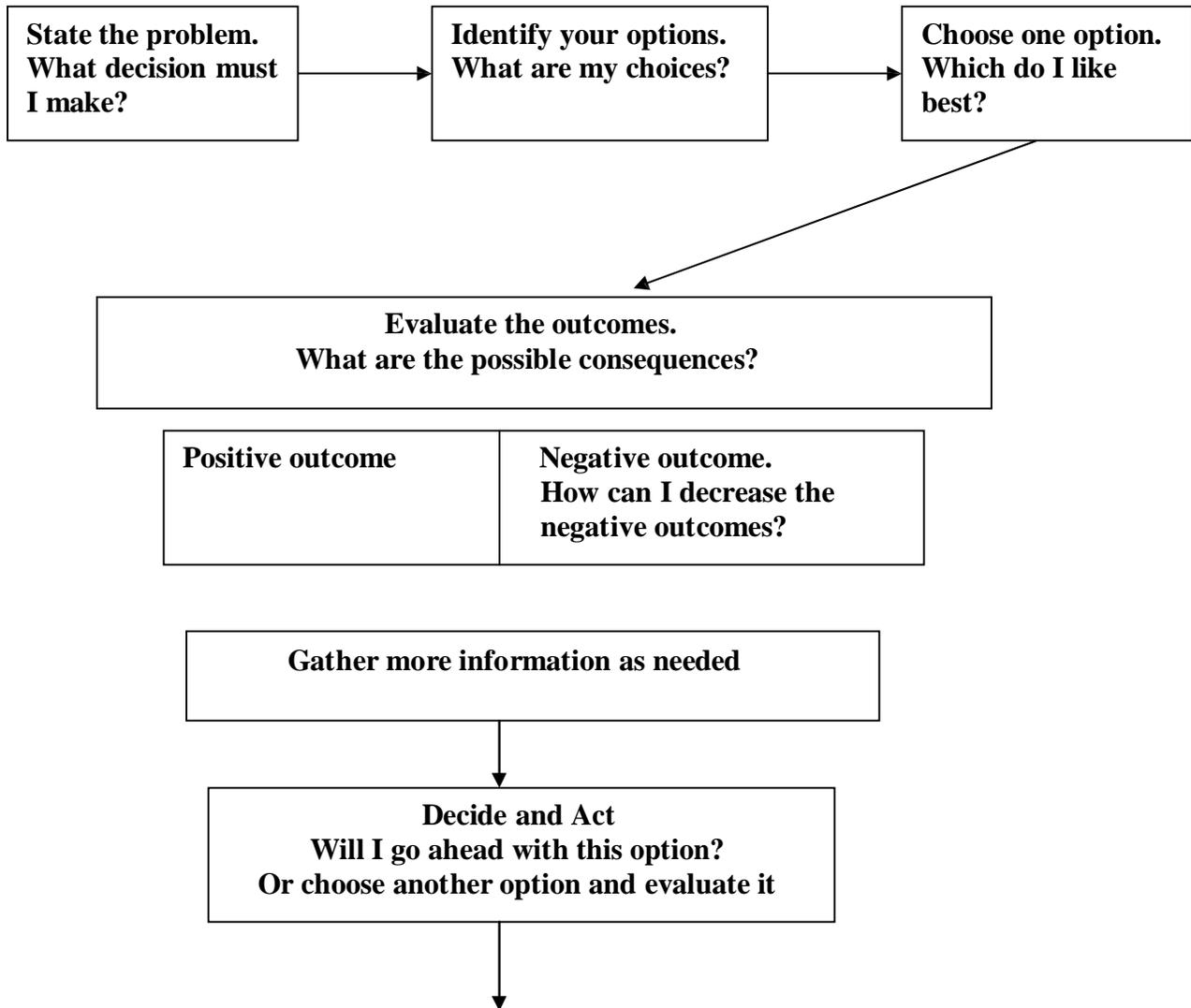
Now think about your options. Select the one that you think you would like the best. You may not have a clear favorite. In this example, imagine that you do not want to smoke.

- **Evaluate the outcomes**

What would be the positive outcomes of that decision? You could feel that approval of your grandparents. You also might win approval from your parents, even though they smoke themselves. You would be free form the health risks that come from smoking. You would save money by not buying cigarettes. You would avoid the problem of stained fingers and teeth. And would have greater endurance for sports and other activities.

Now consider the possible negative outcome of your decision. Your friends may tease you. You might feel less grown up than your friends. Your friends may continue to pressure you to change your mind.

How might you reduce these possible negative outcomes? You could ignore your friend's comments. You could develop other talents to make you feel grown up. You could simply tell your friends that you are responsible for making your own decisions. You might even consider new friends who do not pressure you to smoke





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Figure: Making good decisions requires a method and practice. By using this model you will less often regret a hasty decision.

You may decide that you need more information before you can make a firm decision. You can go to the library to read books and articles about the effects of smoking on health. You can also ask people you respect, such as your family doctor. Once you have more information, you have to evaluate the positive against the negative outcomes.

- **Decide and Act**

If you feel the negative effects of smoking are stronger than the benefits, you will make the decision not to smoke. Your action will be to refuse cigarettes.

- **Review the results**

Once you have acted, it is important to think about the results of your decision. Taking this last step in the model may either confirm your original decision or cause you to revise your thinking and make a new decision. You may even find that your friends respect your decision.

You can use this model to look closely at any health decision you want to take. Evaluating all of the possible outcomes will help you see al sides of even very difficult problems. By evaluating the outcomes before you act, you can change your mind and consider new options. You can avoid living through the outcomes of a poor choice.

3.6.1 Health Decision Come In All Sizes

An important part of good mental health is being able to face problems and work on finding solutions to them. We all have problems, some of them major, some of them minor. Decision making can be used to solve many of these problems. Knowing how to make decisions is an important skill to develop.

- **Examining the risks**



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Many actions you take involve risks. A risk behavior is the possibility that an action may cause injury or harm to you and others. When you take a risk, you expose yourself and others to possible danger. For example, if you decide not to wear a helmet when you ride your bike, this would be considered a risk behavior.

You cannot avoid all risks. You take a risk whenever you cross the street or climb the stairs. However, reasonable risks such as these are not likely to injure you or someone else.

- **Risky situations**

Unreasonable risks carry with them the likelihood that someone will get hurt now or in the future. The best way to lower the risk is to avoid risk, situations. For instance, do not pick a fight with someone you disagree with. Instead, express your feelings in a calm manner and walk away before the conflict turns violent.

- **Taking precautions**

You can cut down on the risk you take by planning ahead and taking precautions. A precaution is a planned action taken before an event to increase the chances of a safe outcome. For example, learning to ski can be a high-risk activity. However, you can make it less risky by using safe equipment and by taking ski lessons.

Before making any major decision, think about the risks involved. Then ask yourself these questions.

- Are they necessary risks?
- If the risks are reasonable, what precautions can I take to increase my chances of a safe outcome?
- If I am taking risks to show off or to feel important, what could I do instead to feel better about myself?

3.6.2 Six Steps of Decision Making

Whenever you must make a major decision, it help to know as much as you can about the decision-making process. Decision making is the process of making a choice or finding a solution. It involves a series of step you can follow.



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Ask yourself question such as: why is there a decision to make? Why am I in this situation? Who is involved?
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- List the options

What ways do you have to deal with the situation?

- Weight the possible outcomes.

Ask yourself if there are both positive and negative results of each choice

- Consider your value.

Values are the beliefs and ideas that are important to you and to your family. They should serve as guidelines for making decisions.

- Make a decision and act.

Everything you know at this point to make a decision. You can feel good that you have prepared so carefully.

- Evaluate the decisions.

You may decide that your decision was the right one, or you may choose to act different.

After you have made the decision and taken action, reflect on what happened. You might ask yourself the following questions:

- What was the outcome? Was it what I expected?
- How did my decision affect each part of my health triangle?
- How did my decision affect the way I feel about myself?
- What effect did my decision have on others?
- What did I learn? Would I take the same action again?

3.6.3 Practice Makes It Easier

It helps to practice decision making ahead of time. For instance think about some of the problems that you or your family face. Go through all six steps to come up with a healthy solution for each problem. This can help you prepare for times when major decisions come your way.

The more you practice the decision-making process, the easier decision making becomes. Do not hesitate to ask your parents and other people whose judgment you respect for their



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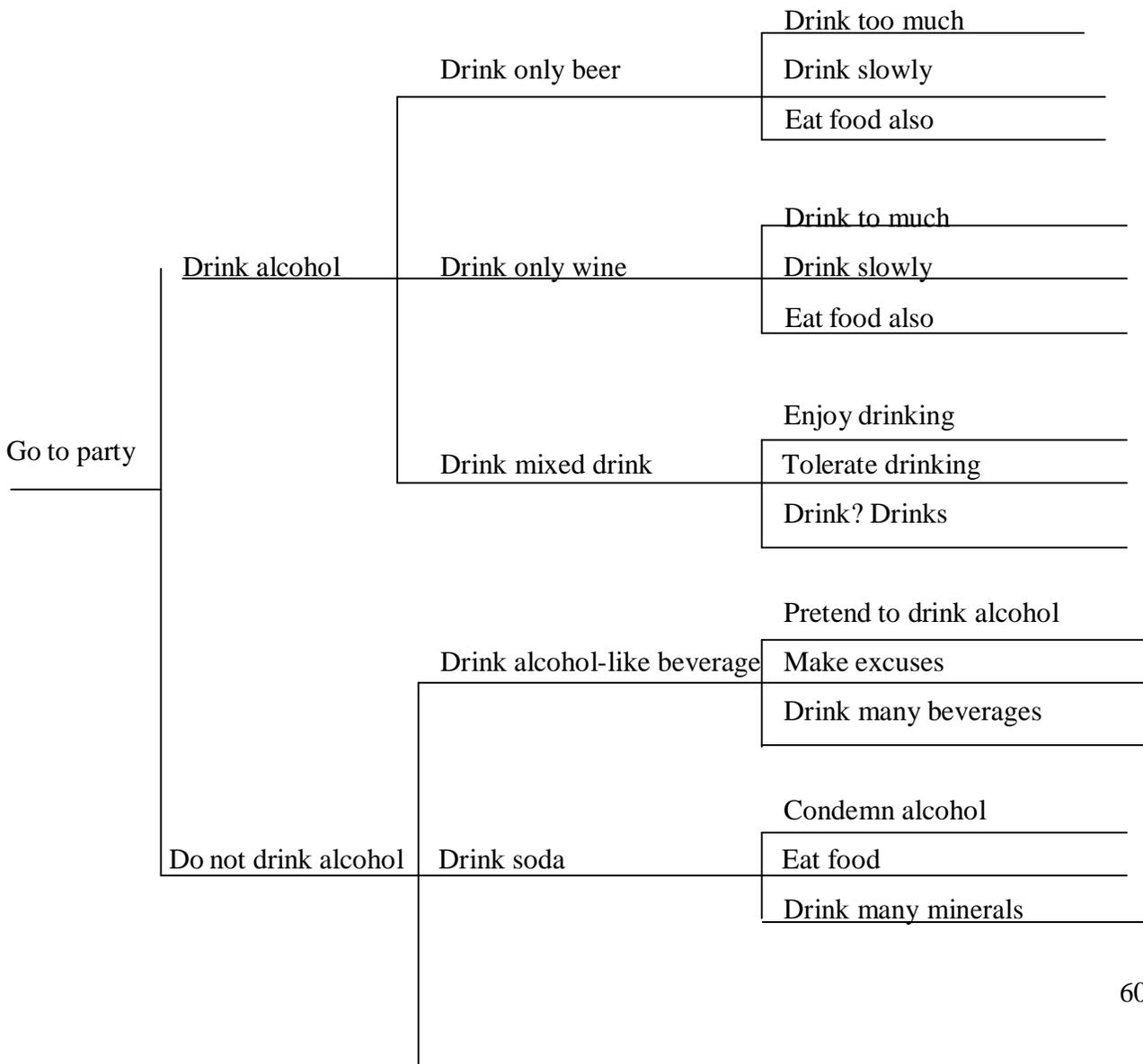
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suggestions. In time, the practice will prepare you, so you will be able to make wise decisions on your own.

A crucial part of lifestyle and prevention is making sound health decisions. Each day you make decisions that affect your health. When a decision is made, it often affects other decisions. There might even be a series of needed decisions each decision might influenced the next one.

A decision tree diagrams the possible choices and steps indecision making. The figure below illustrates the choices and steps that might be used when deciding whether to drink alcohol. Even this simple example shows the health decisions are often quite complex.

You can have greater control over personal health if you understand how decisions are made and what influences them. We will now like to look at how to make decisions and then at what is needed to put these decisions into practice.





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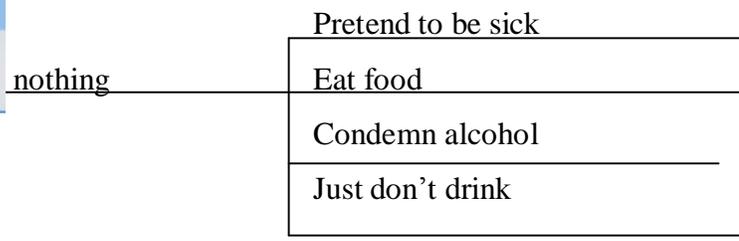


Figure A decision Tree: Deciding whether to use alcohol at a party.

Why Set Goals?

How do you feel about your life? Do you believe that life is something that happens to you, or do you believe that life is something over which you have some control? You can help give your life direction by setting goals. A goal is something you aim for. Reaching any goal take planning and effort. Goals are important to your self-esteem, or the way you feel about yourself. People who set goals and achieve them feel better about themselves and about their lives.

If you do not have any goals, ask yourself why. Are your afraid of failing or afraid of being made fun of? Then ask yourself how you can remove the obstacles that keep you from setting goals and working to achieve them.

The Importance of Goals

Your goals are important because they keep you focused and on track. They help you identify what you want out of life. They also help you use your time, energy, and other resources wisely.



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Some goals, such as completing a homework assignment, are short term. Other takes longer to achieve. Earning enough money to buy a new bike is a long-term goal. Finishing school and learning to play a musical instrument are also long-term goals.

Both long-term and short-term goals are important. For instance, suppose you wanted to run 5 miles in a race sponsored by Nigerian bottling company. The race is two months away. To attain this long-term goal, you need to set some short –term goals. These are like stepping –stones that you could manage one at a time

3.6.4 Taking Control of Your Life

Taking control of your health depends on more than just recognizing healthy choice. Your personal attitudes your feeling and beliefs – also play role in how well you take care of yourself. You need to believe that making good choices and developing good health habits can affect your health.

Your attitudes also include the way you feel about yourself. If you like who you are and fee that other people like you, you will want to care of yourself. You will want to be at your best in all areas. To insure that you are at your best, you will make choices that protect and promote your health.

Taking care of your health is mainly your responsibility. The list that follows shows the three basic steps you should take in accepting responsibility for your health.

- **Find out how much you know about your health.**

This means knowing at any time your health level on each of the three sides of your health triangle.

- **Get good, reliable information on how to stay healthy or improve your health**

Breakthroughs in health are happening all the time. By reading magazines or newspapers, you can keep up-to-date on events that could affect your health.

- **Take action**

This means setting realistic goals for yourself. If you decide you want to lose weight, do it gradually, following a sensible, safe eating plan. Taking action also means becoming actively involved in your total health. Eating a bowl of high fiber cereal and fruit each



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morning is not enough if you are going to snack on sweet the rest of the day. Working to maintain a high level of wellness is a full-time job.

SELF ASSESSMENT EXERCISE 3

List three habits that affect your health

3.7 Handling Emotions in Healthy Ways: A Matter of Lifestyle

3.7.1 What Are Emotions

Your emotions are your feelings, such as happiness, love, sadness jealousy, anger. They are a natural part of life. Emotions play a major part in your mental and emotional health. They can influence everything you do, including how you behave, for example, if you feel happy when you are with your friends, you probably will want to spend time with them. Likewise, fear of failure may keep you from trying out for a sports team.

3.7.2 Kinds of Emotions

Some people believe that certain emotions are bad or wrong. They may think that it is wrong to feel anger, for example or they may be ashamed of feeling afraid. In reality, emotions are neither good nor bad, right nor wrong. They are part of being human. How emotions are expressed or handled is another matter. Sometime people handle their emotions the way that are hurtful to themselves or others. People with good mental health seek healthy responsible ways of managing their emotions. An important step in learning how to manage your emotions is to be aware of them. When last did you felt each of these emotions? Can you recollect why you felt as such?

People do not always agree on what such emotions as love and joy mean. How ever, people everywhere in the world would recognize any of these basic emotions

- Happiness- Is a well being when you are happy, the world looks brighter, you can make decisions more quickly, and you feel better about things in genera. You are also more likely to be considerate to other people.

th reaction to unhappy events such as a pet dying or a . When you are sad, you may feel more easily ic.

- Fear – is an emotion that can help keep you safe from danger. However some fears, such as the fear of failure, may keep you from doing the things you want o need to do.
- Anger is a common reaction to being insulted or attacked. It is an emotion that everyone feels form time to time. Lashing out or suppressing anger can be unhealthy ways of coping with this emotion, but you can learn healthy your anger.

3.7.3 Expressing Emotions in Healthy Ways

People express emotions in different ways. People often learn how to express emotions from watching how those close to them express their emotions. In some families, people are very open and talk frequently about feelings. Some other families do not say much but communicate how they feel buy smiling when they are pleased, or by slamming doors remaining silent, or crying when they are displeased. Some people have difficulty dealing with such emotions as envy, guilt, fear, and anger. Everyone, however, can learn how to deal with and express emotion in healthy ways.

Good communication is a two-way process. It means speaking in a way that helps others understand you. It also involves being a good listener. Good communication skills can help you let other know what you are thinking and feeling. These skills can also help you understand other people’s feelings.

Managing Fear and Anxiety

Have you ever felt anxious before taking a test, giving a report, or speaking in front of others? When you are anxious of fearful, you are apt to take shorter breaths, your heart beasts faster, and your muscles tense. Anxiety can help you do better on a test by releasing energy to help you work harder. However, fear and anxiety can also cause you to lose sleep or even to panic. Some ways in which you can cope with anxious feelings include talking



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about how you feel, learning to laugh at yourself, using relaxation techniques and planning ahead.

Expressing Anger

It is normal to feel angry at times, but anger is one of the emotions that are sometimes expressed in unhealthy ways. Some people yell or hit when they are angry; others hold their anger inside. There are healthier ways to express anger. Try these steps when you feel angry.

- Take a deep breath and calm down.
- Focus on exactly what made you angry.
- Think of words to express your true feelings.
- Tell the other person how you feel.

3.7.4 Understanding your emotional needs

There are certain things that your body must have. They are called physical needs and they include food, water, and sleep. You also have emotional needs. These are needs that affect your feelings and sense of well-being. Your basic emotional needs include the following:

- **The need to feel worthwhile.** You need to feel that you make a difference in the world—that you are making a contribution. When you help another person do something or you come up with a useful idea, you are contributing.
- **The need to love and be loved.** You need to feel that you are cared for and that you are special in someone's eyes. You also need to feel that way about others.
- **The need to belong.** You need to know that others like you and accept you as part of a group. The first group that you belong to is probably your family.

Meeting Emotional needs in Healthy Way

People with good mental and emotional health try to meet their emotional needs in healthy ways. For example, they may offer to help someone without being asked, or as a friend how her day went and really listens to the answer. They may do volunteer work for a food cause, or start a club and do their best to make it a success. Meeting emotional needs in healthy ways means making the choice to engage in healthy behavior. It also means saying no to unhealthy behavior.

Personal health try to meet their emotional needs in healthy ways. They may help someone without being asked, or a friend how to solve a problem. They may give the answer. They may do volunteer work for a good cause, or start a club and do their best to make it a success. Meeting emotional needs in healthy ways means making the choice to engage in health behavior. It also means saying no to unhealthy behavior.

3.8 Lifelong fitness: A Matter of Lifestyle

Being physical active is as natural and necessary as eating and sleeping. The need for exercise is not new. Many years ago, most people had to use physical labour in their daily lives. Today much of this work is done by machines. But the body still needs exercise. Being fit makes it easier to carry out your everyday activities. A fit person has energy to study long hours, play in a band, or perhaps meet the demands of a part-time job after school. In addition, the physically fit person can enjoy many activities such as swimming, biking and playing football with friends and family.

3.8.1 Benefits of fitness

The ability of your heart, blood vessel, lungs and muscle to work their best is called physical fitness. To be physically fit you need a regular program of exercise. Exercise makes your muscles and bones strong. It works your circulatory and respiratory systems so that they deliver needed amounts of fuel and oxygen to your cells with less effort. Exercise also improves your coordination. In addition, it burns calories and aids the digestive system. Fitness helps you look better, manage weight, and have more energy. Overall, people who are physically fit tend to be healthier. They usually have lower blood pressure, fewer cases of heart disease, and increase resistance to disease. Other benefits of fitness are:

Improve appearance

- Maintains good muscle tone
- Keeps off excess fat
- Maintains posture



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- Strengthens bones and ligaments
- Provides strength and muscular endurance
- Keep muscles and joints flexible
- Improves digestive and excretory functions.
- Reduces chances of injury
- Provides greater energy

Improve health

- Reduces backaches
- Enhances cardio respiratory efficiency
- Lowers blood pressure
- Increases resistance to disease
- Reduce the risk of heart disease.

Improved mental, social. Social and emotional well-being

- Improve self-image
- Reduce stress
- Improve alertness
- Enhances quality of sleep
- Increases social involvement
- Relieves depression

3.8.2 FACTORS AFFECTING ADHERENCE TO PHYSICAL ACTIVITY PARTICIPATION

Balancing your feelings about physical activity and indeed to a healthy lifestyle behavior is important to lifestyle adherence. Many predisposing, enabling and reinforcing factors discussed previously affect people attitude to adopting healthy lifestyle behavior.

Musculoskeletal problem
Exercise boredom
Individual commitment
Lack of progress awareness

Spouse and peer disapproval



Poor adherence

Instruction and Encouragement
Regular routine
Freedom from injury
Enjoyment, fun, variety
Group camaraderie
Progress, testing and recording

Spouse and peer approval



Good adherence

These boxes illustrates how more negative than positive factors result in poor adherence. Ideally, a person who has more positive factors will adhere to physical activity participation.

3.8.3 COMMON REASON PEOPLE GIVE FOR NOT BEING ACTIVE.

Reason	Description	Strategy for Change
I don't have the time	This is the number one reasons for not exercising. Invariably, those who feel they don't have time indicate that they know they should do more exercise and that they plan to in the future when things are less hectic. Young people say that they will soon be established in a career and then they will have time to	Planning a daily schedule can help you find time for activity and avoid wasting time on things that are less important. Learning the facts in the concepts that follow will help you see the importance of activity and how you can include it in your schedule with a minimum of effort and with time efficiency.

	<p>ise. Older people say they wish they had the time to be active then they were younger.</p>	
Its too inconvenient	<p>Many who avoid physical activity do so because it is inconvenient. They are procrastinators. Specific reasons for procrastinating include: It makes me sweaty and it messes up my hair.</p>	<p>Research shows that if you have travel more than 10 minutes to do activity or if you don't have easy access to equipment, you will avoid activity locating for activity and find a time is important</p>
I just don't enjoy it	<p>Many do not find physical activity to be enjoyable or invigorating. These people may assume that all forms of activity have to be strenuous and fatiguing to count as exercise.</p>	<p>There are many activities to choose from if you don't enjoy vigorous activity, try more moderate forms of activity such as walking.</p>
I'm no good at physical activities	<p>People might laugh at me; sport make me nervous and I am not good at physical activities are reasons some people give for not being active. These people often lack confidence in their own abilities. In some cases, this is because of their past experiences in physical education or athletics (sports)</p>	<p>With properly selected activities, even those who have never enjoyed exercise can get hooked. Building performance skills can help, as can changing your way of thinking comparisons to others can help you feel successful.</p>
I am not fit so I avoid	<p>Some people avoid exercise</p>	<p>There are good medical</p>

	<p>use of health reasons. People who are unfit lack energy. Starting slowly can build fitness gradually and help you realize that you can do it.</p>	<p>reasons for not doing physical activity, but many people with problems can benefit from exercise if it is properly designed. If necessary, get help adapting activity to meet your needs</p>
<p>I have no place to be active, especially in bad weather.</p>	<p>Regular activity is much more convenient if facilities are easy to reach and the weather is good. Still, recreational opportunities have increased considerably in recent years. Some of the most popular activities require very little equipment, can be done in or near the home, and are inexpensive.</p>	<p>If you cannot find a place, if it is not safe, or if it is too expensive, consider using low-cost equipment at home such as rubber bands or calisthenics. Lifestyle activity can be done by anyone at almost any time.</p>
<p>I am too old</p>	<p>As people grow older, many begin to feel that physical activity is something they can do. For most people, this is simply not true. Studies indicate that properly planned exercise for older adults is not safe but has many health benefits including longer life, fewer illnesses, increased working capacity, and improved sense of well</p>	<p>Older people who are just beginning activity should start slowly. Lifestyle activities are a good alternative. Setting realistic goals can help, as can learning new activity skills, such as resistance training and appropriate flexibility exercise.</p>

and optimal	
tioning .	

3.8.4 COMMON REASONS FOR DOING REGULAR PHYSICAL ACTIVITY

Reason	Description	Strategy for change
I do activity for my health, wellness, and fitness	Survey one reason for doing regular physical activity. Unfortunately, many adults say that a doctor's order to exercise would be the most likely reason to get them to being a regular program. For some, however, waiting for a doctor's order may be too late.	Gaining information contained in this course material would help you see the value of regular physical activity. Performing the self-assessments in the various concepts will help you determine the areas in which you need personal improvement
I do activity to improve my appearance.	In our society, looking good is highly valued,thus physical attractiveness is a major reason why people participate in regular exercise. Regular physical activity can contribute to looking your best.	Some people have failed in past attempts to change their appearance through activity. Setting realistic goals and avoiding comparisons to others can help future attempts to be more successful.
I do activity because I enjoy it.	A majority of adults say that enjoyment isof paramount importance in deciding to be active. This is notsurprising, given statements from participants	Those people who do not enjoy activity often lack performance skills or feel that they are not competent in activity situations. Improving skills with



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	<p>as experiencing the experience, the runner or spinning free. The sense of fun, the feeling of well-being and the general enjoyment associated with physical activity are well-documented.</p>	<p>practice, setting realistic goals, and adopting a new way of thinking about performance can help a person to be successful and to enjoy activities.</p>
<p>I do activity because it relaxes me.</p>	<p>Relaxation and release from tension rank high as reasons why people do regular physical activity. For years, it has been recognized that activity in the form of sport and games provides a catharsis, or outlet, for the frustrations of normal daily activities. Evidence indicates that regular exercise can help reduce depression and anxiety, both common symptoms associated with stressful living.</p>	<p>Activities, such as walking, jogging, or cycling, are ways of getting some quiet time away from the job or the stresses of daily living.</p>
<p>I like the challenge and sense of personal accomplishment I get from physical activity.</p>	<p>A sense of personal accomplishment associated with performing various physical activities is frequently a reason for people doing activity. In some cases, it is merely learning a new skill, such as</p>	<p>Some people get little sense of accomplishment from activity. Taking lessons to learn new skills or attempting activities new to you can provide the challenge that makes activity interesting. Also,</p>

	<p>... football or tennis; in other ..., it is running a mile or ..., a certain number of crunches that provides this feeling of accomplishment.</p> <p>The challenge of doing something you have never done before is apparently a very powerful experience. Physical activities provide opportunities not readily available in other aspects of life.</p>	<p>adopting new ways of thinking that allows you to avoid comparisons to others with a focus on the task rather than competition with others can help.</p>
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<p>I like the social involvement I get from physical activities</p>	<p>Frequent answer to the question, why am I physically active? Include: it is a good way to spend time with other members of the family; It is a good way to spend time with close friends and being part of the team is a satisfying feeling. Physical activity settings can also provide an opportunity for making new friends.</p>	<p>If you find physical activity to be socially unrewarding you may have to find activities that both you and friends or family enjoy. Taking lessons together can help. Also finding a friend with similar skills can aid in sport performance. Focus on the activity rather than the outcome.</p>
<p>Competition is the main reason I enjoy activity</p>	<p>The thrills of victory and sport competition are two reasons often given by people who participate in physical activities. For</p>	<p>Some people simply do not enjoy competing. If this is the case for you, you can participate without competing or select</p>

	<p>...the competitive experience can be very trying.</p>	<p>noncompetitive individual activities</p>
<p>Physical activity helps me feel good about myself.</p>	<p>For many people, participating in physical activity is an important part of their identify. They feel better about themselves when they are regularly participating in physical activity.</p>	<p>Physical activity is something that is self-determined and within your control. Participation in regular program can help you feel good about yourself and build your confidence and self-esteem.</p>
<p>Physical activity provides opportunities to get fresh air</p>	<p>Being outside and experiencing nature are reasons that some people give for being physically active.</p>	<p>Many activities provide opportunities to be outside more frequently. If this is an important reason for you, try to seek out parks and enjoyable settings for your activities.</p>

Source: Corbin C.B. Lindsey R, Welk and Corbin W(2002)

3.9 MANAGING YOUR WEIGHT: A MATTER OF LIFESTYLE

We all want to keep our weight under control. Weight control means reaching he weight that is best for you and then staying at the weight that is best for you is called your desired weight. It's based on your sex, height, and body frame (small, medium, or large). People who stay at their desired weight tend to be healthier than those who are either underweight or overweight.

Weight control probably receives more attention than almost any other health issue. Fad diets are popular for short periods of time. Diet gimmicks are often expensive, unsafe,



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and ineffective. Check with your doctor before starting any weight-lose program and remember that there is no easy way to lose weight quickly and safely.

Many of us feel strong pressure to be thin. Most young people, however, don't need to lose weight. In fact, unwise dieting may interfere with normal growth development

A person who is overweight weighs more than the desired weight for his or her sex, height, and frame size. This is not the same as being obese. Obesity is more serious conditions than being overweight. It means having too much body fat. Obese people weigh at least 20 percent more than their desired weight. Their obesity puts them at greater risk of disease and other physical problems.

Gaining or Losing Weight

Someone who is overweight or obese needs to lose weight. Someone who is underweight may need to gain weight. Although it is often difficult in practice, losing or gaining weight is simple in principle. To lose weight, you must take in fewer calories or burn up more calories than you usually do. To gain weight, you must take in more calories than usual. It is important to select foods that have high nutrient density.

The fastest way to burn up calories is to exercise more. You should also exercise when trying to gain weight to be sure the weight you add is muscle and not fat.

Dieting do's

- Follow a diet and exercise program under the supervision of a doctor to ensure that the plan is safe.
- Set realistic goals (1 to 2 pounds of weight loss per week)
- Exercise to help burn calories
- Change poor eating habits
- Consider food preferences when planning your diet
- Eat nutrient-dense foods.



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- Eat mainly low-calorie foods from the five food group
- Eat slowly and wait before taking a second helping
- If you are tempted to snack, try doing something else—take a walk or visit a friend
- Weigh yourself only once a week at the same time of day
- Focus on your progress.

Dieting Don't

- Don't be taken in by diets promising quick results
- Don't rely on special formulas or products
- Don't lose more than 2 pounds a week
- Don't eat fewer than 1,400 calories a day
- Don't skip meals
- Don't weigh yourself every day
- Don't reward yourself with food
- Don't become discouraged if you have a setback

BULIMIA

Bulimia, believed to be one of the more common eating disorders recurrent episodes of binge-type eating (pigging-out) followed by purging (vomiting and laxative abuse). Usually the binge consists of food high in calories from fat or sugar, such as bags of cookies, doughnuts, and chips. A typical binge involves the consumption of several thousand Calories during 1- to 2- hours time period. These binges may occur once a month or in severe cases, several times a day. The behavior is so time consuming, affected college students may have drop out of school because they have no time for classes or studies

To avoid gaining weight from the positive caloric situation, the person follows he binge with purging through vomiting, laxatives, or fating. People who engage in such behavior tend to binge and purge in secret; particularly the purging behavior is hidden from friends and family members.

Person with bulimia are generally college-age women who are about average or not excessively over fat.



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ANOREXIA NERVOSA

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Anorexia nervosa is a psychological disease in which a person develops an aversion to food and a distorted body image. Over a period of time, the person loses a considerable amount of body weight so that health and life are threatened. Recently, anorexia nervosa has become a more widespread problem, although not as widespread as bulimia. About 90% of the cases involve females, and the disorder usually begins around puberty.

It is usually very obvious that individuals are “anorexic”. They are so thin that they appear to have a life-threatening disease such as terminal cancer. The subcutaneous fat layer is nearly absent so that veins can be seen on arms and legs. The typical feminine shape due to body fat deposits is absent. Extreme physical activity behaviors are also characteristic of the illness; the anorexic may jog or work out tirelessly. The normal female hormonal cycle depends on a certain minimum level of body fat; most of these women fail to menstruate.

In certain sports, anorexic behavior may be apparent, particularly for those athletes who think a thin appearance is important. These sports include gymnastics, dancing, cheerleading, track, and to some degree, tennis. This has been called anorexia athletic. These athletes seem to associate a slender appearance with the ability to perform successfully and appear more attractive.

In many instances the condition begins as an attempt to reduce body fat through caloric reduction and increased exercise. Instead of being satisfied with reaching a healthy goal weight, the person becomes obsessed with the ability to control body weight and continues the effort. Anorexics may fast, but often they eat small, precisely measure quantities of food that do not supply enough calories to fuel the high energy demands of their physical activity or to maintain a reasonable amount of body fat. Reports of a combination of anorexia and bulimic behaviors are not uncommon. This is often called bulimia nervosa. An estimated 20% of those affected with this psychological disease die from the effects of severe malnutrition or the chemical imbalances created by purging.

3.10 Acting Safely at Home and at School: A Matter of Lifestyle

You may think of your home as a happy and comfortable place. In reality, every home has many hazards or possible sources of harm. Each year, hundreds of thousands of people are



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injured at home by such hazards as cleaning products, slippery bathtubs, and objects left on stairs. Like accidents in general, most injuries at home can be prevented.

- **Preventing falls**

Falls are very common in the home and can lead to serious injuries. They occurred most often in kitchens, bathrooms and on stairs. Falls account for many broken bones in order family members, whose bones may be brittle.

- **Preventing poisonings**

Poisonings are serious problem, especially for children. Curious about everything but unable to read labels, toddlers and preschoolers may eat or drink toxic substance without knowing they are poisonous. Cleaning products and medicines are the most common causes of home poisonings

- **Preventing electrical shocks**

Electricity provides us with many of life's necessities, including heat and light. However, electricity can be deadly if misused. Most home electrical accidents involve problems with wires or outlets or misuse of electrical appliances. To prevent electrical shocks, never pull out a plug by its cord. Pull on the plug instead. Do not over load an outlet with too many cords. Make sure you keep electrical products away for water, and never use an electrical product when you are wet. Unplug appliances that are not working properly, and have them serviced.

Safety in the home

Home can be safe if people are careful to make them so. What are some ways of making a home safe?

- Store unsafe substances – Store cleaning products and other potential poisons on high shelves out of children's reach or better yet, lock them up.
- Remove dangers – Wipe up spills quickly
- Plugs and outlets – Never overload an outlet with too many plugs. Always replace frayed wires.
- Act safe – Use ladders or step stools, not chairs to reach high places.
- Handle Medicine Properly – Use childproof caps and throw out drugs that have passed their expiration date-the date that tells when medicine is on longer useful.



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repaired or replaced.

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3.10.1 Fire safety at home

Fire needs three elements: fuel, heat and air. Fuel can be stored rags, wood, gasoline, or paper. Heat may be a match, an electrical wire, or cigarette. Oxygen in the air feeds the flames. These elements are found in most homes. To prevent fires that occurs at home.

- Keep stoves clean to avoid burns and grease fires when cooking.
- Make sure that electrical wires, outlets, and appliances are safe.
- Make sure that no one smokes in bed.
- Keep flammable objects at least 3 feet from a portable heater.
- Throw out old newspapers and other materials that burn easily.
- Use and store matches properly, and keep matches and cigarette lighters out of the reach of small children.

The most dangerous home fires are those that occur during the night when everyone is asleep. By installing smoke alarms in your home, your family can reduce the risk of injury from fire. A smoke alarm, or smoke detector, is a device that makes a warning noise when it senses smoke. The sound is loud enough to warn your family to move to safety, even if everyone is asleep. A smoke alarm, should be installed in each level of your home, especially outside the bedroom area. Be sure to test the smoke alarm regularly and replace the battery if need. Another important step in preparing for a fire is to plan a fire escape route and practice using it. Agree on a placed where everyone will meet outside

3.10.2 Safety at school

Safety is a concern in places where many people gather. Schools are such places, so they must meet certain safety standards.

Equally important for safety at school is the behavior of the students. The follows list include some of the ways in which students can help make school a safe place for themselves and others.

- Industrial/arts and family and consumer sciences classes. Wear appropriate safety gear and follow your teacher's instructions carefully.

- Physical education class and after school sports. Concentrate on what you and those around you are doing

- Science labs. Use equipment and chemicals only as directed.
- Hallway traffic. Walk; don't run, in halls and lock rooms.

SELF ASSESSMENT EXERCISE 4

- Mention two ways you can make your home safe
- Mention to ways you can prevent falls in your home.

3.11 Personal Health Inventory Guide

Having gone through the first three units of this course material. I challenge you to assess your personal health practices. By going through this health inventory guide, I aim to sensitize you on some risky habits some of us indulge in and those we consciously or unconsciously fail to do.

- Heredity (family medical history)

One of my close relative has had.

- Heart disease
- Cancer
- High blood pressure
- Asthma
- Glaucoma
- Alcoholism
- Mental illness

Note: the idea is that if any close relative of your (mother, father, grandparents etc) has ever had any of this health problem listed above, the tendency that you may also suffer from it is high. As a person, you have to watch out for it and try take preventive measures, such a, adopting positive lifestyle habits to counteract or reduce chances of experiencing such health problems.

- Mental Health

- I allow myself to cry when am emotionally down
- I express feelings (love, fear, anger) constructively
- I have friends or relatives with whom I discuss problems
- I keep anxiety from interfering with my activities at school and home
- I do not allow stress to build up and give me headaches or stomach upset
- I have hobbies that help me away get from daily tasks

- Nutrition

- I eat a wide variety of foods (bread, cereals, mild, fruits and vegetables)
- I avoid refined and processed foods high in sugar and saturated fats
- I avoid adding salt to my food
- I eat breakfast regularly
- I avoid eating between meals

- Physical Fitness

- I do vigorous exercise such as running, swimming, brisk walking or biking for 30 minutes at least 3 times a week
- I exercise to build muscle strength and endurance at least 3 times a week
- I stretch to build flexibility
- I warm up and cool down when I exercise
- The exercises or sports I engage in I intend to carry on with them for life
- I maintain a normal body weight for my age and height
- I try to get 7 – 8 hours sleep each night

Substance Use and Abuse

- I avoid smoking cigarettes, cigar, pipe and using other forms of tobacco
- I try to avoid the second hand smoke of others
- I avoid drinking alcohol

- I avoid using psychoactive substances such as marijuana, cocaine etc.
- I avoid riding with a driver who is under the influence of alcohol or any psychoactive substance.

Personal Health Hygiene (Care)

- I brush and floss my teeth daily
- I keep my skin and hair clean
- I visit a dentist to check my teeth twice a year
- I go for medical check up at least ones in every year
- I use my medications religiously when am sick
- I avoid using non prescription drugs
- I check my blood pressure level at least once a year
- I practice self examinations for cancer (breast exam for girls and women, testicle exam for boys and men)

Public Health

- I avoid polluting my environment: by lowering radio and TV sets to avoid noise pollution, burning things to avoid air pollution and not littering wastes.
- I recycle such items as cans, paper, glass, clothes and books when and where possible

I walk or bike when possible instead of riding cars

Safety measures

- I use safety belts when driving or riding in a car
- I obey traffic laws
- I follow water safety procedures and can save myself or others, form drowning
- I use safety precaution when working with power tools, firearms and other dangerous equipment.



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- Safety procedures are observed in my home such as covering water boides in and around the home, quick repair of electrical equipment etc.
- I have knowledge o first aid method to help others in emergency situations.

Stress Control

- I have a job or do other work I enjoy
- I find it easy to relax and express my feeling freely
- I have close friends, relatives or others who I can talk to about personal matters and call on for help when needed
- I participate in group activities (such as church and community organization or hobbies that I enjoy.

SELF ASSESSMENT EXERCISE 5

Have gone through this personal health inventory guide, state four think you can do to improve your health status

4.0 CONCLUSION

I believe that it has been existing and revealing going through this unit. I sincerely hope that you will go ahead and personalize and practicalise most of the things you have learnt in this unit. In the next unit you will learn about factors that affect, influence and determine the level f health and wellness that each and everyone of us has.

5.0 SUMMARY

Going through this unit you have learnt:

- The meaning of lifestyle



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- Positive lifestyle habits
- Steps for behavior for a healthy
- Philosophical basis for a healthy lifestyle change
- Steps to take in making healthy positive lifestyle decisions
- Benefit of physical fitness
- Do's and don't of dieting
- How to act safety at home and school
- To assess your self using the personal health inventory guide

6.0 TUTOR – MARKED ASSIGNMENT

list and explain five healthy habit one can undertake regularly to be healthy

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UNIT 4 HEALTH DETERMINANTS

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1.0 INTRODUCTION

You have gone through the concept of health, wellness and lifestyle in the last three units. In this unit you are going to learn about the factors that influences both a large extent.

2.0 OBJECTIVES

When you have diligently studied this unit, you should be able to

- List at least four factors that affect your health
- Explain how culture can affect the health status an individual
- Name five factors that can affect your wellness level

3.0 MAIN CONTENT

3.1 Factors that affect your health

In addition to the kind of health choices you make, other factors affect health. They are heredity, environment, and available health care services.



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Heredity (Genetics) Features

- Heredity refers to innate ability. It include all genetic traits such as:
- Anatomical make up e.g. height, body structure, colour of eyes, skin etc.
- Susceptibility (or tendency) to certain disease and condition
- Intellectual or cognitive ability (intelligent Quotient, level)
- Artistic talent endowment

It is the passing of traits from your parent as a result of the transmission of genes (DNA). Your hereditary traits include your eye, body build, skin colour etc. Your heredity may also include a tendency to get certain diseases. e.g. diabetes, sickle cell disease etc.

If you know your family history of disease, you can behave in a way that will reduce your risk for certain diseases. For e.g. people whose parents have had heart attacks can reduce their own risk of heart diseases by exercising regularly and eating foods low in fat.

Heredity serves as the foundation upon which other factors act. It supplies the raw materials which structures the kind of health we can enjoy. It determines the health potential of an individual. It determines the level of health that is possible for an individual some of the inherited traits contributes to behavior.

Environment

Is the sum total of your surroundings. It includes the place where you live, the school you attend and the people you see often. If you live in a warm climate you learn to protect your skin and eyes from UV (ultra violet) rays of the sun. The people in your environment influences your health choices both positively and negatively e.g. exercise, drug abuse, clubbing well into the night instead of sleeping, smoking and alcoholism etc.

Environment has physical biological, emotional and social components e.g. of these environmental factors are:

- Physical components - water, food
- Biological components - micro-organisms



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- Emotional components
- Social components
- Behavior/Lifestyle Features

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affection, feeling

social settings, social cultural heritage

Behavior refers to actions that contribute to a style of living. It includes cultural – behavior which is a pattern of living that is common to group of persons. Behavior interacts with environment to affect inherited traits. Behaviors may be favorable to health. E.g. covering mouth when sneezing and observing personal hygiene. On the other hand it can undermine health e.g. unsafe sex, drunkenness, drug abuse etc.

Health Services

Health services are sometimes classified as an aspect of the environment but they also provide facilities for protecting health e.g. immunization services are designed for health protection. In addition, health service provide facilities for restoring health when it has failed e.g. surgery, chemotherapy etc. The higher the quality of health service, the better the health of the people. These major groups of factors interact to determine health and influence the quality and quantity of optimal health. Health service are strongly determined by where you live, work or school e.g. urban cities and rural villages. To get the most out of available health care, you need to have regular health maintenance such as immunization, dental check up and physical examination. Keeping up on current health information can also help you choose the best ways to promote and protect your health.

Although you have little or no control over these factors, that affect your health, the way you behave has an effect on them. Your behavior is the way you act in many different events and situations in life. Your behavior can have a positive or negative impact on any or all of the factors. Since you can control your behavior you need to do everything you can to make healthy choice. Remember life is a matter of choices, and every choice makes, makes you.

SELF ASSESSMENT EXERCISE 1

Explain how environment could act as a factor influencing your health.



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 32 **Determinants of Health**
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Both individual and population health are determined by physical, biological, behavioral, social, and cultural factors. First among the physical factors is the radiant energy of the sun, which is ultimately essential for all life on earth. Hippocrates identified climate, environment topography, and aspects of behavior as determinants of health. Climate is assuming greater importance than hitherto due to the climate changes caused by increasing industrialization and energy consumption. Environmentally, the presence or absence of trace elements in the soil or water, such as fluorides to toughen dental enamel, iodine to stimulate the thyroid gland, and lead compound that damage the developing brain, act to enhance or impair our health.

Biological determinants of health are inherent or acquired. Genetic heritage is a contributing factor to longevity, and to susceptibility or resistance to a wide range of diseases that include the pathogenic microorganisms responsible for some of the great plagues that have afflicted humans for millennia. Molecular geneticist have demonstrated that the interaction of human communities with the plague bacillus, the influenza and small pox viruses, the malaria parasite, and with several other microorganisms, played a role in determining the differentiation and distribution of early races of human in Africa and Asia. On a much shorter time scale, pathogenic microorganisms may be the, most important biological determinants of health and disease. Immunity or resistance to pathogens is a very important determinant of good health. Immunity is enhanced by prior exposure, or by maternal exposure in the case of newborn infants, who acquire maternal (passive) immunity to some infections before they are born, and have it reinforced after by antibodies in breast milk. Routine immunization of infants and small children protects them from harm of many common and formerly dangerous pathogens including those that cause diphtheria, tetanus, measles, poliomyelitis, and whooping cough. Nutritional status is another important influence on resistance to infection. Individual and populations are most vulnerable when they are malnourished or starved, which is why plagues often accompany famines, wars and interactions

Behavioral determinants have been much studied. An association of certain diseases with particular personality types has been observed empirically for centuries. An irascible



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temperament, for example, has been linked to occurrence of strokes, and an association has been demonstrated between high risk of coronary heart disease and a type. A personality, marked by forceful and aggressive behavior. Research on mind-body intentions, which unites the disciplines of psychology, neurology, and immunology, made great progress in the last quarter of the twentieth century and began to clarify and explain these relationships.

Social determinants that influence or determine health are also complex. There is epidemiologic evidence that good health is determined at least in part by social connectedness. Persons who have many and frequent interactions with other family members and with a network of friends have a more favorable health experience in many ways than those who are socially isolated, live alone, are estranged from their theory family and have little or no family and social support systems. It is difficult however, to unravel social connectedness and personality factors that may encourage gregariousness or a solitary way of life. Position in the social hierarchy plays a role. Social networks an support systems, and social positions, are in part determined by factors beyond the control of the individual. While they are interrelated with personality factors, they are very complex and not well understood.

Studies have shown that economic conditions dramatically affect health and longevity. A consistently strong relationship has been demonstrated between income levels and health status in every country where the relationship has been examined. Many interactions between social, economic, and cultural factors also help to determine or influence community health.

Culture is defined as the set of custom, traditions, values, intellectual, artistic qualities and religious beliefs that distinguish one social group or nation from another. Culture influences behavior through customs such as use of or abstention from meat, alcohol, and tobacco; the practice of rituals such as circumcision; martial customs such as the prevailing age at which women marry; attitudes towards family size, childbearing, and child rearing; personal hygiene; disposal of the dead; and much else. Peoples values may be the most significant component of culture that affects behavior and through behavior, health. For example, since the late nineteenth century, an understanding of the important of personal hygiene have become part of the value system of many cultures. I the late twentieth

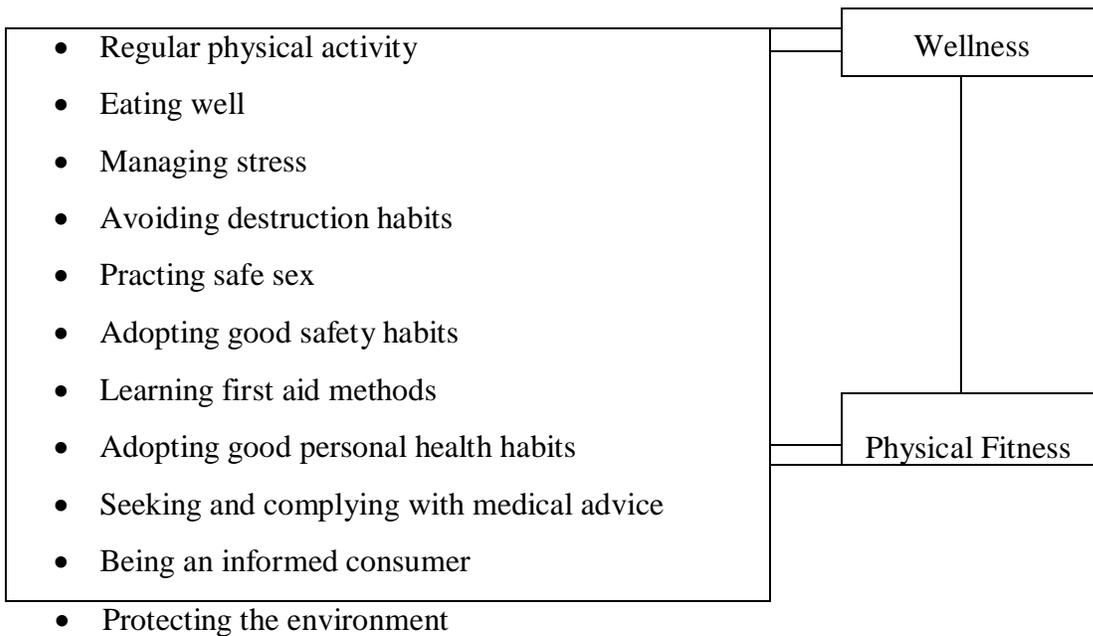
century, values in many nations shifted towards a rejection for tobacco smoking as a socially acceptable custom. In the 1960s, the oral contraceptive pill contributed to the sexually liberated values and behavior that encouraged casual promiscuity and which was only partially overshadowed by the threat of infection with HIV / AIDS (human immunodeficiency virus / acquired immunodeficiency syndrome) in the 1980s and later.

The order prerequisites for health were identified as: freedom from the fear of war, equal opportunity for all, and satisfaction of basic needs (food, education, clean, water and sanitation, decent housing), secure work, a useful role, and political well and public support. All these are embodied in one way or another in the determinants of health outlined above, but when expressed as they were by the WHO working groups, the relevance of human values to achievement of good health becomes more explicit. Ultimately, values may matter more than anything else in influencing health.

3.3 Factors Influencing Your Level Wellness

HEALTH LIFESTYLE

HEALTH



Mention three lifestyle behavior or habits that could affect your wellness level

4.0 CONCLUSION

The factors that affect the health status of an individual or community are very important consideration in any health discussion about our health, adequate attention must be paid to these factors and determinants of health and wellness

5.0 SUMMARY

In this unit, you have learnt:

- Factors affecting your health and that of others
- Determinants of health
- Factors influencing your wellness level

6.0 TUTOR – MARKED ASSIGNMENT

Write briefly on how genetic could be a factor in obesity as a health problem.

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UNIT 5 MODELS AND THEORIES OF HEALTH PROMOTION

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1.0 INTRODUCTION



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In this unit you will learn about the theories and models that back up the practice and teaching of health, education and health promotion. All these areas of health are concerned about human behavior as it affects their health that of theirs and their environment

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- In your words define a model
- Explain what you understand a theory to mean in your own words
- State the various models as outlined by Owie (2003)
- Mention the various models as outlined by Beattie (1999)
- Draw and label the transtheoretical model

3.0 MAIN CONTENT

3.1 Difference between Theories and Models

There are a number of significant theories and models that underpin the practice of health protection. It would be useful to make a differentiation between theories and models.

Theory

- An integrated set of propositions that serves as an explanation for a phenomenon.
- Introduced after a phenomenon has already revealed a systematic set of uniformities
- A systematic arrangement of fundamental principles that provide a basis for explaining certain happenings of life.

Examples: Social Cognitive Theory, Theory of Planned Behavior

- Model subclass of a theory. It provides a plan for investigating and or addressing a phenomenon
- Does not attempt to explain the processes underlying learning, but only to represent them
- Provides the vehicle for applying the theories



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Example: Health Belief Model, Transtheoretical Model

Those theories that attempt to explain health behaviour and health behavior change by focusing on the individual.

Examples include:

- Health belief model
- Theory reasoned action
- Transtheoretical (stages of change) model
- Social learning theory

Health behaviour is the central concern of health education and health promotion. It is a major component of all definitions of health promotion and usually the crucial criterion variable in health education intervention assessments. Positive health behaviour changes in practically all the normal direction are usually the ultimate concern in health education and health promotion endeavors. If there are observed changes in health behaviour without a corresponding change in health status then we have conflict which may only be adequately resolved by looking at other health related issues, such as the link between behaviours and health status.

SELF ASSESSMENT EXERCISE

- In your own words define theory
- What do you understand a model to mean?

3.2 Health belief model

The health belief model (HBM) was one of the first models which adapted theories from the behavioral sciences to examine health problems. It is still one of the most widely recognized and used models in health behavior applications. This model was originally introduced by a group of psychologists in the 1950's to help explain why people would or would not use available preventive services, such as chest x-rays for tuberculosis screening and immunizations for influenza. These researchers assumed that people feared diseases and that the health actions of people were motivated by the degree of fear (perceived threat)



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and the expected fear reduction of factions, as long as that possible reduction outweighed practical and psychological barriers to taking action (net benefits)

The HBM can be outlined using four constructs which represent the perceived threat and net benefits: (1) perceived susceptibility, a person's opinion of the chances of getting a certain condition; (2) perceived severity, a person's opinion of how serious this condition is; (3) perceived benefits, a person's opinion of the effectiveness of some advised action to reduce the risk or seriousness of the impact; and (4) perceived barriers, a person's opinion of the concrete and psychological costs of this advised action. Another concept is known as cues to action. These are events (internal or external) which can activate a person's "readiness to act" and stimulate an observable behavior. Some examples of external strategies to activate "readiness" can be delivered in print with educational materials, through any electronic mass media or in one-to-one counseling. Another concept that has been added to HBM since 1988 in order to better meet the challenges of changing unhealthy habitual behaviours (such as being sedentary, smoking or overeating) is self-efficacy. Self-efficacy, a concept originally developed by Albert Bandura in social cognitive theory (social learning theory), is simply a person's confidence in her/ his ability to successfully perform an action.

Even though the HBM was originally developed to help explain health related behaviours, it has also helped to guide the search for "why" these behaviors occur and to identify points for possible change. Using this framework, change strategies can be designed as referred to earlier. The HBM has been used to help in developing messages that are likely to persuade an individual to make a healthy decision. Using the HBM, messages that are suitable to health education for such topic are hypertension, eating disorders, contraceptive use, or breast self-examination has been developed.

However, there are two main weaknesses which have been noted about the HBM. First, health beliefs compete with an individual's other beliefs and attitudes which can also influence behaviour. Secondly, in decades of research in the social psychology of behavioral change, it has not been shown that belief formation always precedes behavioral change. In fact, the formation of belief may actually follow a behavior change.

MODEL EXPLANATION



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NEGATIVE LIFESTYLE

Smokers not considering stopping (precontemplation)

Thinking about stopping (contemplation)

Bought a nicotine patch or a book about smoking cessation (preparation stage) they have moved beyond contemplation and are preparing to take action

Smoker make some changes in behavior even a small one (action stage) e.g cutting back on the one of cigarettes smoked

When a person has finally stopped smoked smoking for a relatively long period of time (6 months) the maintenance stage would have been reached.

Whether the lifestyle is positive or negative, people move from one stage to another in an upward or downward direction. They may move on to maintenance or revert back to contemplation depending o their attitude and personal experiences.

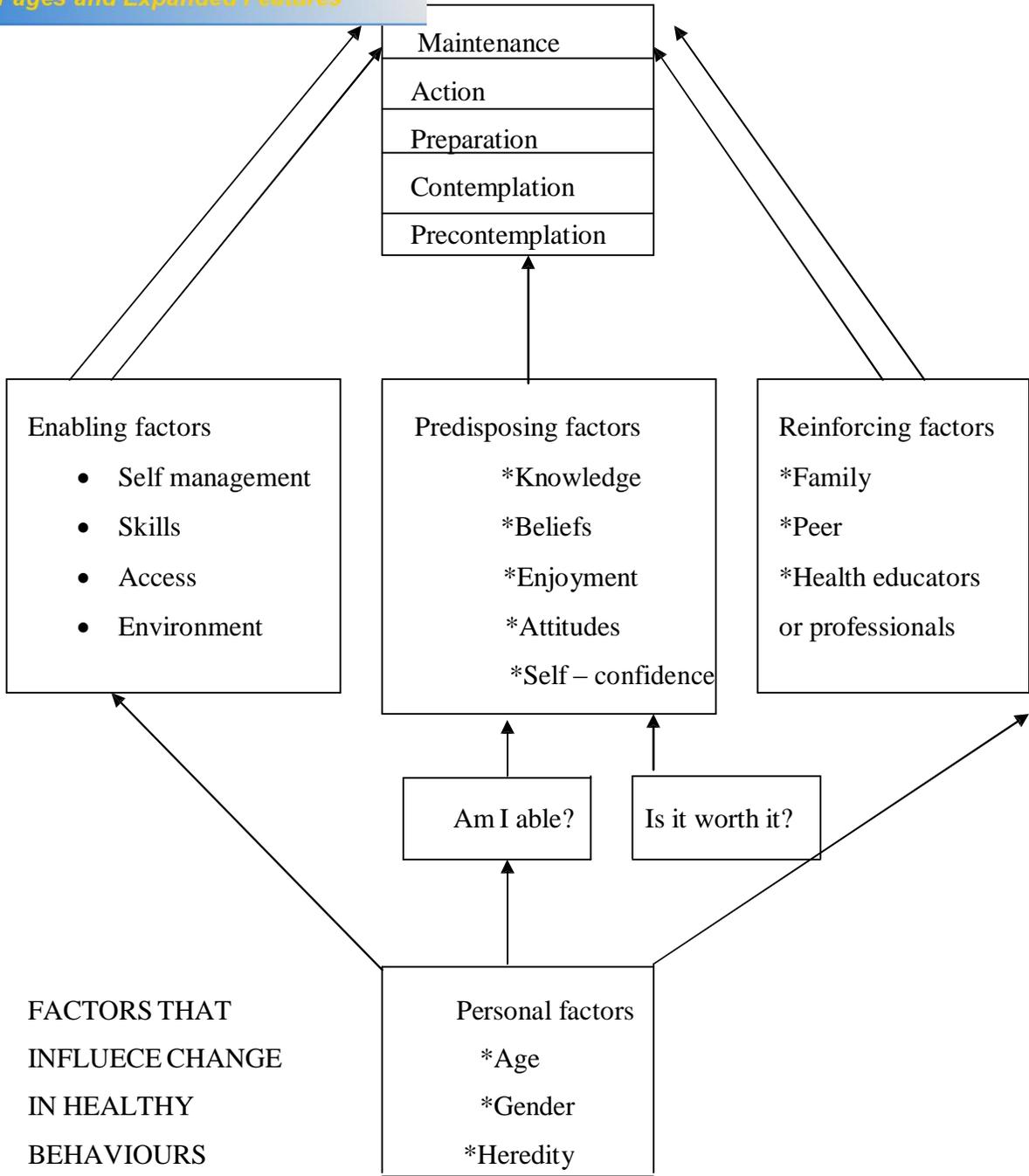
This bring us to –

Factors that promote lifestyle change

POSITIVE LIFESTYLE

1. Totally sedentary persons (precontemplation stage)
2. Thinking of becoming active (contemplation)
3. Buying a pair of walking shoes and appropriate clothing for activity (preparation stage)
4. Those who have started some activity even if infrequent are
5. Those who have exercising regularly for 6 months are said to be at the stage of maintenance.

HEALTHY BEHAVIOUR



Personal factor - Factors such as age, gender are related to healthy lifestyle adherence but are typically not under your personal control



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Predisposing factors - Anything that makes you more likely to decide that you should make a healthy lifestyle such as regular physical activity a part of your normal routine.

Enabling factor - Anything that helps you to carry our healthy lifestyle plan.

Reinforcing factor - Anything that provides encouragement to maintain healthy lifestyle such as physical activity for a life time

3.3 Stages of Changes Model or Transtheoretical Model

The stages of change or transtheoretical model was initially published in 1979 by Prochaska. In the 1980's Prochaska and DiClemente worked further on this model in outlining the stages of an individual's readiness to change, or attempt to change, toward healthy behaviours. The stages of change model evolved from research in smoking cessation and also the treatment of drug and alcohol addiction. More recently it has been applied to other health behaviors, such as dietary changes. Behavior change is viewed as a process, not an event, with individuals at various levels of motivation or "readiness" to change. Since people are at different points in this process, planned interventions should match their stage.

Stages of lifestyle change model summarized in table

Maintenance	Regularly practice healthy lifestyle
Action	I have made some lifestyle changes
Preparation	Am getting ready to make a lifestyle change
Contemplation	Am thinking about changing
Precontemplation	I don't want to change



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- Age 18-34 likely to smoke than ages 65 and above (why do you think its so?)
 - Young adults are more likely to be physically active than older adults (why do you think its so?)
 - You cannot play because you're old; rather you're old because you cannot play do you agree with this statement, if so why?
- On Gender, women tend to use health car service more than men (WHY)
- On heredity some people have the tendency to add weight and this may affect their behavior.

Predisposing factor –

This is highly affected by question such as am I able to and is it worth it.
 Here self confidence, self esteem and self efficacy come into play.

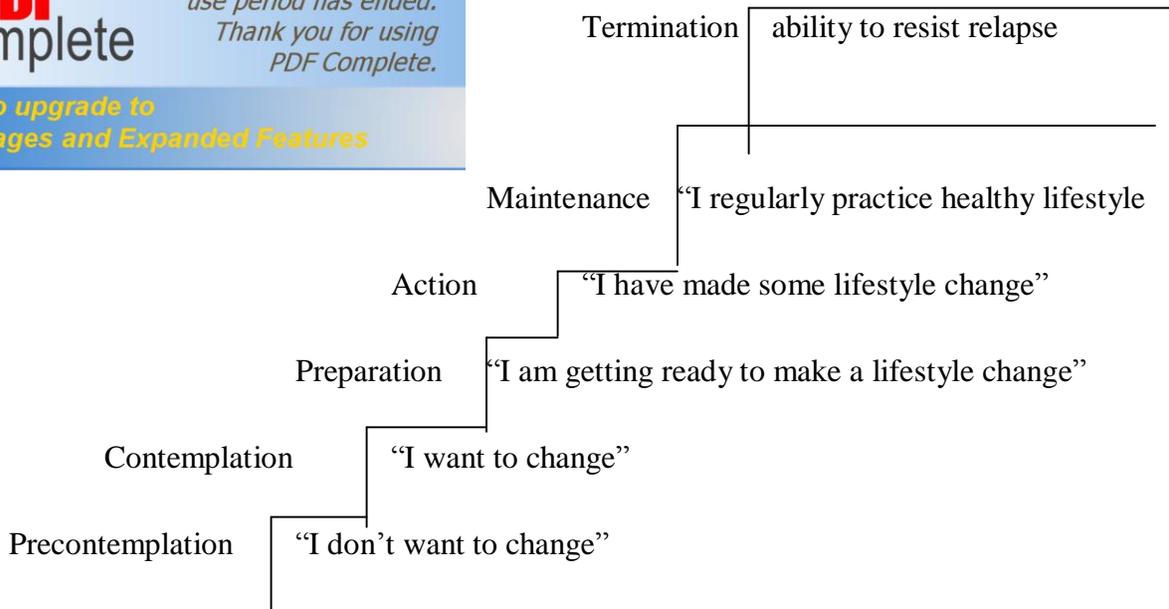
- Belief - If its worth the effort
- Enjoyment - That is if you enjoy it

Attitude - If you have positive feelings you're likely to adopt healthy behaviors than if you have negative feeling.

Enabling factors –

- Self –Management skills – self assessment, self – monitoring and goal setting skills
- Access - Having access to the sporting facilities if it's physical activity your want to engage in e.g swimming pool, golf course etc.
- Environment –

Reinforcing factors - These (family members, peers etc) are important to adhering to lifestyle changes –



There are six stages that have been identified in the model: (1) Precontemplation – the person is unaware of the problem or has not thought seriously about change (2) contemplation – the person is seriously thinking about a change (in the near future); (3) Preparation – the person is planning to take action and is making final adjustments before changing behavior; (4) Action – the person implements some specific action plan continues to overtly modify behavior and surroundings; (5) Maintenance – the person continues with desirable actions (repeating the periodic recommended steps while struggling to prevent lapses and relapse and relapse; and (6) Termination – the person has zero temptation and the ability to resist relapse. In relapse, the person reverts back to old behaviour which can occur during either action or maintenance.

3.4 Theory of Reasoned Action

The theory of Reasoned Action was designed to explain not just health behavior but all volitional behaviors. This theory is based on the assumption that most behaviors of social relevance are under volitional (willful) control. In addition, a person's intention to perform (or not perform) the behavior is the immediate determinate of that behavior. The goal is to not only predict human behavior but also to understand it.

According to this theory, a person's intention to perform a specific behavior is a function to two factors: (1) attitude (positive or negative) toward the behavior and (2) the influence of the social environment (general subjective norms) on the behavior. The attitude toward the



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behavior is determined by the person's belief that a given outcome will occur if he/she performs the behavior and an evaluation of the outcome. The social or subjective norm is determined by person's normative belief about what important or significant others think she / he should do the behavior and by the individual's motivation to comply with those other people's wishes or desires.

Attitudes are a function of beliefs in this theory. If a person believes that performing a given behavior will lead to the whole positive outcomes, then s/he will hold a favorable attitude toward performing that behavior. On the other hand, a person who believes that performing the behavior will lead to mostly negative outcomes will hold an unfavorable attitude. These beliefs that form the foundation of a person's attitude toward the behavior are referred to as behavioral beliefs.

Subjective norms are also a function of beliefs. However, these are beliefs of a different kind. These are the person's beliefs that certain individuals or groups think s/he should or should not perform the behavior. If the person believes that most of these significant others thinks s(he) should perform the behavior, the social pressure to perform it will increase the more, s(he) is motivated to comply with these others. If s/he believes that most of this reference group is opposed to performing the behavior, he/ his perception of the social pressure not to perform the behavior will increase along with her/his motivation to comply with these referents. The beliefs which underlie a person's subjective norms are termed normative beliefs.

Self assessment exercise 3

Mention two major factors underlining the theory reasoned action.

3.5 Social Learning Theory or Social Cognitive Theory

In Social Learning Theory, human behavior is explained using a three-way reciprocal theory in which personal factors (one's cognitive processes) behavior and environmental influences continually interact in process of reciprocal determinism or reciprocal causality. These are very dynamic relationship where the person can shape the environment as well an environment shaping the person. Change is bi-directional. Social learning theory is the result of separate research by Rotter (1954) and Bandura (1977). Bandura retitled the theory Social Cognitive Theory to emphasize the cognitive aspect. According to this



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theory, reinforcement contributes to learning, but reinforcement along with an individual's expectation of the consequences of behavior determine behavior is seen as a function of the subject value of an outcome and the subject probability (or expectation) that a particular action will achieve that outcome. This type of approach has been referred to as "value-expectancy theory".

There are several constructs in Social Learning Theory (SLT) which help to explain learning. According to SLT, reinforcement can be accomplished in one of three ways: (1) direct, (2) vicarious, or (3) through self-management. Direct reinforcement is supplied directly to the person. In vicarious reinforcement, the participant observes someone else being reinforced for behaving in an appropriate or inappropriate manner. This has also been called social modeling or observation learning. Reinforcement by self-management involves record-keeping by the participant of her/his own behavior. When the behavior is performed correctly, the person would reinforce or reward her/himself. The construct of self-control goes along with this type of reinforcement since it reflects the idea that individuals may gain control of their behavior by monitoring it.

There are several other constructs which may be applicable to learning situations in health education. Behavior capability refers to the knowledge and skills necessary to do a behavior, which influences actions. If individuals are able to perform specific behavior they must first know what the behaviors are and how to perform them. Therefore, clear instruction and / or training may be needed. Another construct mentioned earlier, expectation, refers to the ability of humans to think and, therefore, to expect certain results in certain situations. Expectancies are the values that people place on an expected outcome. The more highly valued the expected outcome, the more likely the person will perform the needed behavior to yield that outcome.

One construct of SLT has received extra attention in health education programs. Bandura considered self-efficacy the single most important aspect of the sense of self that determines one's effort to change behavior. This self-confidence in one's ability to successfully perform a specific type of action has been so well accepted that it was also added to the Health Belief Model in 1988 as mentioned earlier. This internal state is very situation specific. For example, a person may experience a high level of self-efficacy in



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aerobic exercise, but very little when attempting to reduce called an individual's efficacy expectations. Even though people may have efficacy the amount of fat in her/his diet.

These feelings of competency have been expectations, they still may not attempt the behavior because they believe the outcome of that behavior (enforcement) is not great enough for them. These beliefs are called outcome expectations. A person can increase self-efficacy through (1) personal mastery of a task; (2) observing the performance of others (vicarious experience); (3) verbal persuasion, such as receiving suggestions from other; and (4) arousal of her/his emotional state. In the construct of emotional coping responses, a person must be able to deal with any sources of anxiety surrounding that behavior in order to learn.

Most health educators today recognize the critical importance of the social environment and advocate changes in the social ecology which is supportive of individual change leading to better health and a high quality of life. However, long term behavior change depends on the level of participation and ownership felt by those being served. In order to see how Social Network and Social Support Theories might impact on health needs, it is first necessary to define what is meant by certain concepts.

Social network can be kin (extended family) or non-kin (church or work group, friends or neighbors who regularly socialize, clubs and sporting teams). Social networks have certain types of characteristics: (1) Structural, such as size (number of people) and density (extent to which members really know one another); (2) Interactional, which include reciprocity (mutual sharing), durability (length of time in relationship), intensity (frequency of interactions between members), and dispersion (ease with which members can contact each other); and (3) Functional, such as providing social support, connections to social contacts and resources, and maintenance of social identity.

Social support refers to the varying types of aid that are given to members of social network. Research indicates that there are four kinds of supportive behaviors or acts; (1) emotional support – listening, showing trust and concern; (2) instrumental support – offering real aid in the form of labor, money, time; (3) informational support – providing advice, suggestions, directives, referrals, and (4) Appraisal support – affirming each other and giving feedback. This social support is given and received through the individual



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social network. However, it is important to remember that “some or all network ties may or may not be supportive.”

Levels	Theory	Focus	Key concepts
Individual level	Stages of change model	Individual’s readiness to change or attempt to change toward healthy behaviors	Precontemplation Contemplation Decision/determination Action Maintenance
	Health Belief model	Peron’s perception of the threat of a health problem and the appraisal of recommended behavior(s) for preventing or managing the problem.	Perceived susceptibility Perceived severity Perceived benefits of action Cues to action Self-efficacy
Interpersonal level	Social learning Theory	Behavior is explained via a 3-way, dynamic reciprocal theory in which personal factors environment influences and behaviors continually interact	Behavior capability Reciprocal determinism Expectations Self-efficacy Observational learning Reinforcement

SELF ASSESSMENT EXERCISE 4

Mention three characteristics of social networks in SLT



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Let us look at health models as presented by Owie (2003)
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- The Medical Model
- The Environment Models
- The Holistic Model

3.6.1 The Medical Model

- Absence of disease
- Biological explanations
- Limited value to wellness

The basic view of the medical model is that health is the absence of diseases or death. This model relies heavily on biological explanation. Disease is usually interpreted in terms of biological systems, malfunctioning of organs e.g sickle cell anemia, tuberculosis etc.

Health is restored by curing a disease or by restoring function to damaged body part. This model does not help people to have better understanding of the behavioral and social factors that affect health and contribute to illness. In spite of this limitation, the medical have been largely successful

3.6.2 The Environmental Model

This model focuses on human adoption to changing environment. It attempt to interpret health in terms of socio – economic status, education and other multiple environmental factors, such as water quality, exposure to dangerous substances, social relationship and general living conditions. Unlike the medical model which focuses on inside the body, this model focuses on conditions outside the body.

This model interprets health and disease in terms of the harmonious relationship with other creatures in the universe and change in the environment. Disease is viewed as disharmony between humans and their environment

3.6.3 The Holistic Model

- Totality of the individual
- Not mere biological disposition
- Optimum health (wellness)

This model is derived from the definition of health in terms of the totality of the individual and not mere biological dispositions. It emphasizes optimum health, disease prevention and harmonious interaction with environment. It took root from the contemporary analysis of the dynamics of health and disease which the idea for spiritual health (owie 2003)

Still yet

Still yet another way of looking at health models is the four way of accounting for health.

According to Beattie (1993) they are:

- The biopathological model (BioMedical) -here health is viewed as the absence of pathological lesion in the body of man.
- The ecological model- here health is view as an individual’s ability to interact dynamically with environment without being exposed to risks and hazards
- The biographical model – here health is viewed as an individuals ability and capability to cope with personal and private troubles.
- The communitarian model – here health is viewed as a persons ability to belong to a social group and maintain a healthy relationship with that social unit.

Four ways of Accounting for health summarized in table

	Biopathological model	Ecological model	Biographical model	Communitarian model
Knowledge base (main sources of legitimacy)	Biomedical sciences	Human Ecology	Developmental and abnormal psychology	Self accounting by autonomous social group
Focus of attention	Human organism as a mechanism	Organism – environment interaction	Persons and their private trouble	Parsons and their social relationship
Key appraisal criterion	Abnormality defect, sickness	Fit – misfit in human habitat risk, hazards	Failure of coping	Belonging or alienation
Typical	Nosology	Epidemiology	Biography, Case	Autobiography



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		Hygiene, social engineering	history, Personal counseling	oral history Discussion work.
Typical Agents	Clinical paramedics	Public health doctors, health inspectors and Engineers	Psychotherapists, counselors, social workers	Advocates Community Worker Human right campaigners

THEORIES AND MODELS ASSOCIATED WITH HEALTHY LIFESTYLE ADOPTION

THEORY

DESCRIPTION

Transtheoretical model

This model is also referred to as the stages of change model. As describe earlier in this concept, this suggests five stages of change that characterize various health behaviours. The model suggests that doing the correct things (processes) at the right time (stage of change) is important to self-change in health behaviours.

Health beliefs model

This model suggests that a persons health behavior is related to the following five factors: the belief that a health problem will have harmful effects, the belief that a person is susceptible to the problem, the perceived benefits of changing a lifestyle to prevent the problem, the perceived barriers to overcoming the problem, and the confidence that he / she can do what is necessary to prevent it.

Social cognitive theory

Social cognitive theory is also referred to as social learning theory. Central to this theory are self-

efficacy and positive expectations about behavior change. Also, the theory suggests that a person must value the outcome of a behavior if he or she is likely to do that behavior.

Theory of reasoned action

This theory suggests that a person's behavior is most associated with the person's intention to do the behavior. The two factors most likely to influence a person's intention are attitude (beliefs) and the social environment (opinions of others).

Theory of planned behavior

This theory is often combined with the theory for reasoned action. It has the same basic tenets but adds the concept of "perceived control" over the environment. The person must believe that he or she has some control over the factors that allow performance of that behavior. Perceived control is in many ways similar to self-efficacy in cognitive theory.

Self-determination theory

central to self-determination theory is the importance of choice in a person's life (autonomy). Perceptions of competence at mastering life's tasks are also critical to the theory. Making personal choice in an attempt to master the tasks of daily living are emphasized rather than making choices based on external pressures to comply. Self-determination theory, and its sub theory cognitive evaluation theory, emphasizes intrinsic motivation. The intrinsic motivation inherent in behaviours that are exciting and / or fulfilling to do is very important activity choices.

4.0 CONCLUSION



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Health promotion and education theories and models are very important basis to understanding human behaviour and attitude. They are the foundation on which health programs are planned, developed and implemented. I believe this unit has exposed you to some of the factors that influencing health behaviors

5.0 SUMMARY

This unit took you through

- Health models
- Health theories
- The differences between a model and a theory

6.0 TUTOR – MARKED ASSIGNMENT

Diagrammatically depict transtheoretical model

7.0 REFERENCES / FURTHER READINGS

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 Unit 1
 Concept of Family

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Unit 2 Families: The Core of Early Childhood Education.

Unit 3 Marriage and Divorce

Unit 4 Family and Social Change

Unit 5 Adolescents Issues

UNIT 1 CONCEPT OF FAMILY

CONTENT

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main content

- 3.1 The Nature of Family
- 3.2 Description of Family System
- 3.3 Types of Families of the Family
- 3.4 Structure and Organization of the Family
- 3.5 Functions of the Family
- 3.6 Significance and importance of the Family
- 3.7 Basic role of the Family
- 3.8 Principle of Family Relationship
- 3.9 Families and Health
 - 3.9.1 Maternal and Child Health
 - 3.9.2 Health Problems in Weak or Stressed Families
 - 3.9.3 Health Benefits of Strong Families
 - 3.9.4 Ways to Build Strong Family Values
- 3.10 Contemporary Views of the Families



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4.0 Conclusion
5.0 Summary
6.0 Tutor-marked assignment
7.0 References / further readings

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7.0 References / further readings

1.0 INTRODUCTION

Welcome to module 2 unit 1: institution of family. We will be looking at issues surrounding the family in all its ramifications within the constraints of time and space available to us. We all come from one family or the other, so I expect you will bring in your various experiences from your various families to facilitate your understanding of this module.

2.0 OBJECTIVES

On completion of this unit, you will be able to:

Explain the nature of family

Describe the family system

Mention the various types of families

State the basic families play

List the responsibilities of children in the family

Name the principle of family relationship

Ways of building strong families.

3.0 MAIN CONTENT

3.1 The Nature of the Family



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What does this family unit stand for and why do sociologists regard it an essential, basic and universal social institution? The family brings two adults of both sexes together.

Through the socially approved sex relations, offspring are begat. The parents look after one another economically, socially, and psychologically. But above all else, the parents look after the children, and are primarily responsible for their upbringing and sustenance. We could now define the family as a group of sexually interacting adults and their children who occupy statuses, perform roles and are responsible for the economic, social and emotional welfare of one another, especially the children.

Sociologists have discussed, alongside other social scientists, the probable future of the family. This is because it is increasingly seen that the impact of technological change, industrialization, urbanization and modernization, is eroding the pristine significance of the institution. Besides, especially in western societies, where divorce rates are much higher, it has been discovered that various alternative lifestyle have replaced traditional family forms.

Family is usually defined as a group of people related by marriage, ancestry, or adoption that lives together in a common household, but like much else about the modern family, even its definition is a matter of debate. Shouldn't couple that had lived together for 10 or 20 years be considered a family even if they have never been officially married? Or were legally forbidden to marry because they are both the same sex? What about people who are legally married but have no emotional bonds, or people who have intense bonds but who live separately? Suggestion for a more flexible definition; has been proposed one that seems better suited today's diverse family landscape. In ht approach, a family is implying any group of people that defines itself as a family. Although some form of family is universal to all human societies, its structure and traditional vary enormously from one place to another. For example, some societies permit only one husband and wife, while others allow more.

The concept of the family

The family refers to a group of people who are united by the ties of marriage, blood or adoption constituting a single household, interacting with each other in their respective



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positions as son and daughter, brother and sister, husband and wife mother and father, etc.

They share, create and maintain a common culture. (oduntan 1986)

Another useful classification divides families into two types: nuclear and extended. The nuclear family consists of a married couple or single parent and children. Although, there are often close ties between the members of the nuclear family and the other relatives, nuclear families are independent, self-controlled units. . When two people marry the couple and their children become a separate family, usually living apart from the families in which the wife and husband were reared. Although the nuclear family is the most common in the world's industrialized nations, anthropologists have found that the extended family, which includes a much wider range relative than the nuclear family, is the ideal in most agricultural societies. Life in an extended family is very different from the life most of us know in the nuclear family. For one spouse at least, marriage does not represent a sharp break with the past, as it does in our cultures. That spouse continues to live with his or her parents, as before. Although the adjustment is more difficult for the spouse who must move into a new family, husband and wife both remain under the authority of the older generation. They have little chance of controlling their own lives unless they live long enough to take over the responsibility for the entire family. On the other hand, each family member receives far more support and protection from the family unit. For example. Many more adults are involved in the rearing of the children, so if something happens to one of he parents, there is always someone else to take over.

Characteristics of the family

It is not all couples living a cohabit life (living together) that can be referred to as a family. Before a couple can be referred to as a family, there are four conditions which they must satisfy. These four conditions are referred to as the characteristic of the family and they are as follow:

- There must be a form of marriage (traditional, religious, or court marriage) bounding them together.
- There must be a mating or sexual relationship
- There must be an economic social and cultural system uniting the members together.
- There must be a common home or habitation bounding them together.

In one sentence define the family in your own words.

3.2 Description of the Family System

The family as a socially-sanctioned grouping of persons united by kinship, marriage, or adoption ties, who generally, but not necessarily, share a common habitat and interact according to well-defined social roles created by a common culture. Basically, there are two types of family: the nuclear and the extended family. The nuclear family consists of a man, his wife and their children. This type of family predominates in the urban centres of the western world and to a lesser extent in the metropolitan centres of the developing societies. The extended family, on the other hand, consists of a large number of relatives who usually share a common residence and may be not necessarily, share a common purse. An extended family consists of a man, his married sons and their descendants. This, of course, defines the patrilineal extended family. A matrilineal extended family could be defined as a woman and her extended matri-kin

The family – nuclear or extended – is the most important institution in a society, in that it is the primary unit for socialization. In traditional societies the role of the family is multi-functional, that is, it is productive, reproductive, as well as protective. It serves as the medium for education as well as for recreation and strives to keep its members within a single religious group, exhibiting a high level of conservatism. However, with the increasing influence of technological change, urbanization and changes within the social and economic modes of production there are increasing pressures on the family.

Family denotes a group people or animals (many species form the equivalent of a human family wherein the adults care for the young affiliated by a consanguinity, affinity or co-residence. Although the concept of consanguinity originally referred to relations by “blood” anthropologists have argued that one must understand the idea of “blood” metaphorically. And that many societies understand ‘family’ through other concepts rather than through genetic



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One of the primary functions of the family is to produce and reduce persons, biologically and socially. Thus one's experience of one's family shifts over time. From the perspective of children, the family is a family of orientation: the family serves to locate children socially, and plays a major role in their uncultured and socialization. From the point of view of the parents the family is a family of procreation the goal of which is to stop produce and acculturate and socialize children. However, producing children is not the only function of the family; in societies with a sexual division of labor, marriage, and the resulting relationship between two people, is necessary for the formation of an economically productive household.

A conjugal family includes only husband, the wife, and unmarried children who are not age. The most common form of this family is regularly referred to as a **nuclear family**. A consanguineal family consists of a parent and his other children, and other people. A materfocal family consists of mother and her children. Generally, these children are her biological offspring. Although adoption of children is a practice in nearly very society. This kind of family is common where women have the resources to rear their children by themselves, or where men are more mobile than women.

Members of the nuclear family (or immediate family) use descriptive kinship terms:

- **Mother**: a female parent
- **Father**: a male parent
- **Son**: a male child of he parent(s)
- **Daughter**: a male child of he same parent (s)
- **Brother**: a male child of the same parent (s)
- **Sister**: s female child of the same parent (s)
- **Grandfather**: father of a father or mother
- **Grandmother**: mother of a father or mother

Such system assume that the mother's husband has also served as the biological father. In some families, a woman may have children with more than one man or a man may have children with more than one woman. The system refers to a child who shares only on parent with another child as a "half brother" or "half sister". For children who do not share biological or adoptive parents in common, English-speakers use the term "stepbrother" or



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stepsister to refer to their new relationship with each other when one of their biological parents marries one of the other child's biological parents.

Any person (other than the biological parent of a child) who marries the parent of that child becomes the "stepparent" of the child, either the "stepmother" or "stepfather". The same terms generally apply to children adopted into a family as to children born into a family.

Typically. Societies with conjugal families also favor neolocal residence; thus upon marriage person separates from the nuclear family of their childhood (family of orientation) and forms a new nuclear family (family of procreation)

However, in the western society the single parent family has been growing more accepted and has begun to truly make an impact on culture. There are as majority of single mother families than single father. These families face much difficult issue besides the fact that they have to raise their children on their own, but also have to deal with issues related to low income. Many single parent struggle with low incomes and find it hard to cope with other issues that they face including rent, child care, and other necessities required in maintaining a healthy and safe home.

Members of the nuclear families of members of one's own (former) nuclear family may be class as lineal or as collateral. K in who regard them as lineal refers to them in terms that build on the terms used within the nuclear family.

Family Terms:

terms "half-brother and half-sister siblings who share only one biological or adoptive parent.

Grandparent

- Grandfather: a parent's father
- Grandmother: a parent's mother

Grandson: a child's son

Granddaughter: a child's daughter

indicatory terms come into play, terms that do not build on family.

her's brother, father's/mother's husband

- **Aunt:** father's sister, mother's sister, father's/mother's wife
- **Nephew:** sister's son, brother's son, wife's sister's son, husband's brother's son, husband's sister's son.
- **Niece:** sister's daughter, brother's daughter wife brother's daughter, wife sister's daughter, , husband's brother's daughter, husband sister's daughter

When additional generation intervene (in other words, when one's collateral relatives belong to the same generation as one's grandparents or grandchildren), the prefixes "great" or "grand" modifies these terms. And as with grandparents and grandchildren, as more generations intervene the prefix becomes "great grand" adding an additional "great" for each additional generation.

Most collateral relatives have never had membership of the nuclear family of the members on one's own nuclear family.

- **Cousin:** the most classification term; the children of aunts or uncles. One can further distinguish cousins by degrees of collaterlity and by generation. Two persons of the same generation who share a grandparent count as "first cousins" (one degree of collaterally); if they share a great-grandparent they count as "second cousins (two degree of collaterally) and so on. If two persons share an ancestor, one as a grandchild and the other as a great-grandchild of that individual, then the two descendants class as "first cousins once removed (removed by one generation); if the shared ancestor figures as the grandparent of one individual and the great-great-grandparent of the other, the individuals class as "first cousins twice removed" (removed by two generations), and so on. Similarly, if the shared ancestor figures as the great-grandparent of one person and the great-great grandparent of the other, the individual class as "second cousins once removed". Hence the phrase "third cousin once removed upwards"



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Cousins of an older generation (in other words, one's parent's first cousins), though technically first cousins once removed, often get classified with "aunts" and "uncles."

Similarly, a person may refer to close friends or one's parents as "aunt" or "uncle", or may refer to close friends as "brother" or "sister", using the practice of fictive kinship.

English-speakers mark relationship by marriage (except for wife / husband) with the tag "in-law". The family spouse of one's child becomes one's daughter-in-law and the male spouse of one's child becomes one's son-in-law. The mother and father of one's spouse become one's mother-in-law and father-in-law. The term "sister-in-law" refers to three essentially different relationships, either the wife of one's sibling, or the sister of one's spouse, or the wife of one's spouse's sibling. Brother-in-law expresses a similar ambiguity. No special terms exist for the rest of one's spouse's spouse family.

SELF ASSESSMENT EXERCISE 2

Mention three terms that describe family members.

Types of Families

The term nuclear family is used to distinguish a family group consisting most commonly, a father and mother and their children, from what is known as an extended family. Nuclear families can be any size, as long as the family can support itself and there are only children and two parents, nuclear families meet their individual member's basic needs because available resources are divided among only a few individuals or the family would be known as an extended family.

Nuclear (elementary, simple or basic) family. This is a socially recognized group made up of a woman, her children and most frequently, her husband also. The nuclear family may be grouped within a larger social unit provided it is still recognized as an entity. Two types of simple family:

- (a) simple legal family (married couple and their children) and
- (b) natural family (man and wife and children)



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Historical records indicate that the prevalence of nuclear family arrangement is relatively recent phenomenon. It was not until the 17th and 18th centuries that the nuclear family became a pronounced feature in Western Europe. With the emergence of proto-industrialization and early capitalism, the nuclear family became a financially viable social unit.

After the Second World War the United States experienced a renewed interest in the home and building family units. The family unit became a symbol of security and a return to traditional gender roles. Distinct from the wartime period in which women held jobs conventional for men, the postwar era encouraged the notion that men should be the primary wage earners and women should spend their time cultivating the home and exerting their energy towards raising children.

Polygynous family. This consists of a husband with two or more wives and their immature children. This is a variant of the compound family, which is an amalgamation of nuclear families or parts thereof. However, while a polygynous family is usually a domestic unit, a compound family is not necessarily co-residential.

Stem family. This is a family group made up of only two related married couples in the adjacent generation, and their offspring.

In extended families the network of relatives acts as a close-knit community. Extended families can include, aside from parents and their children.

- Spouses of children, in-laws
- Cousins, aunts, uncles, nieces, nephews
- Foster children/adopted children etc.

In the cultures where the extended family is the basic unit, growing up to adulthood does not necessarily mean severing bonds between oneself and one's parents or even grandparents. When the child grows up, he or she moves into the larger and more real world of adulthood, yet he or she doesn't, under normal circumstances, establish and identify separate from that of the community.



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Workload is equally shared among the members. The women are often housewives and cook for the entire family. The patriarch of the family (often the oldest male member) lays down the rules, works (if not retired) and arbitrates disputes. Other senior members of the household baby its infants. They are also responsible in teaching the younger children their mother tongue, manners and etiquette. The members of the household also look after each other incase a member is ill.

Joint (lineal or grand) family. This type of family consist of two or more lineally related kinsfolk of the same sex, their spouses and offspring (who) occupy a single homestead and are jointly subject to the same authority or single head,

Extended family (or joint family) is term with several distinct meanings. First it is used synonymously with consanguineous family. Secondly, in societies dominated by the conjugal family, it is used to refer to kindred who does not belong to the conjugal family. Often there could be any generations living under the some roof, depending on the circumstances. Extended type of family feels a greater security and belongingness. This is an advantage of extended type of family because this family contains more people to serve as resources during crisis and provides more role models for behavior of values. The disadvantage of living in an extended type of family is shouldering more expenses for their basic needs.

Extended family. This is similar to a joint family except that it is dispersed rather than occupying a single homestead. Though not all the members live together, they are close enough to participate in common endeavors. In general, extended family groups in their various forms represent the most widespread type of family institution in Africa.

Complex family is a generic term for any family structure involving more than two adults. The term can refer to any extended family or to polygamy of any type. It is often used to refer to the group marriage form of polygamy.

A joint family (or extended family) can also b known as a complex family, parent and their children families often live under a single roof. This family often includes multiple



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generations in the family. In India, the family is a patriarchal society, with the ones families often staying in the same house.

In the joint family setup the workload is shared among the members, often unequally. The women are often housewives and cook for the entire family. The patriarch of the family (often the oldest male member) lays down the rule and arbitrates disputes. Other senior members of the house baby sit infants in case their mother is working. They are also responsible in teaching the younger children their mother tongue, manners and etiquette.

The house often has a large reception area and a common kitchen. Each family has their own bedroom. The members of the household also look after each other in case members of the household also look after each other in case a member is ill.

Other forms of family types which are referred to as incomplete family groups are:

- Single parent families family e.g. widow, unmarried man or woman with children
- Married adults without children

SELF ASSESSMENT EXERCISE 3

List types of family set-up that exists in your community.

FUNCTIONS OF THE FAMILY

The family performs eight main functions as follows:

- **Sexual Satisfaction** – One of the major roles being played by the family is to provide a forum for sexual satisfaction for both couples. Sex is a basic need and the family is the only social institution approved to satisfy it by all societies. Such role, if well performed, will prevent extra marital relationship which often leads to unwanted children, illegal abortions and the spread of sexually transmitted disease (STD)
- **Procreation** – The family helps to perpetuate human race by producing children who will replace the deceased members of the society.
- **Economic Survival** – The family is an economic unit is also a unit of production. In a traditional African Society, before the adoption of Western civilization, the

family provided nearly everything needed by its members, including food, clothing, shelter, medicine money etc.

Not only should the family procreate they are also expected to rear their children according to the norms of the society.

- **Education function** – Before Western education was introduced to Africa the family was a self supporting productive unit where children received their initial or basic education within the household and learned all that they needed so as to become useful members of the society. This role which used to be performed within the extended family system by the schools or educational institutions today.

Other functions of the family are legal functions, protective function, and recreational function.

1. The essential functions of the family:

- the reproduction and socialization of children, which is crucial if a society is to persist.
- the regulation of the sex need through the provision of stable relationship governed by social norms.
- the provision of a home. This goes beyond the mere provision of somewhere to live, and includes affection and emotional security for family members

2. The non-essential functions of the family. The traditional family also performed the following functions.

- It had a political aspect in that it was, to a large extent, self governing.
- the family performed many of its own religious functions.
- the family was often responsible for its children's education.
- the family undertook the treatment of ill health by traditional methods.
- the family provided the facilities for recreation
- the family provided an economic base, often with all the members working as a team.

3.6 Significance and Importance Of The Family



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Especially in its polygynous and extended forms, the family plays a significant role in African societies. This role is, however, an attenuated variant of what it used to be prior to the emergence of modern State and the rise of specialized agencies. These can now be substituted for the family in diverse spheres of social activities.

In spite of the modern institution which now facilitates the task of socialization, the family is still seen as the chief agent in preparing the young member of society for their diverse roles through conscious efforts by parents, and through the children's imitation of elders. From birth to adolescence and beyond, the individual is foremost a member of his family, first as a role player in his family of orientation (which family his parents and his siblings) and then an a member of his family of procreation (which family is made up of himself, his spouse and his children). Either way, the family members form generally his most immediate circle of contacts. The importance of the family is thus increased in preindustrial, small-scale societies where the individual remains with his family, though the group subsumed under this concept may be growing progressively. So important the family as an agent of socialization that it has argued that this is its primary function.

The family also plays an important part in the ordering of the economic activities of its constituent members. In small-scale societies, it is most often a production and a consumption unit, as well as main source of labour supply in the absence of wage labour. Since economic self-sufficiency is one of the features of the subsistence economy in these societies, family members contribute towards the mutual independence of their group and in turn are guaranteed its life-sustaining resources. The rise of primitive, archaic authority has not obliterated the economic role of the family, which has retained its influence albeit in moderate forms in contemporary Africa.

Although there are certain trends towards de-emphasizing the polygynous and extended family throughout Africa, these forms of familial groupings are still strong and widespread. Those who argue against the extended family system see its demise as necessary if individual ambition and initiative are not to be stifled. This argument sees these family forms as an undue intolerable burden on any member who is "trying to make it". The overwhelming viewpoint, however, issue that the extended family has, on balance,



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contributed to the stability of African societies and the progress of their members as a whole, and has minimized those societal ills which now plague many parts of Euro – America as a result of the drastic loosening of many families ties. In Nigeria, for example, many first-generation university graduates and even some businessmen owe their success to the financial and moral support of the extended family groups. Those in Igbo areas have known to sell communal palm produce and to pledge communal land in order that a member acquires the necessary training to help the group in the future.

Where family links are strong, as in African societies, the members rise or sink with their family. Because of this, the family has been seen as a status-conferring agent. Even the ancient philosophers were very much aware of the role of the family in this respect. Plato, for instance, in advocating an open stratification system, argued that the Guardians who should rule the Republic should not be allowed to have a family or private property, as these are the two most important impediments to impartial rulership. This is because, as Plato observed, the interest of the family tends to dwarf public welfare. This role of the family is, however, more marked in societies which emphasize ascription than in those which stress achievement in the search for statue and reward.

Like everything else in any given society, family forms have also been undergoing some changes in Africa. We have already mentioned the trend towards emphasizing the nuclear (elementary) rather than the polygynous and extended families. This changing trend is partly due to the changes in the economic structure of the various societies, living without reference to the rest of the family. Because of this opportunity for independent survival, more members of the family than hitherto can now disregard family injunctions with impunity. This has affected family solidarity, and has led to the break-up of large extended families and the current trend toward smaller units. Also, the availability of specialized, non-kinship based agencies which can now protect and defend even the recalcitrant family member conveys the impression that the role of the family in those respects is now unnecessary, and may even be illegal.

Moreover, the raise of urban centres and their influence on the general economic texture of Africa have the effect of severely altering the contiguous habitation pattern, upon which much of the effectiveness of family solidarity and cohesion depended. Thus, in most urban



centres, it is just not feasible for most residents to maintain either a polygynous household or regular extended family relationships. In spite of these factors, however Africa is still a long way from the type of emphasis placed on nuclear family and individualism that are characteristic of most contemporary Euro-American.

SELF ASSESSMENT EXERCISE 4

State one significant role of the family.

3.7 Basic Role of the Family

Every child should depend on an adult for survival. The needs of the child (including feeding, clothing, and shelter) should be met as he/she cannot provide these for him self/herself and so need a family to obtain these basic requirements. A child also has emotional needs that should be met in order to become a happy adult. A child needs love, affection, and care, which can only be gotten within the family. Furthermore, a child needs to grow to become somebody in life. A child needs to be educated and guided to make informed decisions. This again is provided by the family.

Without the family, there will be no society. Daddy and mummy need to have children and their children need to produce more children in order for society to grow. So a family reproduces its kind to sustain the society. Without people, there can be no nation. The family also provides the child with an identity. He has a sense of belonging because he or she has a name, tribe, nationality, race, culture and relations. In addition, a family provides a child with the foundation on which he builds his character/personality, strengths, relationships, and behavior that are culturally accepted by the society. He also receives protection and security form possible dangers through his family.

3.7.1 Responsibilities of Children

Young people should not always expect to get everything form the family. They also have role to play. They are expected to love and respect their parents and relations. They are required to assist the members of the family with little assignment given to them. These may include, washing dishes, assisting with the cooking, keeping their clothes and room clean, reading their books, etc. They also have the duty to be honest and obedient at all times.



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Parents and their children often encounter conflicts especially as children grow into adulthood. This is because young people want to be more independent and assertive, but often upset their parents in the process; this is why communication plays a vital role in the family. Young people should see their parent's or adults around them as their friends and confidants. They should seek advice from their parents (rather than their peers) when confused about a decision that needs to be taken or when concerned about a problem. They should also respect their parents and negotiate with them when in conflict concerning who to date, curfew time, dressing, friends, career and religion. A child who can share his /her feeling with members of his /her family particularly the parents is likely to appreciate individual differences, feel good about himself/herself and develop high self-esteem, understand appropriate behaviour, make informed and responsible decisions and be less vulnerable to exploitation and sexual abuse.

SELF ASSESSMENT EXERCISE 5

State one responsibility of the child in the family set up.

3.8 Principles of Family Relationships.

Family can produce great happiness or great misery. Many children and adults find that their best physical, mental, social, and moral and emotional support comes from the family. But many others receive only suffering and anxiety in their deteriorated family relationships.

Undoubtedly, old and young, fortunate or less fortunate, would like to forge healthy relationships so that their family serves as a center of positive influence. Can we do anything to facilitate such an ideal situation? Can we as adults exercise a decisive influence that will help children to feel happy and complete? And if this is possible, what are the best ways to achieve these goals?

The direction of family life, although influenced by external circumstance that sometimes fall outside of our control, can be directed by the family. Here are series of fundamental



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principles to help people become aware of the possibilities and limitations of family life and of educating children.

The family is a system of basic emotional support. Both child and adult find in the family the daily support that serves as an oasis in the middle of daily activities. The personal; conclusion is revealed in thoughts or expressions such as. “At home they love me, accept me and do not laugh at me. At home I can relax, I am understood, and can rest and enjoy life”. When the family functions well (and with a little effort, it has the potential to do so), home life supports mental health.

- **Positive and lasting family relationship does not just happen.** The marriage relationship must be nurtured continually. Romance, care, demonstration of love, surprise gifts, etc. Should not be forgotten after the wedding. Enthusiasm over the children and for their accomplishment and an attitude of active support in the resolution of their problems should continue beyond the first stages of life (or after the first child)
- **Effective communication is one of the basic rules for family success.** Families that communicate at all levels strengthen the psychological and emotional ties that unite them. This principle applies to spouses and children. Communicating feelings, states of mind, expectations and hopes does not happen easily; but it can be achieved with practice and in the framework of a positive atmosphere. Deep communication includes emotional and affective effort as well as proper listening and responsiveness in an effort to maintain a positive atmosphere.
- **The first years are vital in several aspects of the child’s development.** Many of the habits that will last a life time begin during the pre-school or school-age years. Areas of great importance, such as character development, the formation of many personality traits, as well as the fundamentals of intelligence, trace their decisive beginnings to the first eight or ten years of life.
- **A successful family is built on strong effort and dedication.** Excess work on the part of both spouses becomes more and more common. This provides the family with a higher economic base. However, it is vital to search for a balance that will allow for quality time in the family. Some parents may have the erroneous idea that they are wasting their time when they spend it in family activities with their children. This cannot be further from the truth. Each moment that is spent together as a family is both a short and long-term investment in the future.



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• **Knowledge of developmental stages helps parents to adopt a more effective educational stance.** With such knowledge, parents can predict and foresee future needs and can check to see that manifested behaviors are suitable for the

corresponding stage. They can then communicate more effectively at the psychological level of each age and can exercise their influence, thus providing the greatest chances for success.

- **Discipline is one of the main support pillars in children’s education.** Discipline is necessary for the harmonious development of the child’s personality. Of course, it should reflect general characteristics of the age and the particular child. In general, aversive methods (punishment, strong reprimands) should be progressively replaced as the age of the child permits by positive reinforcement methods (rewards, approval, praise) until self discipline becomes the norm.
- **The family offers the best setting for sex education.** A relaxed family atmosphere, where various aspects of sexuality can be spoken about naturally, is the ideal setting for educating children. Children who learn the biological psychological and moral aspects of sexuality from their parents are less likely to succumb to the prejudices and taboos that normally surround sexuality.
- **The family strongly influences intellectual capabilities and school performance.** Parents and older siblings can exercise a highly positive influence over younger children. In a peaceful setting, where books and educational materials are readily available and where a positive mental attitude prevails, the child, even his earliest stages of life, can benefit from factors that form the basis for intellectual and scholastic success. Parent should never delegate this responsibly to the school. In fact, childhood learning depends to a great extent upon in the attitude and actions of the parents.
- **The family is a key agent for the healthy development of self-esteem.** The basis for health, self-esteem may be found in the pre-school years at home. Parent hold in their power a double-edged sword that will either provide their children with personal security and a reasonable and healthy self-concept or will make them insecure, fearful and cause them to believe that success is only for others. This basic principle consists of recognizing the child’s achievement, sincerely encouraging and guiding him in his tasks, frequently mentioning his positive traits, and supporting him in the accomplishment of various objectives.

Families that preserve a rational system of spiritual values are less likely to suffer relational problems than those that do not stop to reflect upon eternal matters.

Spirituality helps man look beyond himself and offer himself in service to others. This constitutes a good step towards mutual harmony and understanding within any society, including the family. Maintaining a firm belief in the family as source of happiness and mental health and acknowledging it as the basic unit of society is worth the effort it takes. When we nurture the family, we provide psychological support to its members and we contribute to a more balanced, just and humans society.

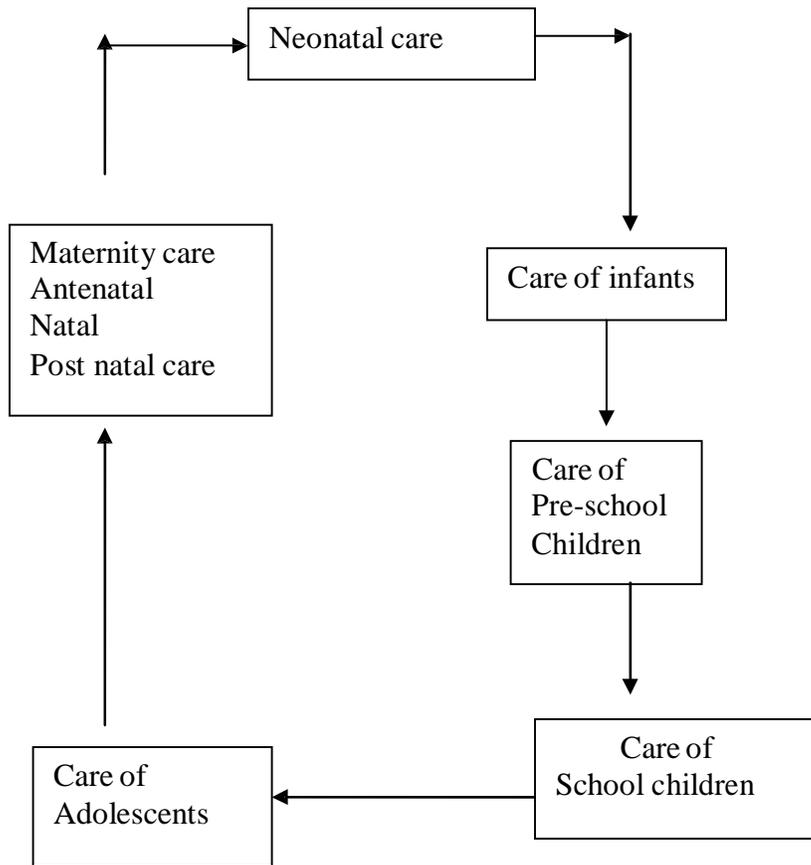
3.9 Families and Health

A family is a group that shares common goals and values and works together to achieve goals. A family may be a dual-career family, single-parent family, or a “bi-nuclear family” (in which the father and mother no longer live together but both provide a place for the children). What goes on in a family, the relationships between its members – can have profound effect on the health and longevity of each member.

How children are perceived in the family can have great impact, even on their physical growth. Children raised in an affectionate environment grow more rapidly and reach greater size as adults. On the other hand, there is ample evidence that emotional deprivations can have a deleterious effect on growth.

3.9.1 Maternal and Child Care

- This can further be divided as follows:
- Maternal care: - care of pregnant and lactating mothers, including inter-conceptual care and family planning.
- Care of neonates (1-28 days)
- Care of infants (0-12 months)
- Care of Pre-school children (1-5 years)
- Care of school children (6-12 years)
- Care of adolescents, including preconception care and family planning (13-18 years)



Factors influencing the health of the mother and child

- Family Size – The larger the size of the family, the more likely that the health of the mother and child will be poor due to poverty
- Age of Mother – Women who marry too young often stand the risk of having complications during pregnancy, labour and delivery. Even after delivery, they lack the experience to take care of themselves and their newly born babies.
- Educational Level of Mother – Illiterate mothers lack the knowledge to take care of themselves during pregnancy and after pregnancy, as well as the child.
- Parity – Mothers who are just having their baby lack the experience to take proper care of themselves during and after pregnancy, as well as the child

group between two pregnancies / child birth, the better mother and the child.

mothers in tropical climate stand the risk of infection and poor health due to poor environmental condition.

- Customs – Some African Cultures are detrimental to the child e.g., food taboos. Nevertheless, some help to promote health e.g., prolonged breast feeding
- Inherited Disease – Diseases which are inherited lead to chronic disability in the child and this can affect the socio-economic disability in the child and this can affect the mother and other members of the family as well e.g., sickle cell disease.
- Social Class – The social class of the family will greatly influence the health of the mother and the child. The lower the social class, the more the chances that the family will be ignorant of health issues, be poor, unhygienic status. In this regard, even if the father is well educated, if the mother is well educated, the chances are high that the mother and the child will still suffer from social deprivation and nutritional problems and therefore have poor health status.

3.9.2 Health Problems in Weak or Stressed Families

Health problems can be traced to weak or stressed families, and many of those families have characteristics that help us identify them. Physical symptoms of stress in the family include.

- Stuttering
- Bed-wetting
- Nail-biting
- Burnout, in which the family become a burden instead of joy
- Lack of communication between family members
- “Controlled” arguments in which true disagreements are buried in silence
- Too-tight or too-loose construction of the family



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The top 10 stressors for families are

- Economics
- Children's behaviors, discipline, and sibling fighting
- Insufficient couple time
- Lack of shared responsibility within the family
- Communicating with children
- Insufficient "me" time for individual members
- Guilt for not accomplishing more
- Poor spatial relationships
- Insufficient family play time
- An overscheduled family calendar

Marital stress and tension, troubled family life, and other problems in the family unit can be a direct cause of illness and stress in individual family members. People from weak families tend to have weak health. Families that were weak in structure and support produced people with more symptoms, impaired physical health, and weakened emotional health.

3.9.3 The Health Benefits of Strong Families.

Just as weak or stressed families can contribute to illness, strong families can contribute to good health and long lives. And just as weak families show signs of distress, healthy families have characteristic signs. Strong families show;

- Positive listening and communication
- Strong feelings of affirmation support
- Respect for all family members
- High levels of trust
- Great enjoyment of each other

- Positive and equal interaction
- Plenty of leisure times together
- Shared responsibility among family members
 - A strong sense of right and wrong
 - Traditions and rituals
 - A strong religious core
 - Respect for the privacy of all family members
 - Service to other, both within and outside the family circle
 - He ability to solve problems

3.9.4 Twelve Ways to Build Strong Family Values

- Eat together as a family as often as possible, certainly several full family dinners a week. Involve everyone (for example younger children can set the table and older ones can clear up)
- Hold weekly gatherings to plan family activities, trips, and vacations, and discuss immediate and persistent problems.
- Schedule daily stress-reduction periods when the entire household is quiet – no TV or CDs. According to your family values, read, meditate, pray, exercise, or whatever works for your family.
- Volunteer time and talent to worthy causes in the church or community.
- Participate in school. Become involved with teachers and administrators. Help with after-school and other programs.
- Do recreational activities as a family. Take walks, bike rid swim, jog, play tennis together.
- Make or build things together. Share creative activities, after let children take the lead in some of these. Go for accomplishment, not perfection.
- Take organized trips to sporting events, concerts, local fairs. Include everyone.
- Bring children to work on occasion to let them see their parent’s life away from home.
- At least once a year travel away from home. Discuss vacation ideas with children.



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- Limit TV watching. Watch TV with children, monitor what they watch, and discuss what they see.

• Stay involved. Keeping informed about community and national issues that concern you and your children. Let children know your concerns and opinions, listen to theirs.

- Minimize conflicts in decision making areas.

AREAS OF DECISIONS-MAKING IN THE FAMILY

Husband	Wife	Both
Which car to buy	When to buy clothes for the family	
When to have sex		When to have sex number of children to have
	What type of job wife should take	What type of job wife should take
What to do with his pay packet	What to do with her pay packet	
How much money to send to his parents	How much money to send to her parents	
		How much money for food which school children should How to spend weekends

3.10 Contemporary View of the Family



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Contemporary society generally view family as a haven from the world, supplying absolute fulfillment. The family is considered to encourage “intimacy, love and trust where individuals may escape the competition of dehumanizing forces in modern society from the rough and tumble industrialized world, and as a place where warmth, tenderness and understanding can be expected from a loving mother, and protection from the world can be expected from the father. However, the idea of protection is declining as civil society faces less internal conflict combined with increased civil rights and protection from the state. To many, the ideal of personal or family fulfillment has replaced protection as the major role of the family. The family now supplies what are vitally needed but missing from social arrangements.

Some schools of thought theorizes over a purported decay of the family and see this as a sign of the crumbling of contemporary society. They feel that the family structures of the past were superior to those today and believe that families were more stable and happier at a time when they did not have to contend with problems such as illegitimate children and divorce. Others dispute this theory, claiming there is no golden age of the family gleaming at us in the far back historical past.

The Family Equality Council envisions a future where all families, regardless of creation or composition, will be able to live in communities that recognize, respect, protect, and celebrate them. The organization envisions a world that celebrates a diversity of family constellations and respect individuals for supporting one another and sustaining loving families.

4.0 CONCLUSION

The importance of a strong and supportive family cannot be underestimated. No matter the form of family one belongs, to important thing is how healthy and strong is the relationship that exist between the family members. Individuals in a healthy family have lower stress levels, significantly less illness, and ability to recover from illness and disease much more rapidly than those in unhealthy families. A strong family helps an individual cope with stress, reducing the effect of healthy families abounds. Because children experiences less



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stress from hospital visits when parents are there, many hospitals now allow parents to stay in the room with sick infants and children. People in strong families recover more quickly from surgery, tend to follow medical instructions, maintain treatment recommendations, take prescribed medications, and get better more quickly with fewer complications. People in strong families also tend to manage chronic illness better. They tend to live longer than people in weak families or people without children

8.0 SUMMARY

This unit took you through the meaning of family, types of families, roles of families in the society, principle of family relationships etc. I wish you success with rest of the units in this module. I hope you will find them educative, interesting and enlightening. Happy learning.

6.0 TUTOR – MARKED ASSIGNMENT

Write a short term paper of at least ten typed (quoto) pages about the types of family forms in your family

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UNIT 2 FAMILIES: THE CORE OF EARLY CHILDHOOD EDUCATION



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CONTENT

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 - 3.2 Communication in families.
 - 3.2.1 Parent – Teenage Relationship.
 - 3.2.2 Positive Family Communication
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1.0 INTRODUCTION

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Families have to be considered equally important, however, in part because children are integral members of their family system, and, conversely, family values and culture are an inseparable part of children. Families are also at the core of early childhood because the early childhood staff shares with families the responsibility for socializing young children. It is impotent to provide for children sense of continuity between home and school experiences, which can best be assured through a carefully fostered partnership between the family and the school.

2.0 OBJECTIVES

By the time you complete studying this unit, you should be able to answer the following questions;

- Briefly describe what the family system theory is all about
- State two different features between today's families and what family use to be some decades ago
- Mention two types for teenagers on how to relate to their parents
- Say two ways children perceive their parent with regards to communication.
- Name two their children during their transition into secondary school (high school grade)
- Mention types of communication that can go on between the school and families
- State two ways children should or should not communicate to the friends.
- List three common areas of conflict between parents and their children

3.0 MAIN CONTENT



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3.1 Family Systems Theory

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Family system theory provides a useful approach to understanding the family as an ever-developing and changing social unit in which members constantly have to accommodate and adapt to each other's demands as well as the demands from outside the family. This theory provides a dynamic rather than static view of how families function.

From the perspective of family systems theory, the influence that family members have on each other is not one-way but rather interactive and reciprocal. Furthermore, it is impossible to understand the family by gaining an understanding of its individual members because there is more to the family than the "sum parts". It is necessary to view its interaction patterns and the unspoken "rules" that govern the member's behaviors. Healthy families work well together, communicate often, are able to make effective decisions, and can handle change.

Each individual's development occurs in a broader ecological context, within different but overlapping systems. The microsystem is the most immediate system that affects the individual; it includes the family, classroom, or workplace. These components of the microsystems are linked together in the mesosystem through such relationships as parent-teacher interaction or employment practices that affect the family (for instance, employer-supported child care or paid maternity leave).

The exosystem includes broader components of the neighborhood and community that affect the functioning of the family, for example, governmental agencies or mass media. Finally, the broadest system to affect families is the macrosystem, which includes cultural, political, and economic forces. From such an ecological perspective, the child and family are seen more clearly as part of and affected by many other systems, each of which influences their development and functioning.

3.1.1 The Changing Forms of Today's Family



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The family is and always has been the most important element in most children lives. The family is where children experience the emotional and physical care and sustenance vital to their well-being. But the family has no simple definition or boundaries. Whereas several decades ago many young children might have been part of a “traditional” family – working father, housewife mother, and two or three children today’s youngsters live in any of wide variety of family configurations.

A family may be made up of one parent and one child, or may be part of an extended family of grandparents, uncles, aunts, cousins, and many other relatives who are in frequent, close contact. Families may have one, two, or more parents; these may be biological parents, stepparents, adoptive parents, or emotionally rather than legally related care-givers. A single parent may have never been married or be divorced, separated, or widowed; as part of this group, an increasing number of young children live with single fathers.

If a family has undergone a divorce, children may live with the same single or remarried parent all of the time, many alternate between two parents who have joint custody, or may see one parent for brief times during weekends or holidays. For some children, grandparents or other relatives take on the function of parents. Some divorced parents find alternate living arrangements, perhaps moving back with their own parents, sharing housing arrangement. Because of divorce and remarriage, today’s children may also acquire various natural and adoptive brothers and sisters, as well as half-siblings, step-siblings, or unrelated “siblings” in less formal family arrangements.

Whatever the family form, a wide range of people can make up children’s network of significant family members, as defined by emotional as well as legal ties. It is necessary, as part of a child’s family also consider and acknowledge these persons as part of a child family. Anyone who is important in the child’s mind should be considered as important by one as well.

It is also important to be aware of legal restrictions that might affect children’s relationship with adults in their lives. During some divorce proceedings, one parent may file a restraining order against the other, legally limiting or forbidding contact with the child.



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Although such situations are usually upsetting, it is necessary to be aware of and make appropriate provision for complying with any legal action. Keeping in mind that the majority of children who are kidnapped are taken by a divorced parent who does not have custody of the child. Having a release form on file at the school is one important way of ensuring that only authorized persons pick up to the child.

SELF ASSESSMENT EXERCISE 1

- Name the three types of systems that affect families today.
- Name two major issues that tare changing the family unit today

3.2 Communication in Families

Communication among family members, particularly between parents and their children, is of utmost importance for a strong family. This is the forum in which young children learn to communicate outside the family too. As children shift from the early elementary school years to secondary school, they frequently see communication with their parents as a problem. The listed following shows how some students perceive their parents regarding communication?

Don't care

- Don't understand me, my problems, or my friends
- Think my problems are just "kind stuff" and nothing to worry about
- Are good at talking but poor at listening
- Use sarcasm to communicate
- Just give advice based on their own experience
- Wont talk at all
- Embarrassed about talking when it comes to some things (e.g sexuality, drugs)

There is no doubt that their perceptions may be right on target in some instances. However children need to learn that they may have to accept responsibility for initiating communication. Part of their responsibility is to establish a good background or setting for communication. This could include all or any of the following:

- Spend time with parents, preferably time that enhance communication. Even if it is in front of the TV, talk during the commercials.
- Of course being honest is more than a common courtesy. It is basic to good communication, and children need to learn to communicate honestly. If they fear repercussions, they can express this to their parents prior to discourse of a fact or feeling.

If the suggestion above are already being carried out but communication still wanes, children can simply tell their parents that they want to talk with them about “talking” of course the reverse hold true too; that is, parents can talk with their children about talking or communicating with one another. In this type of discussions, the following point may be of value

- Parent should be “askable” in the sense that they appear open to questions and comments
- Parents should not be expected to have all the answers, but they should be willing to look them up with their children.
- Parents and children should understand that questioning values is a way to explore and to understand, not necessarily a means of rejection
- Questioning or talking about something does not mean that a child is doing it (e.g drugs, alcohol, tobacco, sexual behavior)
- Disagreement on an issue should not engender disrespect.
- Information from parents to children or vice versa does not mean consent to do something
- Some rules can be helpful to ward off “pushy” peers, and a child’s impact into these rules is critical since they can be used as reasons why they can or cannot do something
- Mistake on both sides will be made, and each side should be forgiving.



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3.2.1 Parent – Teenage Relationship

Tips for Teenagers

Believe it or not, your parents were also once teenagers. Ask them what it felt like. They probably had similar problems, even though times were different.

- Parents don't have all answers. But they do have more experiences of life than you do. Experiences of life that you do. They love you and want the best for you. Listen to what they say. You might just learn something.
- Get your parents to explain the reason for their rules. It's easier to follow rules that you understand. If rules make no sense, work out better rules together.
- Ask your parents about sex, getting pregnant and AIDS. If you don't ask, they can't give you answer. Don't be shy. Before you have sex gets all the facts. Make sure you know about contraception and AIDS.
- Some parents have many problems of their own. If your parents can't help, find another older parson you trust and can share your concerns with.
- Show your parents you are responsible. Keep your promises and accept responsibility for your actions. Behave like an adult and they will treat you like one.
- Why don't your parents like some of your friends? Do these friends drink alcohol, take drugs or behave violently? Your parents may worry that these friends are a bad influence on your.
- When your parents really upset you, don't shout, scream or cry. Sit in a quiet place and think things through. When you are calm, you will be able to talk rationally and your parents will be more willing to listen to you. Tell them why are angry. Say, "I get upset when you do this" (say exactly what they have done).
- Forgive your parents if they make mistakes. Remember that they are trying to do their best. No one is perfect, not even your mum or dad.



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Tips for Parents

Believe it or not, your 15 years old baby is almost an adult, old enough to have her own children. He needs support and help. He feels grown up but he has little experience of life.

- Teenager need to know you love them no matter what. Listen to what they say. Don't shout, beat them or treat them like children.
- Teenage need a few clear rules, which are easy to follow. There are rules in most places. There are rules at home too, like how late they can stay out and where they can go. Discuss these things so that everyone agrees on the rules.
- Talk about sex. Don't think that if you don't tell your kids about sex, they will forget about it. Teenagers have sex hormones in their bodies and that is why they are interested in sex. You don't have to give a 30 minute speech. Just answer their entire question honestly and openly. Help them say "NO" to sex when they do not want it, by telling them honestly about the possible dangers. Make sure your children understand about pregnancy and AIDS and how to prevent both. If they are already sexually active they must use condoms. The risks are too great if they don't.
- Teenage needs someone older to listen and give advice if asked, if you cant do that, find someone else for them who can. For example find another relative, friends, doctor or religious leader.
- Teenagers need to be independent. Soon they will be running their own lives. Let them practice. Treat them as "adults in training".
- Teenagers need to mix with other teenagers, both girls and boys. They need friends to share their interest and concern. If you stop your kids from having friends, they will do so behind you. Let them bring their friends home so that your can meet them.
- Teenagers, who engage in sport, have part-time jobs or hobbies; have less chance of getting into trouble. Help your teenagers get part-time job or hobbies and encourage them to participate in sports.
- Forgive your children again and again
- You can learn from your children, they often have new and fresh ideas about things.
- Try to stay friends with them and talk and listen to each other.

What constitutes good communication between family members?

Family communication need not be limited to orders, instructions and news; even when daily conversation of the home require these types of messages, their effectiveness depends upon verbal expressions, actions and even the tone of voice.

Ideal communication involves **sincere dialogue** that is **frank** and **friendly** at the same time. In this type of communication, the person who speaks expects that the other person will give the appropriate response, thus showing his or her **understanding and receptiveness**; the response supposes the partial or total acceptance of the message received and many include possible opinions or discrepancies that will convey how the messages was perceived or interpreted. Finally, it will show how the receiver is willing to respond to the other person.

With regard to the education of our children, we must not only improve our communication with them but also with our spouse and with other relatives and friends; children learn in an imperceptible way that is often unrecognized by adults.

Communication in the family should always be **persuasive, not authoritarian**. Any contact with each other should be positive, good-natured and friendly. Argument and controversy should not form part of family communication. In order to carry out effective communication, criticism, suspicion and accusations must be put aside.

Listening is fundamental to communication. This is especially true when the other person holds differing views. **Self control, objectivity** and **sound judgment** must prevail and arrogance and aggressiveness desist.

3.2.3 Obstacles to Family Communication

- **Multiple work-related, social and recreational responsibilities... and busy lifestyles** of modern living, place constant stress upon family members.



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Little relationship with extended family and neighbours that in the past was carefully cultivated.

• **Temperamental differences and individual peculiarities** that are not always understood or accepted by parents or children.

- **Professional demands** and excessive interest in our own affairs tend to weaken our affection when dealing with others.
- **Jokes, criticism and degrading comments directed** at children in the presence of others notably damage the freedom of expression felt by the children.
- **Prejudices** against one member of the family that can lead to judging her without having listened to her.
- **Desire for quick solutions** without the necessary patience or wisdom to find the best one.
- **Inordinate importance given to self** as opposed to attitudes of service and altruism.
- **Stubbornness of attitude**, which makes it difficult to arrive at compromises.
- **Attitudes** of one member of the family towards another that are **excessively paternalistic or dictatorial**

SELF ASSESSMENT EXERCISE 2

Mention two ways students perceive their parents in relation to communication.

3.3 Family Involvement in School Activities

We have been discussing various ways in which communication between teachers and families can be maintained. However this communication takes place, it implies involvement on the part of the family. Lets look at family involvement in more detail now.

Family involvement – in the early childhood program is a multifaceted concept, embracing a wide range of options and levels. It can mean, on the one hand, that present and other family members are passive recipients of information; parents may be intensely engaged by serving as volunteers in the program; or, at an even more complex level of involvement, they can participants in the decision making process of he program. Whatever the level



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however, ample research has shown that such involvement has positive benefits for children as well as for families.

There is a reciprocal relationship between the family and the early childhood program, each providing support and help to the other as they are able. Family involvement will vary according to each family ability to contribute and to its needs. Some families invest a great deal of their time and energy in the program, whereas others need all their resources to cope with the stresses they face. Some families support the program by participating in and contributing time to various school activities; others seek support from the program in facing their personal strains. The early childhood staff must be able to recognize each family capabilities and needs to set expectations or provide support accordingly.

Families can be involved in their children programs in many ways. We will look at some of these. Specifically, family members as resources, as volunteers in the classroom, as decision makers.

Families as Resources

Family member have many talents and abilities to contribute to the program. Many early childhood programs in bit parents or relatives to participate on occasions when their job, hobbies, or other special expertise can augment and enrich the curriculum. For instance, a teacher may invite Ronnie's mother, who is a dentist, to help the children understand the importance of good dental hygiene and care; the teacher may take the children to visit the bakery owned by Annie Lee's uncle, because is discussing foods; she ask Junior's Father to show the children how he make spotter; or she may invite Lvan's mother and new baby brother when the class takes about babies and growing up. All family members – parents, siblings, grandparents, other relatives, even pets – can be considered part of he program, extended its resource base.

Family members can also help out with maintenance and construction tasks that are part of the program. In some schools parents routinely take home the dress-up clothes and other classroom items to wash or clean. In others, regularly scheduled clean-up days bring teacher and family members to school o specified weekends to deep clean the facility, materials and equipment. Family members with car pantry skills may construct or repair



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equipment. Others may develop learning material and game at home that will expand the activity options available to the children.

There are other ways in which family members can serve as program resources. For instance, they can help orient new families to the early childhood program, service as role models, and provide support to other families. Their suggestions and ideas can enrich the program. Family members can also be extremely effective in providing local and state support for legislation that affects children and families. They can help provide program visibility in the community if the school is seeking outside funding. Family support can be a potent force in maintaining a high-quality early childhood program.

Family Members in the Classroom

Family members may also volunteer as teacher aides. A program such as parent-cooperation preschools requires parent involvement. Some Head Start programs have also required that parents spend time in the classroom, although forced participation can be counterproductive. In most programs, partially child care centers, parents participate occasionally or not at all because parents are usually working while their children are at school. Some teachers relish such involvement; others feel skeptical and reluctant, fearing a clash with the parents' childrearing practices, feeling stress about being under constant observation, or worrying that the children will get overexcited.

Having parents in the classroom can have much benefit for children, parents, and teacher. Children can benefit from having their parents participate in the classroom, feeling pride and a sense of security as they see their parents and teachers working together. For parents, such firsthand experience can provide insight into how their children spend their time at school, a basis for observing their own children in relation to age-mates, and a chance to note guidance techniques used by teachers. Teachers can benefit from expanded activity possibilities, and the hands that can allow ex-parent-child interactions.

Family Members as Decision Makers

Some programs ask parents to serve on an advisory or policy board. Head Start and other federally funded programs, for instance, invite parents to participate in parent advisory council, as outlined by federal regulations. Many not-for-profit child care or preschool



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centers also require a governing board of which parents are members. Effective decision-making boards can promote a true partnership between families and the school program, providing support for the school, empowerment of parents, and increased mutual understanding.

3.3.1 Family support in School Transition

The shift from elementary school to secondary school can be a scary time for many students. They no longer have one teacher who knows them well, instead they have many teachers. The personal care and praise for effort received in elementary school might be replaced by performance based expectations. Their every minute is no longer monitored; they are expected to work more on their own. The elementary (primary) six pupil leaves behind the “big kid” status to become a “little kid” again from a mental-health standpoint; this is a time when self-esteem can falter as feelings of alienation, and vulnerability rise. Of course mental-health issues can be compounded by changing in physical status such as puberty.

Families can provide much-needed support at this time by

- Prepare a child by talking about the changes well ahead of time.
- Get involve with the school through parent teacher conferences, committee work, or PTA
- Help the child work independently at home before the transition.
- Support the friendships that will carry over from elementary school, keeping contact over the holidays.
- Suggest extracurricular activities involving competition only among equal-level peers rather than with studies who are a year or two older.
- Take to children about drugs, sexuality, peer groups, and refusal skills so that they will not be caught unprepared when such topics arise.
- Be prepared to put up with some mood changes and fluctuation in grades, at lest for a while.

Of course students should be encouraged to talk with their parents about any problems or fears as well.

3.3.2 Family-School Communication

Effective, positive communication with families is vital to providing a consistent and congruent experience for young children, but there is no simple formula for assuring that such contact does indeed take place. Each family is unique and brings to the early childhood program distinctive strengths and needs. Just as the teacher deals with each child as a unique individual by employing a variety of teaching and guidance methods, so must a flexible approach be maintained in communicating with families to meet their individual requirements.

There are many bits of information that need to be shared by teachers and the family. For instance, both sides will benefit from mutually discussing the child. In addition, there is often more general information about various aspects of the school program that must be shared with families. The type of information to be conveyed often determine the communication methods used. Communication, can be carried out using both individual and group methods, most early childhood utilize a combination of these approaches.

Individual methods of communicating with families

The best ways to get know each family is through individual interaction and contact. Informally, such contact can take place daily, for instance, when children are dropped off and picked up from school. More formally, scheduled conference between teacher and parents or other family members provide an avenue for exchange of information.

Informal contact with families. At the beginning and end of each day, at least one teacher should be available to exchange a few words with family members who drop off or pick up their children. Such informal interactions can make teachers more sensitive to the needs of children and families, can establish a mutual trust, convey a feeling of caring an interest to parents to parents, and can heighten portents involvement in the program. By being open, receptive, and chatty teachers encourage parent interest and commitment



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Daily informal contact between teachers and parents is important for another reason when very young children are concerned. During the time the parent is away. The infant is busily going about the business of growing up. Each new achievement should be share with parents in addition to being given information about child's achievements and activities, parents of infants also must be kept informed about their children's routine activities, such as eating, sleeping, and toileting. A consistent form, which caregivers fill out throughout each day, can help parents see at a glance what the child's day was like.

Because frequent school-family contacts are important, it makes sense to structure the schedule so that staffs are free to participate in such exchanges. Informal dialogues at the start and end of the day tend to the most pervasive form of family involvement in early childhood school programs especially those primarily involving working parents. In programs where children arrive by bus or come in car pools, the teacher needs to make an extra effort to maintain contact with parents for instance, through notes or telephone calls.

Another informal means of contact with parents is through occasional telephone calls. These provide a comfortable way of talking to parents, particularly if the calls are made often enough so they do not signal a problem. Some school send home happy notes brief, text messages personalized notes that share with the parents something positive that happened during the day

Formal contact with families

Informal daily contacts between teachers and family members can crate a mutually respectful and non intimidating atmosphere. When teachers and parents feel comfortable with each other, communication will more likely be honest. In addition to such day-to-day encounters, more formal opportunities should be structured, when a sizable block of uninterrupted time is set aside for in depth discussion. Such formal contacts can take the form of a parent-teacher conference or a home visit.

A parent-teacher conference is a regularly scheduled meeting that can satisfy different objectives. It can focus on getting acquainted; sharing information about the child and presenting a progress report or at the initiation of either teacher or parents solving problem or discussing specific issues. Conferences often have negative connotations for the



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participants, who may view them as a time to share complaints and problems, even as a last resort when all else fails. But routinely scheduled conferences should be positive, affirming and supportive.

A conference should never be an impromptu event. The teacher needs to be well prepared ahead of time, reviewing relevant information and thinking about how best to present it. In fact, preparing for conferences should be an ongoing process, beginning when the child first enters the program. It is helpful if the teacher is ready with some anecdotes to support what the parents are told as well as to convey to them that the teacher knows the child well. It is also important to think through what questions to ask of the parent to help the teacher better understand and work with the child.

At the same time, the teacher should facilitate a relaxed and easy forum for conversation. Sometimes sharing something with the parent for instance, a picture painted by the child or a favorite recipe for play dough contributes towards creating a positive atmosphere.

Another type of formal individual contact between teachers and family is a home visit. Home visits share some of the same objectives and procedures with parent-teacher conferences, but they contribute some added benefits as well. A teacher who visits family at home conveys a sense of caring and interest in the child's world beyond the classroom. Children are usually delighted to introduce either room toys, pets and siblings to the teacher and are made to serve first hand the interaction between the child to feel very special that the teacher is visiting them at home. Parents can observe first hand the interaction between the child and the teacher and may become more relaxed with the teacher who has shown this special interest. In addition, teacher can observe firsthand the family home environment and parent-child interactions as a way of better understanding the child behavior. In some instances, especially once a sense of trust has been established, home can be an extremely important source of support, for teen-aged parents.

Although there are very important benefits in conducting home visits, they are also quite time consuming and may (though certainly not inevitable) intimidate the parents. A teacher's commitment is to learn as much as possible about the children in the class and their families has to be weighed against the investment of time involved in home visits and the parents potential anxiety.

List two individual methods the school teachers can adopt to communicate with parents.

3.4 Pupils, Students, School Relationships.

In the early elementary school years, children generally play with whoever is available. They may happily tell you they have many best friends. However, over time cliques develop, and friendship are founded on reasons very dissimilar to those originally used. During the middle and late elementary school years, students become cognizant that several different t groups, student, cliques, or classifications of students and friends exit jocks, brains, trouble marks, and so on. Selection of friends is an important issue, to children and to their parents. Teachers can play a significant role in friendship by teaching about it as well as taking it into account in seating arrangements and group assignment. Children need to understand that friendship involve responsibility. Some of the responsibilities to be borne by both people are:

- Respect for the other person
- A willingness to work at the friendship
- Giving a friend the freedom to be him or herself
- Voluntarily expressing hopes, fear, joys, and sorrows (within limits)
- The desire to be a good listener
- Revealing as much of yourself as a friends has revealed to you; that is , friends stay at about the same level of sharing with one another
- Keeping information confidential
- Trust

These issues impact even young children as they watch how to dress, what to say and of course how to act. The need to fit in is critical during the secondary school years. Children quickly learn he or she is a somebody or a nobody. However, fitting in at all costs can be expensive. While that is obvious to parents, who spend the money on designer clothes,; it should be just as obvious in terms of high-risk behavior. High risk behaviors are those that place a child in greater than usual danger. For example, failure to wear a helmet when riding a bicycle places a child at greater risk of injury than wearing one. Smoking using drugs, engaging in sexual relations outside of a committed, marital relationship (especially unprotected sexual intercourse) are example of other high risk behaviors.

Children need to know that rejection is an unfortunate but inevitable part of life. It can be very disappointing but should not be devastating. In fact, if exclusion from a group occurs because a child dwell not engage in a high risk behavior, he or she is actually saying, my health is more important than belonging to a group that practice high risk behaviors. Such children need to be shown that their decision, although a painful one, is best for both the short term and the long term.

During the early years, and especially in junior secondary school level, student must acquire knowledge and the ability to set limits, communicate effectively, and employ refusal skills. These basic skills are necessity to help students deal with daily pressures. Remember that peer pressure is not always a negative influence. The point is what kind of peer pressure a child faces, pressure to behave in a health –enhancing fashion can go a long way in helping a child. Another plus is that parents and peers are not always opposing forces; peers do not always lead children astray. Parents who take an active role in their children lives are less likely to have their children succumb to pressure those conflicts with family values.

3.4.2 Communication skills

As with parent-child relationships, friends-friend relationship (including initiate ones) demands strong communication skills. Real communication involves self-disclosure in which both people reveal the real self rather than playing a role. Now, we all play roles-



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student, teacher, parent, friends, but our real self should be central to all these roles. In communicating with friends, dialogue should be open, honest, and continuous (versus sporadic). The depth of self-disclosure between people varies with the degree of friendship.

Some friendships involve only knowing one another name. Deeper friendships require that each person reveal more and more of him or herself. Assuming that this equal sharing is not abused by friends, we develop trust in him or her, which further deepens the friendship. The by-product of this broad and deep self-disclosure and consequent trust is true intimacy. The later involves great depths in sharing, although in all relationship there is usually a part of the self that is not shared with others. Eventually, the sharing may be physical in nature as well as verbal. For sound communication, the speaker's responsibility is to get message across in plain understandable fashion. The active listener it in the way intended by the speaker.

As communication between friends increases, thoughts of love often emerge. This is especially true during the secondary school years, when pubertal changes are taking place. One of the most frequently asked questions at this time is how do I know am in love? At this age, students have little for comparison-primarily love within the family, perhaps for a neighbor or teacher. To ascertain whether a feeling is love or infatuation, the student should look for the following signs of infatuation.

- Is the student able to think about only the others person and nothing else?
- Does the student happiness or sadness depend on how the other person reacts?
- Does the student feel unable to be spontaneous at almost everything because of worry about how the other person will react?
- Does the student exaggerate the other good qualities and ignore some of the real facts?
- Is the student possessive about the other person?

If the answer to these questions is yes, it is infatuation.

Refusal skills

Relationship is very important for personal integrity and self-respect. You protect your real self and your values when you set limits. When you know what you're willing to do and not willing to do, you know when to say no.

Four steps are involved in the saying no process;

- Choose behavior that is acceptable to you. This should be done in advance to the situation arising, if possible.
- Let your friends know how you feel by communicating to them in an honest, genuine manner. By doing so, you are showing respect for yourself; you are saying, I can't or I am important or my health is important to me. You are letting people know that you are the captain of your own ship rather than allowing others to run it.
- The "no" in the message should be loud and clear so that there is no misunderstanding. Unfortunately, many adults and children hedge or try to drop hints, which confuses the situation. Remember that a message that is sent is not always received the way it is intended. Therefore, "no" may have to be said more than once to make certain that it is understood. Mixed messages do not work.
- At this final step, an alternative behavior might be offered.

This four-step approach to setting limits, and saying assertively. You are asserting your right to a healthy life. You are letting your friends know that you are not rejecting them but are simply saying no to their suggested activity. You can still like them, and they should be able to still like you and respect your decision.

3.4.4 Do's of communication

- Do use "I statements" to express yourself. Many times people use "You statements" such as, "you always wait so long to call me. You are so selfish". This type of statement will cause the other person to become defensive and angry from the start. Instead, take the responsibility to use an "I statement" a statement that

n terms of you. An I statement to replaced the “you
I feel hurt when I don’t hear from you.

ve vague feelings that are difficult to explain, but try to

state your feeling as specifically as possible, especially when making a request for a behavior change. If you are not specific, then the other person may misinterpret your request. For example, its no it deal to tell a parent, I will be home early tonight. It would be bester to say, I ill be home by 10:30 tonight. This leaves no room for varying interpretation. By the same token, you should ask for specific messages form your parents; you can leave for the day if you clean your room is preferable to “you can leave for the day if you help a little around the house.

- Do show respect, warmth, and caring. Remember, self disclosure makes you and your partner vulnerable, so be respectful. Be reassuring.
- Do be genuine. Like you, most people respond well to honesty and genuineness rather than deception and superficiality.
- Do be an active listener. Get involved as a listener by nodding your head, changing facial expressions, making brief comments, or asking questions. Do not interrupt. These practices show your are really listening and that you care. The speaker should not be the only player on the conversational team.
- Do maintain eye contact. This is vital for good communication. Think about how you feel when the person you are taking with looks around the room, gazes about the window, or glances at a watch or clock.
- Do give feedback. Restate what you think you heard the speaker say. This restatement does not have to be word for word; I fact its better if you summarize what has been said by using your own words. Feedback like this lets both of you know what the message sent was indeed the message received.
- Do support your friends or partner efforts to disclose. It takes corsage to speak out, especially regarding a personal problem. Let your friends know you are glad he or she cares enough about your relationship to cares enough about your relationship to raise the issue. Say something that conveys, thank your for sharing that with me. I know it was difficult and I ‘m glad you care enough to trust me.
- Do consider compromise. Your viewpoint counts; but so does your friends viewpoint. You need to show that your respect his or her viewpoint and feelings, even if you may not agree with him or her about a particular issue.

represent yourself in your relationships. This means that
end, dating partner, or parents openly and honestly to
you feel. Your friend or parent should not be expected to
read your mind or pry thought out of you.

Don't of communication

- Don't be sarcastic. Throwing out verbal barbs, jabs, or mean-spirited jokes can make your partner or friends feel hurt, angry, and resentful. Such behavior can even close down communication. Sarcastic remarks usually result if you have not taken enough responsibility to express your feelings previously. Anger, frustration, or jealousy you kept hidden may come out in this negative way.
- Don't assume you know what your partner or friend is thinking. Assuming you know what your partner is thinking can be very destructive. Like your friends, you are not a mind reader. If you want or need to know what he or she is thinking, it is your responsibility to ask.
- Don't use yes/no questions. You will not discover much about your friend or partner through questions that require only a yes or no answer. Ask open-ended questions. For example, instead of saying, did you like the party? You might try, what went through your mind at the party last night? This technique will be especially helpful if your partner is having difficulty disclosing information or feelings.
- Don't play games or manipulate. These behaviors show that you and your partner have poor, limited communication. A relationship that relies on this type of behavior will eventually dissolve. Playing games and using manipulation tells your partner or friends that you really do not respect or care for him or her.
- Don't use labels or name calling. This is especially necessary to keep in mind during moment of anger. Negative labels usually add fuel to the fire during an argument. Remember, too, that once something is said, it cannot be taken back.
- Don't act disinterested or be impatient. If you seem disinterested or appear not to take what your partner says seriously, you are telling your partner that you do not care.



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 Don't bring up old issues, Old, unrelated issues should not be brought up while discussing a current issue. Many times in an argument someone will raise old issues or hurts as ammunition for his or her side. Stick to the here and now. If old issues are still upsetting you, bring them up separately, at a different time.
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- Don't overload partner with complaints. While you may have things you would like to discuss with your friend, partners, or parents, do not given a long list of complaints. Deal with them one at a time. Otherwise working out the relationship may appear hopeless.
- Don't sabotage yourself. Do not make yourself invisible or remain unheard. It is your responsibility to keep people from walking all over you. You must sometimes remind other that you count, that you are a somebody who deserves respect.

3.5 Conflict and Conflict Resolution

Conflict with peers, friends, and family is an expected part of life. Nonetheless, few people have the skills necessary to resolve the friction. When someone is criticized, it is easy to become defensive and then move into and attack mode. This approach usually escalates the conflict. The use of I statement, is best in any communication, is in conflict situations. The examples below show how you message inflame a situation; whereas I message help diffuse it:

Situation: Parent to child: the child does not wear his bicycle helmet

You message: you're foolish not to ear that helmet

I-message: when you don't wear your helmet, I worry that you will get hurt.

Situation: student to student: response to pressure to try to drinking beer.

You-message: you think you're a cool dude because you sip beer.

I-message: when your drink beer, I wonder how it will change you (effect of drinking the beer) I like myself just the way I am and not want that stuff in my body.

Situation: student to student: response to pressure to engage in unwanted sexual behavior.

You-message; you only think about what you want and don't care about my feelings.

I-message: when you want to go further than I do, I get upset (feeling) because I think that, you don't love me for me, but rather for what you think you can do with me (effect)

Conflict resolution is a win-win situation, rather than one person winning and the other losing. Mediation approaches bring conflict into the realm of appropriate conflict, and most importantly, allow each person to retain self-respect while giving respect to the other person. While steps may seem too structured, you are encouraged to use them in the order given until you and the person you have the conflict with are able to modify them to fit your resolution style.

3.5.1 Steps in Conflict Resolution

- Invite the other person to talk with you about the problem you are having in the relationship. If he or she can't talk right now, then agree upon a time and place to discuss it later.
- When you do together, state your complaint specifically. Use I statement and stick to one issue. Assert yourself and let your feelings be known.
- To be sure the complaint has been understood, ask your friend (parent, sibling, partner) to paraphrase your complaint. In other words, have him or her give you feedback. If necessary, clarify what you meant to correct any misunderstandings.
- Request a reasonable behavior change that serves both your needs and solve the problems. Remember that the other person is important too.
- Once again, ask for feedback – this time to make certain that your requested behavioral change was understood.
- Give the other person to express feeling regarding our complaint or request. If he or she is reluctant to disclose feelings, you may need to ask for them.
- Now you give feedback. Let the person know what message you received about his or her feelings. Keep the next step in mind.
- Take a much time as you need to think or calm down before replaying. You want to speak out of anger. Also, the process of resolving conflict should not be rushed you want to reach on agreement that will be kept.
- Allow your friend (parent, sibling, partner) to (a) accept your request under certain conditions. For example, you may request that your friend not smoke cigarettes. This request might be accepted under the condition that he or she does not smoke in your presence. Any counterdemand or condition should be discussed fully. In this



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case, you may or may not agree with the counterdemand of simply not smoking in your process.

In the two of you cannot reach agreement, it may best to address the problem again at a later time. It is best if he two of you agree upon another date and time so that the problem won't just get swept under the rug. Depending upon the problem =, you may have t live with the knowledge that time disagree on the issue. However, some times the lack of conflict resolution may indicate that relationship between friends is so strained that it may have to be ended.

- When you reach an agreement through negotiation, celebrate with a verbal commitment to act, or even with a physical sign such as a handshake.

3.5.2 Parent – Child Conflict

Below are instance of common cause of conflicts between parents and their children.

Driving – why can't I drive the car mum? You know I can drive. After all, my mates in school drive their parent's cars. You just don't trust me. I shall get licenses soon.

- Bed time – why do I have to go to bed now? Can't I stay for a little while? I don't feel sleepy and I want to watch an interesting movie. My friends always watch the movie. Why won't you make me happy in this house?
- Dressing – Mum I don't like this dress. It's too childish. I can't wear it to church I prefer this one. This is what my friends are wearing now. I need a sense of belong among my peers.
- Sibling's rivalry – I never start fight but you always blame me. How come you yell at me and never say anything to him. You like him better than me. And you always have.
- Outings / parties – why can't I go to the party. I will be safe there. My other friends will there too. I will be all right. I know you don't like al night parties but the guys are decent.
- Career – I want to study law. Why should you force me to study medicine? I don't want to be a doctor. I want to be a lawyer. I don't have to don what you want or what you like, I know what I want and that what I'll do.

Drugs – why can't I smoke too, dad? I heard you telling your friends that you started smoking at age 15. Why is it dad for me if it was good for you, after all I only smoke two sticks a day? What about other guys who smoke packet a day.

- Friends – you always complain about my friends. Why can't I go out with them? I like them. We get along well. They even help me at school. Now they have threatened to abandon me because you shouted at them and warned them never to come to the house again.
- School – I don't want to go to that school again. The teachers there are wicked. They are always picking on me. They say I'm a spoilt child. I know they hate me and I hate them to.
- Dating – but I love him. I can't live without him and he loves me too. Why can't I see him again? I'm not too young at 15. Besides, all my friends have boyfriends except me. Do you want me to remain a baby forever?

4.0 CONCLUSION

These sub-units have been presented to understanding the importance of the family as the early childhood education. The basis (the family) foundation a child had goes along way to determine his/her adjustment and performance level in schools. As a result, it is necessary that attention must be paid as to the factors necessary to uphold families. As no nation can rise above the quality of its citizens, quality education and provision of basic amenities by the Nigerian government must be the corner stone for national development.

5.0 SUMMARY

In this unit, you learnt about the family systems theory, the changing forms of today's family, communities in families, pupils, students school relationships etc. in the next unit; you will be introduced to the topic – marriage and divorce

6.0 TUTOR – MARKED ASSIGNMENT

Write briefly on how the family can support a child in school transition

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4.0 Conclusion
5.0 Summary
6.0 TUTOR-MARKED ASSIGNMENT

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7.0 References/Further Readings

1.0 INTRODUCTION

Take any dozen wedded couples, and four will jump overboard (divorce or separate); six will stay on the deck with joy or love because of children, careers, family, religion or finance, and only two will enjoy a complete marriage. Marriage is a legal and social commitment that two people make to share their lives and family responsibilities together. In this unit, you will be exposed to types of marriages, effects of divorce on children and many more.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Explain the meaning of marriage
- Define courtship
- List three reasons people date each other
- State two reasons people get married
- Mention two factors leading to a happy marriage
- Name two types of marriages
- Name two reasons for divorce
- Describe two effects of divorce on the children involved

As an analytical term, the term ‘marriage’ is taken from the ordinary English language as indeed are most other analytical terms and concepts employed in sociology and anthropology: concepts like family, kindred, lineage, descent, religion, myth, politics and many others can serve as examples. The difficulty is that in ordinary English usage such words are usually polysemic, that is, have several different meanings. In ordinary English usage, the word ‘marriage’ is employed in at least four distinguishable but overlapping senses. It is used to refer to the rights and duties of the spouses to each other and to the rights and duties between the wife and her children whom the marriage provides with a legitimate status in society; to the arrangements by which the couple and their children form a domestic group; to the wedding ceremony; and to the relationship of alliance which links the families of both spouses.

Marriage is an institution which gives rise to the establishing of legal parenthood, monopoly in the spouse sexuality, right in the spouse labour services and property, socially significant relationship of affinity, and possibly many more similar rights.

The institution of marriage is closely related to kinship and the family. In the first place, although there are societies in which marriage is not necessary in the generation of consanguine (blood) relationship or in the establishment or parent-child kinship connection, most societies see marriage as socially recognized rite for the onset of a family.

One brief attempt at a definition of marriage sees it as the established institution for starting a family. A union between a man and a woman such that children born to the woman are recognized legitimate offspring of both parents.

A well to do woman may contract marriage in cattle. Wherever the woman-husband is socially acceptable, she assumes the role of a husband as soon as the requisite marriage payment is made. The female husband meets the obligations of a male husband short of sexual intercourse. Children born of the relationship belong the natal kinship group of the female husband. This type of marriage is clearly not between a man and woman. All the same, it is an acceptable form of marriage in some African cultures



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Marriage is a relationship established between a woman and one or more other persons, which provide that a child born to the woman under circumstances not prohibited by the rules of the relationship is accorded full status rights common to normal members of his society or social stratum.

SELF ASSESSMENT EXERCISE 1

Can you identify two common features in these definitions?

3.1.1 Courtship

The courtship system is an interaction between young unmarried people for the purpose of mate selection. In contemporary society that definition must be expended to include unmarried and enviously married persons of all ages. Although courtship has traditionally led to marriage, we must recognize that today a number of courtship begin, continue, and end without any intention of marriage. For some courtship is a lifelong affair therefore, we cannot automatically assume that marriage always follows courtship.

Motivation for courtship may be primarily biological among humans, but the process is strictly governed by an elaborate set of practices. Courtship system demands an ever-increasing commitment by both partners as they approach sexual intimacy. Although not everyone accept this system and its consequences (indeed some never marry, many have children regardless of marital status, and others divorces and remarry frequently in spite of children

3.1.2 Dating– Attraction to Other People

Children usually develop an interest in members of the opposite sex during adolescence. There is no one right age for this attraction to begin. Boys and girls often feel shy around the opposite sex. Talking to a member of the opposite sex or going places together is a normal thing for most young people.



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Normally in adolescence boys and girls will also develop strong friendship with members of the same sex. Later on, attraction for the opposite sex usually replaces these feelings.

When feelings of interest in the opposite sex begin, they often take the form of crushes or infatuations. An infatuation is a short-lived burst of interest in a person. Sometimes a teenager become infatuated with someone they do not know, such as a popular rock star. This brief period of interest usually has no long-lasting results. Infatuations are a sign that a person is developing the ability to form strong attachments.

During adolescence, most people develop an interest in members of the opposite sex. People who are attracted to members of the other sex are said to be heterosexual. Some people, however are attracted to members of their own sex and are said to be homosexual. The reasons for a person's sexual preference are not fully understood. Physical or personal characteristics do not determine sexual preference. Friendships also do not necessarily indicate sexual preference. Most people form friendship, both with members of the same sex and opposite sex, throughout their lives.

Dating can help young people learn about themselves and others. Dating is also a way to develop responsibility. Agreeing on rules with parents, observing curfews, and showing courtesy to a date are all parts of responsible behavior.

Dating usually begins during adolescence, but all people do not become interested in dating at the same age. A person may be more interested in sport, playing in a band, school activities, or other project. Shyness may also delay dating.

Dating often begins as a group activity. Attending sports events, dances, parties, or cinemas with other individuals of both sexes is a form of group dating. Making young people feel more comfortable in this group type of setting.

Most young people prefer to date several different individual before picking out one special partner. But sooner or later, many young people choose one person for a special relationship and go steady.

Sometimes going steady for a long time can force young people into decisions they are not yet prepared to make. Dating can help people learn more about themselves. Dating helps



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you value other people and their goals. Couples also have to learn to work our differences. It usually takes years to develop these skills and attitudes, so individuals are more likely to have successful relationship if they do not rush them.

When two people begin to think about marriage, it should be because a strong love has developed. The romantic, head-over-heels feeling should have grown into a more mature, steady relationship. Couple should know each other well and have seen their partners at their best and at their worst. The following lists of questions are important when thinking about marriage. Think carefully as you answer each.

- Are your culture and religious backgrounds similar?
- Do you have many common interests?
- Do your have similar goals?
- How will you support yourselves?
- Where will you live?
- Do you want children? If so, how many?
- Are there advantages in delaying the marriage for a while?
- Are you get along with each other's family?

There is no clear right or wrong answer to these questions. Some may be more important to you than others. Major disagreements on just one of these questions can lead to serious problems. That does not mean that you should not get married, but it does indicate that you will have to compromise. Compromise is the process by which opposing side settle differences by both sides giving in a little bit. Successful couples can learn to handle conflicts and make changes.

Having similar background and educations experiences can contribute to the success of a marriage. Decisions about social activities, rearing children, and religious practices are easier to make when couples have similar backgrounds. Although marriages of individuals with widely different background can succeed, it usually takes more discussion and compromise.

One of the most important questions on the list above deals with money. Problems are sure to develop when a couple does not have enough money. The couple's attitude toward

much money they have. For example, a wife may want income while the husband wants to spend it remodeling important, but someone has to give in if there is not enough money to do both. The couple must agree on financial concerns and worked together to each their goals.

Marriage may not be the right choice for everybody. Some people like to live alone or feel that their circle of friends satisfies their need for companionship.

Reasons of dating

- Reading together
- Sharing recreational activates
- Learning about new things
- Visiting the family
- Companionship
- Sharing experiences
- Getting to understand each other

Dating Risks

- Time together alone can lead to sexual involvement especially in erotic dating
- Pressure to go against family values
- May meet friends who exert a negative influence
- Lonely place can be tempting for sexual intercourse
- Keeping late hours when dating
- Extravagance (dating should not be viewed as an expensive venture – partner or both pay the bills)
- Possibility of date rape.

Appropriate behaviours during dates

- Keep to time
- Wear suitable outfits
- Seek parental consent



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SELF ASSESSMENT EXERCISE 2

Mention two reasons why people date each other.

3.1.3 Mate Selection

Many factors are important in choosing a mate. The single most important factor in mate selection is what is perceived as love. At the same time, love seems most likely to occur between two individuals with certain similar and complementary backgrounds and traits.

In this society, the important similarity factors in mate selection seem to be social class, proximity of geographical location, intelligence, age race, ethnic group, and religion.

For example, we tend to choose mates of about the same education level, which is usually related to social class.

There are also complementary factors. For example, a person who needs to be dominant in personal relations might select relatively submissive mate, or someone who derives satisfaction from giving sympathy and emotional support might find a mate who derives satisfaction primarily from getting such sympathy and support.

Whether likenesses, differences, or some combination of the two are the primary reasons for mate selection, certain factors do seem to contribute to marital success. They have previously been identified as these:

- **Childhood background:** Characteristics such as parents who were happily married, a happy childhood, lack of conflict, and infrequency and mildness of punishment all are important to married success.
- **Age at marriage:** Earlier marriages seem to be less stable than later ones.
- **Vocational preparedness:** We need sufficient training to undertake our own support and perhaps that of a family.



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- Emotional maturity: Relative independence and self-direction are important.
- Present interests and values: Shared interests and values that seem to correlate most highly with marital happiness relate to sexual behavior, romantic love, children, and religion.
- Length of engagement: A fairly long engagement seems to be most effective.
- Adequate sexuality education: Because sexual conflicts after marriage are major contributing factors to unhappiness, it seems clear that adequate sexuality education promotes marital happiness.

SELF ASSESSMENT EXERCISE 3

Mention three reasons behind mate selection.

3.2 Reasons for Getting Married

Reasons for getting married are many and varied, but certain factors emerge particularly:-

- Mutuality. Couples are more likely to marry if they are equally involved and are both in love.
- Interdependence. Being equally involved is significant because interest in other causes breakups.
- Self-ratings. Women who rate themselves higher on attractiveness, intelligence, and creativity are less likely to get married; however, men who rate themselves as desirable are more likely to get married.
- Individual readiness. An individual's readiness depends on how much more schooling, and development of those readiness factors the individual needs.
- Social networks. This factor includes how well individuals know their partners, parental approval, and acceptance by friends.
- Similarity in parents levels of marital satisfaction. As might be expected, people are more likely to get married if they feel that their parents were happily married.



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There are also reasons why some women don't get married, some of these reasons could also apply to men: the list includes these:

- Fear of making the wrong choice of mate
- Commitment to getting ahead in the business world and to not making sacrifices for marriage.
- Not having found the right person to marry.
- Unwillingness to be emotionally or physically abused.
- Needing someone to respect, enjoy, and communicate with on many levels and not just someone to pay the bills.

3.3 Prenuptial Agreement

A prenuptial agreement is an arrangement made prior to marriage by those planning to be married. For example the couple might agree to have children, how to spend vacation time, how to share household tasks, or under what circumstance a move to another town would be considered. They might also agree on what will happen if the marriage should end. For example, they might agree on how to divide monetary assets, items owned before the marriage, or other items that might be acquired during the marriage.

- Pro: prenuptial agreements are a good idea because too often problems arise concerning things that could have worked out in advance. Also preparing the agreement forces the couple to consider many aspects of their relationship and not just think everything will be rosy at all times.
- Con: prenuptial agreement imply that there will be problems right from the start. Good relationships that are built upon love and trust. If it is necessary to spell out details in advance, it is likely that there is not enough of either.

SELF ASSESSMENT EXERCISE 4

Do you think people should use prenuptial agreements? Why or why not? If you were going to use one, what would be the main points/topic to include? What should one person



say it another about the reason why it might be (or might not be) a good idea to have a prenuptial agreement?

3.4 Factors Leading to a Happy Marriage

Your attitudes about marriage and the person you choose to marry determine how happy you'll be. Your marriage is more likely to be happy if you both want the marriage to succeed and you share the following attitudes about marriage with your partner.

- Marriage is a long-term commitment (we're in this for good)
- Marriage is a spiritual, sanctified institution between to people

Your chances for marital happiness are highest if you marry

- Your best friend
- Someone you genuinely like as a person
- Someone who grows more interesting to you as time goes on
- Someone who share your basic dreams goals. And aspirations.

3.5 Marriage in African Societies

Marriage is a complex institution with economic, social and religious aspects which often overlap so firmly that they cannot be separated form one another for African people, marriage is the focus of existing; it is a point where the members of a given community meet; the departed, the living and those yet to be born. Marriage is a drama in which everyone become an actor or actress and not just a spectator therefore he who does not participate in it is a curse to the community; he is a law – breaker; abnormal and under – human. Finally failure to get married under normal circumstances means that the person has objected society and society rejects him in return.

No society has been discovered that does not have marriage and the family system of some kind or level. This obviously makes marriage and the family cultural universals. Mating which involves the pairing off of individual of opposite sex under the influence of the sex



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Features

drive implies more than mere sexual intercourse. It also demands a defers of permanence on the part of the mated pair. The socially functioned institution that facilitated this mating process is marriage.

There are at least nine qualities which can vary yet taken collectively can be a basis for classifying marriage

- Number of mates
- Degree of authority
- Residence after marriage
- Choice of mate
- Exchange at marriage
- Age at marriage
- Strength of the bond
- Possibility of remarriage
- Kind of mates

A properly constituted marriage accomplisher the following six rights:

- Establish the legal father of a woman children and the legal mother of a man's children
- Give either or both spouses rights to the labour of the others
- Give either or both spouses a monopoly in the sexuality of the other
- Give either or both spouses right over the other property
- Establish a joint fund of property for the benefit of the children
- Establish a socially significant "relationship of affinity between spouses and the relatives.

Incest is believed to be a cultural universal which prohibits in all societies marriage or sexual congress between persons who are by the society definition closely related. The incest taboos apply to close kin relations such as father and daughter, mother and son and also brother and sisters sometimes the sexual prohibitions extend to other that includes classification brothers and sisters. Among Africans of Ghana some degree of close kin



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marriage avowing cross cousins such as a man marrying his mother's brother daughter because she does not belong to his patilineage. The other example is a man being permitted to marry his father's sister's daughters who also does not belong to his metailineage. Example among the Masei of East African where sexual intercourse between some close Kin is permissible. Where marriage with sister was permitted as in Ancients Egypt and among certain interlocutrice Bautu kingdoms in East Africa; they were purely royal prerogative.

SELF ASSESSMENT EXERCISE 5

Give one peculiar feature of marriage in Africa

3.6 Types of marriages

Marriage may take the form in which merely two individual are directly involved in the socially approved union. This is monogamy, which is usually defined as "marriage between one man and one woman". It is suggest that where a "female husband" is acceptable, and she enters into marriage with another woman, this also is monogamy.

Another form of marriage takes the plural form. It could be group marriage, a marital union embracing at once several men and several women. It could also be polygamy, in which case, it may comprise either of two type of marriage: polygamy and polyandry. Polygamy obtains where two or more women are married to one husband. This is fairly a common type of marriage in African societies.

In addition to group marriage and polygamy, plural marriage may be polyandrous. This form of marriage is one contracted between a woman and several husbands. Neither the group marriage nor the polyandrous form of marriage is common in Africa

Polyandry is associated with cultural areas which experience acute shortage of woman, often as a result of the practice of female infanticide. It should also be noted that the term polyandry refers only to marriage forms in which the liaison between a wife and several husbands is socially and culturally approved, and where this entails economic obligation, residential requirement and sexual privileges.

Anthropologists distinguish between three forms of polygynous marriage, namely, sororal polygyny; non-sororal polygyny and general polygyny.

- In sororal polygyny, the husband is married to sisters or those who are classified by the society as sisters. Such a practice is approved by the Zulu, the rationale being that the sisters are more likely to understand and help each other, thus increasing the solidarity and productivity of the husband's family and kinship group. At the same time, the double links are reckoned to cement final ties between the husband and wives kinship group.
- Non-sororal polygyny is more widespread in Africa. In this case wives are neither consanguine sister, nor are they classified as sisters. Unlike what obtains in sororal polygyny – wives in non-sororal polygynous households have to learn to adjust to each other and to co-exist together. The mutual suspicion and rivalry in this set-up tend to invest such marriages with tension and rancour.
- A third type of polygyny – general polygyny – is that in which wives may or may not be sisters. Where non-sororal polygyny is widespread, it is related to the rules of incest and taboo, leading to the avoidance of marriage with some affinal relatives.

Polyandry, too, is classified under three headings; fraternal, non-fraternal and general. In the first, husbands are brothers or are classified as such; in the second, husbands should not be related; and in the third, husband may or may not related.

In general, marriages can also be reviewed under two headings as to whether they are primary or secondary. A primary marriage is the first marital union into which the individual enters. Any other union is classified as secondary.

African societies are characterized by various forms of secondary marriages, namely;

Levirate (leviratic marriage or widow inheritance) in which case a woman is married by her dead husband's brother;

Sororate (sororatic marriage) according to which a man marries his dead wife's sisters; and, less frequently,



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the Zulu and the Nuer. In these two cultures marked by
s without an heir, his living wife marries a kinsman of
the dead man's name. The kinship group thus owes an
obligation to their dead kinsman to resuscitate his name.

Exogamy, endogamy and Agamy (Marriages)

Since marriage in Africa societies is invested with a significant that transcends the consideration of the individual directly involved in the union, elaborate rules exist in many places as to which kinship group that members may or may not marry into. In some societies, members are forbidden to marry within their group. This is the rules of exogamy.

The rule of exogamy requires that member seek their spouses outside their own group. The rule of endogamy, on the other hand, compels member to choose their marital partners from within their own group or from the same status group.

With only very few exception, endogamous stipulations do not apply in immediate family members. Where endogamy obtains within given status groups, the society as a whole is invariably highly stratified. Thus among the Wolof of Senegal, West Africa, the stratification was such that inner-class marriage was prohibited. Also, among the Igbo, the two broad groupings the diala and the osu – where these two are found – constitute endogamous groups, since marriage between the two group does not take place despite government and religious stipulations.

The term agamy (not very much in use) has been unfortunately applied by some anthropologist to characterize a condition in which the individual is free to choose his marital partner (subject, of course, to the stipulation of exogamy within the nuclear or elementary family). As it stands, agamy implies an absence of marriage and is therefore a misused concept whenever it is means to describe a marital situation.

Just as there are rules stipulating the people to avoid in the search for marital partners, so also there are, in some societies, societal or cultural preferences in the choice of mates for marriage. Where preferential marriage obtains, the scale of preference indicated the



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partner to be sought. The commonest forms for preferential marriages are the bilateral cross-cousin marriage and the unilateral cross-cousin marriage. In the bilateral cross-cousin marriage a man is free to marry either the daughter of his father's sister (patrilineal cross-cousin marriage) or the daughter of his mother's brother (matrilineal cross-cousin marriage). The society also has preference for bilateral cross-cousin marriage if a man is free to marry a kinswoman classified as either of the two types of cross-cousin. Where unilateral cross-cousin marriage obtain, the custom allows a man to marry only one type of cross-cousin (that is, either patrilineal or matrilineal), while forbidding the other.

SELF ASSESSMENT EXERCISE 5

Can you identify two common types of Marriages in Africa?

3.6.1 Forms of Marriage

Marriage take many forms throughout the world, ranging from casual to formal, monogamous to polygamous, arranged to free choice, legal to common law, tacit agreement to contractual arrangement. Increasingly homosexual marriages are possible. In spite of the numerous alternatives in the marriage arrangement, monogamous marriage is still the practice of choice in most societies.

Monogamous Marriage

Although a person may undertake many marriages over a lifetime legally one may be married to only one spouse at a time. Historically, the family pattern in Africa has been dominated by the father. He provided sole financial resources to support the family and made major family decisions. The geographical location of the family and its life-style centered on the male and his vocation. The woman did not work outside the home. She was a home a homemaker, meaning she cared for the feeding and other basic needs of the family members.



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significant changes in this rational family pattern. There is a significant change in the traditional African marriage relationship involvement of the family. The role of the father varies, but he is no longer the all-dominating factor.

The mother has become more involved in activities outside the home. Increasingly, women with children still at home are working in regular employment. For many, it is a matter of personal fulfillment to have a career. In other instances, it is a financial necessity.

These changes have brought about a number of changes in the traditional male/female roles. Many men have become more active in the work required about the house caring for children, cooking. And so forth. Women have become more involved in work that had in previously been considered by society as men's work. More women now are lawyers, doctors, and employed in various business careers than in the past. As in outcome has been the establishment of numerous two career couples.

Many marriages today include working husbands and working wives many adaptations in life-style an attitude changes have had to take place adjust to these new monogamous marriage patterns. It has meant the realigning of family roles. As women assume more of the family income role, men should shift their energy to various family roles.

Dual-career marriages have led to an increase in women having children after reaching thirty-five years of age. These women tend to be more highly educated. Many had originally not considered having children, yet after entering their thirties, they chose to have a family. Others have chosen not to have children until educational and professional goals and have been reached.

Some people attempt to reduce the risks of marriage through the use of marriage contracts, legal documents clearly defining mutual obligation, such as financial arrangements, child custody, and social responsibilities. These contracts are frequently arranged on a renewable basis and serve as insurance in case of marital breakdown. Some have proposed that all marriages start on a trial, contractual basis and that no children be created during this period, only after the trial period is over and the real marriage is entered into should conception be considered. Though a concept with some merit, it is doubtful this pattern of monogamous marriage will ever become widely accepted by African society.



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Cohabitation

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A life-style that has become increasingly prevalent is cohabitation, occurring when couples choose to live together in a sexual relationship without marriage. Cohabitation occurs in heterosexual as well as homosexual arrangement. However, it is most commonly understood to be a heterosexual partnership between male and female.

A number of social and economic developments have brought about this increase in cohabitation among couple, particularly those under thirty-five years of age. Increased sexual freedom among adults, along with a relaxation of societal pressures to marry, and more permissive views by society pressures to marry, and with a relaxation of life-style, are reasons often given for this development. For example some couple, who for a variety of reasons, wish to postpone marriage for a period of time, cohabitation offers an option whereby they select to live together on a temporary basis.

Some college students choose to live for the purpose of sharing both economically and emotionally without the formal bond of marriage. This relationship often starts with the couple having sex on a rather regular, ongoing basis. The relationship leads to a situation in which they are sleeping together rather regularly. As this pattern becomes more frequent, they choose to move into a living relationship with each other. This usually means sharing in the renting of an apartment or other living accommodation. Sometime the goal of such an arrangement is for the purpose of getting to know ones partner better as a preparation for marriage. Doubt exists as to whether premarital cohabitation is a means of ensuring compatibility.

Professional couples are increasingly selecting cohabitation for many of the same reasons as do college students. However, economic considerations often are important in the decisions of a couple to live together without the bond of marriage. For example, American tax laws often make it necessary for married couple, both if they have the same income but remain unmarried.



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Social acceptance of the practice of cohabitation varies. Parents often are opposed to this living pattern of their college-age children. Not only does the opposition center on the institution of cohabitation itself, but the negative attitudes of parents are often directed in disapproval of their child's partner.

Cohabitation is a phenomenon also found among a number of elderly couples who are widowed or divorced. Often the principal reason noted for cohabitation among the elderly is economic. For example, retirement and social security payments are often reduced if a woman should marry. Hence, an increased number are choosing to live together without formal marriage.

The question of property rights of unmarried couples has attracted widespread attention. Should a couple choose to separate, who has the right person purchased during the relationship. Does either person have a right to any of the other's estate? Legal decisions have suggested that there is a need for a contract between cohabitation couples that would be enforced should they separate.

The rights of children born into such a relationship are important to consider. Possibly one-third of cohabitation couples having children. Not only are adjustments within the family important for children, but since society generally does not approve of unwed couples having children, serious personal and social acceptance problems may be faced by the children.

Cohabitation as an alternative life-style is increasingly accepted in American society. There is little evidence that it will diminish in the near future. Increased acceptance of this life-style will necessitate a series of adaptations; personally, economically, philosophically and socially. These adaptations will not only affect the individuals involved in the relationship, but many others as well.

Exogamy

The word exogamy is derived from Greek words; means outside and gamos marriage therefore, exogamy is the social rule that requires a man to marry from outside his own group.



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Exogamy is often said to be simply when the prohibitions imposed on the person seeking to marry is applied indiscriminately to all known genetic relatives.

However, when exogamy rules are restricted in their application, there is an element of selectivity in that marriage is forbidden with certain categories of known men, but it is preferred or required with other categories of relatives. This occurs when cross – cousin marriage that is mother’s brother child or father’s sister’s child.

This is matrilateral cross – cousin marriage in a patrilineal society. Ego marries his mother’s brother daughter who does not belong to his patrilineage

Partilateral cross – cousin marriage in a matrilineal society. Emeka marries his father’s sister daughter who does not belong to his matrilineage.

Endogamy

The social rule that requires that a person marries within a defined social group to which it is a member is called endogamy. According to the rules of exogamy and endogamy are contradictory and cannot apply simultaneously to the same social group.

Monogamy

A marriage is monogamous when a man is married to one woman only with whom he cohabits and lives with children in the conjugal –natal family.

Bigamy

This means that there are multiple marriages involving a man or a woman such that we have polygamy and polyandry. The marital arrangement under polygamy has often been described as bigamy.

Polygamy

This is the type of marriage where multiple women that are two or more women are married to the same man at the same time.



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Polyandry

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Is a marriage where a woman is married to two or more men at the same time, it is referred to as polyandry.

Adelphic polyandry

This is one of the plural marriages that obtains in the Himalayas and Tibet allows for men usually brother to share a single wife. This arrangement is done probably to restrict the number of heirs and also to adjust the size of the labour to the amount of agricultural land which is in short supply in the harsh mountainous environment.

Sororal polygamy

The sororate type of marriage allows for a sister of a deceased wife to be given to the widower as a replacement spouse by her kin group. However, sororal polygamy also occurs when a woman is unable to bear children and her younger sister given to the senior sister's husband as wife to marry so that she can bear children for the wife. Sororal polygamy is marriage in which a man is married to two sisters at same time.

Leviratic marriage

The leviratic marriage occurs when a man dies and his widow is inherited by the dead man's brother. In the levirate, the widow may also be taken over by the son of the dead man provided that he is the son of his father by another woman. The levir who inherits the widow does not need to remarry the widow but rather continues with the old marriage and the children born to them belongs to the dead man. Example of this type of marriage exists among the Nuli and Bedouin Arabs

Widow inheritance

The widow inheritance is often confused with levirate, but they are not the same. In widow inheritance, the widow is taken over by one of the dead man's relative usually a brother or a son, but the widow becomes the wife of her new husband and children born out of the new marriage belong to the man and not his dead brother.



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Ghost marriage
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The never practice the ghost marriage. When a man dies before he has had the chance to marry and produce sons for his lineage, his younger brother must first marry a woman in the name of his dead elder brother before he can himself marry. The children and the wife of this union belong to the dead sibling. In fact it is considered improper for the younger brother of the dead man to have taken a wife for himself first before he discharged this obligation to his elder siblings who was dead.

Woman marriage

Woman marriage is known to occur among the Igbo Eastern Nigeria, a woman who had massed wealth may take a wife and raise children especially sons for their father's house.

Certain considerations about woman marriage are as follows:

- The husband wife relationship is social not sexual
- Children of wife are considered as the legitimate off spring of her female husband who is biologically a woman but socially a man and the descent of her father continues.
- The husband wife relationship is social not sexual

SELF ASSESSMENT EXERCISE 6

What do you think about cohabitation as a form of marriage?

3.7 The Significance of Marriage

The marital union, especially when it is also a domestic residential unit, provides for efficient cooperation between the man and his wife or wives. In this cooperating unit, the man utilize his superior physical strength in the execution of the more taxing jobs, while the woman performs the lighter and often more dexterous tasks. This is a judicious allocation work between the sexes.



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Marriage regularizes the link between the spouses. During the onsets of marriage; there arises a new set of social and kinship relations with their attendant inventory of reciprocal rights and obligations. Spouses become related to these and to the kins of their spouse through affinal ties. Through the new relations brought about by marriage, both sides gain although the gain may not be balanced. In considering the reciprocal right and obligations in marriage we also observe the importance of the transfer of property and exchange of goods.

In several African societies, one has to be married and have children to qualify as an ancestor. Everyone in such societies aspires, therefore, to get married at the appropriate time.

The institution of marriage enables a child to have a socially recognized mother and a socially recognized father, whether or not the emphasis in a given society is on the pater or genitor. From the viewpoint of kinship relationships, marriage provides the child with a lineage, the father if the society is patrilineal, and the mother if the society is matrilineal.

Marriage serves to give the husband and, we may add in the Africa context, his kinship group – a monopoly of the wife, a monopoly of the husband sexuality. It also serves to give the husband partial or monopolistic right to the wife's domestic and other labour service, and to give to the wife partial or monopolistic rights to the husband labour services. Through marriage, the husband (and his lineage group) also have partial or total rights over property belonging or accruing to the wife. In matrilineal societies, however, this may be an extremely complicated matter. The wife has similar claims on the husband's property. In the African context, however, some societies do not see these rights as automatic. Cultural rules may dictate who inherits the right and responsibilities, including the children and wife, in place where levirate (marriage to kinsmen's widow) is the rule.

3.7.1 Marriage: Formalizing and Intimate Relationship

So much conflict seems to be involved in marriage, and so many marriages break up, that it is a fair task why so many people marry in the first place. The answer is simple: marriage fulfills a number of basic needs, and its long history has made it an integral part of our



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culture. There are many important social, moral, economic, political, and other aspects of marriage, although these have changed over the years. In the past, people married mainly for practical, economic and social purposes, such as raising children and rendering service to each other and socially. Today, people marry more for personal, emotional reasons. This shift in emphasis places a greater burden on marriage to fulfill needs and expectations, sometimes unreasonably high ones. Let's look more closely at some of the personal aspects of marriage.

Benefit of marriage. The primary functions and benefits of marriage are those of intimate relationship affection, personal affirmation, companionship, sexually fulfillment, and emotional growth. Marriage also provides a nurturing setting in which to care for and socialize children, although a growing number of couple choose to remain childless. Raising children places enormous additional demands on a couples time, energy, and financial resources, especially since society delegates to parent the primary responsibility for their children's physical, emotional, social, and moral well-being and development.

Marriage is also important for its provision for the future. By committing themselves to remain together through good times and bad, men and women provide themselves with lifelong companions with whom to share the joys and sorrows of life. They also provide themselves with some insurance for their later years, when they may be ill or have other problems. Many couple arrives at a new appreciation of the benefits of marriage in their later years, when they can again enjoy the affection and companionship that brought them together at the beginning of their marriage.

The intimate relationship over the life cycle of the marriage. A marriage relationship isn't static, even though we have been led to believe that the prince and princess imply lives happily ever after. Sometimes, relationship loses their vitality, becoming meaningless and frustrating. Sometimes they grow more vital, becoming profoundly satisfying and meaning full.

At first two different individuals must make many marital adjustments as they learn to live with one another. They have to adjust to each other personal habits, learn to give and receive affection and love, work out their preferred modes of sexual expression, decide on



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a division of labor, adjust their social relationships with friends and family, develop ways of making decisions, and address many other tasks of marriage. Parenthood bring new set of adjustments – shifting the focus of family emotion and activities, learning the care of a child, working out child care arrangements, making career decisions.

Parent must adjust further to each change in the family constellation or life cycle. Whether it is the birth of years, middle age, divorce, the death of a spouse, the birth of grandchildren, old age. Many studies and surveys show that all these factors affect marital happiness and satisfaction in generally consistent and predictable ways. In general, marital satisfaction is high at the beginning of marriage, drops during the child-rearing years when demands are greatest, and rises again after the last child has left home.

SELF ASSESSMENT EXERCISE 7

Mention one major significance of marriage.

3.8 Importance of marriage

Marriage is important in the religious, social and political mainstream of the African society.

- Marriage creates room for children to be born to perpetuate the lineage .
- Reincarnate
- Qualification to become an ancestor –one must have married and also breed children .

Social

Marriage provide security for women against the outside world

Confers social status on a man who takes a wife becomes an adult in a mark of social maturity for a successful adult life.

Economic

Wives are economic assets to their husbands

Rely on the service of his wife on the farm, vacation, profession



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Political
 Marriage is an unofficial qualification to high political office

An adult assuming high political office without a spouse is perceived irresponsible and also unreliable.

3.9 Stages of marriage

There are three distinct phases in marriage namely: search for the spouse; Negotiations and transfer / exchange of matrimonial goods and the consummations, accompanied by the traditional wedding. These stages flow one into the other and are aimed at establishing the legal, social and spiritual validity of the marital union between man and woman and their families.

3.9.1 Search stage

The search for a wife is the responsibility of the wife seeker who must comply with the socially sanctioned norms regarding marriage. The choice of a spouse may include some or all of the following; Class, occupation, religion and personal attribute of the prospective spouse.

- Suitor’s family subject the prospective bride to critical scrutiny
- Painstaking efforts to find out about the background of the bride and her family.
- Formal request / betrothal or engagement this takes place the moment the marriage broker sends drinks/kola what ever to ask for the hand of the girl for their son
- The bride’s family after the knocking drinks – to ask for the bride hand in marriage
- When accepted, the request is half fulfilled yet responses to the request if fixed for an indefinite date with their statement “ we shall ask our daughter”
- Preliminary investigations into the background and antecedent of suitor begin.

What do they look out for?

- Bad or contagious disease
- Indebtedness
- Dishonor
- Sobriety



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- Honesty and industry
- A pleasing manner
- Not a bully
- Blood relation
- Girl is nor already pregnant

Ideal bride

- Modesty
- Industry
- Fecundity
- Respectfulness
- Chastity
- Sobriety
- Pleasant personality

Marriage Prestation

The flow of marriage payment has the aim of dissolving existing barriers and hinderances in all known cultures, this was also reciprocal. These gift exchange (prestations) are made up of prime and contingent. Marriage payments and gifts appear to consist of two constituents of prime prestation and contingent prestations.

❖ Prime prestations

The prime prestation is stipulated by the marriage laws thus they are

- Fixed in kind and amount; not subject to bargaining
- Often restricted to the context of marriage
Bride's brother marries with it if it involved cattle
- It is not meant to enrich the bride's family
- It is the sine qua non lawful marriage, thus the sole jural instrument for the transfer of marital rights

❖ Contingent prestation



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- Counter balanced by reciprocal gifts or services form recipients

- A means of winning and preserving the good will of those with the means of transfer marital rights
- There is element of barter; since they cement affinal bonds
- Spread over time and may be linked with the fortunes of the family

3.9.2 Exchange and Negotiation stage

The institution of marriage in African societies entails the exchange of some consideration by the kinship groups or lineages involved in it. Among many Nigeria peoples, for example, the Idoma of the Benue State of Nigeria, also the Yourba, the Igbo, as well as the Muslim part of Nigeria, this consideration is in the form of bride wealth. This varies with the customs of each society. Traditionally it was a symbolic payment from the bridegroom kinship group to that of the bride, indicating the earnestness of he bridegroom to assume the role of husband. The transfer of the “bride payment” also legitimizes the liaison in the customary sense. Among the Igbo, for instance, any child born after the bride payment has been made is the legitimate child of the person who has made the payment, even if the genetics is clearly someone else. By the same token, unless the payment is made, any offspring belongs to the kinship group of the mother of the child. Traditionally, divorce is not affected until the bride wealth is returned.

The token payment was usually in the items valued in a given society. Thus, among the Nuer and in area where cattle is important the payment was in cattle. Among the Igbo it was in yams an live stock. With the incorporation of various African societies into modern capitalist economies, bride payment is now mostly in money. Contemporary reports suggest that some parents now ask for compensation which can be high for their daughter in parts of Benue State; while has been recorded as bride payment in some Yoruba areas. Among the Igbo in contemporary times, the Laws of Eastern Nigeria limited the amount to but in reality prospective husband have been known to pay more then ten times this sum. The increasing rate of the bride payment on prospective bride grooms has had a significant effect on the willingness of young men to contract marriage in many part of Nigeria in recent times. Even before bride payment got to be high, many European administrator and



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missionaries had equated this payment with the sale of women, in which case the husband who made this payment is thought to have “purchased” a wife

For a man, marriage is a precondition of his adult status which makes him equal to other adult men and differentiates him sharply from bachelors who have no direct and privileged access to female sexuality and to products of female labour. Marriage therefore marks a critical transition in the life career of a man; it enables him to attain public positions and to acquire the independence which makes him equal to other adult men. Loss of a wife significantly undermines this achievement. While a man thus considerably gains from marriage, marriage marks a decline in a woman’s status and autonomy. A newly married woman does not gain a more privileged access to male products than that enjoyed by her unmarried sisters, and sexual freedom which she enjoyed before her marriage. Whereas for a man marriage is a desirable achievement, women often are reluctant to marry and have to be forced into marriages by their brother and parents. It is mainly the anticipation of grown children that endows marriage with positive significance in the eyes of a woman; when she becomes a mother of marriageable daughters, she starts enjoying special access to the labour and products of prospective sons-in-law.

3.9.3 Bridal Wealth

Rights conferred on payment of bride wealth

- Demand sexual obedience from his wife for procreative purposes
- Legal paternity of all children born to her while the marriage subsists
- To give names to the children
- Right to essential domestic and (economic) service
- Provisions of prompt and regular meals
- Washing of the husband's cloths
- Assisting him in his vocation

The problem with bride wealth is that it implies that the items that are transacted constitute a fortune or individual serve at value concentrated. In reality the bride wealth is a token meant to be

- Compensation for the loss of the girl by her kinship group
- To also compensate the group for its loss of a legal claim to the children that she will bear.
- A pre-marital transfer of family property to the daughter on her marriage
- Bride's husband is usually responsible

Bride wealth importance

It is the bride wealth that seals the marriage process and makes it legal

It transfers sexual right to the man and the right to give names to the children by the woman.

It is seen as an identity to the family to the bride for losing a working member and potential child because

To be compelled for loss of number who could have contributed towards the building up of the family.

To have the necessary means of obtaining a wife for a male member of the family to which it is paid

Children that issue out of the marriage are seemed legitimate

3.9.4 Consummation Stage

- In some societies, there is the traditional wedding which crowned the consummation of the marriage
- Test of virginity – promoted juvenile morality / positive reinforcement
- Wedding feast to publicize the marriage

SELF ASSESSMENT EXERCISE 8

Name the three stages of marriage

3.10 Marriage and health

A good marriage can help protect people from illness and disease, help them bounce more quickly if they do get sick, and even help people live longer. Divorced people and those who are happily married don't fare nearly as well in terms of health and long life.

- What does "happily married" means?
- The partners find their prime source of joy in each other, but they maintain separate identities. They are independent; they have outside interests and hobbies that don't depend on their partner.
- They are generous and giving out of love, not because they expect repayment or are keeping score.
- The partners enjoy a healthy and vigorous sexual relationship
- The partner fight – that's right – in a constructive way. For people in a healthy marriage, verbal fighting offers a chance to air feeling and frustrations without implying that the person is wrong or at fault.
- The partners communicate with each other openly and honestly. There's a risk in it, but experts claim its worth the risk
- The two partners communicate with each other. Even after a lapse in the relationship, trust can be reestablished if both work at it.
- Both partners talk about their future together, a future they will share because they want to.

3.11 Family in crisis

The family can be a source of comfort and love. But any family can experience serious problems. Sometimes these problems are temporary and can be solved with the help of friends and counselor. At other times, the problems are more serious. Parents that cannot get along break up the family in getting a divorce. Physical violence, neglect, and



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alcoholism can also threaten the family. Crisis in the family place great stresses on all family members, but children are often the most seriously affected.

A separation is an act in which husband and wife agree to live apart while they try to work out their differences. In many cases, a separation gives a couple times to sort their feelings and see what must be done to save the marriage. At other times, a couple may decide that they are happier living separately.

Children often go through the stages of grieving when their parents separate. These stages include denial, anger, bargaining, depression, and acceptance. Children may fear that they are going to be abandoned or that they are going to lose the love and support of one or both parents. Many children blame themselves for the separation. This is rarely true. Marriages break up because two adults cannot get along, not because of what their children do.

A divorce is the legal ending of a marriage ending of a marriage. Divorce involves splitting up a household, including deciding who will receive the couple owns. It also involves determining who will gain custody of the children. Divorce agreements usually require that the person who does not have custody of the child pay child support to the parent with the children. Child support is money given to the parent who cares for the child for that care. In most cases, the father will pay the mother money to help pay for the children expenses. The courts require this because even if he father dose not live with the children, he still has a responsibility for their upbringing. Child support payments usually continue until the child reaches 18.

3.11.1 Divorce

Even when they begin with the best of intentions, intimate relationships may not last sometimes a couple sis mismatched to begin with, or the association doesn't evolve and thrive over time. Some relationships provide unworkable because couples expect too much of them – on one can satisfy all the needs of another person – of because their aspirations are incompatible. The partners may lack the ability to solve problems and make compromises. They may lose the motivations and commitment to save the marriage. Even



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if they learn communication skills and resolve some problems through counseling, the relationship will fail if he partners are no longer willing to put energy into it.

Many reasons are given for the escalating rise in divorce. The desire of both husband and wife to have a career results in many divorces. Divorce is increasingly correlated with increase in educational level of the female. For example, with each higher level of education achieved by the woman, there is a greater likelihood of divorce. With those having graduated from graduate school having a greater likelihood of having a marriage result in divorce.

Economic pressures and related difficulties often lead to marital breakdown. A changing purpose of marriage wherein one individual do not view marriage as a permanent relationship is another cause. The increase in childless marriages makes separation less complex than when children are matter of consideration. A historical taboo against divorce based upon religion and other ethics is no longer as in the past; hence, there is a greater acceptance of divorce by different societies.

Divorce has both positive and negative results. Often both individual in a divorce are better off following a divorce. Those issues that led to conflict may now be easily resolved or may no longer be present. Among the many negative results of divorce are the effects upon children of the marriage. Although divorce may have some beneficial effects for children, such as termination of family hostilities, the family separation usually presents many relational and adaptive stresses for children. Children of a divorce may blame themselves for the parental split-up when in fact there probably was nothing they could have done about the situation. Various emotional and physical symptoms have been reported.

Historically divorce proceedings have awarded custody of the children to their mother. Since children were regarded as property of the father, the man was expected to pay alimony and child support. However, changes are occurring. Women are not demanding custody of the children as often as in the past, and men are seeking child custody. The



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child may alternately live with each parent for specified periods of time even though most still live principally with one parent. Joint custody has benefits in that the child is able to spend time with both parents and is not totally separated permanently from either parent.

Both parents have equal right and responsibility for raising children. This arrangement works best when the parents' separation is friendly. Joint-custody arrangements often result in a lack of continuity and increased confusion in the children's experiences.

Divorced persons tend not to maintain a positive relationship with their former parents-in-law. These relationships tend to end abruptly after the separation. This can cause difficult adjustment and relational factors for the children as well as the adult involved.

With increasing incidence of divorce and remarriage, there has been an increase in the numbers of stepfamilies. Remarriage often brings together not just the partners' relationship, but often the children of one or both from the previous marriage. This pattern will no doubt increase in the years ahead. Children living in a home with one natural parent and one stepparent can lead to a number of stressful situations. This new relationship creates the need for many adaptations, adjustments, and lifestyle changes.

Younger children adapt easily than do teenagers. Adolescents may have ties to the absent biological parent that are difficult to cope with in the new relationship. At an age when the teenager is already experiencing many physiological and emotional stresses, this situation can be very traumatic.

Role expectations in stepfamilies often are unclear. Problems may center around the child's view of certain parental roles, or may be the ideas and actions of the new stepparent toward the children that can create problems. Stepparents must learn to share in the child-rearing duties. Research has shown that many inconsistencies are present in the role expectations and practices of stepfamilies.

Some effort has been made to better prepare couples for marriage and hopefully to avoid divorce. In a few instances, the waiting period between issuance of a marriage license and the wedding ceremony has been extended. Some clergy now require such waiting periods during this period the couple is encouraged to obtain premarital counseling. Marriage



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preparation workshops have increased that are designed preparation workshops who are contemplate in marriage discuss a variety of difficulty an important issues to assure as much compatibility as possible prior to marriage. It is felt that such measures may help stem the tide of increasing divorce and related problems in our society.

3.11.2 Factors Associated with Divorce

- Quarrelsome nature of spouse leading to promoted and unproved fight with weightier both kin and un-kin
- In comparability of character making it impossible for the couple to agree on mutual they and co-existence
- A lazy attitude to domestic occupational rules that ruffles the domestic economy
- In human treatment comprise wife adultery; demand of food, emotional stress.
- Drunkenness which culminates in neglect of domestic roles and responsibilities
- Excessive jealousy lead; to disgrace of the spouse in public
- Fruitless marriage attributed to infertile wife/husband
- Refused to allow furls and important calls of ones affairs
- Repeated insults or gross disrespect towards spouse
- Lack of proper home management; dusty, kitchen, utensils, household or person
- Poor culinary skills
- Repeated infantile deaths believed to be the work of witches
- Suspicion of use of enquiry or casting a spell to win husbands love
- Practice of sorcery to harm or kill people
- Bad luck attributed to spouse
- Disputes between the families of husband and wife
- A woman allowing another man other than her husband to love sexual intercourse with her
- A promiscuous man who sleep with other peoples wives or women
- Incestuous acts
- Polygamy and non-cooperation of wives



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- Important or willful denials of satisfaction to spouse for no just reason
- Bad man/ woman
- Business not prosperous
- Death of several off springs
- Permanent sexual disability
- Unwillingness to perform the sexual act
- Neglect in time of sickness (failure to cherish)
- Insulting language by in-laws

3.11.3 Divorce in the African Context

In theory, divorce proceedings in traditional African societies are not as protracted or cumbersome as those in Western industrial societies; yet in practice, divorce is less frequently obtained in the small-scale societies than in the Euro-American contexts. A wife who misbehaves persistently may be returned by her husband. Such a situation, however, entails the return of the bride wealth (cattle), minus part if the wife has already born children. Quite often the return of the bride wealth involves hardship on the wife's kinfolds, as her bride wealth cattle may have been used for other purposes. Unless the situation is irredeemable, such a wife is prevailed upon to return to her husband, while the husband is persuade to accept her. Similar practices exist among the Zulu, and in other parts of Africa. Among the Igbo, for example, it is very rare for a wife or husband to decide unilaterally to terminate the marital union. Long before matters comes to a head; kinsmen on the sides intervene to sustain the union. This situation seems even more outstanding among the Ronga of Central Africa, who think that "divorce is impossible once the wife has born a child" she is forever bond to her husband's village.

We should observe that there is a widespread view of an increasing incidence of divorce in contemporary Africa. Some of this apparent increase must be attributed to the more efficient recording facilities in recent times. Thus more of the divorces which would have gone unnoticed in the past are now publicized. Nevertheless, there are clearly certain factors affecting divorce trends, some of which are economic. With increased economic possibilities, better income, the effects of urbanization and industrialization and the



diminution in the role as, significance of kinship group, spouse now have better chances of making living even as individuals.

Especially among the more literate couples in Nigeria, for instance, some aspect of European law brought into the country have increased the tendency towards divorce. Thus the matrimonial cause's decree invites a petition for divorce deem irretrievably. The decree then lists eight conditions under one or more which divorce may be granted. In these circumstances some marital unions which might have been tolerated under the customary that the pressures by kinsmen, which in the past forced many couple to endure burdensome marital unions, can no be ignored with greater impunity.

3.11.4 Divorce and Health

Perhaps because of the emotional repercussions divorce seems to pose particular health hazards divorce seems to pose particular health hazards. Men and women who are separated or divorce have poorer physical; health than do comparable widowed, married, or single adults. Of all these group, the divorced have the most medical complaints, chronic medical conditions, and overall disability, even when taking age, race, and income into account.

People who are divorced – and others who are separated from their mates – experience more mental and physical; illness than those who are married. Psychologically, divorce is related significantly to depressions, alcoholism, increased incidence of traffic accidents and accidental death, higher rate of admission to psychiatric facilities, and more suicides and homicides. Physically, divorced people have higher rate of cancer, heart disease, diabetes, pneumonia, and high blood pressure than do married, single, or widowed persons.

Divorced actually can compromise the immune system, which helps explain why illness and death rates are higher among divorced people. This is especially apparent the first year following divorce. A study of divorced or separation showed that they had poor cellular immune function, a lower number of natural killer cells, and a lower number of disease with responsive lymphocytes.



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Children of divorce are often the ones who suffer the most profoundly. Divorce is one of the most disruptive of all life events for children and it lead to changes in their biological health. Children almost universally experience divorce as a profound personal, familial, and social loss. In addition to health problems, most children involved in divorce suffer emotional and behavioral change that also can impact health.

Children of divorce visit health clinic and physicians more often. Some childhood cancers and other alternations in physical health as a result of injury have been associated strongly damaging to a child emotional and physical health if it involves a move.

Unhappily married people may be the worst off in terms of good health and long life. Unhappy married people seem to have poorer health then their single counterparts, even the ones who are divorced.

Preliminary evidence show that actual physical damage occurs during marital conflict. Marital conflict apparently causes a sharp increase in blood pressure, a much higher risk for all kinds of illness, and reduced functioning of the immune system. In tractions characterized by hostility, sarcasm, and blame (refusing to take responsibility and demeaning) seem to be the most damaging. Not surprising, marital dissatisfaction has a real bearing not only on physical health, but on mental health as well.

The greatest benefit regarding health and long life come to those who are happily married. They seem healthier, overall, than any other group. The health benefits of marriage result form a number of factors: the tendency to eat more regular and nutritionally balanced meals, and higher economic status.

3.11.5 Divorce and the children

Normally, families enjoy good levels of communication and participation between members – especially the spouses – and they remain united. But if communication and participation within the couple fails, disastrous consequences for the couple and the family may result.

This, along with other circumstances, can lead to emotional divorce, a term used to refer to the marital situation where serious differences between the who spouse lead them to believe that they are incompatible and that living together harmoniously is impossible.



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Emotional divorce does not always lead to legal divorce. But when legal divorce does occur, it is probable that emotional divorce precedes it. The psychological impact upon the children such as coldness, reproaches, confrontations and arguments between parents, if habitual, leave marks upon the children that can be traumatic.

When the breakup becomes obvious, and one or both partners look for alternative partners, legal divorce may be the best alternative. In such cases, far from begin a trauma for the children, such a measure can help to prevent further damage.

Especially when one of the spouses is the primary cause of a troubled family life for the spouse and the children, the solution of separation can provide immense relief. Not all children lose with divorce. If one of the parents is very disturbed, due to abnormalities or to wickedness, his or her proposed absence from the home can be seen as a hope for peace. To minimize the negative impact of divorce upon the children, it is absolutely necessary to end confrontation as soon as possible and to carry out the separation with all its ramifications including;

- Legal: financial affairs and support, divisions of children, legal custody of the children, etc.
- Emotional: maintenance of a distant but courteous and respectful relationship; so, consideration for the feelings of the other partner.
- Psychological: acceptance of the new situation and all that this implies; preparation of each partner for the reality of a new life, whether alone or in the company of another, and the changes in the relationship with the children that will inevitably occur (time, emotional needs of the children, help of the ex-partner in educating the children)

Children are normally not responsible for the breakup and should never be made to suffer its consequences. If both partners properly assume the or new station in life they can minimize the damage suffered by the children.

3.11.6 The Reaction of the Children

Divorce most times affects children negatively. Some children not show any reaction to the crisis, which can lead their parent to mistakenly believe that they are unaffected. But this can be a psychological defense mechanism, in which the child consistently defies reality in order to avoid facing the pain that comes with it.

Age is a factor when trying to determine how much damage divorce will cause children. Children of pre-school age do not normally understand what is happening, although they do show signs of disturbance such as irritability or feelings of guilt. In some way, they intuitively know what is happening; for this reason, it is understandable when they cling more to the parents.

- Divorce is socially disruptive and throws the children who are caught in the crossfire of habitual separation in a state of flux
- Academic of the children suffers, especially if the mother who takes custody of them cannot pay their school fees
- Broken homes visit untold hardships on the children who become social misfits
- Exploitation of unassuming innocent girls who may be hastily married.
- Denial of part of the estate of her husband because of divorce
- Absence of alimony in traditional marriage initiates affects the welfare of the divorced woman.

School-aged children are much more conscious of the situation. They are therefore more inclined to suffer from periods of depression, loneliness, anxiety, poor school performances and so on; but they will also occasionally show an illusive zeal to find the parent who is no longer present; they may also feel the preemption to commit antisocial acts as a way of compensating psychologically.

In order to soften the transition into the new situation, it is wise to talk with the child and, bearing in mind his age, explain the situation. In other words, he must understand that he is not to blame. If the parent shows seriousness and warmth of conviction, and if the assurances are coupled by the promise that nothing will change the love that either parent feels for the child, this will help to calm the child and to preserve a minimal level of emotion security.

To properly engage you through the content of marriage and divorce, this unit was adequately presented in various sub-units for clarity and understanding. Particular references were made to African context. What you have learnt in this unit will be further elaborated in the next unit.

5.0 SUMMARY

This unit presented marriage and divorce. You learnt about the meaning of marriage. The process of marriage through courtship, dating and mate selection. Factors leading to a happy marriage, types of marriages and stages of marriages were also learnt by you. Lastly, divorce was as presented.

6.0 TUTOR – MARKED ASSIGNMENT

Write a short term paper (10 pages typed) on the stages of marriage as it occurs in your own community.

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UNIT 4 FAMILY AND SOCIAL CHANGE

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- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Today's Changing Family Structure
 - 3.1.1 Changing Family Patterns
 - 3.2 Parenthood
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3.13 Violence in the Family
4.0 Conclusion
5.0 Summary
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6.0 TUTOR – MARKED ASSIGNMENT

7.0 References/Further Readings

1.0 INTRODUCTION

For majority of the people, the greatest developmental influence comes from the family. Its impact occurs during infancy and adolescence, the two most malleable periods in any human life. Unfortunately, modern day stresses have put a big strain in families. Dysfunctional families produce adverse effects on both the young and old. Families can produce great happiness or misery. Many children and adults find that their best physical, mental, social, moral and emotional support comes from the family. But many others receive only suffering and anxiety in their deteriorated family relation.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Briefly explain today's changing family structure
- Define parenthood
- List five factors associated with teenage pregnancy
- Mention at least three types of family planning methods
- List five values that one should learn from his/her family
- Briefly explain the importance of sex education in the life of adolescents
- List two advantages of having grand parents around
- Name kinds of violence that occurs in the family.

3.0 MAIN CONTENT



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3.1 Today's Changing Family Structure

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The typical family today is quite different from the family of the past. People living 50 to 100 years ago may well have been part of an extended family, a family in which parents and children live with other relatives-grandparent, for example, or an uncle or cousin – under the same roof. Now it is more likely that people grow up in and eventually form their own nuclear family, a family in which only people today are more likely to live some distance away both from where they grew up and from where their relatives live.

The general shift from extended to nuclear families is just one of the change that have altered modern family life. There appears to be less communication among family members than in the past, for example, due to television. The automobile has enabled family members to engage in activities away from each other from home. The changing status of women in society, increased use of technology in the home, and economic constraints have also had significant impacts on family.

In response to societal trends – and due to dissatisfaction with the traditional nuclear family – new forms of family structure have emerged. In many families, both husband and wife now work and share household and / child-rearing responsibilities. Other families are single parent families because of divorce, separation, death or choice. These families are increasing in number and are becoming more workable than in the past. The stigma of divorce has lessened due to its increasing prevalence, and women are more able to maintain families by themselves because of increased job opportunities.

Relatively high divorce and remarriage rate have drastically changed the profile of many families in the past few decades. It is predicted that by the year 2000 the stepfamily (a family where in one or both parents have children for previous marriage) will be the predominant family structure in some societies and actually may outnumber the nuclear family. Of all married-couple families with children under the age of 18, 40 percent are expected to become stepfamilies before the youngest child reaches age 18. Because this type of family structure is relatively new, researches have indicated that stepfamilies have more adaptability, but less cohesion, than nuclear families.



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Other forms of family-type relationship are much less than those already mentioned, but it is still of interest to consider them. For example, in an increasing number of marriages the partners have made a conscious decision not to have children. Other partners, both heterosexual and homosexual are marrying but cohabiting (living together without being married). Many of those couple has also chosen to remain childless.

Most cohabitations are very short-lived: two out of such relationship are disrupted within a year, in addition, union formed by cohabitation, including marriage proceeded by cohabitation, are more likely to dissolve than are unions formed by marriage. Cohabitation rate are highest among women, whites persons who did not complete high school, and those from welfare-receiving or single families. Couples who cohabit before marriage report lower-quality marriages, lower commitment to the institution of marriage, more individualistic views of marriages, and greater likelihood of divorce than couple who do not cohabit.

Other types of liaisons include swinging, which refers to a marital arrangement in which both partners include others by women. Some couples find sexual activity with each other. Others believe that sexual activity should be enjoyed with a variety of people. Some people who swing like the opportunities for female and male homosexual behavior group sexual activity, and a greater degree of openness between marital partners. Many others feel that swinging is immoral and destructive to relationships.

Another type of liaison within the basic marriage form is the contractual marriage, in which each partner agrees to review the marriage contract periodically. At the time of review, couple makes agreements that provide direction for the next period. These contractual arrangements are legally binding as long as they do not contradict existing laws. As a variation, prospective marital partners sometimes agree to certain conditions on which the relationship will be based; for example the man might agree to work outside the home and help with the laundry and child-rearing chores.

A relatively new kind of liaison is the commuter marriage, in which spouses set up separate households and live apart for periods of from several days a week, to months at a time. The main reason for doing so is pursuit of individual careers in different locations. Career



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development and satisfaction are the major benefit of this lifestyle, along with increased independence, greater self-sufficiency, and enhanced appreciation for spouse or family. Drawbacks include lack of emotional support and companionship. This usually viewed by the couple as a temporary lifestyle that enables the meshing of career aspirations and family goals.

3.1.1 Changing Family Patterns

Our family system has undergone rapid changes. While many still live in the kinds of nuclear families idealized in the old television shows, more and more people are living in other kinds of family arrangements. One important trend is that people are staying single longer than they did in the past, so there are now more one-person households. In the last two decades, the average age at marriage increased by about three years, and the statistics also indicate that people are waiting longer after a divorce before remarrying. In industrial/capital society ever-increasing demand for education and training is certainly one reason more marriages are delayed, but there are other important factors as well. Greater acceptance of premarital sex makes the single life more attractive, and the public attitude toward singles had undergone a remarkable change. These nineteenth-century stereotypes of the long bachelor and the neglected spinster have been replaced by the new stereotype of affluent, career singles who often elicit envy instead of pity.

Another important change in family size concerns the number of children. In the past, it was almost scandalous for a couple to decide that they didn't want to have many children, but a growing number of couple is now making the choices. The vast majority of married couple are having fewer than they did in the past. Technology has helped to bring down the death rate, so it is no longer necessary to have many children to ensure that a few survive. And although children were economic assets in a traditional agriculture society, they are often a financial burden in the industrial world of today.

One of the most important trend has been rapid growth in the number of single parent families because of divorce, separation, widowhood or by choice.

ta about the trends in the number of gay and lesbian
gnition that they are just as much families as their
of American couples found that homosexual who live
together faces many of the same problems as their heterosexual counterpart: the division of
household labor, money, power, and love. In addition however, they must also face deeply
entrenched prejudice. Aside from the sneers insults, and even physical abuse often directed
as them, gays and lesbians also confront more institutionalized discrimination. The law
denies legal marriage to homosexual couples, and often show a strong bias against them
when it come to adoption and child custody cases.

SELF ASSESSMENT EXERCISE 1

Can you mention two factors responsible for the changing family structure of today?

3.2 Parenthood

We typically view parenthood form the perspective of children’s development and how
parents facilitate, support and promote it. Rarely is parenthood seen from the viewpoint of
parents and their needs. Erik Erikson (1963), whose theory of human development was
one of the first to span adulthood as well as childhood, considers that the most important
need of the mature adult in the stage of generativity is to care for and nurture others. The
tasks of this stage are often carried out in parenthood, through which the adult is concerned
with meeting the needs of the next generation. Implied in this process is growth of the
adult as an individual that is separate from the nurturance extended to children.

Parenthood as a distinct process has also been examined in greater depth. Parents change
and develop in their role just a children do, by moving through six stages of parenthood.
Each stage involves issues to be faced and crisis that the parent has to resolve successfully.
For instances, the parent of an infant are in the nurturing stage, forming a strong attachment
with and integrating this newest family member into their lives. Parents of toddlers and
younger preschoolers, find themselves enmeshed in the authority stage, defining rules and
their own roles. Towards the end of the preschool years, parents enter the interpretive state



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in which they are confronted with the task of explaining and clarifying the world to their children.

The images that parents create, images of what they expect the child to be like before it is born images of how they and their children will act and interact or images of the loving relationship they expect. These images, especially what they wish to recreate or what they would like to change, emerge from parents past experiences. Often, however image and reality are different. Growth occurs when parents modify images so they become more consistent with reality or adjust their behavior to come closer to the image

Parent frequently feel their response and emotions are unique, unaware that other parents also encounter them. Yet, during each of the stages of parenthood, parents face predictable issues and strong emotions. It helps parents to discuss and recognize their share experiences as well as to have opportunities to observe the behaviors of others children. It is also helpful when professionals explain common reactions and feelings, for instance, to a child first day of school. In working with children, then it is very important to acknowledge that parents undergo personal development that parallels their children's growth but that has separate issues and conflicts that need to be resolved.

3.2.1 Issues to Consider before Parenthood

Today, with changing cultural expectations and increasingly sophisticated contraceptive technology, you have more choice about becoming a parent than people have ever had before. Until recently it was expected that virtually every married couple would have children. Now you can choose whether, when and how you want to have a child; you can also make choices that minimize the risks and maximize the benefits for yourself, your partner and your children

Many factors must be taken into account when you are considering parenthood. The following are some questions you should ask yourself and some issues you should consider when making this decision. Some are relevant to both men and women; others apply to women.



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- Your physical health and your age. Are you in reasonably good health? If not, can you improve your health by changing your lifestyle, such as modifying your diet or giving up cigarettes or drugs? Do you have physical conditions, such as overweight or diets, that will require extra care and medical attention during pregnancy? Do you or your partner have a family history of genetic problem that a baby might inherit? If you both have a history of the same genetic problem, chances are greater that a baby would inherit it. Becoming a mother after 35 years has risks too; women under 2 and over 35 have babies with a higher incidence of Downs's syndrome. After 30 women risk greater infertility and may find it harder to become pregnant.
- Your financial circumstances. Will your income cover the costs of pregnancy, prenatal tests, delivery, and medical attention for mother and baby before and after the birth, including physician's fees and hospital costs? Supplies for the baby are expensive too-diapers, bedding, cribs, strollers, car seats, clothing, food and medical supplies, and child care. Costs increase as the child grows. Some families find they need a bigger apartment or house or a bigger or safer care.
- Your relationship with your partner. Are you in a stable relationship and do both of you wanting a child? Are your views compatible on such issues as child-rearing goals, the distribution of responsibility for the child, and work and housework?
- Your educational career, and child care plans. Have you completed as much of your education as you want right now? Have you sufficiently established yourself in a career, if that is something you want to do? Have you investigated maternity leave and company-sponsored child care? Do you and your partner agree on child care arrangement, and does such child care exist in your community? Many child development experts' advices against full time child care for babies under 1 year of age because it can disrupt their attachment to their parents. The child care issue, which some people consider the most difficult one in parenting, requires a great deal of thought.
- Your emotional readiness for parenthood. Are you prepared to have a helpless being completely dependent on you twenty-four hours a day? Do you have the



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emotional reserves to care for and nurture an infant? Are you willing to change your lifestyle to provide the best conditions for a baby's development both before and after birth?

- Your social support system. Do you have a network of family and friends who will help you with the baby? A family social support system is one of the most important factors affecting their ability to adjust to a baby and cope with new responsibilities

3.2.2 How to Develop Parenting Skills

If you're thinking about becoming a parent, parent education is available – and well worth the effort. You'll find out ahead of time what to expect, how to react, and how you can best build a healthy relationship between you and your child. To find a parent education course, check the following:

- Local public schools
- Local churches or synagogues /mosques
- Local community canters
- Local institutions offering adult education courses, including school district and local colleges
- YMCA
- Your physician or health-care provider

To have or not to have children

Should your family include children? That's a difficult question that depends on you, your partner, your lifestyle, and your goals. Before you decides whether to have children.

- Take openly and honestly with your partner. Is your relationship healthy? Do you both want a child? If one partner wants a child and the other doesn't, but caves in from pressure or a desire to make the other person happy, problems could result.
- Discuss your philosophies about children. You should share pretty much the same views about discipline and techniques for rearing children. What about religion?



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Do you share the same religious views? If not, under which religious belief will the child be reared?

- Consider why you want to have a child. If you want to share your life with someone and want to share your love, that's fine. It's not so fine to help to realize a goal or dream through a child that you couldn't realize on your own, or to have a child because you're being pressured. Worst of all is to have a child because you hope the child will make you happy or take care of you.
- Consider your lifestyle carefully. If you're both working, do you both want to keep working after you have a child? How will that impact you? If one of you decides to quit, can you both decide on just one income? If you both decide to keep working, can you afford day care, and how will you work it out? If you're going to school, will having a child interfere with your education? Are you ready to give up some of your freedom and independence in making a commitment to a child? Assess your personal characteristics. How do you express yourself when you're angry? Would you take it out on child? Are you a person who gives love easily? Can you share? Do you enjoy teaching other people? Do you get along pretty well with your parents and your brothers and sisters? Most important, do you like children? If you've been miserable around children, you might need to take a hard look at your own decision to become a parent.

The decision whether or not to have children is one of the most important decisions a married couple makes. Both parents should help make the decision. Children bring great joy, but they also bring a great deal of responsibility. Children demand a great deal of time. Sometimes both parents give up some activities to help rear their children. Children also represent an added expense. From the hospital costs of delivering a baby to clothes and food, a new child is a big addition to the family budget.

Deciding when to have children and how many to have are matters of family planning. Family planning helps a family avoid having children before it is ready and to have only the number of children it wants. By using family planning, couples can be preparing financially and emotionally for a new child.



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Family planning involves birth control. Preventing pregnancy, usually by preventing union of the egg and sperm, is called **contraception**. Some means of contraception are safer than others and some are more effective than others. In addition, some types of contraception are forbidden by certain religions. Before using contraception, it is important to consult a doctor or health clinic for information.

Sometimes despite family planning, unwanted pregnancies do occur. Unwanted pregnancies bring a great deal of stress. Support and assistance from the family are especially important at this time. Decisions about what to do should be made thoughtfully and with the advice of trusted counselors, family members, and doctors. Both parents must consider that choices are available.

There are many people who wish to adopt babies. If the natural parents are unable to cope with bringing up the baby, responsible adoption agency will find a loving home or their bay.

Another choice for some people may be abortion. **Abortion** is the ending of a pregnancy. Abortions performed in hospital or health clinics pose little physical risk for a woman as long as they are performed early in pregnancy. Many people believe that it is morally wrong to take the life of a fetus.

Parent is an art of providing care and affection for members of the household. . Parenting responsibilities include:

- Provision of food, shelter, clothing and security
- Care and affection, spiritual orientation
- Socialization
- Education
- Preparation and guidance towards responsible adulthood
- Protection
- Expression of the love of God to the children

Dynamics for good parenting:

- Praying and eating together with the children



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Constraints to good parenting

- Impotence
- Poor communication
- Inadequate resources
- Inadequate love, time and affection
- Ill health
- Separation /divorce/polygamy
- Lack of sense of responsibility
- Social pressure, pressure from work, pressure from the extend-ed family

Challenges of working parenting

- Children are usually unsupervised and tend to get into trouble.
- No one to help if child is sick
- Limited interaction
- Parent are usually exhausted when they return, to give them adequate care needed for nurturing

Cultural variations of parenting

- Communal participation in parenting
- Extended family participation in parenting

You don't have to be genius or a great scholar to be a good parent. A strong desire to do a good job, a sincere acceptance of children as human beings with needs, feeling and right of their own, and a warm and loving heart are important. Yet the decision to become a parent should not be taken lightly in addition to the well-being of the parent and the child, there are also financial considerations.

Unfortunately, some parents mistreat their children. Many have argued for a long time that the rights of children need special consideration. In 1975, a Bill of Rights for Children was developed. Among others rights, it indicated that every childhood experiences, be protected



against abuse and neglect, be provided with the best possible environment in which to develop, and receive good medical care.

SELF ASSESSMENT EXERCISE 2

Can you mention important consideration one should make before embarking on parenthood?

3.3 PARENT EDUCATION

All forms of family involvement potentially serve an educational function, as parents have the chance to gain insights into their children's development and the school's program. Often, however, early childhood programs provide specific **parent education** aimed at enhancing parent-child relations and improving parenting competence. Given the numbers of children who grow up in abusive homes, and in abject poverty, some professionals even consider that high-quality parent education programs should be mandatory to prevent needless impairment of children through abuse, neglect, and deprivation (Anastasiow, 1988). Evaluation of many parent education programs aimed at economically disadvantaged families has indicated that such programs can be very effective, although much still remains to be learned. In addition, there is limited evidence that parent education enhances the parenting skills of middle class families as well.

The scope of parent education programs is not easy to capture in a single definition because there is great diversity in the field.

Some programs focus on family-community relations while others teach parents how to stimulate a child's cognitive development. Some programs prescribe specific skills and styles in relating to young children while other programs help parents determine what is best for them. Some programs are designed primarily to disseminate child development information to parents while others attempt to foster supportive relationships among program participants. Some programs are highly structured while others let parents select activities they wish to pursue. In some programs the staff serves as child development



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experts while other programs adhere to a self-help model with staff in nondirective facilitator roles. There are important differences in the use of professionals, assistants or volunteers, program length (weeks versus years), and program setting (group versus home-based).

Although parent education can take many forms, parent get-together or meetings are one frequently used forum. The content of such programs can vary widely, determined by parent interest and need. Popular topics often revolve around children's development, including characteristics and common problems of various ages. Other topics can focus on various aspects of caring for children, for instance, nutrition, health and fitness, self-care and protection, and selecting child care services. Family composition, challenges, and crisis offer many program possibilities as well. Children's play and appropriate toys provide other topic of choices of interest to parents. In addition, most parents are concerned with issues related to children's behaviour, discipline, guidance, fears, sexual development and interest, personality development, and self-esteem. Finally, the family's involvement in and promotion of children's education includes many areas of interest to parents.

SELF ASSESSMENT EXERCISE 3

In one sentence state the major aim of parent education program

3.4 Single parenthood

One fifth of the family is a household in which single-parent lives with a child or children. Today, divorce is the major cause of single-parent families. Single parent families are also created after the death of a parent or when a parent fails to get married. Many teenage mothers, for example, do and get married. Over 90percent of single-parent families are headed by women. This is because mothers are usually awarded custody of children in a divorce. Custody is the lead right of guardianship over someone. In some divorce settlement, however, the father gets a joint custody, or equal responsibility for rearing children.

Single-parent families have the same responsibilities and problems as two-parent families. However, the single parent must manage the family alone. This place extra stress on the



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single parent, who may already have problem dealing with a failed marriage or the death of a spouse. Financial problems are often a major concern in a single-parent family. One parent, usually the father, is required to provide the child with financial support. However, in many cases, these payments are very low, or not made regularly.

When single parents remarry, they create a blended family. A blended family is made up of the natural father or mother, a step-mother or step-father, and the children of one or both of parents. The prefix step indicates a family relationship by marriage and not by blood. If the new couples have children, these children will half brother or half sisters of the order children. The prefix half indicate that children are related to each of the other by blood through only one parent.

The single-parent family has increased dramatically in the past decade. Today nearly one out of every five families has a single parent. Divorce and teenage pregnancies are the two most common reasons for single-parent families. The incidence of divorce has increased, and many unwed pregnant women, particularly teenagers, have chosen to keep their babies and raise them alone. The incomes of most of these families are low. It has been point out that the income of single-parent families often is as low as one-third that of two-parent families. As a result, many are living in poverty. The necessities of health care, education, and good nutrition are often difficult to obtain because of the lack of money. Therefore many children in single-parent families are partly disadvantage.

There are a variety of disadvantages experienced by children of single-parent families. Since the parent is most commonly a woman, there is an absence of a father figure for the children to identify with. Studies have shown that these children usually experience greater difficulty in school performances and adjustment than do children of two-parent families. It is not unusual to observe serious antisocial behavior in boys of single-parent families. This often results in various activities of juvenile delinquency, personal sense of depression, and other related problems. The necessity for the parent to work can also create a problem relating to child care.

There has been an increase in single-parent house holds headed by men. This is most likely to be found among professional, educated men. Usually this is the result of men desiring to play a role in the development of their children and not leaving this responsibility solely to the mother. Also, an increasing number of women choose to continue their professional



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work and do not want to have sole responsibility of raising the children. In these circumstances, it is often felt that the father can do as good or better at meeting the children's needs.

Though there are many problems, and difficulties in single-parent families, some advantages have been noted. At times the single parent becomes closer to the children. This occurs particularly in divorce situation involving serious conflict between partners. It also has been noted that children of single-parent families tend to assume more responsibilities around the house than do their counterparts in two-parent families.

SELF ASSESSMENT EXERCISE 4

Name two factors that could lead to single parent family.

3.5 Teenage Pregnancy

Teenagers have physical ability to create new life. This fact means that sexual responsibility in a dating relationship is very important. Most teenagers are able to stick to their own personal standard and learn to respect the standards of others. However, statistics show that many teenagers fail to handle this responsibility. The numbers of births to younger girls are increasing. Pregnancy for a teenager, especially under the age of 18, can pose a serious health problem for the mother and her baby. This places a heavy burden of responsibility on both the mother and the father of the teenager.

Teenage pregnancy often occurs because teenagers have not given serious thought to the consequences of sexual behaviour. Feelings of sexual attraction to a member of the opposite sex are normal. These feelings may occur almost immediately in a relationship or develop over a long period of time. Thinking ahead about how to deal with these feelings is important. Making decisions at the last minute often results in confusion, anger and strong guilt feelings. An unwanted pregnancy can be the out come. Setting ground rules for sexual behaviour in a relationship is a sign that you are ready for serious, responsible dating.

Teenage pregnancy can also occur because young women feel they are grown-up enough to have a baby. Some girls think that having a baby will make their boyfriends marry them.



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Some feel a baby will provide the m with love and give their life some purpose. These reasons are usually tragically wrong.

Most teenagers who have babies believe they made a mistake in getting pregnant. They realize that they are not ready to care for a baby 24 hours a day. Instead of giving their life a purpose, the responsibility of the baby usually overwhelms them, and they feel trapped. Teenage mothers usually have little money and must drop out of school to take care of their babies. Teenage fathers are rarely present to help the mother. Despite the hopes of the young woman or the promises of the father, teenage couples with children rarely marry. The father is rarely able to provide his family with any financial support. Even if the mother and father do marry, the marriage is not likely to last. Teen marriages are more likely to end in divorce than the marriages of older couples. These are other signs that teenagers are seldom ready for the responsibilities of parenthood.

Difficulties associate with teenage parenting.

- Dropping out of school
- Economic dependence
- Inability to provide proper care for the child
- Low self esteem
- Emotional stress
- Peer rejection

Family and communal support for teenage parents

- Counseling by trusted adults
- Assistance in the nurturing of the child
- Religious group support for teenage pregnant girls

Consequences of teenage pregnancy

Teen motherhood reduced employment opportunities unstable marriage (if they marry at all), low incomes, and increased health and development risks to thin children. Sustained poverty, frustration and hopelessness are often the long-term consequences.



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There are other tragic consequences associated with teenage pregnancy. Teenage mothers usually drop out of school and are unable to find jobs to support their children, unmarried teenage fathers rarely contribute financially to their children's support, and teenage marriage are at high risk for divorce. In addition, teenage mothers are more likely to have birth complications and are less likely to receive adequate prenatal care. Low birth weight and premature births, which can lead to problems such as childhood illnesses, neurological defects, and mental retardation, are common to teenage mothers.

SELF ASSESSMENT EXERCISE 5

Can you name three serious consequences of teenage pregnancy?

3.6 What is family planning?

Family planning should be perceived as a way of life which contributes effectively to the socio-economic development of a community or the society in general through helping couples or individuals to:

- Avoid unwanted pregnancies
- Bring about wanted babies
- Space the intervals between birth for maximal benefits
- Decide the number of children which they can care for
- Control ages at pregnancy

There are many ways by which child spacing and limited family size can help to raise the living standard of a family.

- A reasonable time between pregnancies help the mother to recover fully from the effects of pregnancy and birth by resting the reproductive organs and allowing the uterus involutes properly. She is also allowed to build up her body reserves of protein and iron needed for lactation and future pregnancy.
- The mother is able to breast feed the baby much longer and thus prevent malnutrition as a result of sudden removal from the breast and abrupt weaning.
- It helps to reduce mortality and morbidity among children and mothers.



Objectives of family planning programmes

Family planning programmes aim at:

- Reducing premature death and illness (mortality and morbidity) among children and their mothers.
- Improving the socio-economic status of the family.
- Helping each child to be a wanted child
- Assisting couples and individual mothers to determine the timing, spacing and number of children that they want.
- Assisting couples and individual who have problems of infertility to get treatment and be able to have children.

Components of family planning programmes

All family planning programmes should provide the following services to the community.

- Family planning education (Health/ Sex Education)
- Supply of suitable contraceptives
- Treatment of infertility
- Pregnancy testing services
- Sexually Transmitted Disease detecting services (S.T.D Clinic)
- Abortion counseling
- Routine test for early detection of breast cancer and cancer of the cervix
- Referral service

Family Planning Methods

Basically, all family planning methods or contraceptive methods are meant to prevent formation of an embryo.



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The different methods of preventing fertilization or family planning methods can be grouped into three as follows:

- Preventing sperm to enter the cervix
- Preventing female egg or ovum from maturing
- Preventing ovulation in the uterus

Each of these methods can be analyzed as follows:

❖ **Method of preventing male egg entering the cervix**

- Avoiding intercourse: for example, in developing countries, intercourse is avoided until the child is weaned and another pregnancy is expected. If practicable, avoiding intercourse is the most reliable method.
- Interrupted intercourse. Here the man withdraws before ejaculation. This method is unreliable for two reasons:
 - It is sexually unsatisfying for both male and female.
 - Some sperm sometimes manages to reach the cervix and then to the uterus.
- Use of condom or rubber shield which shields the penis. Although reliable but may be sexually unsatisfactory. It also helps to prevent venereal diseases.
- Use of rubber Diaphragm: which protects the entrance to the uterus.
- Use of chemical creams, foaming tablets and jellies. This method is used to destroy the sperm.
- Safe period system: here the safe period is calculated to ensure that there will be not ovum.

❖ **Preventing Female egg (ovum) from Maturing or Ripening**

Here the ovum is prevented from ripening and being ready to receive the sperm. Contraceptive pills prevent ovulation because they contain estrogen and progesterone which suppress ovulation and decrease endometrial development. There are many types of contraceptive pills in the market. Before a woman starts using pills, she must first be examined by a doctor and if there are no contraindications she is given pills to be used once daily after stopping menstruation. Not all women can use pills and this is why a doctor



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must examine women who want to do family planning and then prescribe a suitable type from the great varieties.

Some of the side effects of pills include back ache, nausea, gain, headache, infertility, etc. These side effects are not very common but a woman should be aware to their possibility before starting to use the pills.

At times hormone injections can be given instead of pills. These are given every three months to serve the same purpose as pills. Such injections are no more popular because of the side effects such as infertility, myocardial infarction, cancer, etc. it is useful for people who live far from a clinic, illiterate who may not use the pills regularly etc. Hormone injections should only be given to women who do not want to be pregnant for at least the next two years.

❖ **Preventing Ovulation in the Uterus (intra-uterine device)**

The method is meant to prevent the embryo from developing by putting permanent barriers between the cervix and the uterus. As regards this method, a doctor, midwife or a public health nurse inserts a small plastic coil known as the loop or Intra-Uterine Device (IUD) through the cervix to the uterus. As long as the loop is there, the sperm cannot reach the uterus and so fertilization cannot take place. When the woman is ready to have a child, the loop or IUD is removed in the family planning clinic.

The loop has a high rate of success, although not a hundred percent. It has no dangerous effect although it sometimes causes bleeding for the first few months and a little back ache. Rarely, perforation of the uterus occurs and it can be expelled unconsciously in rare occasions, if can be a source of infection leading to chronic vagina irritation. In rare occasions, an IUD or loop may dislodge into the uterus. This needs immediate medical attention.

There are different types of loops, such as leepiz loop, copper (copper T and copper 7) etc. Intra Uterine Device (I.U.D) is made of such materials that are not normally irritating to the cervix or uterus.



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Permanent Methods or Contraception

If a couple or an individual is convinced that he or she no more wants a child, male or female sterilization can be done. This less popular method involves male vasectomy or tubule ligation in females. It is more common for couples that have had the maximum number of children that they want. The couples or individuals must be warned that it is irreversible and so he/she must think seriously before going in for the operation.

SELF ASSESSMENT EXERCISE 6

Name two types of family planning.

3.6.1 Factors Influencing People's Ability to Family Planning

In some countries cultural conditions, norms regarding women roles, or behavior learned under authoritarian political regimes may inhibit individuals and couples from making independent decisions. If client have learned to regard doctors as authoritarian figures, for example, they may expect or even want to be told what to do about family planning. Because of the low status of women in many countries, female clients especially may be unprepared to make their own choice. Even if spousal consent is not required by law, this may be local custom, or women may be used to have husband or other family members make decisions about most facets of their lives.

The challenge for health educators and counselors is to encourage clients to take responsibility for decision making. Clients can be reassured that if they select any temporary method of contraception they can switch to other methods if they become unhappy with their choice. Counselors must understand and appreciate the factors that influence clients, including myths and misconceptions, as well as pressure from families and friends. They should discuss these elements with clients, gently correcting inaccurate information. They should always show respect for clients' values and avoid trivializing matters that concern clients.



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Obtaining supplies of contraceptive methods can be a daunting task. Although some people are able to purchase supplies from a pharmacist confidently without shyness, others may be so embarrassed that they cannot contemplate it. To consult a doctor about contraception may well be regarded as even more daunting. Sexual behavior is one of the most private and sensitive areas of personal life, and to discuss such behavior with a stranger (however professionally qualified) takes considerable courage and self-control. Difficulties associated with the accessibility of the provider (geographical, social or personal) lead many couples to choose methods of contraception that do not require medical provision but that can be bought over the counter, or they use traditional methods – e.g., withdrawal – even though these methods may be regarded as less effective in preventing pregnancy.

3.7 Infertility Control

Just as many couples want to prevent conception, others wish to enhance their chances of conceiving. For those who want children, infertility – the inability to reproduce – can be distressing. There are varied estimates of the amount if infertility indicates that infertility affects 15 to 20 percent of married couples.

Infertility refers to the inability of a couple to produce offspring. Another word for it is sterility or bareness and it can be primary or secondary. Primary infertility refers to a condition whereby a couple or an individual has never produced a child before whereas secondary infertility is the one that occurs after having one or more off springs.

There are many causes of childlessness, of which involuntary infertility is merely one. Others include pregnancy wastage, early child loss, and voluntary childlessness. Although management of the infertile couple may require specialized facilities, much be achieves with family planning setting to treat both infertility and its psychological effects.

The cause of infertility can be psychological. For example, anxiety related to intercourse can result in sexual dysfunction in male or in muscular spasms that obstruct the fallopian tubes in females. Also, the menstrual cycle in females and the sex drive in male can be influenced by stress. There is little evidence, however, that stress alone can cause lasting



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infertility. Women have conceived under extremely stressful conditions, such as during wartime.

There can be physical reasons for infertility. For example, it can be caused by physical barriers separating sperm from an ovum (the fertilized egg), the failure of successful implantation of the fertilized egg in the uterus, or problem in the normal development of the embryo.

If a male ejaculate contains fewer than 20 million sperm cells (a condition called oligospermia, or low sperm count) the chances of conception are not good. In addition, if the sperm do not effectively neutralize acid in the urethra or vagina, conception may be impossible. Blocked fallopian tubes, dysfunctional ovaries, an improperly functioning uterus, or inappropriate hormonal functioning, which can be caused by drastic change in body weight in the woman can also lead to infertility.

Factors underlying childlessness

- Pregnancy wastage- covers spontaneous abortions or miscarriages, and stillbirths. Cause include embryonic / fetal developmental malnutrition, inadequate antenatal care, obstetric complications
- Early child loss- which include neonatal and deaths in the first year of life, may be associated with low birth weight, congenital abnormalities, poor breastfeeding, poor nutrition of the baby, unsanitary conditions in the home leading to severe infections, a hostile environment in which the child is being brought up, and inadequate medical care, which is experienced in some developing countries where medical facilities are immensely overstretched.
- Voluntary childlessness- the man, woman, or couple decides for one of several reasons not to become parents. Economic hardship is one factor, childbearing. Sometimes the presence of hereditary diseases in one or other family line contributes to the decision to remain childless. Fear regarding pregnancy and labour may occasionally cause voluntary childlessness which has to be dealt with by adequate counseling.

Main causes of infertility



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Male causes

• Abnormal spermatogenesis

Disorders of secretory function of accessory organs

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- Abnormal spermatogenesis
- Disorders of secretory function of accessory organs
 - Obstruction of the genital tract
 - Abnormal sperm function

Female cause

- Ovulatory disorders
- Tubal occlusion
- Peritoneal factors (e.g. Pelvic inflammatory disease, endometriosis)
- Cervical factors
- Failure of implantation

Causes (in respect to husband or wife)

- Congenital malformation of the reproductive organs.
- Endocrine disorders e.g. Failure of the pituitary gland to secrete the ovarian stimulating hormone.
- Impotence (primary or secondary)
- Sexually transmitted disease in any of the couples
- Depression /psychological; disturbances in the husband or wife
- Low sperm count
- Cervical incompetence
- Blockage or stricture
- Complication of contraceptive pills or injections
- Idiopathic (no known cause)
- Chemical antagonism between sperms and uterine secretions
- Tumour of the ovaries or testes respectively
- Complications of abortion
- Poor nutritional status

Treatment of Infertility

Fortunately most married couples children without undue problem. Some manages to produce children only after many years of disappointment but some not at all. Although



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medicine cannot offer sure for all cases of infertility but every case must be well investigated and treated according to the cause.

Right from the onset, the couples must be made to understand that it is the couples that need attention and not just the wife or the husband. The husband most especially, needs to know that the cause is not just with the wife but may be found in the husband himself. Some husbands reject the idea that they should be examined, as though it were an insult to their manhood. Such husband should be made to understand that infertility has little to do with impotence which they are afraid to be accused of.

The treatment on the cause which can be diagnosed through detailed history, medical examination, laboratory investigations, x-rays, etc. Some of the treatments are as follows:

- Instructions about sex techniques, timing of coitus to coincide with ovulation.
- Treatment of neurosis, depression or any emotional problem.
- Improvement in the general or physical health of the couples. For example, this may improve the husband's sperm count or sperm motility if that was the cause of infertility.
- Use of male reproductive hormones in term of injections, e.g. Testosterone
- Surgical treatment e.g., repair of the fallopian tubes or therapeutic D & G (Dilatation and Curettage of the uterus)
- Pituitary hormone injections or its synthetic substitutes (ovarian treatment may cause twins, triplet or more, so client must be warned.
- Artificial insemination from the husband or a donor
- Treatment of underlying infection e.g. sexually transmitted diseases.
- Child adoption for untreatable couples.

Prevention of infertility

Health education of the community, especially adolescents on the dangers of

- Illegal abortion, indiscriminate sexual behavior which may lead to STDs

Screening all adolescents and adults in the community for STDs diseases, e.g., gonorrhea and syphilis. This is very important to detect healthy carriers or chronic cases and those who feel ashamed to come to the hospital for treatment

- Setting up of family planning clinics in a community to prevent unwanted pregnancies which often leads to illegal abortions, and secondly to save the husband from looking out for sexual satisfaction just because his wife(s) is always pregnant or the couple afraid to have another pregnancy in such clinic, woman who have already done family planning should be warned against indiscriminate sexual behavior because of the risks involved.

Couples who are having difficulty conceiving would be wise to get a medical examination to determine the cause of the infertility. The male's medical examination focuses on sperm production and delivery. The female's medical examination is designed to assess regularity of ovulation, condition of the cervical mucus (for example, the mucus contain antibodies against a male's sperm or could form a plug that block the passage of sperm), and the possible presence of infections or scar tissue. Evaluation of infertility problems should begin with the male. Because of new technology, many men who were previously unable to father a child can now do.

If the cause is medical and identifiable, procedures involving hormonal chemical, nutritional, or surgical thereby are available to attempt to correct the situation. An example of medical capabilities in this area, consider the birth of the first "test-tube baby". In this instance, the mother's fallopian tubes were blocked, preventing sperm from reaching and fertilizing an ovum; therefore an egg was surgically removed from the mother and fertilized by sperm from the father outside their bodies. The fertilized egg was then implanted in the mother's uterus for development and eventual birth.

Overheating of the testis will contribute to decreased sperm production. This might be the result of wearing tight underwear. Whether or not this is the case, the shift to boxer shorts is one of the less expensive and least difficult things to try. (It would not be wise, however, to rely on tight under wear as an effective contraceptive method)



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Some physicians might also caution against too-frequent sexual intercourse (more than once every 36 hours), on the ground that this reduces the number of healthy sperm. It is noteworthy that experts cannot agree on what is best to do.

3.7.1 Artificial Insemination by Donor (AID)

AID is the most effective method of treatment for childlessness due to factors that cause the male partner to remain infertile. The main indications are azoospermia and severe oligozoospermia. The success rate for AID is similar to that of normal fecundity rates.

Gametes donation is governed in most countries by legislation. As such, the woman's legal husband will be the registered father of a child born as a result of AID, and the needs of the child born as a result of treatment are regarded as paramount. Those counseling a couple with a view to AID should consider several factors:

- The couple's commitment to bringing up the child together
- The couple acceptance of the procedure
- The child's potential need to know about his or her origins

For AID, careful selection and sensitive and thorough counseling are essential. The couples are usually seen by the clinician responsible for treatment and ideally by a counselor. The latter helps with further discussions to ensure that the couple understand and are able to cope with the difficulties involved, and is also able to offer ongoing emotional support. Contact is maintained during treatment and for sometime afterwards.

Donors selected from healthy men of proven fertility and with high sperm density and motility, should be screened for sexually transmitted diseases (including the presence of HIV), hepatitis B, and other hereditary diseases. Personal features such as hair and eye colour, height, and build are noted so that these can be matched with those of the women partner as far as possible.

Donated semen should be kept frozen for 6 months until a second or third HIV screening test is carried out on the donor to eliminate any donor who shows seroconversion during that time. Insemination of fresh semen is risky and should be discouraged.

Infertile couple is artificial insemination. (the introduction means of a syringe) in case where the male sperm count is low. In artificial coitus, a donor can provide sperm that is introduced via a syringes into the woman vagina. If a male's sperm count is consistently low, or if for some other reasons he cannot fertilize an egg through sex, another remedy is to collect samples of sperm over the course of several days and then instill the whole amount at the cervical opening. This is done in a physician office as close to ovulation as possible.

If a donor is used, he is screened for health, intelligence, and physical resemblance to the father. A potential hazard of using donor sperm is the transmission of viral illness, including HIV infection. However, semen, like blood can be screened for the presence of HIV antibodies.

In some cases drugs, commonly called fertility drugs can be used to stimulate ovulation. They can be helpful, but they also seem to cause major multiple birth.

In-vitro Fertilization

IVF is being used more and more for the management of infertility. Indications include

- Irreparable tubal damage
- Male-factor infertility
- Cervical hostility
- Unexplained infertility endometriosis

Since 1985, assisted reproduction, which involves handling of gametes in vitro has been increasingly regulated. Licensing authorities have been established in many countries and comprehensive data are made viable annually. In recent years, the UK Human Fertilization and Embryology Authority have reported an overall live birth rate of 13.9% per cycle of treatment. Many other countries include France and Australia, have reported very similar rates.

There are many variations of the basic techniques, and their acronyms can be confusing to health professional and clients alike. The methods include placement of eggs and sperm (gamete intrafallopian transfer) in the fallopian tube (GIFT), insertion of embryos into the uterine cavity (IVF-ET), and intracytoplasmic sperm injection (ICSI). Methods are

may include the use of feeder layers of cells to enhance in vitro-insemination techniques for male-factor infertility. The investments of time and resources required IVF should be undertaken only when simpler measures have failed.

Artificial insemination

In recent years, many scientific developments have enhanced our ability to begin and sustain pregnancies in ways that your grandparents, and perhaps even your parent, would never have even dreamed about. We can remove eggs and sperm from people and combine them in a laboratory. We can take an egg from one female, fertilize it, and place it in the uterus of another female. We can even freeze fertilized eggs and use them later. Artificial insemination is a wonderful procedure that can enhance the live of many people.

- Pro: many couples unable to bring about pregnancy have been able, using artificial insemination, to experience a pregnancy together and bring loved children into the world. They have wanted a child so badly that they have made personal financial information to enhance life.
- Con; Artificial insemination is immoral and interferes with God's plan for reproduction. Fertilization should occur only inside a female and not inside a test tube. A sperm from a couple who are not married to each other should not to combined. Pregnancies should result only for insemination.

Where do you stand on artificial insemination? How would you feel if you learn that your sisters were going to have artificial insemination? How would you feel if your mother were going to be artificially inseminated to carry a baby for your married sister who was unable to successful have a baby? Would you use artificial insemination in your relationship?

Coping with Childlessness

Many couple with involuntary infertility will eventually have to come to terms with their childlessness. Some do so during the cause of their investigation or treatment and may choose not to continue with these. In many cultures the female partner is assumed to be responsible for the infertility, and is consequently stigmatized. In some cultures women are divorced and abused because of their failure to have a child. Health professionals need to be sensitive to the social stigma that comes with infertility, within the setting in which they



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work. Careful of counseling is essential. Some couples cannot accept a childless future, and the roles health professional in helping these people to come to terms with their situation is as important as, if not more so than, restoring fertility to others.

3.7.2 Ethical Problems Associated with Infertility Solutions.

Although the main concern for many women and men, especially if they are young and single, is how not to get pregnant, the reverse is true for millions of couple who have difficulty conceiving. Perhaps 15 to 20 percent of all couples in the work are unable to have the children they want. Treatment for infertility enables half of these couples who seek help to have enables about half to the couples who seek help to have a child, but in many other cases nothing helps.

Some kinds of infertility can be treated, others cannot. Surgery can sometimes repair oviducts, clear up endometriosis and correct anatomical problems. Fertility drugs can help a woman ovulate, although they carry the risk of causing multiple births. Surgery can sometimes reverse a vasectomy. If these procedures don't work, more advanced technique may help. Male infertility can be overcome by collecting and concentrating the man's sperm and introducing it mechanically in to the woman's vagina or uterus, procedure known as artificial insemination. Some kinds of female infertility can be bypassed with in vitro fertilization. In this procedure, eggs are removed from the woman's ovary and fertilized in a laboratory dish by her partner sperm. One or more of the resulting embryos is implanted in the woman's uterus.

Some aspects of in vitro fertilization have sparked intense moral and legal debate. A recent court case involved the status of frozen embryos after the parents divorced. The court ruled in favor of the wife, who planned to use the embryos to have children, and against the husband, who no longer wanted to father a child with his ex-wife and asked that the embryos be destroyed. Another case involved the legal status of frozen embryos as heir to the estate of their parents who were both killed in a plane crash before the embryos could be implanted.

approaches to infertility is surrogate motherhood. This involves a fertile woman who agrees to carry a fetus and a child but cannot because the woman is infertile. The surrogate mothers agree to be artificially inseminated by the husbands sperm carry the baby to term, and give it to the couple at birth. In return, the couple pays her for her service. Some people question the morality of paying a woman to carry a baby. They see surrogate motherhood as an arrangement essentially to sell a baby, and they worry about the psychological consequences for children who learn their biological mothers “sold” them. Experience has show, too, that some surrogate mothers have very difficult time giving up the baby they have carried and are unwilling to fulfill the contract after the birth, causing emotional trauma for themselves and the couple.

All these treatment for infertility are expensive and emotionally draining, and their success is uncertain, couples sunder going fertility treatment may lose perspective on the rest of their lives and seek solutions threat seem radical to outsiders, if they can afford them. Others remain childless, or turn to adoption, which can also be difficult and expensive. Support groups for infertile couples can provide help in this difficult situation, but there are few answers to infertility. One measure that you can take now to avoid infertility is to protect yourself against STDs and to treat promptly and completely any diseases you do contract.

SELF ASSESSMENT EXERCISE 7

Explain briefly what you think about artificial insemination

3.8 Child fostering

Child fostering into the African sense means sending children to relatives as an important way of arranging for their care should the family of orientation break up. Of course it is not the only solution. On divorce both parents remain potentially able to care for the children. And even where one parent has died, the other remains to provide a home for them. But there are reasons which make it difficult to keep the children with a parent.



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Reasons for fostering children in the African culture.

There are numerous reasons for fostering children in African, some of those reasons are:

- To help in household chores of a kin
- Send to live with a kin to improve character
- To learn a skill or profession
- There is crisis in the child's family
- Sent to a non-kin as a house help
- Sent as security / interest on debt
- Sent to a kin who needed companion

3.8.1 Child Adoption

Adoption is a process whereby a person assumes the parenting for another who is not kin and, and in so doing permanently transfers all rights and responsibilities from the original parent to himself. The cultural, social and legal position in relation to adoption varies from country to country; clinicians who advise infertile couple should familiarize themselves with their local situation. Few children are available for adoption, so waiting lists are long and criteria for selection of prospective parent are stringent. They will need considerable support from health professional with whom they have shared their problems.

Superficially, adoption seems to be the option of choice for a pregnant woman who feels she cannot care for her child; by this means abortion is avoided, and the child wanted by the adoptive parents. A woman with an unwanted pregnancy is most likely to decide on adoption if her community stigmatizes unmarried mothers or if her economic circumstances are so bad that she knows she would be unable to care for her child adequately. The main drawback with adoption is that an emotional bond progressively develops between mother and fetus as pregnancy continues; after delivery, parting with the baby can seem as bad as losing the baby through death. Consequently, not all adoption plans are fulfilled; the woman ultimately chooses to accept the difficulties related to her personal care for the child, even though the result may be deprivation for both of them. Women who are most likely to have their baby adopted successfully are those who would have had an abortion if they had not believed this to be completely wrong, and for whom



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child care would interfere economically deprived. Those counseling women should not present adoption as the proper and easy option – the emotional burden for the woman is often more severe than that which occasionally follow abortion. Women who decide that adoption is right for their baby must be made aware of the laws relating to adoption and be put in touch with an appropriate agency while they are still pregnant, in many countries; it is illegal for adoption to be arranged except through an official agency.

3.8.2 Adoption: how viable an alternative?

Many people on the “pro-life” side have encouraged women to deal with unwanted pregnancies through adoption rather than abortion. But only a small percentage of pregnant women are taking this advice. Of the estimated 3 million unwanted pregnancies in United States each year, about half are terminated by abortion. Of the 1.5 million babies born each year following unwanted are placed for adoption – about 25,000 babies.

At the same time, an estimated 1 to 2 million qualified couples in the United States would like to adopted baby, which means there are at least forty potential families for each baby currently placed for adoption. There are also uncounted thousands of babies and children living with biological parents who are unable to provide even minimal care for them. Why are these three parties – couple seeking children to adopt, parent unable to care for their children, and he children themselves – having such a hard time making connections with each other? Why is adoption not a more attractive or viable alternative to marriage single parenthood, abortion or infertility?

One reason seems to be that there is much less social stigma attached to unmarried pregnancy than there was twenty or twenty-five years ago. At that time, single women under 25 years routinely gave up their babies for adoption. Today, young women, especially teenagers are under pressure from friends and family to keep their babies. Single parenthood is a choice commonly made by young mothers today, despite the disruption of their lives people and the problems both they and their children face.



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Another reason is the prevailing assumption that children are better off with their biological parents under almost any circumstances. Whatever these reasons are, adoption sure offers a way out for infertile/childless couples and unwanted pregnancies and babies.

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SELF ASSESSMENT EXERCISE 8

State two reasons child adoption and foster are good alternative to abortion

3.9 Family Responsibilities

Providing love and support for one another is one important family function. Another important and difficult job in most families is rearing children. Our society requires that all children be cared for by adult.

Not all children live with their natural parents. Some children are orphaned. Others come from families that are unable to care for them adequately. Such children may be adopted by couple who cannot have children of their own or who simply want a bigger family and would like to give a home to a child who needs one. Children can become a part of a family through the legal process of adoption. Sometimes relatives or stepparents decide to adopt a child by applying to an adoption agency. The agency interviews the family and tries to match the family with a child to best meet the needs of both the child and the family. Children may be adopted at any age.

Not all children may be live with their natural families are adopted **foster children** are children who receive parental care from people without being related to or legally adopted by them. Wards of state are children who have been placed under the care of a guardian or the courts this is usually done for children whose parents are not considered capable of taking care of them. Other children whose parents find difficulty in caring for them may live relatives, either temporally or permanently.

Parents' responsibilities

Adults who act as parents must provide food, clothing, and shelter to the children. Parents must also care for children when they are sick. Parents have a legal responsibility to provide these basic physical needs, working parent's environment for their children to find



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loving care and a healthy environment for their children while they are at work. This may involve placing a child in a day care center, or in the care of another family.

Parental care involves more than providing for basic needs. Children need many others from their family besides food, clothing, shelter, and care when they are sick. Parent should help prepare the child to become a responsible for much of the education of their children. Many families pay for all or part of college expenses for children, or help children start a business or trade. Throughout the life of a child, parent tries to give their children love and guidance in helping with problems of growing up. This involves providing a stimulating environment and using discipline when necessary.

Children's responsibilities

Children also have responsibilities within a family. The child's role in the family changes as the child grows. Young children learn to obey rules and cooperate with other family members. For example, children are often expected to do simple chores and to do well in school. Completing chores and taking schoolwork seriously are signs that children are becoming more mature.

During the teenage years, children begin to take on more adult responsibilities. Teenagers often help care for younger brother and sisters and may help care for elderly relatives. Teenagers also learn to carry out more important household chores. Many teenagers get job to earn money for personal expenses. Other teenagers are expected o earn money to help support the family. Problems often arise between teenagers and their parents over how much freedom the children should have. Teenagers usually want to date, spend more time away form the house with their friends, and dries car. Each of these activities involves the responsibility of obeying the family's rules. This requires calm, serious discussions between parents and children. Families who successfully work out these issues have succeeded in acting responsibly towards each other.

Responsibilities to older family members

An important family responsibility is the concern and care for other relatives as they get older or face serious problems. This responsibility stems from family ties rather than legal obligation. While most adult prefer to be independent, they may need financial help.



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Longer lifespan and the high cost of hospitalizations have increased the number of older relatives living with their families.

SELF ASSESSMENT EXERCISE 9

Can you mention three responsibilities of parents to their children?

3.10 Teaching family values

Values come from multiple origins. They come from things such as traditions, cultural customs, social norms, beliefs, the media relationship with others and individual personality traits. Parents try to transmit values (such as honesty, charity, tolerance, steadfastness, loyalty, commitment, love etc) by using various educational and psychological procedures. In this way, they hope to achieve positive results in their children's behavior.

The great dilemma of many parents is how to successfully pass along the principles that they value. Some manage to achieve this goal and experience feelings for contentment over their children social, work or spiritual ethnics because these harmonize with those of the family. Others, however, are disappointed because all the methods used to teach desired family values do not seem to have the desired effect upon their children.

However, as has already been pointed out, transmission of values does not only take place in the home. Actually, children frequently find themselves immersed in a social, cultural or moral environment that is contrary to noble principle of the family. Often they are observers, participants in or even victims of violence, corruption and selfish ambition.



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Sometimes, parents who feel confused and hurt by their children resort to dangerous disciplinary extremes when imposing punishment. Other times, they give up and become disillusioned with the result of their children, allowing them to do whatever they like.

We must remember that children are particularly vulnerable to the influence of the adult world. The impact of adults – not only parents and teachers – and of their example is very difficult to counteract.

Some general principles that can be applied to the teaching of values:

- **Values are not assimilated through force.** Through proper education, most parent wish to see truthfulness, unselfishness and respect reflected in their children. Some parents believe that because these principles are so important and children are not always as docile as they should be, it is therefore acceptable to force the child's will and impose strict discipline in order to make sure that he accepts the correct principle and values. This is done on the pretension of counteracting the external values crisis in our society today and especially in urban environments. But such methods are not acceptable. The children need to be taught from a young age and in a firm but loving way how to appreciate values and practice correct self-discipline.
- **Values are partly personal and subjective.** Although there is agreement in certain foundation principle, it is clear that values tend to vary from person to person. Families may choose different practical criteria as they engage upon the search for well-being and happiness. We therefore find that some parents decide to spend their money on toys and video games for their children while others in books, sports equipment and music classes.
- **Values are partially determined by needs.** In spite of personal adherence to ideals, we must recognize that specific circumstances create needs that influence the order of a persons value scale. When parents face the need to provide propriety; however, those who live with abundance place greater value on a specific time when they can go on vacation with their children. Needs, the environment, and experience determine the degree of importance to be attached to one value or another.
- **Values and behaviors are related.** The greater challenge for parent when it comes to educating their children is to discover with their children those qualities and



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behaviors that are coherent with their values. This will not only provide children with theoretical or relative knowledge but it will help them to develop greater sensitivity and capacity to face daily life. In this way, parents encourage the development of balanced, complete and harmonious personality along with necessary maturity and the ability to calmly face life normal disappointments.

- **Values education is difficult and requires long-term commitment.** Generally, the results of parents' efforts to establish their own values in their children are not immediately visible. It is a task that requires effort and the fruits may never be seen by the parents. The main difficulty often lies in lack of coherence. Parents find it difficult to always maintain a coherent point of reference for their children. In addition, parents must be attentive in order to filter or reject influence from different environment and sectors that can negatively affect their families' educational goals. Childhood values education is not an easy task. Many times, mistakes, pitfalls and breakdown occur. Nevertheless, it remains the parent's job to patiently help children understand the meaning of good character. Good character will give children the moral courage to resist temptations or seductive offers of selfish pleasure from advertising or some opportunistic ideology.

Needs for teaching values

Teaching, educating and promoting values is more necessary each day because:

- Confusion, including the reversal of values especially in the social, ethical and spiritual realms, often manifests itself within society as ethical indefinite, materialism and skepticism.
- The great crisis in moral principles throughout all areas of society (political, economical, institutional, and even familial and personal) influence in special ways the younger generations.
- Pseudo-mystical or pseudo-liberated groups continue to offer ways to perfection in order to fill the generalized spiritual vacuum found in many homes.
- Disproportionate trust in political, economic and technological solutions leads to mistrust in human or social solutions of understanding and empathy.
- The overwhelming moral corruption, caused by the media, capitalism and expressed in certain manifestations termed as art, continue to invade society.



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Devaluation of genuine spirituality and of belief in the transcendental, united with irony, if not outright ridicule toward altruism and faith, are becoming more common.
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- Obvious disenchantment caused by the bad examples of traditional leaders, political leaders and bad role models result in hopelessness.

SELF ASSESSMENT EXERCISE 10

List five values that children should learn from the home and school

3.11 Grandparent: living history of the family

The family nucleus is made up of father, mother and children. But we should not forget the grandparent, who are affectionate and charming and who can offer experience and enrich family ties and communication.

Although it is true that grandmothers and grandfathers of today are more active, more dynamic and more prone to travel than their predecessors, this does not mean that they do not continue to possess the traditional historical-family wisdom so precious to all. They form the roots of the family. This is of great value for the child. Knowing his origins will help him to form a strong identity.

Grandparents not only tell stories from their youth or anecdotes of when mom and dad where young; they also transmit values. We should not forget that parents were educated by grandparent. If parents are the basic model of conduct for their children, grandparents are the ideal complement.

Allowing grandparents to contribute to the child education is healthy for all: the grandparents feel useful; parents are more content and children are happier. On the other hand, by giving their attention and love to the grandparents, children develop an attitude of respect for their elders. This, in an industrial and capitalistic society such as ours that tends

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to ignore the elderly is an essential value. It should now be clear that the presence of grandparents in the home can be beneficial for everyone.

When parents are divorced or separated, they should allow their children to maintain contact with their grandparents. Divorce happens between two parents, not between grandchildren and grandparent. In order for the relationship between grandparents, parents and children to be develop naturally and to be sources of happiness, the following advice are pro-offered:

For parents

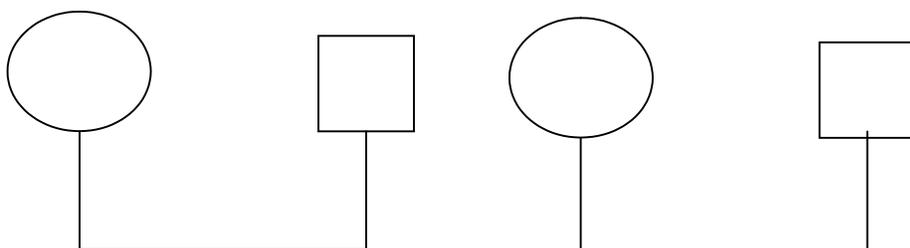
- Do not become angry if grandparents grant the desires of your children; children know how to tell the difference between grandparent and parents.
- Place limit upon their responsibilities
- Listen to and respect their opinion and advice
- Show appreciation for and value their efforts
- Give children a positive image of their grandparent and of the role that these play in the family.

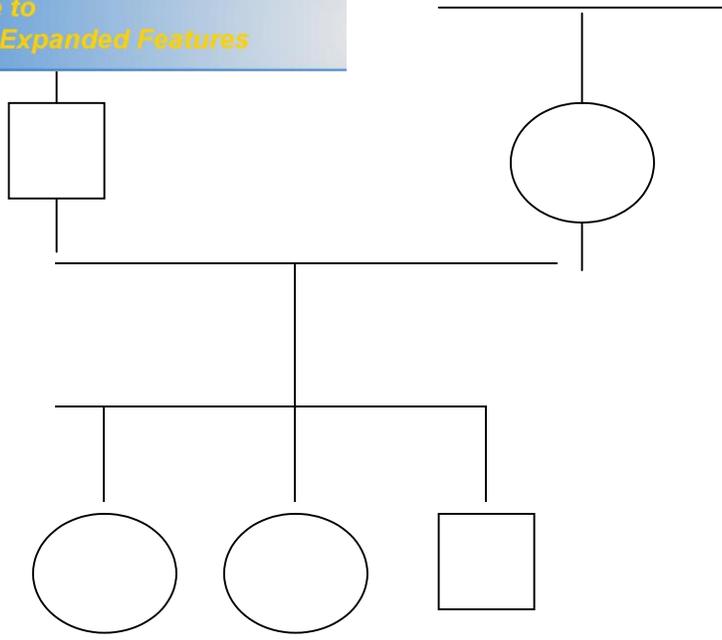
For grandparents

- Respect the standards of your children although they may differ from your own
- Let your grandchildren know your limits so they do not grow to be spoiled
- Do not criticize the parent in front of the children
- Pass on your experience, values and love.

SELF ASSESSMENT EXERCISE 11

Fill in the gap using your family members





3.12 Sex Education

Today many school curricula often include a course in sex education where these topics on sexuality are discussed, thus dispelling ignorance about sexuality and reproduction. The preferred focus in the majority of schools is aseptic. A series of anatomical, physiological and functional facts are presented; the various ways of preventing an undesired birth are discussed along with ways to abort a pregnancy, but no moral judgment or thoughtful position with regard to sexuality is presented.

In order to teach sexuality to their children in a comprehensive way, parents must approach the topic from a dual perspective:

- On the one hand, sex education must include anatomical, physiological and emotional information about sexuality.
- On the other, this teaching should be accompanied by particular attitude. Preschool age offers the ideal time to set the foundations for a healthy attitude towards sexuality.



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Sex represents a marvelous part of human life. It can give great benefit. Apart from its reproductive function which provides enormous satisfaction of children, sex performs another function which is to unite a man and woman in a level of intimacy that cannot be achieved in any other way. It is a source of pleasure for the married couple and it allows for mutual gratification through the exchange of sex. However, if badly used, sex can cause devastating physical and moral effects

Generally, a healthy attitude toward sexuality consists in providing the children with correct information that is simple and appropriate for their age as well as presenting the moral principles associated with the topic in a simple and natural way. These messages should be in harmony with the position of the parents and should never be accompanied with threats, punishments or embarrassing situations, all of which are traditionally associated with sex.

Sexuality education of children

All parents are sexuality educators of their children, whether they choose to be or not. The way parents verbally and physically treat infants contribute to early sexuality education. The love given to a tiny infant is part of the process of sexuality education, as is the way parents respond when their children explore their bodies.

Many parent-child activities through the years have implications for education. Example are toilet training, the use (or lack of use) of terminology for body parts and certain physical activities, showing affection to children role or in front of children, the way parents regards the status and roles of men and women, how parents treat and value one another, and the way parents handle children questions about topic related to sexuality.

Children deserve to be provided with sexuality education in an acceptable manner. It is up to parents to cover the real concerns of young people. For example, masturbation is one of their biggest concerns, they should learn that masturbation is, most of the time a normal expression of sexuality at any age. It is also important for young people to learn that while



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behavior can be “abnormal” thoughts in and of themselves are not. All people experience a variety of thoughts and have sexual fantasies.

Boys need understand about penis size, because size has no impact on function and size doesn't vary that much anyway. In addition, young people should realize that once or a few homosexual experience don't make a person homosexual.

Young people are also curious about how to tell if they are really in love. Parents should never trivialize a child's love affairs, but they can help children understand that there are different types of love.

Sexuality education has many benefits, including increased knowledge and improved self-concept. Among sexually inexperienced adolescent, it can even help postpone the first act of sexual intercourse,

In actual practice, sexuality education for children isn't much different from education in general. The basic principle of parenting, communication, and discipline apply in the same way no matter what the topic or situation. Some times the sensitive nature of sexuality makes it seem like the topic requires special handling, but sound parenting skills allow parents to provide their children with good education about sexuality.

SELF ASSEMENT EXERCISE 12

State one advantage of sex education.

3.13 Violence in the family

Violence can easily lead to the injury of a family member and destroy family unity. Violent behavior can appear in any member of a family. Frustration and anger can flare up and cause a person to strike out, at the closest relative. A father, for example may feel under a lot of stress because of his job. If the stress becomes too hard to manage, he may take it out on a family member. The physical or emotional maltreatment of children is



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child abuse. It is estimated that more than 100,000 children are severely beaten each year.

Many wives are also victims of beating, and even some husbands are attacked.

Family members are often afraid or embarrassed to report acts of violence. Signs of physical abuse may include bruises, black eyes, or other noticeable signs. Children often need medical attention for injuries and parents frequently lie about how the child was hurt. Children sometimes believe that their parents are not doing anything wrong when they hurt them. Children can confuse reasonable discipline with child abuse.

Another aspect of mistreatment of children is child neglect. Child neglect is not providing children with proper care. Parents may fail to give their children enough food, cloths or even a home. Parents can also neglect their children by failing to give them emotional support and love.

Parents who are guilty of such treatment obviously need help in dealing with this problem. In some cases, it may be necessary to call the police to stop the violence and get help. In severe situations; the state may remove the child from its home to prevent further harm. In many cities, Non-Governmental Organizations (NGOs) family crisis centers offer counseling and help for the victims of violence. Parents anonymous is a group that parents can use if they are abusers to their children. This group works with parent to help them understand and stop their abusive behavior. Children may find it useful to tell friends, teachers, doctors, or youth group leaders, church pastors about the problem.

Another form of child abuse is sexual abuse. Sexual abuse is inappropriate sexual activity between an adult and a child. In some cases of sexual abuse, a father, a close male relative, or an older brother has sexual activity with a female child. Sexual abuse can involve boys, too, if an adult has sexual relations with them. Incidents of sexual abuse are much more difficult to spot than physical abuse or child neglect. But for the victim of sexual abuse, the emotional harm can be great and long-lasting.

Like physical violence, family members are often afraid or embarrassed to talk about the problem or to seek help. Family members need to realize that sexual abuse is not a normal situation and that the abused should receive help for the problem. The problem of sexual abuse in families has become more publicized in recent years. Many NGOs now have



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sexual abuse programs and counselors. Many school counselors are also trained to deal with this problem.

One common cause of family crises is alcoholism. Alcoholism is a disease characterized by psychological and physical dependence on alcohol and the inability to control drinking. Alcoholics may easily lose control of their actions. Alcoholics often cause economic problems for the family. They have trouble keeping jobs and use a great deal of the family money for alcohol.

Family problems can also develop if a family member is an abuser of drug other than alcohol. Drug habits cause behavior that is not logical and often require huge sums of money. A drug user may turn to crime for the money to support a habit. Family members are often innocent victims.

It is not surprising that some children want to run away from a family in crisis. Many runaways leave home because they are being abused by their parents or another relative. Running away may get a child away from the immediate problem, but it usually leads to many worse problems. Without a family to provide food and shelter, runaways often turn to crime to support themselves. Others become the victims of crime.

SELF ASSESSMENT EXERCISE 13

Name three kinds of people who can help in cases of family violence

4.0 CONCLUSION

In today's societies there are several different types of families. These are the nuclear family, the extended family, the blended family, and the single-parent family. The development of these different types is related to social and economic reasons.

A family consisting of a mother, father and their children is a nuclear family. The traditional African family, in which the father was the primary wage-earner and the mother for the children at home, was a form of family. Today, however the roles of the father and



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mother are changing. Both may earn wages and outside the home, as well as share the responsibility for the home and the children.

A house that contains relatives who are not part of the nuclear family is an extended family. Extended families can include grandparent, aunts, uncles or cousin, and also grown-up children living at home.

Extended families may be formed for many reasons. Grandparents may come to live with children and grandchildren after they retire. The death of a spouse or parent may leave a relative without a home or without enough money to manage alone. Many grown-up children live at home before marriage. The cost of housing may be too much for a young married couple. They may live with their in-laws until they can save enough money for housing. Single parents gain from the additional benefit of help with children. As a result of all these today's family seem to be more complex than the traditional family.

5.0 SUMMARY

In this unit you have learnt about today's changing family structure. You learnt about parenthood and factors associated with teenage pregnancy. He presented and discussed family values and grandparents as living history of families. He also touched on family violence.

6.0 TUTOR – MARKED ASSIGNMENT

Write a term paper on values of education. That is the types of teaching methods that can be used to teach values education in secondary schools.

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Unit 5 ADOLESCENTS' ISSUES

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3.8.3 Staying Focused on Your Goals and Dreams

- 4.0 Conclusion
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1.0 INTRODUCTION

Possibly no stage in life is more complex and troubled than the teenage years (13-19 years) or adolescence. It is a transition period, where all the human doubts, hesitations and uncertainties appear. All adults have had to go through adolescence. However, often it is difficult for parents and older people in general to understand fifteen- year –olds and even twenty-year-olds. Based on the above reasons I decided that adolescent issues deserve a unit- come let us explore these issues. Enjoy your reading.

2.0 OBJECTIVES

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

- State two importance of friendship
- Mention two tips you will adhere to if you want to get along with the opposite sex
- State the difference between sexuality and sex
- Mention two myths surrounding virginity
- List three ways you can take care of your sexual health
- Name two signs of pregnancy
- Explain what you understand emergency contraception to mean
- Mention two examples of sexual harassment
- State three measures one can take when rape occurs
- List two types of drugs usually abused by adolescents
- State one way an adolescent can open up communication with his/her parents
- Define goal setting in relation to achieving one’s dreams or ambition

Friends play big role in shaping who we are. They make us laugh, and they make us feel happy. They introduce us to new things and to new ideas, broadening our horizons. They share our dreams and try to help us to plan out our futures.

Our friends also answer many of our questions during adolescence and they help us feel comfortable with all the changes we are going through. When we're in trouble, they encourage us and help us with our problems. They help reassure us about ourselves.

3.1.1 Importance Of Friendships

A good, strong friendship is a wonderful thing. It makes you happy. It contributes to your emotional growth because it teaches you how to be close to someone.

Good friendships also contribute to your self-esteem. If you have a good friend, you feel good about yourself. It is nice to have someone to confide in, and its also nice to know someone else feels comfortable confiding in you. You can bounce ideas off a good friend without being laughed at. You can share secrets and know they will be kept. It is nice to know that your friend will like and respect you even when you disagree about something.

Through a close friendship, you can learn how to agree and disagree. You learn how to be strong enough to have your own opinions. Being able to stand up for your self and what you believe is right is a life skill. It's important for your future and for all your relationships with other people. Infact, friends help you build many important skills that you need to succeed in life-skill such as the abilities to:

- Communicate well and be open about your feelings and thoughts.
- Listen and understand someone else's feelings and opinions.
- Be supportive when someone is in trouble or feeling down.
- Negotiate (for example when you and a friend disagree about something, you may have to negotiate some compromise or middle ground between you).
- Co-operate, work together and share responsibility.

Friends start becoming especially important during adolescence because many young people feel shy talking to adults. If your parents think that spending your time with friends is a waste of your time, try to explain how important your friends are to you and why. You need friendships.

Good, strong friendships take time and effort to build. They don't happen overnight. And you don't find true friends every day.

3.1.2 Getting Along With the Opposite Sex

For a lot of young people, getting along with the opposite sex is hard. They don't know how to treat each other respectfully and appropriately, and they don't know how to be themselves around the opposite sex. Here are some tips for boys:

- Don't stare or whistle at a girl because of her looks, dress or style of walking.
- Listen to what your girlfriend say, and take her "No" to mean "No." Don't try to convince yourself that she means "Maybe" or "Yes" when she says "No."
- Don't loiter near girls' toilets or block their path.
- Don't intentionally harass or scare girls at night or lonely places.
- Don't start rumours about girls.

Girls can also have bad attitudes towards boys. Here are some tips on getting along with boys:

- Don't exploit boys for money and gift.
- Accept that boys are also sensitive and have feelings too. Don't laugh at boys or make fun of them.
- Be straight with boys. Be clear about what you do or do not want. Say what you really think, and don't be afraid to express yourself. Be assertive! When you don't want to do something, say "No!" and stick to it.

3.1.3 Starting A Relationship With Someone You Like

Adolescence is a time when you may begin feeling interested in and attracted to other people. You may see someone at your school who looks nice, and you think you'd like to be friends. But you aren't sure how to begin. You don't know if she or he would like you or would even be interested in you. For all you know, he or she might never have noticed you!

It's hard to approach someone new, especially when you are interested in them romantically. You may feel afraid to approach the girl or boy because you don't want to be rejected, and you don't want to have your feelings hurt. On the other hand, if you don't approach the person, you may never have any type of relationship with him or her at all.

There are two ways you can find out if someone likes you and is interested in you. You can talk to them yourself, or you can ask a friend to talk to them.

If you decide to have a friend approach the person you like, be careful to choose a friend who will end up telling other people that you like a particular person. You also don't want to choose a friend who will say too much to that person. For example, you might simply want your friend to mention your name to see if the person knows who you are and seems interested in you.

It's okay to ask a good friend to approach someone you like, but at some point, you are going to have to talk to the person yourself. This can be very hard. You might feel very shy. Your hands may feel wet with sweat. When you start speaking, you may completely forget what meant to say. All this things are normal reactions to feeling nervous and excited.

Try to relax and remind yourself that you an attractive, fun and intelligent person. You have nothing to loose. Just be friendly towards the person you like. Start up conversations with him or her. Find out what he or she is interested in, and go out of your way to see him or her. If the girl or boy is friendly towards you, then take the next step: tell her or him that



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you will like to get to know each other better. Ask if she or he can go do something with you sometime.

3.1.4 Love

Love is difficult to define because it involves many different feelings. Love is a big thing, and there are different kinds of love-love for your parent and friends, love for your boyfriend or girlfriend, even love for your village!

Love is complex emotion, and people may define love differently based on their own experience with loving relationship. Generally, however, love refers to a deep feeling of fondness, attraction, respect, caring, and another person, despite his or her weaknesses or faults.

Falling in love can seem like magic. You meet someone special, and everything changes. The sun seems brighter, the grass greener, and you feel like you are walking on air.

Falling in love is different than making a new friend. When you fall in love, you may feel warm, full feeling. You may feel like smiling all the time because the thought of your loved one makes you so happy. You want to be with this person all the time and you daydream about him or her. In some cases, you may lose your appetite or have trouble sleeping at night.

“First love” is one of life’s most intense experiences. Falling in love is not like anything you experienced as a child. It is something you should try to take slowly. Don’t rush into anything, and handle your heart and your loved one’s with care.

When you are truly in love with someone, you respect each other. You will never do anything that might hurt the other. You will never force the other person to do anything he or she does not want to do. You will want her or him to be happy. Check out your love against these points:

- Love makes you and your loved one feel good about yourselves and about each other.
- Love is honesty, caring and truthfulness.



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• Love does not allow one person to advantage of the other.
• Love does not put sex before friendship and is never a reason for unsafe sex.

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True love involves a sense of responsibility and commitment to the other person. It is a feeling that seeks good things for the other person. Love is not irritable, impatient or touchy. It does not hold grudges. Some people think that jealousy girlfriends) start out with jealous behaviour, which then gets worse.

SELF ASSESSMENT EXERCISE 1

List two importance of friendship

In one sentence define the word love

3.2 Sexuality and Sex

There is a great deal of confusion about sexuality and sex. Many people think that sexuality means intercourse. People also think that you aren't a sexual being and don't have sexual feelings until you actually start having sexual intercourse. But these beliefs are not true. Every person is a sexual being from birth until death. Being sexual can mean:

- Feeling attractive and good about your body.
- Feeling emotionally close to someone else.
- Enjoying being touched and hugged.
- Touching your own body.
- Feeling attracted to another person.
- Making up romantic stories in your head.
- Having sexy thoughts or feelings.

Sexuality is complex. It's much more than simply your sexual intercourse. Sexuality includes:

- Your awareness and feelings about your own body and other people's bodies.
- Your ability and need to be emotionally close to someone else.



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- Your understanding of what it means to be female or male.
- Your feelings of sexual attraction to other people.
- Your physical capacity to reproduce.

Sexuality is an important, joyful and natural part of being a person. But sometimes people use their sexuality in unhealthy ways to influence, control or tease another person. This can range flirtation and seduction to sexual harassment and abuse. Don't use your sexuality as a tool to get something or to tease or hurt someone else.

Adolescence is a time when you may become more aware of your sexuality – how you feel, think and behave as a male or a female, and what you want in terms of close relationships and physical affection. When you were younger, you probably did not think about these things, but during adolescence, you may become more aware of what it means to be a man or woman. You also may start to feel attracted to other people and start noticing your own sexual feelings, desires and dreams.

These are exciting changes, but they can also be confusing – especially because there are so many myths about sexuality and sex. For example, some people think that having sexual feelings is a sign that they should have sexual intercourse, this is not true. Having sexual feelings is simply part of being human. Every person has sexual feelings.

3.2.1 Sexual Feelings

You will know when you start to feel sexy or sexually aroused. You feel it in your body. In boys, the main sign of sexual feeling is erection of the penis. In girls, it is wetness of the vagina. This happens because extra blood from nearby blood vessels flows into the special spongy tissue inside the penis or vagina. In girls, the spongy tissue swells up inside the walls of the vagina making them produce more vaginal discharge, which lubricates the area and makes it wet.

You might feel this sexual excitement just by reading a romantic novel or by thinking about a boy or girl you like. If you were actually with that boy or girl and you were touching each other, you would probably get even more excited.



What should you do about your sexual feelings? First of all, you don't need to have sex when you have sexual feelings. Sexual intercourse is only one way that people express sexual feelings. But there are plenty of other ways that people express these feelings – from talking to each other and holding hands to hugging, cuddling, kissing and touching each other.

These ways of expressing sexual feelings can be very sexy and satisfying – and they carry little risk of HIV infection (read chapter 10 for more on HIV and other STIs). Your breathing and heartbeat may increase. Your whole body may feel very sensitive and stimulated. You can stay at this level of sexual excitement for hours. You do not have to go further. Boys, you do not need to tell girls that you have to have sex if you have an erection. It is simply not true. Your erection will go down when you stop cuddling the girl. It is important to know that not all physical touching leads to sexual excitement. If a person is pushed unwillingly into sex, it will not feel nice. Sexual excitement only happens when people are feeling happy and relaxed.

3.2.2 Masturbation

Masturbation is the act of touching one's own sexual organs – the penis, vagina, breast or other parts of the body that are sensitive to sexual stimulation. Masturbation is another way that people sometimes express their sexual feelings.

Both men and women can relieve sexual feelings and experience sexual pleasure through masturbation. In fact, most people masturbate sometimes or other during their lives, but boys tends to masturbate more frequently than girls. Some girls and boys start masturbating when they are children and continue to do so all their lives. Some start during puberty; others start when they are adults. Other people never masturbate, and some people feel that having sexual fantasies and masturbating is in conflict with their religious or moral beliefs.

In some cultures, there are many myths that are meant to discourage people from masturbating. Here are some falsehoods about masturbation:



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- Masturbating makes you insane.
- Masturbating makes you grow hair on the palms of your hands, cause pimples on your face or make you go blind.
- Masturbating makes you pale and make you use up all your sperm.
- Masturbation makes you weak and makes it impossible for a man to father children.
- Masturbation causes you to loose your desire for the opposite sex.
- Masturbation makes you become a proud and self-centered person.

None of these myths are true. From a medical point of view, masturbation is considered normal part of development. It is normal if you do masturbate, and it is normal if you don't. There is no specific evidence that masturbation causes any physical or psychological harm.

Masturbation is only considered a problem when:

- It is excessive – the person cannot function or get through daily tasks without masturbating.
- It is done in public places where other people may see.

Experts in human sexuality consider masturbation one normal way for people to enjoy and express their sexuality without risking pregnancy or STIs, including HIV/AIDS. Nothing will happen to your body, even if you masturbate a lot. The only thing that can happen is that your genitals might get sore from rubbing them too much.

Orgasm

If your sexual excitement increases, you might be heading for what is called an “orgasm.”

In a boy, an orgasm is easy to identify. Muscles suddenly contract all along the penis, pushing semen out of the penis. For the girl, there are also muscle contraction inside and around her vagina, pelvis and clitoris. Sometimes a bit of fluid comes out of her vagina, but she does not ejaculate.

An orgasm is like a sneeze, a feeling of muscle tension followed by release and relaxation. For most people, it is a brief feeling that lasts about 10 seconds, but it is a good feeling that most people like to experience.

For most girls, it takes time to start having orgasms through masturbation. This is fine. You are alone; you are exploring your body, and the sexual fluids that come out of you are not going to impregnate or infect anyone.

If you have an orgasm when you are just touching and cuddling someone else, it is a bit more complicated. There are two of you, and sexual fluids will contain HIV and other STIs if one or both of you is infected (read chapter 10 for more on STIs and HIV).

3.2.3 Virginit y and Myths

There are many myths about virginit y:

1. *I heard that a girl can lose her virginit y through sports. Is it true?* No! Virginit y can only be lost through sexual intercourse. Playing sports is good for girls, and it can't possibly cause them to lose their virginit y.
2. *Can some herbs restore a person's virginit y?* No herb can restore virginit y. Once lost, it is lost forever.
3. *My friends say that if I remain a virgin too long, I will develop illnesses and abnormalities.* Not true! You can stay a virgin all your life without bad effects.
4. *Is it true that if a girl stays a virgin too long, her hymen will harden and she will have problems with sex?* This is nonsense! The hymen is a thin piece of tissue. It does not harden with age, and waiting to have sex will never hurt too.
5. *You can tell virgins by the look on their faces.* False! You cannot tell a virgin from their looks. It is only a virgin who knows his/her status.
6. *After you have lost your virginit y, you have to continue having sex.* Not true. You can stop having sex whenever you want.
7. *I heard that you shouldn't use condom if you are having sex with a girl who is a virgin because it takes a lot of force to break a girl's virginit y – so much that you will break the condom. Is this true?* No! Boys and girls who are virgins can comfortably use condoms without any problem. The hymen is a very thin piece of tissue, which tears easily.

3.2.4 Sexual Intercourse



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Sexual intercourse is what most people think of as sex. Sexual intercourse is when a male and a female put their bodies close together and the male's erect penis goes into the female's vagina.

Why do people have sexual intercourse? There are many reasons – some good and some bad. Here are some reasons:

- To be loving and intimate. For two people who are very close, sex can be very intimate and loving. However, some people have sex because they think it will bring love and intimacy to their relationship. They think that having sex will prove that there is love between them. But this does not usually work. Intimacy comes from talking honestly and sharing emotions. Sex doesn't bring two people closer together if they weren't close to start with. And having sex does not mean that two people love each other.
- To satisfy sexual feelings and the need for physical affection. Some people think that you need to have sex to satisfy sexual feelings – just as you need to drink when you feel thirsty. But sex doesn't always work that way. In fact, sometimes having sex is *less* satisfying than holding hands, cuddling and kissing. If the two people are not in a close relationship, having sex can be very *unsatisfying*.
- To try to keep a boyfriend or a girlfriend. Many people have sex because they're afraid of losing the relationship if they don't have sex. This is one of the worst reasons to have sex. Anyone who would leave you because you don't want to have sex does not love you (see chapter 12 for more on this).
- For gifts. Many people have sex to get gifts, money or other favours, like getting good marks in school. This can be very complicated, for example if your sexual partner is paying your school fees. But these are the wrong reasons to have sex. They won't make you feel good about yourself. You shouldn't use your body to get something from someone else. No matter what it is – money, presents, special treatment – it's not worth it!
- To feel grown up. Many people rush to have sex because they think it will make them mature. But having sex really doesn't change anything about you inside. It won't make you mature, and it doesn't make you an adult.
- To fit in with or impress peers. Many young people feel as though everyone around them is having sex – as though they are the only ones who aren't having sex. This



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can be worrying, and some adolescents have sex simply because they think their friends are all doing it. But the truth is that most people don't tell the truth about sex, and many people make up stories because they want to impress other people.

Many of your peers who say they're having sex really are not having sex.

- To have a baby. Sexual intercourse is the only kind of sexual activity that will give you a baby. Most people want babies at some time in their lives, but few want to have a baby during adolescence (read chapter 11).

Sexual intercourse is how most people in the world have got HIV. If you are not ready to protect yourself and your partner by always using a condom, you are not ready for sexual intercourse.

3.2.5 Deciding Not To Have Sex

Many young people choose not to have sex for some very good reasons:

- They are worried about pregnancy and STIs/HIV/AIDS, and they do not want to take risks.
- They are too young and do not feel ready.
- They don't want to disappoint their parents.
- They feel it goes against their values or their religion.
- They would rather wait and concentrate on their studies.
- They want to be sure that their boyfriend or girlfriend truly loves them.

If you are faced with the decision whether or not to have sex, remember that sex can have serious consequences like HIV and unwanted pregnancy, which could change your life forever. You need to think through this decision very carefully, keeping this in mind:

- Waiting is the best way to stay safe and to stay healthy.
- You have the right to say "No" to sex and to stick with your decision.
- If you decide to say "yes" to sex, you must practice safer sex to avoid pregnancy, HIV/AIDS and other STIs. No condom, no sex.

State one falsehood associated with masturbation.

3.3 Sexual Health

Your body is special too. Are you protecting it? There is a lot you should know about staying healthy and protecting yourself from reproductive health problems.

When most people think of reproductive health problems, they think about sexual transmitted infections and HIV/AIDS. These are serious problems, so it is a good idea to know how to take good care of yourself and how to avoid risks.

3.3.1 Ways to Avoid STIs (Sexually Transmitted Infections) and HIV

- Do not have sexual intercourse, Delay starting sex or stop having sex.
- If you have sexual intercourse, always use a condom from start to finish of the sex act.
- Go with your partner for an STI check-up, including an HIV test, before starting sex. Depending on when you last had unprotected sex, you may need more than one HIV test to be sure you are free of HIV.
- Make sure that neither of you have any infections before you start having sex and remain faithful to each other.

That sounds easy: one, two, three ways to stay safe. But there is more to think about. If you have had sex and decide to stop, you should still get a check-up. You may have an STI without realizing it.

If you and your partner use condoms all the time, that's great. But keep it up! Many people start out using condoms, but after a while they start to think: "I trust my partner. We can stop using condoms." This is not okay! Before you stop using condoms, you both need to have STI check-ups, including at least one HIV test. Even if you and your partner have check ups and do not have any STIs, it is best to continue using condoms. What if one partner has sex with someone else? Also, you still need to avoid pregnancy.



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3.3.2 Going for STI Check-Up
If you have had unprotected sex, you need a STI check-up, Whether or not you have any symptoms.
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Going for a check-up can be a bit nerve-racking. Unfortunately, some health workers can be judgmental and unsympathetic towards adolescents. They think you shouldn't be having sex and they let you know! These days, many clinics charge fees for STI services, but some clinics provide reduced cost services to adolescents so ask around, and try to find an adolescent friendly healthy centre. Even if the health workers are unfriendly, stand your ground, and keep asking for what you want. It is very unlikely that they will refuse to care for you. Be assertive.

At good health facilities you will also get counseling about important decisions such as:

- Do you want to continue having sex?
- Do you want an HIV test?
- How can you talk to your partner about using condoms?
- Should you use contraception's? What method is right for you?

Many clinics will give you free condoms, so start using them faithfully, and make sure that your partner also gets proper treatment.

3.3.3 Testing for HIV

There are many reasons to test for HIV. If you are worrying constantly about HIV infection and are anxious about every pimple or cough that you get, probably the only way to put your mind at rest is to have an HIV test. If you have had sex with someone who has fallen sick and you hear that he or she has AIDS, then you will also worry greatly. Probably the only way to put your mind at ease is to test and to find out whether or not you are okay. Never assume that you are infected. Always test to find out.

3.3.4 Safer Sex and Condoms

Safer sex means sexual practices that greatly reduce your chances of getting STIs, including HIV, or getting pregnant. If you want totally safe sex - 100% sure safe sex –



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[you cannot get yourself or anyone else pregnant.](#)

then the best choices for you are masturbation and abstinence (no sex). You are alone. The only body fluids and private parts are yours. You cannot get infected with anything, and you cannot get yourself or anyone else pregnant.

CONDOMS

A condom is a soft tube made of rubber that is put on a man's penis before sexual intercourse. When the man ejaculates, the sperm is caught in the tip of the condom. Because the sperm is collected in the condom the male's fluid does not enter the woman. Likewise, the condom covers the male's penis so that the female's fluids do not touch it.

If used correctly, condoms provide very good protection against STIs including HIV/AIDS, and pregnancy. Condoms keep bacteria and viruses in the vaginal from coming in contact with the penis, and they prevent sperm, bacteria and viruses in semen from entering the vagina.

Though condoms may look very thin, they are made of strong, latex rubber. They are tested electronically to be sure that they are of good quality. Some people say that condoms have tiny holes that are big enough to let HIV through, but this is not true. HIV cannot pass through condoms, and condoms can only get holes if they are old or have been stored badly or have been roughly handles.

It is very important to follow the rules of condom use – use each and every time:

1. Open the package carefully along the edge. Do not use your teeth, and be careful that your fingernails do not damage the condom.
2. Do not unroll the condom. Put it on the palm of your hand. One side will stand up like a hat.
3. Put the condom on the penis as soon as it is erect and before the penis touches the vagina. Hold the tip of the condom as you unroll it down the penis. The condom should unroll easily. If it does not, it is inside out. Throw that condom out and use a new one. Do not use the condom that was inside out because it can have some semen on it, which can contain sperm or STI organisms.
4. Keep holding the tip of the condom as you unroll it down to the base of the penis. This extra space at the tip will catch the semen during ejaculation.

After ejaculation, hold the rim of the condom firmly as you withdraw the penis from the vagina. This will prevent the condom from slipping off. Take the condom off without spilling any semen.

6. Throw the condom away in a pit latrine, burn it or bury it. Do not leave it where children will find it, and do not flush it down the toilet.

SELF ASSESSMENT EXERCISE 3

State one way of caring for your sexual health

3.4 Pregnancy and Contraception

It takes two people – a male and female – to become pregnant. Both people are responsible. Pregnancy and preventing unwanted pregnancy are as much of boy's responsibility and concern as they are of girls too.

3.4.1 Pregnancy

Whenever a male and a female have unprotected sexual intercourse, it is possible for the female to become pregnant. When a male ejaculates in a female's vagina, sperm are deposited, and they immediately begin to swim towards the cervix. The sperm will swim up through the cervix, into the uterus, and into the fallopian tubes when they can live for approximately 3 to 5 days.

If an egg is already there in one of the fallopian tubes or arrives in the fallopian tube within those 3 to 5 days, one of the sperm can enter the egg cell and fertilize it. The new cell (called a zygote), formed when the egg and sperm meet, divides to make two identical cells. These two cells divide into four, then the four divide to make eight, and so on. Soon a solid ball of cells has formed.

This ball of cells travels down the fallopian tube and attaches itself in the lining of the uterus. When the cells attach themselves to the lining of the uterus, it is called implantation. Implantation takes place about three weeks after your last period. This is the beginning of pregnancy. Keep in mind that pregnancy can happen if you have unprotected sex only one time. Pregnancy could even happen if the man ejaculates too close to the woman's vagina – even if they do not actually have sexual intercourse if the sperm are



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deposited just outside the opening of the vagina, they can still swim their way up through the cervix and the uterus into the fallopian tubes. It sounds unlikely, but it can happen!

3.4.2 Signs of Pregnancy

The most common sign of pregnancy is a **missed menstrual period**.

This is because the lining of the uterus is not shed when a woman is pregnant. It stays in the uterus, making a soft nest for the baby to grow in. Of course, a missed period does not always mean pregnancy because adolescent girls can have irregular menstrual periods for several years. Your period may simply be late or you may miss a month for no reason at all.

Other signs of pregnancy are:

- Tenderness of the breasts;
- Nausea (a feeling of wanting to vomit);
- Fatigue (feeling very tired);
- More frequent need to urinate.

A few women do not notice any of these signs. For example, some women have some light bleeding during the first three months of pregnancy, so they might think that their period is just much lighter than normal.

If you are not sure whether or not you are pregnant, you can have a pregnancy test done. In some places, you can buy a pregnancy test at a pharmacy. You can also have a pregnancy test done in a clinic. Sometimes the test is done on urine, and it can detect certain substances that your body produces only during pregnancy. A health worker can also give you physical examination to see whether or not you are pregnant.

Pregnancy normally lasts a total of 40 weeks (measured from the beginning of your last menstrual period). By the time you miss your period – about 28 days after your last period started – the little ball of cells (called an embryo) has already been growing in the lining of your uterus for about one week.

The embryo grows very, very quickly. By six weeks after your last period, the brain and back-bone are forming, and the heart starts to beat. By 9 weeks, the embryo is called a



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foetus. By 12 weeks, the foetus is recognizable as a human being, but has a rather big head. By about 20 week (five months), the pregnant woman can usually start to feel the foetus moving around inside of her. The foetus will turn and move, and it may also react to loud noises.

3.4.3 The Risks of Pregnancy and Childbirth for Adolescent Girls.

Pregnancy is risky for every woman, but it is especially risky for adolescent girls. The main problem for women under 20 is that the pelvis (the bones surrounding the birth canal) is still growing. Girls who become pregnant at a very early age often have very difficult deliveries because the pelvis is too small, and the baby cannot pass through it. This is called **obstructed labour**.

If the baby cannot pass out of the body, it may be necessary to have an operation called a *Caesarean section* in order to remove the baby through a cut in the woman's abdomen. In rural areas, many women with obstructed labour are not able to reach a hospital in time. The baby may die inside the uterus. In addition, the uterus may tear during a lengthy labour, and the woman may die of blood loss. This is one reason why many adolescent girls die in childbirth. A lengthy labour can cause other problems. After many hours of labour, the baby's head can stretch or tear the vagina, causing a hole between the vaginal and the bladder or between the vaginal and the rectum. This hole is called a fistula. Because of the hole, the girl or woman will not be able to hold her urine or faeces. Urine or faeces will constantly leak out through the hole, and down her legs. She will smell bad and may get sores from the constant irritation of the urine on her skin. In some societies, the girl or woman becomes an outcast. The only solution is a delicate operation performed by a specialist to repair the hole. It can be difficult to find a specialist, and this operation does not always succeed.

In addition to lengthy labors, teenage girls are also at risk of anaemia (weak blood), high blood pressure and dangerous fits during pregnancy, which can lead to exhaustion, infection, injury and death. Young girls are also at high risk of delivering premature and low birth weight babies.



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To reduce your risk for these problems you need to take very good care of yourself during pregnancy. Do not let pregnancy ruin your body or cause you permanent injury.

3.4.4 Coping With a Teenage Pregnancy

Nine months of pregnancy is a **big** strain on a girl's body. It can also be an emotional strain. Even for a married adolescent who wants to start having a family, pregnancy is a time when special care is needed.

Having a baby as an unmarried adolescent can have many different outcome. Sometimes the girls family is supportive and helps her make the best of a difficult situation. They help raise the baby, and help the girl go back to school to finish her education. It is wonderful when families are so supportive. Unfortunately, this is unusual.

More often, an unwanted pregnancy triggers a disastrous sequence of events. The girl's parents may pull her out of school because they are angry and disappointed with her. Or, she may be beaten and sent away from home. Or, she may be so terrified of her parents' reaction that she runs away. Her life becomes a misery, and the future of the baby is at serious risk, born to an unhappy, unprepared girl.

Many girls faced with an unwanted pregnancy seek illegal abortions. Though they know that illegal abortions are dangerous, they prefer taking the risks to being forced to leave school or being sent away from home. Each year across Africa, thousands of girls die or damage their reproductive organs having unsafe, illegal abortions (read more on this at the end of this chapter). Sometimes, a boy who impregnates a girl can run into problems too. He may be beaten by the father or the brothers of the girl. He may be expelled from school or even chased from his community. He may be forced to marry the girls and support the child, and therefore will not be able to pursue his own education and career goals. Or he may be made to pay a large fine to the parents of the girl

If you find yourself faced with an unwanted pregnancy, do not condemn yourself, and do not try to cope with it alone. Find someone to talk to – someone who can help you make the best of this situation. Do not make sudden decisions without getting all the information and advice you need or without thinking through your options carefully.

While it may seem difficult, it is very important to inform your parents or guardian of the pregnancy. You will need their help during this time and afterwards, especially if you want to continue your studies. You have a right to education, but you may need other people's help and support in order to return to school.

3.4.5 Abortion

Abortion is the ending of a pregnancy. Sometimes abortions just happen. This is called a miscarriage or a spontaneous abortion. The foetus dies and comes out of the uterus. Diseases like malaria or sexually transmitted infections (STIs) can cause this to happen. A miscarriage can also happen if there is something wrong with the foetus.

If a woman has a miscarriage, she needs to see a health worker right away to make sure that she does not get an infection in her uterus. A health worker can also help identify what caused the miscarriage and provide treatment for an STI if it is needed.

Abortion can also be induced (deliberately caused) through a medical procedure. When performed by trained medical personnel under hygienic conditions, abortion is every safe medical procedure – one that is safer than childbirth. However, in most African countries, abortion is not legal – except for rare circumstances such as rape or incest, when the woman's life is endangered by the pregnancy or when the foetus is very abnormal and will not survive after delivery.

Not only is abortion illegal in most African countries, but it is also very unsafe. Abortions are performed under dirty and hazardous conditions, and frequently the person carrying out the abortion is not properly trained. Because abortion is illegal, the person may do the procedure in a rushed and panicky manner. All this puts the woman at very great risk. In fact, in many African countries one quarter of all death of pregnant during are used by complications of abortion. Unsafe abortions can result in very serious health problems. When instruments are inserted into the cervix, there can be injury to the bladder or intestines, or the cervix and uterus can be damaged. A damaged uterus may have to be removed, which means that the girl will never be able to have a baby afterwards.



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Unsafe abortions can also result in severe bleeding, infection and death. Inserting instruments into the cervix and uterus can cause heavy bleeding, and the girl could bleed to death. Herbs and other instruments used to induce abortion are often unclean, and they introduce germs into the uterus. The patient's uterus and fallopian tubes can become very infected, causing infertility or even death, herbs medicines or chemicals that are swallowed can make the girl very sick, and she may poison herself.

There can also be sad social consequences from trying to end a pregnancy. If other people learn that a girl has had an abortion, she may be sent away from school, face disapproving attitudes or be stigmatized by friends or family.

Nevertheless, many girls end up having unsafe abortions once they find themselves pregnant. They forget the risks of abortion as they panic over what their families will do if they find out about the pregnancy. They are desperate to continue with their studies. Their boyfriends may have left them or may be pushing them to end the pregnancy.

If you or someone you know is faced with an unwanted pregnancy, get help. Be honest with your parents/guardians about the situation. If your parents are not helpful, visit a youth centre and ask a youth counselor for advice about your options. Ask the youth counselor where you can go to talk with a caring and sympathetic health worker.

If you or someone you know has had abortion and feels unwell, go to a hospital quickly. Bleeding, chills, fevers and/or an offensive discharge are signs that something has gone seriously wrong. Your health and your life are in danger so medical care is very important. No matter what the legal status of abortion is, health workers have a professional and ethical obligation to help anyone in trouble. Do not let fear prevent you from getting life-saving medical care.

Of course, the best way to protect yourself against the consequences of unsafe abortion, is to avoid getting pregnant by mistake.

3.4.6 Avoiding Pregnancy



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The only foolproof way to avoid pregnancy is to abstain from sex. Abstinence is 100% effective, and it is safe emotionally and physically. If you are not having sexual intercourse, there is no way you can become pregnant or can impregnate a girl.

If you are sexually active, make sure that you and your partner use condoms to protect yourself against pregnancy and STIs. You should also seek help from a family planning clinic. There are contraceptive methods that adolescents can use to protect themselves against pregnancy. You need to take action with your partner now so that you do not get a baby that you cannot care for.

There are many different kinds of contraceptives that are perfectly safe for adolescents. Whatever method you use, be sure to use it correctly. For example, forgetting to take a pill can lead to an unexpected pregnancy.

3.4.7 Contraceptive Pills and Rumours

Rumours like are false and unscientific. Since the 1950s, millions and millions of women have taken contraceptive pills. Contraceptive pills are probably the most researched pills in the history of medicine. By following the lives of thousands of women for many years, doctors now know that contraceptive pills actually protect against cancer. Females who take pills have less cancer of the ovaries and less cancer of the lining of the uterus (endometrium) than females who have never taken pills.

There is another rumour that taking contraceptive pills during adolescence can damage your ovaries and make it impossible to become pregnant later in life. This is also false. Internal medical guidelines say pills are fine for women who have not yet had children. In fact, they are sometimes used to help adolescents manage painful and heavy periods. You do not need to have had a baby before you take pills. Pills will not harm your ovaries.

Some girls and women experience nausea, breast tenderness and weight gain when they start taking pills. These side-effects pass after a month or so. Almost all young women and older women can take pills. Only older women who smoke, who are overweight or who have high blood pressure or certain diseases of their blood system are advised against using hormonal contraceptive methods (contraceptive pills, injections and implants).



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3.4.8 Emergency Contraception

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There is one more method of contraception that you should know about. It is emergency contraception, a method that you can use to prevent pregnancy *immediately* after having unprotected sex – for example, if you forgot to use a condom or if you had the condom break or slip off accidentally (which is very rare if they are used properly).

Emergency contraception is becoming more widely available these days. If you do have unprotected sex and are very worried about pregnancy, you can rush to a health worker and ask about emergency contraception. If you have been raped, request for emergency contraception from a family planning clinic or a youth centre near you within **72** hours (three days).

Taking emergency contraception involves swallowing a certain combination of contraceptive pills over a 12-hour period within 72 hours of the unprotected intercourse. These pills can make you feel sick to the stomach, and they may also cause you to vomit. Emergency contraception prevents about 3 out of 4 pregnancies that would otherwise have occurred, but it does not cause abortion. Emergency contraception does not work once pregnancy has begun. That is why it is so important to get it *immediately* after unprotected sex. **Never try to take these pills without the advice of a trained health worker.**

SELF ASSESSMENT EXERCISE 4

Mention two risks associated with teenage pregnancy

3.5 Pressured Sex

Sometimes, people—men and women, boys and girls—have sex when they do not actually want to do it. They may feel pressured by a boyfriend or girlfriend to have sex as a proof of love. They may be pressured to have sex in order to pay back for gifts or money they have received. Or, they may simply be forced to have sex by someone who is bigger and stronger.

Unwanted sex is dangerous. It puts you at great risk for pregnancy and sexually transmitted infections (STIs) including HIV/AIDS. It also puts you at risk for emotional ill-health. It can be very painful and traumatic to have sex against your will.



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The best way to protect yourself is to learn how to recognize and avoid situations where you may be pressured or forced to have sex against your will.

3.5.1 Pressure from Boyfriends and Girlfriends

Sometimes boys tell their girlfriends that they should prove their love by having sex. And some girls tell their boyfriends the same thing. Some people will even threaten to break off the relationship if their partner will not have sex.

It can be very difficult when someone whom you love and care about tells you that you should have sex with him or her. You might feel as though the only way you can keep the friendship is by agreeing to have sex. You might feel as though; you should have sex because you care about the person and want him or her to be happy.

In this type of situation, it can be very hard to know the difference between what the other person wants and what you want. It can be easy to get confused about what is right for you.

If your boyfriend or girlfriend is pressuring you for sex, think about these questions.

- What are your values? Do you believe it is okay to have sex at this point in your life? Or do you believe it is better to wait until later, such as when you are married?
- Do you feel okay about the idea of having sex? Or does it make you feel uncomfortable?
- Do you feel that you can refuse sex or does this go against what you think is right for a girl or a boy to do? For example, in some places, it is very hard for a girl to say “No” to a boy or man because she has been taught that she always should be submissive. In other places, it can be very hard for a boy to say “No” because he has been raised to believe that a man always wants to have sex. He may feel that saying “No” will mean that there is something wrong with hi.
- Do you think your partner will still love you and respect you if you refuse?

Your answers to these questions can tell you a lot amount whether or not you should have sex with your friend. Whether you are a girl or a boy, you have a right to refuse sex. It is your body, and you should make your own decision about sex. If you do not believe that



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sex is right for you at this point in your life, you should not do it – no matter what your boyfriend or girl-friend says. If you do not feel comfortable with the idea of having sex,

Most importantly, if you think that your boyfriend will not love you if you refuse sex, then perhaps he or she does not really love you at all. **No one who truly loves you would pressure you to do something that you feel is wrong for you.**

If you are not sure whether or not your girlfriend or boyfriend will stay with you if your refuse sex, perhaps the best thing to do is to wait and see. Tell your friend that you love him or her, but that you have decided that you are not ready for sex. If he or she says that's okay, then you can relax. You can take your time. You can enjoy your good relationship without rushing into sex.

However, if your girlfriend or boyfriend decides to leave you, this can be hard because it shows you that your friend did not truly love you. You may feel very sad and lonely. You may think that you made the wrong decision, but you did not! You did what was right for you. In the process, you found out that your boyfriend or girlfriend only wanted to use you and did not truly care about you. Of course, this is a very sad discovery, but it is better to have discovered it early on. It would have been worse to find this out after you had had sex with that person.

3.5.2 Pressure from Adults

Sometimes older adults, including people who are married, pressure young people for sex. Most commonly, it is older men (sugar daddies) who want to have sexual relationships with young girls.

Often, the adult gives gifts, money or special treatment to the young person. The adult might give money for school fees, clothes or sweets. If the adult is someone like a school teacher or a bus driver, he might promise to give good marks or to give free rides.

But none of these gifts are really free. After some time, the adult wants “payment” for the gifts he or she provided. Usually, the young person has to “pay” through sex.



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Even though it can seem exciting to have an older person interested in you, and it might make you feel attractive and important, these kinds of relationships are very bad. They can be very dangerous for you.

- They can put you at risk for STIs, HIV/AIDS and pregnancy.
- They can disrupt your studies.
- They can make you the target for the anger of the wife or husband who might end up attacking you.

When there are big differences in two people's age and income, the relationship is not equal. You might feel powerless. You may feel afraid to say "No" to sex because you know you took money or gifts. You may also feel afraid to tell the adult to use a condom.

It can be very tempting to enter into a relationship with a sugar daddy or a sugar mummy especially if you do not have any pocket money and your parents cannot afford to buy you treats and nice things. However, no gift and no amount of money are worth the price you will have to pay.

If an older man or woman is trying to give you gifts or money, and is pressuring you to have sex, be assertive. Say "No" and leave right away. Explain what happened to your parents, an aunt or uncle or a youth counselor. Ask them to help you cope with the situation. Do not try to deal with it all by yourself.

Some young people are pushed into "sugar daddy" types of relationships by their own parents. This can happen because the parents are poor and cannot afford to pay for school fees, food, clothes and other things. This is a very difficult situation for any young person. If you are in a situation like this, you need to think creatively:

- Whom can you turn to for help? Can you talk to another relative, such as an aunt, uncle, grandparent or older sister or brother? Maybe they can pay your school fees or help your parents to make ends meet. Can you talk with someone else in the community, such as someone at your church or mosque or someone at a youth centre? They may know how to help you solve your problem.

- Can you earn some money? Can you do some work, like selling vegetables, groundnuts, popcorn or sweets after school to earn some money?

There are many people around you who may be able to help you if they know your problem, so ask for help! Do not try to cope on your own.

3.5.3 Sexual Abuse

Any type of unwanted sexual touching or founding is sexual abuse. It could be touching of the breasts or touching of the private parts. It could also be sexual intercourse. Any kind of sexual contact that is not wanted is abuse.

Sexual abuse is usually committed by an adult who knows the young person and has power over him or her. The adult might be a neighbour, family friend, teacher, religious leader or a community leader. The adult might also be a relative, such as a parent, step-parent, uncle or auntie, or an older brother or sister.

Sexual abuse can involve threats, bribes, humiliation, tricks and violence. The adult might threaten you, or the adult might give gifts in order to make you co-operate. The adult might try to trick you or trap you into doing something. The adult might also threaten to hurt you or your family if you tell anyone about the sexual abuse. The adult might try to confuse you by saying that the relationship should be a secret.

Sexual abuse is very wrong, and it can be very confusing. Here are some things to keep in mind:

- Your body is your own
- You have the right to decide who touches your body, how they touch it and when.
- No one should look at or touch your private parts in a way that makes you feel uncomfortable.

If someone touches you in a way you do not like, say “No” firmly and loudly. Be assertive. Find someone to talk to about the incident. Talk to a parent, an aunt or uncle, a grandparent, a friend, a teacher, or the mother of a friend. Get help.

3.5.4 Sexual Harassment

Sexual abuse is not always physical touching. Sometimes it is unpleasant sexual comments and physical gestures that make you feel uncomfortable.

Any kind of unwanted sexual attention is called sexual harassment. Examples of sexual harassment include:

- Calling a girl a slut, “loose” or generous” because of rumours that she has had several sexual partners.
- Whistling or commenting on a person’s appearance as she or he walks past.
- Making sexual jokes, such as jokes about girls’ breast or bodies.

Sexual harassment can occur almost anywhere – at school, on the street, at the market, or at home. Sexual harassment often occurs in public transport on the way to or from school. Sexual harassers can be complete strangers or they can be people you know, like a teacher, a neighbor, a relative or someone at work.

Sexual harassment is a serious matter. Words alone can damage your self-esteem. They can make you feel very embarrassed is natural. These feelings are your instincts telling you to be careful people who make unpleasant sexual comments obviously don’t are about your feelings. They do non mind if they hurt you. Sexual comments can be a warning that worse is to come.

The best way to cope with sexual harassment is to avoid people who make unpleasant sexual remarks. Do not look scared. Look calm and confident, and move away. Try to avoid similar situations in the future. For example, if there is someone bothering on your way to school, try to change your route or the time you travel.

include:

Remember, non one has a right to abuse you for the ou dress, or your past sexual behaviour.

- Talk to someone. Do not keep quiet. Talk to a parent, an aunt or uncle, youth counselor or a teacher you trust. Ask them to help you deal with the situation.

RAPE

Rape is a violent act in which a person is forced to have sexual intercourse. Victims of rape are usually female; however, boys and men are also raped sometimes.

Rape is an act of force, violence, brutality and humiliation. Many people think that rapists are violent strangers, however, this is actually quite unusual, and rapes by random strangers are very rare. Most rape victims know their attacker. The attacker is usually a boyfriend, a neighbour, an acquaintance, a relative or a family friend.

Many rapes of young people are **date rapes** and **acquaintance rapes**. Date rape is when a boyfriend forces his girlfriend to have sex against her will. Perhaps they were cuddling and kissing, but then the boyfriend forced the girl to have sexual intercourse.

Acquaintance rape is when the rapist is someone who is known, such as a friend, neighbour.

Date rape and acquaintance rape are rape. They are violent, painful, upsetting and wrong. Even if the boy and the girl were getting physical, the boy has no right to force the girl to go further than she wants. Even if the two have had sex before, but the girl does not want to have sex now, the boy has no right to force her. Even if the girl was wearing sexy clothes, the boy has no right to force her. In all these situations, the boy's act is still rape. It is very, very wrong.

Sometimes girls give conflicting signals. They may look as though they are enjoying what is happening, so the boy does not understand when she says she does not want to go further. Even if a girl does not give clear signals, the boy has no right to rape her. Rape is never a "fair punishment" for a girl who was giving unclear messages.

Friends hold the mistaken belief that a real man goes for the girl's wish. Other boys hold the mistaken belief mean "Yes." Neither of these things is true.

A real man is caring and considerate. He listens to what his partner says and takes it seriously. Boys need to learn to believe what girls say. When a girl says "No," she means "No". When a girl says "stop," boys should stop.

Everyone can learn how to reduce her or his risk of being raped. Whether you are a girl or a boy, the most important thing is to **trust your instincts**. For example, if someone is making you feel uncomfortable or threatened, pay attention to your feelings and act on them. Leave the person or situation immediately. Even if there is no obvious reason why this person is making you feel uncomfortable, you may be picking up some subtle signs that are important warning signals. You should never ignore these feelings. Pay attention to them and act on them.

Other ways to protect yourself against rape include:

- Do not be alone with someone whom you do not know well enough to trust. Go out with groups of friends and stay with the group.
- Do not go to someone's house if there is nobody else there. Do not go to lonely places where there are not plenty of other people around.
- If rape is a very common problem in your area, carry mixtures of ground pepper or sand so that you can throw it in the eyes of someone who is bothering you.
- If you are going out, make sure other people (parents, friends, an auntie or uncle) know where you are ongoing and when to expect you home.
- Know your own limits. Before you go on date, think about what you want to do and what you do not want to do. Do not try to figure this out when you and your friend are already cuddling and kissing.
- Be clear about your limits. If you do not want to have sexual intercourse, explain this clearly to your friend when the relationship starts to ensure that you both have the same expectations.
- Always have money on you when you go for a date so that you can find your way home if the date turns sour.

Split the costs with your friend. Do not let him or her think that you “owe” any sexual favours in return for money he or she has spent on you.

Do not take alcohol or drugs. Alcohol and drugs can make it difficult for you to be clear about your limits. They can make it hard for you to explain yourself clearly.

- Never accept a drink from someone you do not know, and never leave your drink unattended while you go to the toilet because someone could put a drug into your drink.
- If you are out on a date, and your friend begins to pressure you, give a firm and strong refusal. Do not leave any doubt that you mean “No” when you say “No.” Use a strong, loud tone of voice and look your friend right in the eye. Do not smile or look away shyly. Do not give your friend the impression that you want to be convinced or coaxed.

3.5.6 What to Do If Rape Occurs

Sometimes, despite a person’s best effort to protect herself or himself, rape happens. The girl or boy might be overpowered by the attacker, and unable to fight him off. This is a very terrible situation, so it is important to know what to do afterwards.

If rape happens to you or someone you know, this is what should be done.

- **Get medical care as soon as possible.** You must have a medical check-up to make sure that you are okay and to take care of any injuries or cuts you have.
- **Ask a parent, auntie, sibling or close friend to accompany you** to the clinic or hospital to give you support. Find someone who is strong, caring and dependable – some one whom you trust and who will not tell others.
- **Do not bathe before going for medical care.** Although one’s first instinct may be to wash thoroughly, this is not a good idea. Experts recommend that a rape victim should not even wash her hands because this can destroy physical evidence (dirt, semen, body fluids, hair, etc.) that could be used to prove that she was raped and by whom.
- **Wear, or bring in a bag, the clothes that were being worn** at the time of rape. The clothes can be used as evidence to prove that the rape happened.

ry to have a health worker of the same sex examine

ask if there is a female health worker who can examine

should check you for cuts, tears and bruises. She may

need to take a semen sample from the vagina.

- **Ask for emergency contraception to prevent pregnancy** (see Chapter 11 for more on emergency contraception). Also ask about getting tested for STIs and HIV. For the HIV test, you may have to return after 3 to 6 months to be sure that you have not been infected (see Chapter to for more on HIV and other STIs).
- **Ask the health worker to write down everything she finds.** This information can be used to help you prove that you were raped.
- **Ask the health worker for advice about where to go to report the rape.** If the health worker does not know, go to a youth centre or a women's organization. Ask them for advice about how to report the rape and where you can get legal help if you want to prosecute the rapist.
- **If you want to report the rape, do so as soon as possible.** Most countries have very strict laws and punishment for rapists. If you decide that you want to report the rape to the police or to the village elders, do not delay. It can take a lot of courage to report a rape because it may be painful and upsetting to talk about the experience. But you must summon your courage and report the rapist. If you do not, he will go free, and may hurt someone else.
- **Get counseling.** You must have someone to talk to about your feelings of fear, sadness, anger and pain. A professional counselor can help you sort through your feelings so that you can go on with your life.

It is important to know that in many countries, it is legal for a woman to have an abortion to amend a pregnancy that is the result of rape. If you think that you are pregnant, talk to a health worker or contact a woman's organization to find out what options you have.

It can take a long time to heal physically and emotionally after being raped. Be patient with yourself. Most importantly, do not blame yourself or assume that you were responsible for the rape. It was not your fault.

3.6 Drug Abuse

Sometimes people take drugs and other substances that do not have any healing purposes. These drugs change the way a person feels and thinks. They can make a person feel more sociable, smarter, cooler, braver and more exciting to be around. They can also make that person feel less worried or stressed. But these positive feelings do not last, and using a drug as a route towards happiness and success is very risky. Using this way is called drug abuse.

Drug abuse is a bad problem and it all around us. In fact, some drugs like alcohol and cigarettes are so much a part of our societies and lives that we hardly think of them as drugs at all. But alcohol and cigarettes are drugs, and people often abuse them.

Drugs are bad for your mind, your body and your relationships with other people. They can make you ill, and they can turn you into someone who will never achieve anything in life. They can make you do poorly in school, lose friends and fight with your parents. They can consume whatever money you manage to earn.

Drugs can also make it very difficult for you to implement your safer sex strategy. At all times you need to be clear-headed about sex. You need to be able to say “No sex. Nothing at all” or “I only want to kiss. I don’t want intercourse”. Or only with a condom.” Drugs make it hard to be clear-headed. They can make you take risks, such as having unprotected sex. As a result, you could end up with a sexually transmitted infection (STI) including HIV/AIDS. You could also end up pregnant or impregnating at girl.

3.6.1 Types of Drugs and Substances That Are Abused

There are many different drugs and substances that are abused by people. They can lead to real problems. Here are some of the drugs that are common and some of the affects that they can have on you.

juana, banghi, hash, pot, grass, weed, Acapulco gold from a plant. Usually people smoke the leaves, but a resinous version made from the stems of the plant. Cannabis can

make people feel relaxed and happy, or it can cause people to have intense feelings of panic and fear. Smoking it can cause you to have red eyes, dry mouth abs throat and increased appetite. You may feel sleepy, and your worries float away for the time that you are high. But your judgment will be poor, and you will have trouble making simple decisions.

Heavy and long-term use of cannabis is harmful to the lungs and can cause cancers. It also can affect your memory and your ability to concentrate and understand things. It can become impossible to study or hold a job because your memory and ability to pay attention are reduced.

- **Khat, qat, miraa or mairungi** are names for a leaf that is chewed in the Horn of Africa and in much of East Africa. This is a popular drug in some communities because it makes you feel more awake, energetic and confident. It also reduces hunger. The negative side effects of chewing this leaf include anxiety, aggression, impotence (where a male cannot have an erection), and hallucinations, which are visions of things that do not exist.
- **Petrol, glue, paint thinner and industrial products contained in spray cans** are sometimes inhaled to get “high.” These substances may make you feel warm, less hungry, less scared and happier – at least for a time. After breathing in these substances, you become sleepy and feel removed from your surroundings. This effect –and the fact that these substances are very cheap – makes them very attractive for street children.

These drugs can also cause nausea and vomiting. You may become disoriented and confused, and you may not be able to manage dangers in your environment. As a result, you could get hit by a car or bus because you cannot manage simple things like crossing a street.

Deeply breathing in these substances can cause unconsciousness (passing out or fainting), suffocating (inability to breath enough air) and death. Repeated use of these substances over time can permanently damage the lungs, brain and other organs in the body.

- **Tranquilizers**, including **Valium and Mandrax**. These drugs make you feel sleepy, relaxed and calm. They reduce your heart rate and slow down your breathing. Overdoes can quickly and easily lead to death.
- **Hallucinogens**, such as **angel dust, LSD** (also called acid, sugar cubes, and dragon) and **killer-weed**, are drugs that cause you to have visions of things that do not exist. These drugs cause shaking, loss of appetite, sleeplessness and raised body temperature. They can cause anxiety, violent behaviour, depression and paranola. While you are high on the drugs and seeing visions, you could injure yourself. Long-term use can cause memory problems, and overdosing on these drugs can lead to convulsion, unconsciousness and death.

“**Hard drugs**” (narcotics) include drugs such as **heroin** (also called junk, brown sugar and smack) and **cocaine** (called coke, crack and snow). In some places in Africa such hard drugs are a real problem, and many people take them, often using needles to inject the drug straight into their bloodstream. These drugs are very addictive. Once you start taking them. It may be very difficult to stop. People who are addicted feel as though they cannot go without the drug.

These “hard drugs” are completely illegal, and to get them you have to hang around people who break the law. These drugs are also expensive so some people who take them begin stealing to get enough money to buy the drug. Other people sell their bodies to get enough money to buy the drugs. Some people who take these drug share needles for injecting the drugs. This puts them at great risk for getting infected with HIV.

- **Cigarettes and Alcohol**

Most people don't think of alcohol and cigarettes when they think of drugs. However, alcohol and cigarettes are frequently abused like other drugs, and abuse has harmful effects.



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raggs, butts and fags) and **cigars**. Nicotine is the active ingredient in cigarettes and cigars. Nicotine does not make you high like marijuana, but it can impair your judgment. It can make you feel energetic, and

it decreases your appetite.

One great danger of nicotine is that it is extremely addictive. Have you ever seen a smoker trying to quit? They become very depressed, they can't sleep to concentrate, and they are irritable, angry and anxious. These feelings are so unpleasant that many people fail to stop smoking, and they try over and over again before they finally "kick the habit".

Not only is nicotine very addictive, but smoking is very harmful to your health. Smoking has been found to cause many cancers, including cancer of the throat, tongue, lung, breast and the large intestine. It damages the heart and blood vessels and puts you at risk of high blood pressure, stroke and heart attacks.

Smoking has also been found to cause impotence in men. This is because smoking damages the blood vessels in the penis, just as it damages other blood vessels in the body.

- **Alcohol** is the most common drug in African and indeed all over the world. Unlike most other drugs, alcohol is legal. In addition, it is available in very cheap forms. Therefore alcohol is the drug you are most likely to come into contact with. Often it is in the home. One or both of your parents may drink alcohol. You may have easy access to it, and it does not seem frightening because it is normal in your community.

It is easy to start drinking alcohol and not think much of it. Think again! Alcohol is a drug like any other drug. It slows down the systems of your body. After taking a little alcohol, your reactions may be slower, and it can be difficult to think clearly. With a bit more alcohol, your speech becomes slurred and you may become angry and aggressive. If you are unused to alcohol or take too much, you may vomit or become unconscious.

The long-term impact of heavy alcohol use is very serious; you may know people in your community who are heavy drinkers and who can't live without it. You may have seen how



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it destroys families, wrecks careers, and leads to health problems, such as brain damage and into trouble.

Alcohol, like most mood-changing drugs, removes your inhibitions, which are those feelings inside you that stop you from embarrassing yourself in front of others. Inhibitions stop you from saying things or doing things that you will seriously regret later.

For example, most girls when sober would not walk up to a boy and suddenly kiss him on the lips. But when a girl has taken alcohol, she may feel very free. She feels like kissing him so she does.

Alcohol can also cause boys to do things they wouldn't normally do. For example, after drinking alcohol, a boy might decide that he wants to have sex, whether his girlfriend wants to or not. He might try to force her to have sex. The alcohol makes him unable to think about his girlfriend's feeling. It also makes him unable to think about his girlfriend's feelings. It also makes him unable to think about the consequences of his actions.

When you think alcohol, the rules that govern your normal behaviour get loosened. Your ability to make good decisions is impaired so you lose your good judgment. Here is what one teenage says about alcohol. If a common drug like alcohol can cause you such problems, think what can happen if you take a harder drug like cocaine!

3.6.3 Factors Associated with Drug Abuse

Of course the best way to avoid having a problem with addiction is to never start using drugs at all. Therefore, it is good to understand why people start taking drugs so you can be aware of these reasons and make sure that you never fall into these traps.

There are a number of reasons why young people start using drugs – either serious drugs like cocaine and heroin or more common substances like alcohol and cigarettes:

- **First, many young people take drugs because their peers are doing it and because they want to fit in with a group.**



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their identity. If you want to be part of the group, you
gs they use. The group may beg you to try drugs and
ce they are using. Or they may get angry or abusive if

you do not try it.

- **Second, many take drugs because they want to escape from difficulties in their lives**

May be they had a fight with their parents. Or perhaps a friend has hurt them. They may be feeling sad, grieving, depressed or overwhelmed by problems. Drugs can seem like an easy way to take your mind off problems.

- **Third, some take drugs because they want to change who they are.**

Many adolescents do not feel they are good enough the way they are. They want to be bolder, funnier, louder, cooler and more mature. Drugs can seem like an easy way to be someone different.

- **Fourth, some people think drugs will give them the courage to do something they are afraid to do.**

There are many situations in life that require courage. You might be afraid to speak up in class. Or, you might be afraid to approach a girl or a boy you like. Drugs can seem like an easy way to get yourself over these fears.

- **Fifth, some adolescents believe drugs will make them smarter.**

They think that drugs will help them stay away so that they can revise longer and better.

- **Sixth, many young people take drugs because of boredom.**

They want to have fun and they do not know how else to entertain themselves.

- **Seventh, some adolescents take drugs because they feel hopeless.**

The do not feel as though they have a future to plan for and to live for. They take drugs because they feel as though it does not matter what happens to them.



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3.6.3 **Being Drug Free**
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Many adolescents grow up in environments where they are surrounded by many different kinds of drugs. But not every adolescent in these places gets involved in drugs. Some do, but many do not. Many resist the drugs and the peer pressure because they see the problems caused by drugs. These adolescents are strong, thoughtful and independent. They stay cool, they stay clean, and they do what is right for them.

Drugs and alcohol are out there, and depending on where you live, they may be easy to obtain. If you want drugs, you probably have a way of getting them. But just because drugs are there does not mean you have to use them. You can be cool, do your own thing and stay free of drugs.

Stay in control. Take an honest look at who you are and how you want to live your life. What is important to you, and what are your goals for the future? How can you achieve these goals? Think about where drugs and alcohol fit into your plans. Will they help you achieve your future plans or will they get in your way?

Here are some other tips from young people for staying free of drugs.

- *Get active:* Get involved in activities like sports or a church group. These activities will fill your time and will make you feel good about yourself. You will not be bored. You will not need to look to drugs for entertainment.
- *Be different:* Do not take drugs just to fit in a group. Be yourself. Do what is best for you.
- *Respect yourself:* I do not take drugs or alcohol to impress other people or to find the courage to do something. Respect yourself, and other people will respect you. And when you know other people respect you, you will find it is easier to find the courage for whatever you want. To do.

SELF ASSESSMENT EXERCISE 6

Name two reasons young people abuse drug

List three types of drugs commonly abused by young people

With their Parents

Some people have parents with whom they can easily get along and some people have trouble getting along with their parents during adolescence. Their relationship with their parents becomes more complicated. They start struggling and arguing about everything with their parents. They feel as though their parents are much too old-fashioned and traditional. They feel as though their parents don't trust them or have confidence in them. It can be difficult for parents to recognize that you are becoming adult who has his or her own opinions. They still think of you as a child. Be patient with them while they adjust to this big change in you.

Remember that your parents grew up during a different time. Even if your parents seem too traditional, find something positive about it. Your parents are a link to your culture, and this is an important and very rich part of who you are. You can learn a lot about your culture from your parents and elders. It would be sad to lose things like:

- Your local language or “mother tongue”
- The history of your people.
- Traditional music instruments, songs and stories.
- Traditional dances and cooking.

Imagine yourself without any of these things. Imagine if you did not know how your ancestors were. Who would you be? Where would you belong? Without a sense of our culture and our history, we are lost. Our ancestors, their language, culture, and beliefs are an important part of our identity. Don't undervalue them.

Of course, modern culture has a lot that's very good as well – things make our lives better, like education, modern medicine, and new ideas about the roles of men and women. For example, girls today have many more opportunities for education and exciting career than their grandmothers ever had. Old attitudes – like beliefs that women and girls should only stay at home to cook and take care of the house – are changing. Attitudes about traditional practices such as early marriage are also changing.



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You are living during an exciting time. You are exposed to many ideas. You have many options in terms of how you want to live your life. You can choose the best of both words – the best of your traditional culture and the best of “moment “culture. You can embrace what you like and think is good and you can reject those things that you think are bad.

As you try to make your own decisions about which traditional and modern customs you want to live by, try to be sensitive to the beliefs of your parents and elders. Talk to them to find out why they feel the way they do. Explain your own feelings and thoughts.

3.7.2 Communication With Parents

Lack of open communication is the cause of many struggles between young people and their parents. Sitting down to have an honest discussion is surprisingly hard for everyone.

Most parents want very much to help their children go through adolescence safely, but often they don't know how. They're afraid of embarrassing themselves. Their own parents probably didn't talk to them about adolescence and all the changes one goes through. Thus, it's very hard for them to help you when they themselves did not get much help. Like you, they may not have much experience in this area, or any role models to draw upon.

How does one learn to talk openly with parents, aunts, uncles, grandparents or other family members? How do you build a relationship where they trust you? Especially if you have been arguing lately, how do you even start? Of course, there's no simple answer, but here are tips you can try.

- **Show your parents that you can care about pleasing them.** Volunteer to help your parents with something they are working on – in the kitchen, around the house or in the garden, while you are working together, bring up the issue you want to discuss.
- **Choose a good time to talk.** Timing is everything! Choose a time when your parents are not too tired or busy. Maybe it is better to wait until the weekend when they are feeling more relaxed and less worried about work.
- **Start with easy topics.** Start with topics that aren't too embarrassing to you or to them and about which you don't disagree strongly. In many families, parents and their children only start talking to each when it's something serious – like when the children want to do something the parents don't like. This is a hard place to start.



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You can first try talking to your parents about a friend's situation or problem, rather than your own. This can give both you and

your parents a sense of each other's values and can help build

trust and understanding about a situation that is not too

personal. But don't betray your friend's trust, and do protect his

or her privacy. For example, you can talk to your parents about

the friend's problem, but don't name the friend who is in this

difficult situation.

- **Show you parents that you do care about their view.** Ask them what they think and why they feel a certain way. Try to understand their perspective and their concerns. Perhaps you think your parents don't want you going to discos simply because they are strict. But maybe they know something about the discos that you don't. Perhaps they have heard of girls being raped there or that people are pushing drugs there. They may have some very good reasons for feeling the way they do. Show them that you are interested in their reasons and care about what they think.
- **Be Respectful.** Your parents and your older relatives care a lot about respect. So even if you feel frustrated, try not to shout or make them feel you are being disrespectful. Also, be respectful of their values. While many of your values may be similar to those of your family, some may be different. If you want to live by different values than those of your par-old-fashioned or traditional to you.
- **Earn their trust.** Show your parents that you are responsible and that they can trust you. If they tell you to be home by a certain time, make sure that you are home by then. Be open with them about what you want to do and why. Don't try to sneak off to a disco when you've told your parents that are going to a friend's house. If you try to deceive them, they will probably find out and will feel as though you have broken their trust.

Your parents need to respect your privacy, but you should not abuse it by living a secret and risky life. Your parents also need to respect your choice of friends, but in return, you need to show them that you can choose friends well. Don't hang out with people who don't care about you and whose values fundamentally oppose those of your family.

- **Be open with your parents.** Remember, you are changing so fast that your parents may feel as though they hardly know you. It is your responsibility to make sure that they do! Talk to them about your dreams, your expectations and your needs so that

know you and what you want. Share your concerns and they would do in your situation. Let your parents meet whom you are going out with.

When your parents feel as though they know you well, they will feel better able to trust you. It will help them begin to accept you as the adult you are becoming and to stop treating you as a child. It will help them feel comfortable allowing you to make more and more decisions on your own.

- **Show your parents you care about them.** Just as you want them to show you that they love you, show your parents that you care about them. Do nice things for them to show them that you love them and want to please them.

Getting along well with your parents and coping with their strictness, their protectiveness, their big expectations and their traditional values can be hard. It will take time and patience. But it will be worth every minute and every bit of effort you put into it. It will be worth it because there will be times when your friends and peers cannot advise you as well your parents can.

SELF ASSESSMENT EXERCISE 7

State two tips adolescents can adopt to ease communication with their parents.

3.8 Reaching Your Dreams as an Adolescent

Everyone has dreams for the future – dreams of doing something great and being someone important and successful. These dreams are called aspirations. They are our ambitions and desires. They are the visions we have for ourselves and for our futures. What is your dream? Who do you want to be? How do you imagine yourself in 5 years? In 15 years? Who will you be, and what will you be doing?

It's about figuring out what your dreams are, and figuring out how to best achieve them. It's about making good decisions that will bring you closer to your dreams, and it's about coping with setbacks along the way.

It's not easy to achieve a dream. It takes a lot of hard work and determination, so the most important thing to do is to do something! Take action. Don't sit back and wait for things to happen to you. This is your future. You've got to build it!



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3.8.1 Planning Careers

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A few adolescents are extraordinarily talented at one particular thing, like math or music or drawing. It is almost as if the talent has chosen them, they become mathematicians, artist, piano, teachers, choir master, architects.

In addition, some people are very interested in one thing right from childhood, and that strong interest simplifies their decision about what to be. You might hear a parent saying ‘I always knew that John was going to be a veterinarian (a doctor for animals). He started caring for baby animals when he was just four years old’.

For people like this, life appears easy. It looks as though their path is a straight one. Their decision seems easy because they know exactly what they want to do, and they have a talent in their special areas.

But most of us are not like this. We are ordinary bright people who can do well at a number of different things. Who and what we eventually, become is a mixture of our likes and dislikes, our abilities, our willingness to work hard and the opportunities we have. For most people, achieving a dream is a long and winding path. It is not always straight for ward, and the right steps along the way are not always obvious. In addition, many unforeseen obstacles can appear in the path - things that must be dealt with creativity.

For most people, achieving a dream is a long and winding path. It is not always straight forward, and the right steps along the way are not always obvious. In addition, many unforeseen obstacles can appear in the path-things that must be dealt creativity.

Try to expose yourself to as many different careers and jobs as possible. How else can you know what opportunities there are for you out in the world? In some countries, adolescents volunteer for different organizations during their holidays. Occasionally, they get a little pay enough to cover their transport to and from home – but usually they get nothing. They are truly volunteering.

Don’t think that just because something is not school and it’s not a paid job that it’s not worth doing. If you can organize a volunteer job for yourself, you will probably find the experience very useful rewarding. For example, you can get a chance to see how an office works, and you can get a good sense about what the careers of the people working

...such a career is perfectly suited to you, or you might not be. It's important to know if a career is right for you! Either way, the discovery will be an important step in your journey. You can learn new skills, develop new interests and gain confidence in yourself.

As you think about the possible careers you would like to have, also about the steps that you will need to take along the way, For example, think about the interesting role models you identified. What do you think they had to do to get where they did? What do they think like least?

Most people are very pleased and flattered when someone is interested in their accomplishments and asks them for advice. Usually, people will be very eager to share their story with you and to try to help you along the path you are choosing. It can take some courage to approach an adult you do not know well, but most of them will be surprisingly nice and helpful. They can also give you some good advice about how to plan your own career.

3.8.2 Setting Goals

Its important to have a dream – something you are heading for in the future. But you also need some more immediate goals along the way.

A goal is a specific thing you want to work toward. There are two types of goals-long term goals and short term goals. Your dreams are your long-term goals. They are things you hope will happen in the distant future. Short-term goals are more immediate. They are the things you hope will happen tomorrow, next week, or nest year. Here are the short-term goals of some adolescents:

What are your goals? What are all the things you want to do by the end of this year? By the end of next year?

Goals are very useful. When you reach a goal, you can cross it off your list. It gives you a sense of achievement and accomplishment. It makes you feel good about yourself. It serves as proof that when you set your mind to something, you can succeed.

Goals should be realistic and possible. They should be something you can achieve. Sometime people set unrealistic goal for themselves, such as being very rich, Most people



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don't ever become very rich, probably had more specific goals, such as to start their business, they made it very successful one.

Sometimes people set negative goals for themselves, especially around sex. Some adolescents tell themselves:

- “This holiday I have to lose my virginity”
- “ I have to have sex by age of 16”
- “I have to try to have sex with another girl beside my girlfriend”.

These are not useful goals, and achieving them probably won't make you feel good about yourself. Think about it: is having sex truly your goal. Have simply set this goal because you feel pressure to keep up with peers? Do you think that all your friends are having sex and you are being left behind? These aren't good reasons for setting out to achieve something.

Think about what you yourself really want to achieve, and keep in mind the following guidelines on goal setting.

- Make sure your goals are positive and constructive.
- Make sure that your goals are realistic and possible
- Make sure they do not put you at risk
- Make sure they are your goals and not anybody else's goals.

After you've identified your goals, think about how you are going to achieve them. Make a good plan for yourself. Ask yourself four questions:

- **Why?** What steps will you have to take to achieve this goal? What will you have to do?
- **When?** When will you have to accomplish each of the steps towards your goals? When will you be able to achieve your goal?
- **What?** What will you need in order to achieve your goals?

For example, supposing your goal is to do better in math. **Why** do you want to do better in math? Maybe it's because you know you could do better than you've done in the past. You get top marks in all your subjects, except math. You're smart, and you haven't really had to study very hard in order to do well in other subjects. However, you find math more difficult.



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How are you going to improve your marks in math? Maybe you are going to start revising more. In addition, you might try getting extra help after class and doing extra problem sets.

When are you going to take all these steps? Maybe you are going to decide that you're going to spend a full hour on your math every day after school and two hours on the weekends.

What will you need to help you improve in math? Maybe you need more time. Perhaps you usually help out your aunt in her store in the afternoon. Tell your aunt about your goal, and ask her if she can let you go early so you can practice. Ask your teacher to give you extra problems sets to do.

If you plan well and work hard, you can accomplish your goals.

3.8.3 Staying Focused On Your Goals and Dreams

Sometimes it's hard to stay focused on a goal or a dream. Sometimes the result you want seems so far off in the distant future that it seems unreachable. You might feel tempted to enjoy the present and let the future take care of itself. You may want to stop studying so hard and simply enjoy your friends.

At other times, people may discourage you. They make you feel as though you will never be able to reach your dream. For example, some young people face a lot of pressure to get married early and start having children.

It can also be hard if you are trying to follow an unusual path – pursuing a dream that is different than those of your peers. It can be especially hard if you are pursuing a career path that most people your sex shy away from.

It can be hard to stay focused when other people are discouraging you and telling you that you cannot do something, it's just as hard to stay focused when other people are telling you to lighten up and have some fun.

No matter what other people say, stay true to your dream, if people tell you that you cannot do something simply because you are a woman or a man, prove them wrong. Work twice as hard. You can do almost anything you set your mind out to do. Men and women are equally capable, even if they aren't always given the same opportunities.



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If you are facing pressure from your parents to get married or to stop your studies early, try to get advice from a teacher, an aunt or uncle, a community leader or someone of your church or mosque. Ask these people for advice, and see if they can help you talk to your parents about the importance of continuing your education and training – your dreams are important and it will be hard to pursue them when you are taking care of a family.

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SELF ASSESSMENT EXERCISE 4

State the four important questions you should ask yourself when setting goals in life

4.0 CONCLUSION

Adolescent issues are an important component of family life education because of their health implication and the fact that adolescents are the future of any society. Having gone through this unit, I believe that you will now appreciate the position of adolescents in any family setting.

5.0 SUMMARY

In this unit, you were taken through some adolescents issues such as friendship and love, sexuality and sex, pregnancy and conception, drug abuse and pressured sex etc.

6.0 TUTOR – MARKED ASSIGNMENT

State and briefly explain five ways the Nigerian government can reduce (possibly eliminate) drug abuse.

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MODULE 3 SOCIO – HEALTH FAMILY ISSUES

Unit 1	Child Health
Unit 2	Childhood illness
Unit 3	Family and Stress
Unit 4	Family Lifestyle Issue
Unit 5	Socio-Family Issues

UNIT 1 CHILD HEALTH

CONTENT

1.0	Introduction
2.0	Objectives
3.0	Main Content
3.1	Child Health

- 3.1 Effects of Ill-Health on Children
- 3.2 Meeting a Child's Needs
- 3.3 The Child's Personal Hygiene
- 3.4 Promotion of Good Health
 - 3.4.1 Prevention of Illness
 - 3.4.2 Special Needs
- 3.5 Common Disorders in Children
- 3.6 Nutrition for Growth and Energy
 - 3.6.1 Food Storage and Hygiene
 - 3.6.2 Food Poisoning
 - 3.6.3 Food Preparation
 - 3.6.4 Mealtimes: An Educational Experience
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor – Marked Assignment
- 7.0 References / Further Readings.

1.0 INTRODUCTION

This unit dealt with the health of the child. Their needs, personal hygiene, prevention of illness, and so forth. Childhood stage is one of the most important stage in human development. Health habits are developed setting the pace for the quality of health status an individual will enjoy later in life. Parents and teachers should do well to pay extra attention to child health.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Explain why we should study child's health.



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- State some effects of ill-health on children.
- Mention three areas of personal hygiene that impacts on the child's development.
 - Name two ways of preventing childhood illness.
 - Name two special needs of children.
 - Describe two common disorders in children.
 - List six food nutrients.
 - Explain how mealtimes could be turned into an educational experience for children.

3.0 MAIN CONTENT

3.1 Child Health

We study child health so that we can:

- provide for the child and maintain good health
- educate the child who will eventually be responsible for his own health
- understand the effects and consequences of ill health
- help in the early recognition of conditions that will affect the child's subsequent health and development, e.g. hearing problems.
- Help to prevent the spread of illness.
- Help a child cope with ill health
- Avoid stereotypical assumptions and the stigma attached to certain illnesses, by being well informed.

Basic Needs of Children

A child has the following needs in common with all living things:

- Fresh air to breathe.
- Adequate food and minerals to maintain nutrition.
- Shelter and clothing.
- Protection from accidents and injury
- Help with maintenance of personal hygiene.



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- Promotion of good health and protection from illness.
- Emotional bond and loving relationship.

3.1.1 Effects of Ill- Health on Children

- **Physical Growth**

Frequent episodes of ill health, e.g. coughs and colds, will increase the body's energy requirements and this together with a reduced intake due to poor appetite and vomiting will cause a fall off in the child's rate of physical growth.

- **Appetite**

Most illnesses will cause appetite suppression for a variable period of time. Well nourished children will have reserves to tide them over, but vitamin and mineral deficiencies may result.

- **Motor Development**

Children who are frequently ill often have a significant delay in motor development. It is difficult to stimulate a child who feels unwell due to illness, pain, lack of sleep or all three.

- **Intellectual Effects**

Each day is a working day for a child, and by working of course we mean learning. Unlike most adults, children do not take 'sick leave', but nevertheless their ability to learn can be impaired even with the most 'trivial' of illnesses.

- **A Suitable Environment**

A suitable environment should provide fresh air to breathe and shelter to enable us maintain a normal body temperature. Safety, good hygiene and facilities for exercise and rest are also important.

The inhalation of fresh air is essential for good health. Lack of fresh air can contribute to:

- listlessness and poor mental functioning
- The spread of airborne infections, e.g. influenza, measles, rubella, via water vapour.
- Inhalation of pollen and house dust which provoke allergic reactions in some individuals, e.g. hay fever and asthma.
- Inhalation of substances which pollute the atmosphere, e.g. lead from petrol fumes, and carcinogens from passive smoking.

Many emotional and behavioral problems have their origins in episodes of ill health. In the cases of chronic conditions such as asthma and epilepsy, the attitudes of parents and teachers often exacerbate worries that child may be harbouring an emotional instability with occasional aggressive outbursts.

Frequent hospital admissions are traumatic and frightening, and often mean separation from family and the security of familiar surroundings.

- **Social Effect**

The child, whether healthy or not, is a member of society. A child's illness or disability will affect and be affected by society. The attitude of a child to his particular complaint will be influenced not only by his personal experience, but by the attitudes of those with whom he socializes on a daily basis, his parents, siblings, teachers and friends, ignorance and misinformation can cause unnecessary embarrassment and this in turn may lead to worsening of the original condition, e.g. a child with asthma may omit to take his inhaler when necessary.

SELF ASSESEMENT EXERCISE 1

Can you mention three basic needs of children?

State two effects of ill-health on children

3.2 Meeting a Child's Needs

This first relationship with its mother and immediate family is vitally important for future physical, emotional and social development of the child.

As the child becomes older he becomes gradually more independent and the responsibility for his care is shared with others, e.g. child minders, nannies, nursery staff and school teachers. Any person to whom a parent entrusts a child should have knowledge of the needs of that child and should be capable of meeting them. It is the responsibility of the parents to ensure that this is the case, but with regard to registered childminders, nurseries and schools the responsibility also lies with the local authority and government agencies.



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However, many decisions in child rearing remain the responsibility of the parent, e.g. whether or not to have the child vaccinated to protect against disease, whether or not to raise the child on a vegetarian diet or in accordance with the customs of a particular religious or cultural group. Parents are offered the advice of many social, religious and health care groups in these matters.

- Avoid exposure to cigarette smoke.
- Avoid areas with high levels of traffic fumes especially in humid weather when there is little air movement to disperse the fumes.
- Ensure adequate ventilation in order to replace expired air with fresh air. Expired air is saturated with water vapour which harbours germs and causes the lethargy one associated with being in a “stuffy room”.
- Avoid exposure to paints fumes and dry cleaning solvents in poorly ventilated areas.

- **Clothing**

All surfaces from which heat can be lost should be adequately clothed, including the head, hands and feet. Heat loss is doubled by removing all a child’s clothes.

- **Wind**

When the air adjacent to the skin is rapidly replaced with cooler air heat is lost more rapidly. Extra clothes should therefore be worn in windy conditions.

- **Water**

Children should not be left unclothed for long periods after bath time as heat is rapidly lost through wet skin.

- **Exercise**

Children should be encouraged to run about outdoors in cold weather as heat production is increased during exercise. And outside during the hot weather.

- **Indoor environment**

Rooms should be free of damp and draughts and should be protected from swings in temperature. Room temperature should be 68⁰ to 72⁰ F (20⁰ to 22⁰ C) for a baby and around 64⁰ F (18⁰C) for an older child.

- **Clothing**



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Outdoor clothing should be removed indoors. A child with a fever should have a layer of clothing removed so that heat can be lost.

Most of our knowledge of the benefits of sleep has been deduced from observations of the ill effects in those that are deprived of sleep is a state of unconsciousness from which a person can be roused by an appropriate stimulus. There are two different types of sleep:

- rapid Eye movement (REM) sleep during which dreaming is said to take place.
- Non- REM sleep or slow wave sleep.

Both forms of sleep are said to be essential for healthy functioning of the nervous system.

The question of how much sleep is needed is the subject of much debate. Generally adults need less sleep than children but there are enormous individual variations. Whether or not a child has had enough sleep should be judged by the activity level during the day.

The effects of lack of sleep can be serious. It can cause irritability, poor concentration, visual problems and even hallucinations and psychotic behavior. We know that the body increase its production of growth hormone during sleep and the regulation of cortisol is affected by sleep. However, no physical condition has even been directly attributed to lack of sleep.

Facilities for sleep are important. Whether at home or in the nursery, many children find comfort in routines before sleep time. This might involve having a snack, a bath or listening to a bedtime story. Clothes for sleep should be light, warm and non- restrictive. Pillows are not considered necessary for infants and bedclothes should allow movement during sleep.

SELF ASSESEMENT EXERCISE 2

List three ways of meeting a child's needs

3.3 The Child's Personal Hygiene

Personal cleanliness promoted a feeling of well- being, helps prevent infections and aids the removal of waste products; e.g. dead skin scales are removed by washing. There are, of course, social and cultural variations in personal hygiene routines and practices. Babies and toddlers rely on their carers but as a child grows he conforms to the routines instilled in



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It is most important for parents to set up these daily routine and for the carer/ educator to encourage practical life exercises for care of self in the school. Examples are given in

A daily bath helps to remove dead skin scales and dirt from the skin. Soap and soap substitutes help remove grease from the skin, but may cause irritation in some children. Water temperature should be tested before the child is put in and care should be taken to prevent burns from the hot tap. A child should never be left unsupervised.

- **Hair**

The frequency of hair washing and conditioning will be determined by the hair type. Special shampoos may be needed for certain scalp conditions, e.g. head lice. Frequent brushing encourages the distribution of protective scalp oils and helps prevent head lice.

- **Nails**

Dirt and germs are frequently harboured under fingernails, and infections are often transmitted on dirty hands. Both in the home and during exercises of practical life in the classroom it is important to teach children both how to use a nails as part of their daily routine.

- **Feet**

Shoes and socks should allow circulation of air and room for growth. Accumulation of sweat and moisture may predispose the feet to infections and blisters, so young children should be shown how to dry their feet thoroughly. Their toe nails should be cut regularly and straight to prevent in – growing.

- **Ears**

The ear canal produces wax which has a cleaning function and finds its way to the edge of the ear of its own accord. It should be wiped away with a piece of cotton wool when necessary. Never insert a cotton wool bud or sharp object into the ear canal. It could perforate the ear drum or damage the ear canal if the child suddenly moves.

- **Toilet**

Toilet training should take place around the age of two years. Hygiene potties or trainer seats are now in widespread use and most children seem to conquer the new achievement without much trouble. It is important that the parent or carer does not become over anxious and try to force the child before he or she is ready. Hand washing should be included as part of the routine from the outset.



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Teeth

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Teeth begin to appear gradually between the age of about six months and two and a half years. They should be cleaned with a soft brush and a small amount of fluoride toothpaste as soon as they begin to appear.

Avoid prolonged contact with sugary food and drinks which will encourage decay and gum disease, for example it is not a good idea to encourage sucking sugary sweets or sleeping with a bottle of juice or dipping soothers in honey. Another good idea is to choose medications for children which are sugar free, e.g. paracetamol and teething gels.

Children benefit from healthy teeth and dental hygiene should be encouraged from an early age. Young children can be shown how to clean their teeth and encouraged to do so after every meal. Older children can be shown how to use dental floss. Parents should be encouraged to take their children for regular check ups. Healthy teeth will.

- Permit adequate chewing and digestion of food.
- Prevent toothache, gum disease and bad breath.
- Promote speech development, if the teeth are well positioned.
- Prevent the serious infection of the heart lining (bacterial endocarditic) which can result from bacterial in the mouth entering the bloodstream.

SELF ASSESEMENT EXERCISE 3

Explain five daily routines a parent can undertake to maintain a child’s personal hygiene

3.4 Promotion of Good Health

Good health promotion is an important responsibility of parents and carers today. The most effective way to do this is to provide for a child’s basic needs, encourage independence through exercises of practical life, both in the home and in school, and ensure by education and example that the child is well informed on all matters relation to health care.

Carers and teachers need to have an understanding of good health. Many teaching aids and pamphlets are available for children. It is also a good idea to encourage a visit from the school doctor, health visitor or dentist to help develop awareness (school health Services).

3.4.1 Prevention of illness

- This can be brought about by:



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- eating a nutritious diet;
- paying attention to hygiene especially in relation to food handling;
- avoiding contact between healthy children and those suspected of having an infectious disease;
- providing immunization as at when due.

3.4.2 SPECIAL NEEDS

As recently as two decades ago children with special needs attended “special schools” but it became increasingly clear that the range of abilities among children with special needs was as varied as that among “normal” children. Therefore it is important for childcare workers and teachers to have some knowledge of the common disorders and medical conditions that affect young children.

Kinds of special needs

- **Temporary**

A child may have a limb in plaster following a fracture, or may be confined to a wheelchair while recovering from a surgical procedure. The needs here will be short-term and one would expect the child to return to full function after a specified period of time. However, it is important that this time is not lost in terms of development and education. Special provisions will have to be made to ensure as little disruption of a child’s lifestyle as possible.

- **Transient**

It is not uncommon with pre-school children for there to be a delay in development of one kind or another. For example, due to maturation there may be some speech disorder which can be dealt with by a speech therapist and eventually the ‘special’ needs is met and the problem overcome.

- **Permanent**

An example of a permanent special need is Downs Syndrome which is a genetic condition with a low IQ for which there is no curative treatment.

A child with special needs may have difficulties which are physical, intellectual, or related to learning or communication, or any combination of these. It is important to emphasize a child’s abilities rather than his disabilities to maximize his progress in the nursery or



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school. Unfortunately many disabled children are stereotyped under umbrella terms such as 'mentally retarded' or 'spastic' which do little to describe their disability or to outline their abilities. A child with cerebral palsy, for example, may suffer from a disability ranging from a slight limp to a severe limitation of physical and intellectual function.

SELF ASSESEMENT EXERCISE 4

Mention two ways of preventing illness during childhood

3.5 Common Disorders in Children

- **Cerebral palsy**

This condition is the result of a period of insufficient oxygenation of the brain before, during or after birth. There is usually some deficit of motor function, and there may be associated abnormalities of intellectual function and bowel and bladder control. There is no curative treatment but progress can be maximized by various therapies, e.g. physiotherapy may help posture and movement, speech therapy may assist with facial movements and vocalization. Occupational therapists help suffers to cope with everyday environments and they can provide specially adapted utensils to help with washing, dressing and eating.

- **Spina Bifida**

This condition is due to a defect in the formation of the spinal vertebrae which occurs in the first trimester of pregnancy. The affected vertebrae, usually in the lumbar region, are split in two, (bifida vertebrae) and are unable to house the spinal cord and spinal fluid in the usual way. There is a protrusion through the skin consisting of spinal membranes (meningocoele) or spinal membranes and nerve tissue (myelomeningocoele), which is surgical, treated soon after birth and the defect is covered over with skin to prevent entry of infection. However, the nerves from this area of the spinal cord do not function adequately and the deficit can include loss of power and sensation in the legs and abnormalities of bowel and bladder control.

Spina Bifida may also be associated with hydrocephalus (too much fluid in the ventricles of the brain). Children with spinal Bifida have varying degrees of disability- some are confined to wheelchairs, some wear calipers to strengthen the legs and some can walk without assistance. Lack of skin sensation can lead to pressure sores and frequent cuts and scrapes which may subsequently become infected. Continence aids may be used if



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drobbling of urine is a problem. Intelligence is normal in many children with spinal Bifida although it can be impaired to varying degrees in some of those with associated hydrocephalus.

Muscular Dystrophy (Duchenne's)

This is a genetic condition which cause weakness initially of the calf muscles from about the age of four and later involves other muscle groups. The abnormal gene is carried by females and the condition affects their male offspring. Affected boys are often noted to have difficulty in hopping or jumping initially, they lose the ability to walk by their teens usually die when the muscles of breathing become involved. IQ is slightly lower than normal although many attend main-stream schools. No treatment has yet become available for the condition.

Cystic Fibrosis

This is also a genetic condition which may affect boys and girls. When both parents carry the abnormal gene their child has 1 in 4 chances of being affected. The mucous glands of the body secrete a thick and tenacious mucous which obstructs the small airways in the lungs and leads to recurrent and severe chest infections which damage the lungs. Intensive physiotherapy and antibiotic therapy is required on a continuous basis to prevent these infections.

The pancreas is also affected and the digestive enzymes cannot reach the intestine. Fat digestion is therefore greatly impaired leading to diarrhea and weight loss. Their diet must be fortified with calories, vitamin supplements and the missing digestive enzymes are taken as capsules with food. Intelligence is normal but frequent absence from school may contribute to learning difficulties. The child will usually restrict his physical activity within the range of his capabilities which will vary from one individual to another.

Visual Defects

Problems with vision usually appear gradually and may first be suspected by the pre – school teacher. Long – sightedness and short – sightedness may be transient and can be helped by wearing corrective lenses. Surgery may be necessary to correct a squint, but first the muscles which move the eyeball may have to be strengthened by wearing a patch over the non- squinting eye. Severe visual defects may be caused by injury, cataract, tumours, or congenital disease and may require special appliances such as large print books, hand lenses or special desks so that the child does not have to crouch over in order to see his



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work. Music is an important component of play as are toys that maximize the child's sense to touch.

Such deformities as clubbed feet and congenital hip dislocation are usually corrected before the child begins to walk. Deformities of the hands and fingers resulting from accidents, burns or birth defects are also amenable to correction, with the preservation of function being the main objective. Those with absent limbs may have a prosthesis (artificial limb) fitted.

Hearing Deficits

Hearing deficits are common but rarely manifest themselves as a child complaining of poor hearing. The child exhibit:

- delay in speech and language development
- poor reading and writing skills
- daydreaming and inattention
- behaviour change, e.g. becoming a loner, aggressive or moody.

Hearing problems may be intermittent or permanent. Most intermittent types are due to conductive hearing loss- glue ear – and result from abnormal conduction of sound due to the presence of fluid in the middle ear. There is an association with frequent colds, ear infections and enlargement of the tonsils and adenoids. The child's hearing levels are usually monitored over a period of time and if the condition does not resolve spontaneously, the middle ear fluid is drained surgically and a tiny hollow tube is inserted through the eardrum to prevent re- accumulation of fluid.

In addition to conductive loss, hearing problems may be due to damage to the auditory nerve – sensori- neural deafness. This may result from prenatal damage, e.g. congenital rubella, congenital and hereditary conditions, or damage from infection, E.g. mumps or meningitis. This type of hearing loss is usually discovered during routine screening tests in infancy. Depending on the extent of the hearing deficit, the child may need to wear a hearing aid or use special equipment in the classroom.

Whether the problem is conductive or sensori- neural the hearing loss can be minimized by addressing the child from ' the good side' if the loss is confined to one side only, and by allowing the child to utilize non- verbal clues during conversation, e.g. gestures and lip reading. For some children, hearing loss is severe and verbal communication is extremely limited so these children have special schooling using sign language.



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This is a condition of unknown cause which results in a range of difficulties in communication, and the formation of relationships. Intelligence may be impaired in some autistic children while others have superior intelligence and highly developed skills. Many of the behaviour patterns associated with autism may also be seen as transient behavioral phases in normal children. The failure to form relationships and communicate with others makes it difficult for the autistic child to benefit from education or to function independently as an adult. Various therapies have attempted to expand the child's limited interactions, e.g. music therapy.

Downs Syndrome

This condition results from an abnormality of the chromosomes. Children with this condition have an extra chromosome giving a total of 47 chromosomes instead of the normal 46. Children with Downs Syndrome are mentally handicapped and have characteristic physical features once thought to resemble the people of Mongolia, hence the term 'Mongoloid'. These children also have a higher incidence than normal children of heart defects, bowel abnormalities, hearing problems, visual defects and cataracts, increased susceptibility to infections, a tendency to spinal dislocation and early senility – Alzheimer's disease.

Because of these tendencies and other factors children with Down Syndrome have a reduced life expectancy, but due to improved health care it has been much improved in recent years.

Mental Handicap

This is a term used to describe a child who suffers a defect affecting the development of the intellect. The intelligence Quotient (IQ) has been used to determine the severity of mental handicap. For example, a child with an IQ of between 50 and 70 is regarded as mildly handicapped; IQ below 50 is regarded as severely handicapped.

Some causes of mental handicap are treatable if discovered early. This is why all children are screened soon after birth for hypothyroidism, a deficiency of thyroid hormone, which if corrected by administering the hormone, leads to normal development. Some other causes of mental handicap can be identified, e.g. Downs syndrome, and although there is no available cure, the child can be helped in a positive manner and not pushed to attain



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milestones inappropriately. However, in many cases a cause is not identified making it difficult for parents to accept that a treatment or a cure is not possible.

It is important for carers and teachers to know that having an unidentifiable mental handicap does not mean that the child will not make progress – he will merely do so at a slower pace.

Some of the children with special needs will have one or more of the conditions mentioned above. Others may suffer from a wide range of unusual disorders, the discussion of which is beyond the scope of this course material.

SELF ASSESEMENT EXERCISE 5

Name and explain one common disorder associated with childhood

3.6 Nutrition for growth and Energy

The human body is living organism with a constant need for nutrients to maintain its status quo. Food provides fuel to meet its energy needs and raw materials for maintenance of its structure. Food substance available in our environment pass through a series of stages before they can be utilized by the body for the purposes mentioned.

- some need to be change physically, e.g. nuts need to have shells removed.
- Some need to have their physical properties altered by cooking to facilitate eating, e.g. potatoes.
- Some need to be broken down by chewing so that they can be swallowed.
- Food must be digested so that it can penetrate the bowel lining.
- Digested food must be absorbed into the bloodstream.
- Metabolism of absorbed food is necessary for utilization by the body system.

Food intake is regulated by:

- **Hunger**

The term hunger means craving for food and is associated with characteristic ‘hunger pangs’ and usually initiates some form of ‘food seeking behaviour’.

- **Appetite**

This term is often used in the same sense as hunger but usually implies a desire for a specific type of food. Appetite, therefore, helps a person to choose the type of food to eat.

- **Satiety**



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This is the opposite of hunger and represents a feeling of fulfillment in the quest for food. Satiety results from a filling meal especially when the food stores are already adequately filled.

There are hunger and satiety centres in the hypothalamus of the brain which can stimulate or inhibit feeding activity. Higher centres in the cortical limbic system control the desire for food and the quantity of food that is eaten. Food intake is also regulated to a certain extent in accordance with the metabolic needs of the body. E.g. if an excessive amount of some nutrients such as vitamin C is ingested, the body will not absorb more than the required amount. On the other hand if too much iron is taken it will be absorbed and produce dangerously high levels in the body. Other nutrients such as carbohydrates and fats will be stored if eaten in excess, leading to obesity.

- **Adequate diet**

A balanced diet is one which provides the essential nutrients the body requires and they are:

- **Carbohydrates**

Which provide the body with energy.

- **Proteins**

Which provide the body with materials for growth and repair

- **Fats**

Which provide the body with energy in a more concentrated form than carbohydrates.

- **Vitamins**

Which help to regulate body processes.

- **Minerals**

Which are used in growth and repair but also help to regulate body processes.

- **Water**

Is also essential for life but it is not considered as a nutrient.

- **Fibre**

Is contained in some foods such as whole cereals, fruit and vegetables.

The Nutrients in Food and How to Use Them

, meat, fruit and vegetable contain mixture of the main vitamins and trace elements which are essential for the It is, therefore, important that the child's diet is varied

and mixed as foods will complement each other. For example, iron is better absorbed in the presence of vitamin C.

Carbohydrates

These are the main source of energy and are present in the diet in many forms such as sugars and starch. There are three main groups of carbohydrates in food.

- **Monosaccharide**

Or simple sugars, example glucose, fructose (found in fruit and honey) and galactose.

- **Disaccharides**

Example, sucrose (found in table sugar), maltose (found in malt sugars) and lactose (the sugar found in milk).

- **Polysaccharides**

Example starch (found in cereals, bread, rice, pasta and potatoes), glycogen (found in liver and muscles of animals), cellulose (found in the fibrous parts of plants that can only be digested by cows and other ruminants), pectin (found in apples and many other fruits and roots such as turnips).

Digestion of carbohydrates

Once carbohydrates are digested they are absorbed through the wall of the small intestine into the bloodstream and distributed around the body to where they are needed. E.g. brain, muscles, kidney, etc. An excessive amount of sugar or sweets is associated with increased tooth decay, there is also a relationship between different dietary carbohydrates and obesity and therefore it is important to be aware of the amounts of carbohydrate in children's foods.

Protein

Proteins are found in all living cells and are essential for cellular growth and repair. Proteins consist of chains of hundreds of amino acids but only about 20 different ones are used.

Some examples of protein are eggs, peas, beans, beef, milk etc

Digestion of proteins

Proteins is digested first to peptides which are simpler combinations of amino- acids, and the peptides are later split into amino acids and absorbed into the bloodstream and passed



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to where they are required by the body. If there is excesses of some amino acids, they will be converted into glucose in the liver or oxidized to provide heat and energy. Children need plenty of protein for growth and development.

Fat and oils

Fats are also known as lipids and include oils and waxes. Most natural fats and oils are made up of fatty acids and glycerol and are digested to this form before absorption. Fats can be classified into saturated and unsaturated, depending on the number of bonds linking the components- if the proportion of saturated fats (found in animal products) is high relative to unsaturated fat the risk of heart disease is said to be increased.

Fats have many functions in the body:

- they insulate the body against heat loss.
- They are an efficient source and store of energy.
- They make food more palatable, e.g. butter on bread.
- They are essential in cooking and baking.
- They have an important function in keeping the skin waterproof.
- They are used to make many hormones and are important components of nerve tissues and cell walls.
- They help transport some vitamins into the body.

Digestion of fat

Fat and water do not mix and this poses some problems for the digestive system as most of the enzymes which digest fat are water soluble. For practical purposes all digestion of fat will take place when the food has moved on to the small intestine. Once the fat is broken down to the fatty acids and glycerol in the small intestine it is ready for absorption into the bloodstream – absorption is also facilitated by bile.

Vitamins

The word ‘vitamin’ was first used in 1912 to describe a vital amine when it was recognized that compounds other than the main food groups are essential for the body’s healthy functioning. Vitamins are organic compounds which are required in minute quantities for metabolism. They are all quite different structurally and functionally but, before their individual characteristics were identified they were and still are known by the letters A, D, E, K, (the fat soluble vitamins) and B complex and C (water soluble vitamins).



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The importance of vitamins was identified by the recognition of deficiency states which occur when intake is inadequate, e.g. scurvy in sailors due to vitamin C deficiency. Deficiencies are seen in association with malnutrition.

Vitamin A (Retinol)

The main dietary sources are milk, butter, egg yolk, fish oils, liver. It is also found in vegetable foods such as spinach, carrots, watercress. Some foods such as cereals and milk are fortified with it.

Function

It is essential for vision in dim light and for the maintenance of healthy skin. Breast feeding mothers need about 1,200 micrograms

Vitamin D (Cholecalciferol)

The majority of our vitamin D is produced in the skin by the action of the sun's ultra – violet rays. Dietary source include fish, particularly herring and kipper and tinned salmon and sardines, Cod Liver Oil and Ovaltine.

Function

It is necessary for maintaining the level of calcium in the blood. It does this by regulating the absorption of dietary calcium. Infants and children suffer from rickets - poor skeletal growth – if they are deficient in Vitamin D.

Vitamin E (alpha- Tocopherol)

Very little is known about vitamin E and its function in humans. It is found in vegetable oils, cereal products and eggs. Deficiency is only seen in conditions where virtually no fat or fat – soluble vitamins can be absorbed so it is difficult to determine which feature are due specifically to deficiency of vitamin E. severe deficiency is thought to cause anemia and nerve and muscle disorders.

Vitamin K (Phylloquinone or Menaquinone)

Most of our vitamin K is manufactured by bacteria in the intestine. Some are also derived from green leafy vegetable such as spinach, cabbage, cauliflower, peas and cereals.

Function



It is necessary for the normal clotting of blood. Interference with intestinal bacterial, e.g. antibiotic therapy can lead to deficiency.

Vitamin B complex

The B vitamins are a wide range of compounds available in a wide variety of foods. Because they are water soluble they are easily excreted in the urine if present in excess.

Vitamin B1

Deficiency is seen only in extreme starvation as it is present in most foods. The deficiency disease is called Beri – beri

Vitamin B2 (Riboflavin)

Riboflavin is found in most foods particularly dairy products and leafy vegetable. Deficiency cause cracking of the lips, sore tongue and skin complaints. It is destroyed by sunlight (but not by cooking). so milk bottles should not be left on doorsteps in bright sunlight.

Niacin

Niacin is present in cereals, meat and vegetables. Deficiency is rare and consists of diarrhea, dermatitis and dementia.

Vitamin B6 (pyridoxine)

This is found in most foods and deficiency occurs when drugs which oppose pyridoxine are taken, e.g. a drug for tuberculosis. Deficiency leads to impaired nerve function.

Folic Acid

Folic acid is found in green vegetable, liver and kidney and is destroyed by overcooking. It is needed for healthy blood cells and deficiency causes anemia. Deficiency usually result from increased requirements, e.g. pregnancy and some bowel infection.

Vitamin B12 (Cobalamin)

This is obtained from the animal sources in the diet, e.g. meat, eggs, dairy products. Children and pregnant women or those recently on a vegan diet will become deficient if it not replaced. Deficiency causes anemia, poor growth and degeneration of nerves in the spinal cord.

Vitamin C (Ascorbic Acid)

Vitamin C is found in all fresh fruit and vegetables but is destroyed by immersion in water or by overcooking. It helps to form collagen, a protein in skin and muscle and deficiency



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leads to weakness, muscle pain and bleeding in the skin and gums (scurvy). Vitamin C also facilitate the absorption of iron.

Minerals and Trace Element

Minerals and metallic substances are required by the body in minute or trace amounts and these are adequately provided in a good mixed diet – indeed unnecessary supplementation can cause illness. Some of these minerals and trace elements are sodium, magnesium, phosphorous, potassium, copper, zinc, iodine, iron and calcium.

With the exception of iron, deficiency of other minerals and trace elements only seen in severe malnutrition or in hospitalized patients on long term artificial feeds.

Iron is found in meat, fish, curry powder, egg yolk, nuts and some leafy vegetables. Absorption of iron is facilitated by vitamin C but it is inhibited by tea and some cereals. Milk is a poor source of iron and this is why a delay in the introduction of mixed feeding can lead to iron deficiency anemia in babies.

Iron's main use in the body is to form hemoglobin – the protein in red blood cells – which is responsible for carting oxygen. Deficiency leads to anemia and may result from reduced intake of iron, or a greater need for it, e.g. in pregnancy or during periods of rapid growth in children and adolescents.

Other Constituents of Food

The other constituents of food that are needed are water, fibre.

Water

Water is needed by all living organisms. It also carries some minerals and may transmit disease in some instances. Therefore, in young babies it is important to boil all water before use. Fluoride is now added to drinking water in many areas it aids the development of teeth.

Fibre

Fibre or roughage consists of food material that cannot be absorbed, e.g. cellulose in apple skins or broccoli stalks cannot be digested by humans, or food that has no nutritional value such as bran. These dietary constituents add bulk to the intestinal contents and, therefore, stimulate bowel movement to propel the food onwards and prevent constipation. There is some evidence that slow transit of food through the gut may allow time for absorption of harmful substance that may later contribute to bowel cancer. It is important to include roughage in a child's diet as early as possible to foster a healthy attitude towards diet.

3.6.1 Food storage and hygiene

Food storage

The storage of food is important for two reasons. Firstly to preserve the nutritious content of food and, secondly, to prevent the spread of infection originating from bacterial in food . Most food will now carry an indication of how long the food may be stored before eating and often recommend a place of storage. Examples include eat on day of purchase, refrigerate after opening, store in a cool, dry place away from direct sunlight, or not suitable for home freezing.

Food poisoning is a serious illness that is infectious and can therefore, be passed from one person to another. Symptoms can include diarrhea, vomiting, abdominal pain, fever and in extreme cases death. Young babies can quickly become dehydrated. The most vulnerable group susceptible to food poisoning are pregnant women, sick people and babies and young children.

Food poisoning is generally caused by eating food which has been contaminated with large quantities of bacteria. Bacteria are single celled organisms which cannot be seen by the naked eye and are present throughout the environment – in fact many bacteria live in our bodies and some are useful to us. The bacteria that cause disease are known as pathogenic bacteria example salmonella.

The most common reason for food poisoning are:

- incorrect cooking;
- inadequate thawing.
- Failure to refrigerate (-5°C) within $1^{1/2}$ hours.
- Contamination with bacteria from other raw food or from the food handler.
- Food reheated to less than 70°C or reheated more than once.

3.6.2 Food poisoning

To prevent food poisoning the following should be observed:

- Buy from a clean reliable source.
- Examine pre- wrapped products for possible contamination.



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- Check the expiry date.
- Refrigerate as soon as possible after purchase.

- Never use damaged cans.
- Some food must be refrigerated after opening.
- Canned foods, once opened must be treated as fresh.
- Dried foods must be stored in moisture proof containers.
- Freezer temperatures must be 18⁰ F (-10⁰ C) or colder.
- Only freezers with four star compartments are suitable for freezing food from fresh.
- Do not refreeze thawed or partially frozen food.
- Ensure food is completely defrosted when thawing.

3.6.3 Food Preparation

Most foods need to be prepared before they are eaten. Some nutrients are lost in the process of cooking and if the food is stored for long periods. It is, therefore, important to know something about the methods of cooking and preserving foods.

Cooking

There are four main ways of heating food:

- Directly in an oven - baking
- In water - boiling
- In fat - frying
- Indirectly by steam - steaming

Heating food brings about chemical and physical changes and in the process nutrients can be lost. Different foods react differently to heat:

- Proteins are less readily digested
- Vitamin A is relatively stable
- Vitamins B are all water soluble
- Riboflavin is lost in cooking
- Vitamin C is the least stable being water soluble and readily destroyed by air.
- Vitamin D is stable
- Vitamin E is not soluble in water and is stable to heat.

Hygiene in the Preparation of Food

- Wash all food thoroughly under running water
- Keep worktops and utensils clean between preparation of different food.
- Use hot water for washing-up and regularly wash dishcloths.
- Dustbins should be kept clean and covered.
- Pets, flies, mice and other animals can transmit food poisoning so keep them out of the kitchen.
- Wash hands thoroughly before handling food.

3.6.4 Mealtimes: An Educational Experience

Mealtimes are a valuable time when members of the family or nursery group can get together for a common purpose – to eat. For the child it is an important time for learning such things as motor skills, e.g. using a knife and fork, improving communication skills, developing social skills, e.g. table manners.

A child may also help in the preparation of food hygiene, where food comes from, cultural differences in preparing and eating food and how food keeps us healthy.

Eating Problems

Doctors, health visitors, dieticians and psychologists are frequently consulted about problems concerning eating. Two important food related problems which may adversely affect a child's growth and development are:

- **Lack of Food**

Two thirds of the world's children are hungry every day through lack of food.

- **Over-eating**

Strong-mindedness at mealtimes is one of the first opportunities a young child has of exercising his independence and control of his environment. Extreme reactions on the parts of parents and carers will serve to boost his feelings of power. In general if a child is active, developing adequately and growing along the expected parameters his food refusal or food fads should be treated as a phase of development. It has been shown that if children are given a free choice and allowed to select their own diet, they will choose a balanced diet and nutritional deficiencies do not occur except in extremely disturbed situations. Some children will revert to earlier eating habits in times of stress, e.g. drinking from a bottle or eating only pureed foods. Once the stressful situation is overcome the change in eating behaviour will also resolve.



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Over-eating leads to obesity and is easier to prevent than to treat. Sensible eating habits are best cultivated by example, and the avoidance of empty foods' e.g. high calorie foods of low nutritional value. Sweet and high calorie drinks should not be used as rewards, bribes or comfort foods.

Special Diets

Some children will be on various diets for reasons varying from allergies to behavioural problems.

- **Coelias Disease**

A child with Coeliac disease cannot tolerate the gluten in wheat and should adhere strictly to a gluten-free diet (many gluten free products can be obtained on prescription). Meats, dairy produce, fruit and vegetables can be eaten freely.

Allergies

Some children have allergic reactions involving rashes, itching, facial swelling and in extreme cases breathing difficulty to individual foods such as nuts, strawberries, milk, eggs. These will need to be excluded from the diet.

Asthma and Eczema

In some children these conditions have been shown to be aggravated by foods, in particular dairy products. In other cases parents will avoid giving these foods to their children without having clear proof that they aggravate the condition. In either case it would be wise to keep a list of foods that are harmful.

Behavioural Problems

There have been many claims that food substances in particular additives and preservatives have an adverse effect on children's behaviour. These claims have been notoriously difficult to prove in clinical trials and much controversy still surrounds the subject.

SELF ASSESSMENT EXERCISE 7



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State two ways you can turn mealtimes into educational experience for a child.

Explain why proper hygiene practices must be observed during meal preparation.

4.0 CONCLUSION

The importance of studying child health cannot be over estimated. The level or quality of health one will enjoy later in life as an adult is usually set during childhood. That is why parents and teachers should pay attention to children's nutrition, hygiene, immunization, detection and treating of illness promptly.

5.0 SUMMARY

Having gone through this unit, you have learnt why we study child health. You are now conversant with the needs of a child, how to promote children's good health. You must also have learnt some common disorders during childhood, nutrients essential for their growth and development. Least of all how mealtimes could be turned to an educational experience.

6.0 TUTOR - MARKED ASSIGNMENT

Name and explain in detail the effects of ill-health on children.

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Unit 2 CHILDHOOD ILLNESS

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1.0 INTRODUCTION



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Children are precious both to the family and the society. Considering the fact that most children spend considerable time in school than at home, it has become imperative that teachers should acquaint themselves with elementary knowledge of childhood diseases/

illnesses. In this way, they could be of immeasurable help to their pupils/ students and their parents. Hopefully, this unit should expose you to most common diseases and illnesses facing some school children at one point in time or the other.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Explain childhood illness in your own words.
- Mention three signs of illnesses
- Explain how infectious diseases spread
- Name and describe one childhood disease
- State two purposes of immunization
- List three medical conditions in children the teacher must know.

3.0 MAIN CONTENT

3.1 Childhood Illnesses

Intermittent illness is considered a normal part of childhood while the immune system matures and build up its defenses against invading organisms. Upper respiratory infections, e.g. “colds” flu, ear and throat infections are the commonest cause of illness in young children and account for 80% of consultations with medical services in the under five age group. Infectious diseases such as measles and mumps are now less common due to immunization but many children still suffer from chronic conditions which “flare up” from time to time, e.g. eczema, asthma.

Some Definitions

Incubation period

This is the time between catching the organism that causes the infection and developing outward signs of illness, e.g. rash or fever.



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Infectious period

This is time when an illness can be passed on to another person. Illnesses are usually most infectious near the end of the incubation period and in their early stages.

3.1.1 Signs of Illness

- **Pain**

The pain associated with most acute illnesses such as ear infections will no doubt affect the child's activity and ability to concentrate but it will usually resolve when the infection has passed. Conditions such as Sickle Cell disease can cause recurrent pain requiring strong analgesics.

- **Discomfort**

Feeling of discomfort due to skin irritation, e.g. cause by eczema, scabies or head lice, would not be described as pain but will nevertheless significantly impair a child's concentration and ability to enjoy physical activities (sweating will increase the discomfort). At the onset of an asthmatic attack children may also experience an uncomfortable awareness of breathing which will have similar effects.

- **Sleep Disturbance**

Many illnesses which may not be apparent during the daytime, but may significantly disturb sleep leading to poor concentration, irritability and an increased vulnerability to accidents the following day. Examples of conditions causing itching are eczema, worm and scabies. Other problems disturbing sleep may be a nocturnal cough, such as whooping cough, or breathing difficulty when laying flat due to enlarged tonsils and some heart condition.

- **Sensory Disturbance**

Visual and hearing deficits (especially glue ear) often go unnoticed in young children as they often manifest themselves in unusual ways, e.g.

- Behavioural or mood changes
- "daydreaming" or lapse of concentration
- poor reading or writing skills
- "clumsiness"
- speech and communication difficulties

Poor Concentration



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- sleep disturbance

- episodes of altered consciousness (e.g. epilepsy)
- pain or discomfort

Emotional Disturbances

Emotional concerns may be caused by illness and may aggravate existing conditions such as asthma. Many children when ill may regress to an earlier phase of development, e.g. thumb sucking or bedwetting, because of feelings of insecurity.

Social Insecurity

Unfortunately, children with some illness are made to feel social outcasts by the ignorance of others. A teacher's reaction to the child and his or her handling of difficult situations is an important example to other children and parents. Some of the illness which has associated social stigmata include AIDS, hepatitis, epilepsy and even worms and head lice!

School Absence

A school absence through illness significantly contributes to learning difficulties and of course the child also misses out on valuable interaction with his peers.

3.2 How Infections are Caught and Transmitted to Others

In order to produce disease the infecting organism must enter the body in significant numbers and overcome the body's defenses. Organisms which cause infection can belong to a number of different families:

- **Bacteria**

These are single celled organisms which reproduce themselves rapidly and are killed by antibiotics. Examples are salmonella streptococcus which cause throat infection and pertussis which causes whooping cough.

- **Viruses**

These are microscopic organisms which need to enter the body's cells in order to reproduce themselves. Examples are measles, polio and Human Immuno-deficiency Virus (HIV).

- **Fungi**

Examples of diseases caused by fungi are thrush and ringworm.

- **Other**

These would include parasites such as worms and lice.

3.2.1 Body's Resistance to Infection

- **Natural**

- Mucous membranes, lining the airways, trap bacteria in their mucous which can then be coughed or swallowed.
- Cilia are little hairs lining the air passages which filter micro-organisms.
- The acid in the stomach kills bacteria.
- White blood cells engulf and kill some invading organisms.

- **Acquired**

Antibodies are special white blood cells which the immune system produces in response to organisms it encounters. They can be transmitted from mother to child via breast milk. These antibodies remain in the body and if the particular organisms tries to invade the body again it is recognized and quickly eliminate this is how one becomes immune to chicken pox after a single episode of the disease

Vaccination is an artificial method of acquiring antibodies for specific illnesses. The organisms responsible for producing the disease, chemically modified so that it is incapable of producing the disease but still capable of being recognized by the immune system. In this way antibodies are produced after an injection of the vaccine (immunization).

Individual differences in Susceptibility to Disease

- Young children have immature immune system and less efficient white cell function than adults
- The elderly also have reduced immune function.
- Diabetics are more prone to skin infections.
- Foreign objects, e.g. pacemakers, bladder catheters, etc. when present in the body are prone to become infected.
- Leukaemia and AIDS affect immune function and sufferers are likely to be susceptible to infections.

Spread of Infection

Infection can spread from one person to another or via intermediate vector such as dogs, flies or mosquitoes. Person to person spread can be by:

- Droplet, e.g. cough or saliva.

- Face-oral route, e.g. contaminated faces enters the body through the mouth as a result of poor hygiene. Salmonella and Hepatitis A are spread by this means.
- Contamination with blood or blood products, e.g. AIDS and Hepatitis B.

Infective organisms can enter the body by:

- Inhalation, e.g. influenza, measles and whooping cough.
- Ingestion, e.g. salmonella and most types of gastro-enteritis.
- Inoculation, e.g. through the skin.
- The blood, (transfusions, use of contaminated needles), e.g. AIDS, hepatitis B.

Many of the childhood illness can be prevented by immunization nowadays but when they occur they are rapidly spread from one child to another especially in the nursery or classroom situation. Carers and workers are also at risk if they are not already immune to illnesses such as chicken pox and German measles (rubella). Chicken pox is a more serious illness in adults than children and rubella if contracted by a pregnant mother can cause serious foetal abnormalities.

3.3 Common Childhood Illnesses

- **Herpes Simplex (the Cold Virus)**

Cold sores or blisters on the lips caused by Herpes Simplex Virus 1, are common among adults and usually passed to children while kissing them. The incubation period is unknown. The first time infection is contracted in childhood it can be quite severe with painful blisters on the lips, face, mouth and tongue. There may also be a fever and the child feels miserable and finds eating and drinking painful. Most children will recover in 7 to 10 days but occasionally the virus may also involve the skin of the fingers (whitlow), the eye and the brain. The infectious period lasts as long as the blisters.

Hepatitis A (also called infectious Hepatitis)

This illness which is caused by infection of the liver with the Hepatitis A virus is spread by the face-oral route, (including contaminated water, shellfish, etc.) often occurring in epidemics.

The incubation period is 2 to 5 weeks. The child will suffer from nausea, vomiting, diarrhea and tummy pain for 1 to 2 weeks. There may also be headache, fever and poor



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appetite. These symptoms then resolve and the child becomes jaundiced (a yellow discoloration of the skin) for a further week. Most children recover to full health in a further 3 to 6 weeks. Complications are unusual.

The infection period is from 2 weeks before until one week after the onset of symptoms. The child is maximally infectious just before the jaundice appears.

- **Tetanus Bacteria**

Tetanus is caused by the spore forming bacterium *Clostridium Tetani*.

Infection enters the body through broken skin, e.g. cut, prick from thorn or nail.

The incubation period varies from a few days to several weeks. A toxin is produced by bacterium which interferes with the action of nerves on muscle producing spasm of muscles, e.g. lock jaw. Involvement of the muscles of breathing will cause death. Tetanus can be prevented by immunization.

- **Polio virus**

This disease which causes paralysis to varying degrees is caused by the polio virus and is spread by the face-oral route. The incubation period is 7 to 21 days.

The illness usually start with “a cold” or diarrhoeal illness which is followed after a week by fever and involvement of the nervus supplying muscles. Involvement of the muscles of breathing necessitated the use of “the iron lung” a few decades ago. The recovery time depends on the extent of the paralysis. Complications include varying degrees of residual paralysis. The infectious period is maximal in the first week but the stools can remain infection for several weeks.

- **Chicken Pox**

This common infection disease for which there is no freely available vaccine usually infects young children and is caused by the chicken pox (varicella) virus. Infection confers lifelong immunity but the virus can lie dormant in the body and become reactivated in later life. The incubation period is 7 to 21 days.

Itchy spots appear in crops and spread from the face to the trunk and limbs. There may be an accompanying fever, the spots blister and subsequently crust over and dry out. Scratching increase the risk of scar formation. Calamine lotion is usually applied. The spots will begin to crust over at the end of the first week and the child will recover.



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There are usually no complications in normal children. The infection period is from 2 days before the rash until all the spots have crusted over. The blister fluid is infectious and contains droplets when the child coughs or sneezes.

- **Measles**

This illness caused by the measles virus is now less common, as most children are immunized soon after their birthday. The incubation period is 7 to 14 days.

The illness begins like 'a cold' with a fever, runny eyes and nose and a cough. White spots like grain of salt may be seen on the buccal mucosa inside the cheeks. On about the third day of the illness a red rash appears on the face and behind the ears and spreads to cover the body – the spots may become confluent (join together) to give a generalized redness.

The whole illness usually lasts about 10 days.

Complications include ear infections, pneumonia and rarely encephalitis (inflammation of the brain).

- **Mumps**

This illness is caused by the mumps virus and is spread by droplet inhalation. The incubation period is 14 to 28 days.

It causes painful swelling of the parotid and salivary glands. The parotid glands are situated just in front of the ears. There may also be a fever and tummy pain due to involvement of the testes or ovaries or the pancreas. A mild form of meningitis may also occur, causing headache.

Complications are uncommon and include reduced fertility in males following testicular involvement and deafness following involvement of the auditory nerve. The infection period is from 9 days before until 9 days after the glandular swelling.

- **Rubella (German Measles)**

This is a mild illness of young children but in early pregnancy it can cause miscarriage or serious facial malformations (growth retardation, blindness, deafness and heart defects). Symptoms are usually mild including a fine rash, fever and swollen glands especially at the back of the neck. Recovery can take from a few days to a week.



Complications are rare and may include joint inflammation and a transient reduction in blood platelets (the platelet help the blood to clot). The infectious period is from a week before until a week after the illness.

- **Whooping cough (pertussis)**

This illness which can effect children of any age is particularly dangerous and distressing in babies. It is caused by the bacterium *Bordetella Pertussis*.

The illness starts with a “catarrhal phase” which can last for 1 to 2 weeks and is often indistinguished from a common cold. A paroxysmal cough then follows associated with a “whoop” sound when the child breathes in. The paroxysms of coughing can cause vomiting and the child will subsequently lose weight. Babies have difficulty breathing during these spasms, often go blue and the oxygen supply to the brain is impaired sometimes causing permanent brain damage. There is no known treatment which is effective and the illness runs a prolonged course which is why it is also known as “the 100 day cough”

Complications include pneumonia which accounts for most of the deaths, lung collapse, permanent lung damage and varying degrees of brain damage. Immunization confers about 80% protection but unfortunately, immunization uptake is poor in some areas due to worries that the vaccine itself may cause damage. The Joint Committee on Whooping Cough Vaccination (1997) states that the benefits of vaccination still outweigh the risks. The infectious period for whooping cough is about 3 to 5 weeks from the onset of the cough. It is spread by inhalation of droplets laden with the bacteria.

3.4.1 Immunization

Immunization (or vaccination) is achieved by producing a vaccine which is introduced into the body by mouth or by injection. The vaccine contains bacterial or viral material which has been chemically altered so that it is not capable of producing illness. However it retains enough of its characteristics so that the immune system can recognize it and prepare an army of antibodies to eliminate it should it ever enter the body again. Sometimes a single dose of vaccine produces sufficient antibodies. E.g. measles vaccine, but in the case of tetanus three doses of vaccine are given at monthly intervals to gradually build up antibody levels-boosted doses are required to maintain these antibody levels.

3.4.2 The purpose of Immunisation

- To protect against illnesses which can occasionally have very serious complications, e.g. measles can be complicated by infection of the brain leading to irreversible damage.
- To attempt to eradicate diseases which are mild illnesses in some cases but produce serious irreparable damage in others, e.g. rubella causes severe foetal malformations.

Timing of Immunization

Immunization schedules aim to provide protection when the child is most vulnerable to the particular illness but they must also be given at a time when the child’s immune system is mature enough to produce a good antibody response. Some antibodies, e.g. German measles (rubella), are passed from mother to child in the womb and remain in the child’s bloodstream for about a year. These confer some protection and while they are present and the child’s immune system will not produce a significant number of antibodies in response to a vaccine – this is why rubella vaccine is given after the first birthday.

Table 1 Administration guidelines for immunization of Children < 1 year

Vaccine	No of Doses	Age	Minimum interval between Doses	Route of Administration	Dose	Vaccination site
BCG	1	At birth or as soon as possible after birth	-----	Intradermal	0.05 ml	Upper left arm
OPV	4	At birth and at 6, 10 and 14 weeks of age	4 weeks	Oral	2 drops	Mouth
DPT	3	At 6, 10 and 14 weeks of age	4 weeks	Intramuscular	0.5 ml	Outer part of thigh



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			4 weeks	Intramuscular	0.5 ml	Outer part of thigh
		age	-----	Subcutaneous	0.5 ml	Upper left arm
Yellow fever	1	At nine months of age	-----	Subcutaneous	0.5 ml	Upper right arm
Vitamin A	2	At 9 months and 15 months	6 months	Oral	100,000 IU 200,000 IU	Mouth

- Intradermal = into the skin
- Intramuscular = into a muscle
- Subcutaneous = under the skin

“2 doses of Vitamin A can be given to children 6-59 months at least 6 month apart at any clinic visit.”

Table 2 Cerebrospinal Meningitis (CSM) vaccine administration guidelines

	Recommendation	Comment
Age	At 2 years of age and above 2 to 30 years	During epidemics people of all ages are immunized. During mass campaigns
Dose size	0.5ml	See manufacturer’s instructions
Number of doses	One dose every 3 years	Vaccination-induced immunity Lasts 1 to 3 years
Injection site	Subcutaneous injection in the upper right arm	Gently press the site with cotton wool

Vaccinations for Teachers

- Childcare workers and teachers as well as all adults should ensure that they have had their 10 yearly booster doses of tetanus and polio vaccinations.
- Women of childbearing age should have the rubella vaccine if they are not already immune-childcare staffs are particularly at risk coming into contact with the disease.
- BCG should be given to childcare staff if they have not already had it. Tuberculosis is passes from one person to another in cough droplets.
- Hepatitis B is spread in bodily fluids, e.g. blood, semen etc. staff who care for children in residential institutions have been advised to take this vaccine

3.5 Other Important Infections

- **Head Lice**

Head Lice are tiny insects measuring 1 to 2 millimeters. They are grey-white in colour and like to live at the hair shaft close to the scalp. They gain nourishment by sucking blood from the scalp. Their saliva irritates the scalp producing itching and causing the infected person to scratch. Up to 100 bites are needed to produce itching and as the insect live for about 30 days they have usually been on the scalp for quite some time before the itching beings. Hatched eggs appear along the hair shaft as ‘nits’.

Head Lice most commonly infect young children with clean, short hair. Children aged 4 to 6 years are frequently infected probably because they play in close proximity to each other. It was thought at one time that lice were caused by poor hygiene and many children and families suffered embarrassment as a result, and fail to inform the class teachers so that other sufferers could be treated.



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Once discovered, Head Lice should be treated vigorously.

- Inform parents of all children so that they can look out for sign and treat early.
- Frequent brushing and combing will kill some lice.
- Special lotions and shampoos are available from family doctors. The lotion is applied to the scalp and allowed to dry naturally-then it is washed out and the hair rinsed with the shampoo.
- All family members should be treated whether they have symptoms or not.

Worms

There are many types of this parasite infecting animals and humans worldwide. The commonest worm to infect young children is the threadworm. The eggs enter the body through the mouth and the adult worm matures in the large intestine-the female leaves through the anus especially at night and lays her eggs just at the margins of the anus. The child will complain of itchy at the bottom especially at night usually the eggs are invisible but the worms may be seen they resemble short pieces of white sewing thread. Re-infection is common, e.g. when the child scratches, the eggs remain on his hands especially under the fingernails and are again ingested when the child is eating or sucking his thumb. The infection can be passed onto others through hand contact.

Management:

- Hands should be washed frequently and fingernails kept short.
- An effective medication is available which is taken in a single dose and repeated once more two weeks later. It is important that all family members take the treatment even if they do not have symptoms.

Scabies

An intensely itchy rash is caused by infection with the scabies mite which measures about 0.3 mm in length. The mite burrows under the skin often in or near the web spaces of the fingers and scratching causes the formation of scabs. It is passed to other through contact with the hands, sleeping in the same bed, etc. A special lotion is applied to the entire skin and left on for 24 hours (it must be reapplied after hand washing). Family members should also be treated and all clothes and bedlinen laundered.



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Ringworm

This is caused by a fungus which can infect the skin of the body, the scalp or the feet (athletes foot). There are many different types and although some may be caught from animals, contact with other infected humans is the usual sources. The rash on the body enlarges in a circular shape with healing occurring from the centre of the scalp. There will be patchy hair loss with broken hairs on the affected areas. The child will often complain of itching and the ever enlarging “bald path” may cause embarrassment.

Management:

- Without treatment the condition spreads easily so ringworm should be treated as soon as the first signs are noted.
- A cream containing an antifungal agent, ‘Miconazole’, is applied to the affected areas. Oral antifungal agents, e.g. ‘Griseofulvin’, may be necessary in some cases.
- Combs, hairbrushes, hats, etc. should not be shared until the infection has cleared.
- The child should be reassured that hair will grow back normally although this will take many weeks.

• **Athletes Foot**

This is “a ringworm infection of the feet”. It is transmitted directly, e.g. sharing footwear, sleeping in same bed, etc. or by water contact. Such as in a swimming pool or on wet floors. The child will complain of itching of the feet and the skin between the toes. Flaking and redness of the skin may occur.

The condition can be prevented by having disinfectant foot baths for use before and after swimming, and by treating the floors of shower cubicles and changing rooms with disinfectant.

Treatment is by application of an antifungal agent, ‘Clotrimazole’, in the form of spray or lotion for the skin and in powder form use on shoes socks

Meningitis

This is a serious infection of the meninges (the lining of the brain and the spinal cord) which is responsible for a significant number childhood death and may result in handicap in survivors. It may be caused by bacteria or viruses, but the bacterial forms are more severe.



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Some forms occur in epidemics. Meningitis is usually spread by inhalation of infected droplets, some people may be carriers without suffering any symptoms. The organism often settles on the throat and from there enters the bloodstream and the meninges. The symptoms vary with the child's age but most children become quite ill in a short space of time – 24 hours or less – and parents quickly recognized that symptoms are more serious than those of previous illnesses.

Symptoms may include:

- Fever irritability
- Vomiting
- Refusal or inability to feed
- Lethargy or drowsiness
- Headache
- Inability to tolerate bright lights (photophobia)
- Neck stiffness
- Bulging fontanelle (soft spot) in babies
- Unusual high pitched cry
- Reluctance to change position or pain on being moved
- Convulsions

Some of these complaints are also seen with other illnesses, e.g., neck stiffness can occur with swollen glands or headache with measles so a special investigation is necessary to make the diagnosis. E.g. lumbar puncture (fluid is withdrawn from the space surrounding the spinal cord and examined for infection). The child will require antibiotic treatment in hospital. With some types of bacterial meningitis, doctors will recommend that the family members and close contact take a preventive antibiotic for a few days in case they also carry the bacterium.

A vaccine is now available to prevent one type of bacterial meningitis which affects young children, the Haemophilus Influenza type B or HIB vaccine.

AIDS (Acquired Immunodeficiency Syndrome)

This is due to defective functioning of the immune system as a result of infection with the Human Immuno-deficiency Virus (HIV). AIDS sufferers have frequent infections with common and unusual organisms and suffer from weight loss and an increased risk of



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certain cancers. Although the incidence of AIDS is rising, it is found in two groups of children, those who acquired it from their mothers and those with haemophilia who acquired it by treatment with blood products. Unfortunately, there are many social stigma attached to this condition and children with this condition will need a lot of support especially as other close family relatives may suffer and die from the same illness. The child should not be made to feel different and spillage of blood and bodily fluids should be managed in the same way for all children.

There are four main ways by which the virus is passed on:

- Unprotected sexual intercourse.
- Injecting drug users sharing syringes and needles.
- From an infected mother to her baby (in the womb or by breast milk).
- By skin piercing equipment which has not been sterilized, e.g. acupuncture, tattooing or ear piercing needles.

HIV cannot be passed on by:

- Shaking hands
- Kissing
- Toilet seats
- Sharing cups, cutlery, towels
- Sharing musical instruments
- Sharing food
- Coughing or sneezing
- Swimming pools
- Mosquitoes

Situations of external bleeding, e.g. nosebleeds, cuts and scrapes, should be dealt with in the usual way.

- Wash the area with water
- Cover any cuts with a waterproof dressing
- Dispose of bloodstained dressing, etc. according to usual procedures.

3.6 Common Medical Conditions in Children: What the Teacher Must Know

Many children spend almost half their waking hours in the care of nursery staff or teachers. About 10% to 15% of these children will suffer from a known medical condition which

mic capabilities, the relationship they have with their
nal state. It is very important that teachers and carers
ditions and how any one condition affects a particular
child – it is useful to arrange a meeting with parents and child before the school year starts
to familiarize the teacher with the child and his illness. The teacher will want to know:

- How the illness affects the child.
- If there are any important sign and symptoms to look out for.
- What steps to take if any problem arises in school.
- If any medication needs to be given in school.
- If there are any significant side effects of medication about which the teacher should be informed.
- If there are any physical restrictions placed on the child.
- If the illness affects or might in the future the child’s education.

The parents should always leave a contact telephone number with schools in case of emergency and they should sign a letter giving the person in charge permission to seek emergency medical attention. Parents should be told to come in and administer medication if it is required on a regular or temporary basis.

3.6.1 The Common Medical Conditions

The common medical conditions are Asthma, Eczema, Epilepsy, Diabetes, Hearing, Problems, Sickle Cell Disease and cerebral Palsy.

There are many other less common conditions that a teacher may come across. It is not difficult to obtain the relevant information on these conditions from the parents, from the child’s physician with the parents’ prior permission or from one of the many helping agencies, e.g. sickle cell Society.

Asthma

This condition affects between 5% and 10% of school children to varying degrees so it is important for the teacher or carer to have some knowledge of the condition and the problem that may arise. The word “asthma” comes from a Greek word meaning “hard breathing” and is characterized by recurrent episodes of some or all of the following symptoms:

- Cough
- Wheeze

Breathlessness
In more severe episodes the child's lips and fingernails may change colour due to lack of oxygen, he may complain of tummy pain (the tummy muscles are helping with the work of breathing), and he may be restless and anxious, with difficulty in speaking normally.

The symptoms of asthma result from narrowing or obstruction of the small air passages in the lungs. These air passages or tubes are called bronchi and have a lining which produces mucous and a muscular wall. Narrowing of the tube occurs due to swelling of the mucous lining with or without increased mucous production and tightening or spasm of the muscular wall.

The cause of asthma is not clearly known but the symptoms may be precipitated by allergy to:

- The house dust mite which lives on dead skin scales and is found throughout the environment especially in old damp buildings
- Animal furs, e.g. dogs, cats, feathers
- Grass pollen, flowers
- Food such as dairy products, eggs

Prevention

Medications for the prevention of asthma are taken on a regular basis whether the child has symptoms or not. Sometimes it is given at specific times of the year, e.g. during the rainy/harmattan seasons for those whose asthma is precipitated by colds or pollens.

The Teacher Should do:

- Sit the child up as he will find it easier to breath in this position.
- Keep him calm as anxiety will aggravate the attack.
- Remove any allergens that may have precipitated the attack.
- Allow him to take his inhaler according to the instructions given by his parent/doctor.
- Never leave the child alone.

Problems with Asthma in school

- Poor attendance due to frequent illness or hospitalization.

ck of sleep.

ifferent”, having to use inhalers.

o infection, irritants, temperature changes, exercise, or emotional upset. Children with asthma have been studied extensively to determine if there are any associated characteristics which might affect their education or social functioning.

Eczema

Eczema is a common skin condition in childhood and is often associated with asthma and hay fever. Other family members may also suffer from the disorder which tends to flare up from time to time, often precipitated by the same factor which precipitates asthma.

All the skin may be involved or eczematous area may be confined to the creases. E.g. neck and elbow creases, behind the knees and in the groin. The affected areas are dry, flaking and itchy- scratching can cause bleeding and infection can enter through the broken skin. Infected eczema can be very painful causing swollen glands, fever and limitation of joint movement. Severe eczema causing intense itching may lead to lack of sleep, irritability and embarrassment due to the appearance of the skin.

Prevention and What the Teacher Should Know

Prevention of eczema involves the avoidance of foods, fabrics and other factors which aggravate it. Creams and oils are used to prevent moisture loss, steroids to reduce inflammation and antihistamines to prevent itching and help sleep. At school no special restrictions should apply but the teacher should be aware of the effects of sleep deprivation, poor concentration due to itching and embarrassment due to the appearance of the skin.

Epilepsy

Epilepsy is an established tendency to have recurrent seizures. (the terms seizures, fits and convulsions are synonymous). Children may have seizures for a number of reasons, e.g. in response to a high fever or following a head injury. Therefore not all children who have a seizure have epilepsy. Epilepsy is the most common neurological disorder after migraine among children of school age making the role of the teacher important so that the child will benefit and his classmates will develop a healthy and accepting attitude towards epilepsy.



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Epilepsy is not a disease in itself but a symptom of a brain disorder in many cases there is no identifiable cause, but the seizures may be controlled by medication. Some children have associated mental handicap or learning difficulties but many have normal IQ and should not be treated differently or expected to under-achieve.

How to Deal with a Seizure

- Never leave the child alone.
- Only move the child if he is in a dangerous place.
- Let the seizure run its course
- Do not put anything in the mouth or offer a drink.
- It is not necessary to remove clothes unless they are restricting breathing.
- Do not try to restrain a fitting child.

When the convulsion is over lie the child in the recovery position he may be confused and frightened so ensure that he is not alone. If he has wet or soiled himself he should be covered to prevent embarrassment.

Epilepsy and Education

Most children with epilepsy are of average intelligence although some will have learning difficulties. Suspected learning difficulties should be thoroughly investigated as they have a treatable cause:

- The child may be having absence seizure which is going unnoticed.
- The dose of anticonvulsant may need to be altered.
- Inappropriate removal from school may lead to poor attendance and adversely affect performance.
- Emotional problems may lead to unhappiness and poor self esteem.

Useful Information from Parents to Teachers

In order for the child to gain maximum benefit from attending school and to avoid prejudice and unnecessary restrictions, the following essential information should be shared between parents and teachers:

- What kind of seizure does he usually have?
- Is there a warning or “aura”?
- How long does it last?
- What kind of first aid, if any is required?

- Do any special events or medication in school? If so what arrangement can be made with the parent?

- Are there any side effects?
- Have parents or doctor requested any limitation on activities?
- Does the child have an understanding of his epilepsy and its treatment?

Diabetes

Diabetes affects 1 in 1000 children and is due to lack of insulin. Insulin is the hormone released by the pancreas on or at required basis. This helps the body to use the glucose which has been absorbed from the gut. In the absence of insulin the body cannot use the glucose, so the blood glucose becomes very high and some may also overflow into the urine. The high glucose levels make the blood very concentrated which stimulates thirst. Children who develop diabetes for the first time present with excessive thirst, they pass a lot also lose weight.

The cause of diabetes remains unknown and children do not recover from it. Therefore, they have to rely on injected insulin for the rest of their lives. A fine balance must be achieved between food intake, appropriate insulin dose and blood glucose levels. If the blood glucose remains too high there is a risk of long term complications such as kidney failure, eye disease, heart disease and leg ulcers-good control of blood glucose in children helps to prevent these complications.

A low blood glucose produces more immediate effects and is the most likely complication to arise in school. It is caused by having too little sugar in relation to insulin. The child will become pale, cold, sweaty and shaky, perhaps behave in a strange way- these symptoms resolve quickly when sugar is given. If sugar is not given the blood glucose may fall even lower and loss of consciousness may result.

Education

Children with diabetes have normal intelligence and their education should progress normally. School absence is not usually a major problem and no restrictions need apply in the case of activities such as playing, climbing, etc. which are adequately supervised.

Hearing problems

Hearing problems are one of the commonest medical conditions in young children and, unfortunately, many still remain undetected while they seriously impair the child's developing communication skills. The commonest condition is Chronic Serous Otitis

Media, better known as 'glue ear'. One in four children will have glue ear at sometime.

Frequent ear and upper respiratory infections, often unnoticed, lead to the accumulation of fluid in the middle ear. This is gradually re- absorbed or drains through the Eustachian tube to the back of the throat. However, if the build up of fluid is too great or the episodes occur in quick succession the fluid is unable to escape and becomes thick fluid can interfere with the transmission of sound waves within the ear.

Complete deafness rarely results but parts of sounds or particular type of sound may be heard incorrectly and symptoms may vary from day to day depending on the fluid levels. This can be confusing and frustrating for a young child who is rapidly acquiring language. To add to his turmoil he is often branded 'slow' or a 'day dreamer'. It is not surprising that he switches off and the resulting impairment of listening skills may lead to poor speech development, poor reading and concentrating abilities.

How to recognize a hearing problem

In the children school should be screened for hearing problems in most areas at the ages of 8 months, 3 years and at school entry, but this condition may appear or disappear at any time so many cases are undetected. The child will rarely complain that anything is wrong so it is up to parents and carers/ educator to look out for clues which include:

- delay in language development.
- Inattentiveness or day – dreaming
- Poor school progress
- Slow response to instructions and questions
- Changes in behaviour such as moodiness or aggression

Sickle cell disease

Sickle cell disease occurs more commonly in children of African or West Indian, descent. It can also be found in children from the Eastern Mediterranean, India, Pakistan and the Middle East. Among people from these countries about 1 in 400 are affected. People with sickle cell disease have abnormal hemoglobin (the protein in our red blood cells which carries oxygen around the body). Instead of the red cells being round, sickle cells are



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deformed in the shape of a sickle. The disorder is inherited and both parents have to be carriers for the child to be affected. Children with sickle cell anemia may have the following problems:

- **Anemia:** this can lead to loss of energy, tiredness and breathlessness. Children take daily medication to improve their low blood count.
- **Pains:** under certain conditions, e.g. cold, dehydration, infection, the abnormal sickle cells may clump together and block small blood vessels. This is known as ‘ a sickle crisis’ and can affect bones, muscles or any part of the body. Strong painkillers may be necessary to relieve this pain.
- **Infection:** there is an increased susceptibility to infections especially serious ones like pneumonia and septicemia. Young children are particularly vulnerable so they take antibiotics daily and have special vaccinations to protect them.

Teachers role in the School

Symptoms can vary from person so communication with parents is very important. It should be possible to contact a parent by phone in case of emergency as the painful crisis often begins without warning. Many children have a particular behaviour pattern which heralds the onset of a crisis, e.g. becoming quiet, withdrawn or tearful. These children can be extremely brave and stoic so any complaints should be taken seriously. Some considerations which may help to avoid problems are:

- Avoid exposure to extremes of temperature by wearing coats, hats, and gloves in cold weather.
- Help to prevent dehydration in hot weather by encourage lots of drinks.
- If the child is ill or has a temperature he should be allowed to sit quietly and drink plenty of fluids.
- The child should be allowed to participate in the usual activities unless specific restrictions are placed upon him by parents or medical staff.
- Emotional problems or over- dependency on adults may result from inappropriate management of his problems. Other family members may be affected or may have died from the same condition, and the way in which the child handles his illness is largely determined by the attitudes of those around him.



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4.0 CONCLUSION

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From what has been written in this unit about the various illnesses and medical conditions that affect children it will have become clear that the teacher has an important role to play in the way a child copes with his illness and in the way others in the school cope with him/her.

It is also important to know about the extent to which a child's development can be affected by a physical condition and the attitudes of others towards that condition. Attitudes are often based on personal past experiences which may be positive, negative or non-existent. Knowledge of the subject of child health will enable the teacher to anticipate problems that may arise and then deal with them in an appropriate manner.

5.0 SUMMARY

In this unit, you have learnt about childhood diseases/ illnesses, their signs and how they are spread or transmitted from one person to the other. You have also learnt about immunization, its timing and purpose. The last but not the least among what you have learnt is some common medical conditions in children.

6.0 TUTOR- MARKED ASSIGNMENT

What is epilepsy? As a teacher in the classroom, how would you deal with an epileptic seizure

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CONTENT

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To do as much as possible and to do it quickly are two goals central to today's lifestyle. Much of life has been lived without enjoyment and weighed down by stress. Relationships have suffered. Physical health has deteriorated and mental health has suffered the resulting consequences. As teachers, it is necessary that we teach children from an early age how to control stress.

2.0 OBJECTIVES

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

- Define stress
- State the three stages of stress
- Name three sources of stress in the family
- Explain how child abuse and neglect can be a major source of stress to a child
- Name two reactions of children to stress
- List two major fears of children

3.0 MAIN CONTENT

3.1 Defining Stress

Stress has proven a difficult term to define, surrounded by “conceptual cloudiness.” A broad definition, however, would include an environmental change that triggers the stress and some kind of resulting emotional tension in the individual that interferes with normal



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functioning. Yet stress is not in itself a negative force and, in fact, often provides the challenge and motivation to improve, grow, and mature.

Stress continues to mark the achievement of developmental milestones. How often an infant, on the verge of toddling, stumbles, lurches, falls, crashes, and recommences bravely. Not all stresses are harmful. The struggle to learn to walk is a good example of how some stresses can be perceived as challenges that impel a child to strive toward more mature forms of behavior.

Other stressful experiences can be more negative, however, requiring the child to deal with an emotional or physical situation that is unsettling, frustrating, painful, or harmful. More often than not, the child is helpless and unable to cope with this kind of stress. This is particularly true of infants, who are totally dependent on adults to relieve the cause of their stress. It appears to many professionals that the number and severity of childhood stresses have greatly increased over the past two decades. To add to this concern about increased stresses, people who work with children report an un-easy sense that youngsters today have fewer sources of adult support, affirmation, and love than in the recent past.

From our own experience, we are aware that stress causes emotional reactions, for instance, anxiety, fear, guilt, anger, and frustration in some cases, or joy, euphoria, and happiness in other instances. Behind these emotional responses are physiological, neurochemical reactions involving many bodily changes. It is important to recognize that stress is as much a physical as an emotional phenomenon because children often respond to stress in physical ways. The complexity of responses to stress has made its study a challenge to researchers and those who work with young children.

3.1.1 Coping with Stress

In response to stress, we use different coping strategies to ease the tension. Coping always involves mental and/or physical action and can take such forms as denial, regression, withdrawal, impulsive acting out, or suppression, as well as humor and creative problem solving. Coping reaction vary according to the stressful situation, and they depend on such innate factors as temperament, the age and cognitive functioning of the child, and a variety of learned responses and social factors. Some coping strategies are more effective and more socially acceptable than others; when a child uses aggression as a coping reaction to



rejection by peers, we view such behavior as less acceptable than if the child uses a problem-solving approach.

3.1.2 Stages of Stress

There are four stages of response to stress.

1. The stage of alarm involves involuntary physical changes, as discussed previously, for instance, adrenaline being released into the bloodstream or acid being produced by the stomach. If stress persists, such responses can result in psychosomatic illness (not an “imaginary” illness, but a case of the mind and body working together to produce a physical problem).
2. The stage of appraisal is concerned with the cognitive process of evaluating and giving personal meaning to the stressful situation. The child’s age and psychological makeup will affect this process.
3. The stage of searching for a coping strategy can include both adaptive and maladaptive responses. A child may, for instance, cry, throw a tantrum, ignore the situation, find a compromise, or find a substitute.
4. In the stage of implementing coping responses, children will react in different ways, depending on their personal experiences and resources. A child responding defensively may distort, deny, or respond with rigid and compulsive behaviors. Responding through externalization means tending to blame others rather than looking at using the child’s own resources in coping. On the other hand, a child who uses internalization is more likely to accept responsibility for dealing with the stressor. With either internalization or externalization, it is not blame for cause of the stress but the responsibility for dealing with it that is at issue here.

SELF ASSESSMENT EXERCISE 1

In one sentence define stress in your own words.

Mention the four stages of stress.

3.2 SOURCES OF STRESS IN CHILDREN’S LIVES

Today’s children grow up in a complex world that contains a host of potential and actual stressors Stress sources as well as potential moderating influences within the social system



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can come from any of the interacting and overlapping systems. These systems can include the family (the microsystem); its interactions (the mesosystem); the family's social network, friends, school, and extended family (the exosystem); and the larger society, with its values and beliefs (the macrosystem).

Because stress is an individual's unique reaction to a specific event or circumstance, there is an infinite variety of possible stressors. Young children's stressors most often have their roots in the microsystem and mesosystem, and to some extent the exosystem; however, the larger macrosystem also affects young children as social forces and policies have an impact on their families. For purposes of this course material, we will focus on some common contemporary sources of stress, many of which have received the attention of researchers and theorists.

3.2.1 Family Stressors

Children's security is anchored in their families. Ideally, this security is created by a caring family that provides a protected, predictable, consistent environment in which challenges and new experiences occur as the child is able to handle them successfully. But families do not have such control over the environment and increasingly are caught up as victims of forces that produce enormous stress. Today's families face innumerable struggles- family violence, hostile divorces, custody battles, poverty, homelessness, unemployment, hunger, slum environments, neighborhood crimes, AIDS, drug and alcohol abuse- that can shatter their control and sense of security.

3.2.2 Divorce

One of the most pervasive stressors that today's children face is divorce. It is estimated that 40 to 50 percent of the children growing up in this decade will experience their parents' divorce, live in a single- parent family for a period of time, and probably experience their parents' remarriage. Although divorce is stressful for everyone involved, it is probably most difficult for children, particularly young ones.

Young children in the midst of a divorce see what is happening from an egocentric viewpoint. They tend to attribute the departure of one parent to their own "bad" behavior, in essence a punishment for something they did wrong. Accompanying this anxiety is the worry that the other parent may also abandon them. After a divorce, young children are



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likely to regress behaviorally, for instance, experience sleep disturbances and be tearful, irritable, and more aggressive.

Divorce is usually accompanied by a range of other occurrences that can have a profound effect on young children. Before the divorce there is often parental anger, discord, and open fighting, which can be very frightening to children. After the divorce, about 90 percent of children end up living with the custodial mother not only experiencing a shift from a two-parent to a single parent arrangement but also undergoing a shift to a lower income bracket, having fewer resources, possibly living in less expensive housing or with a transitional family (for instance, grandparents or mother's new boyfriend), living with a parent who is stressed in new ways, and perhaps entering or spending more hours in child care. All these changes, on top of the loss of one parent, can be very traumatic.

3.2.3 Poverty and Homelessness

Another area of stress on which increasing attention has been focused recently is the plight of children whose families lack adequate resources to meet their basic needs. Chronic poverty can interfere intrusively with effective parenting and may lead to insecure mother-child attachment.

The number of homeless families with children in the Nigeria is also increasing. Such children tend to suffer health and emotional problems, developmental delays, nutritional defects, and irregular school attendance. The capacity for effective parent-child bonding is affected by the lack of privacy experienced by homeless families. Homeless children "are robbed of the most basic and essential element of childhood- reliable, predictable, safe routines." A small but growing number of public and nonprofit organizations are starting to provide services, including child care, to homeless families and children.

Other Family Stressors

We can easily recognize that experiences such as divorce, poverty, and homelessness can be grave sources of stress for young children. Children may also experience stress from family occurrences that to adults may not appear on the surface to be as stressful. For some children, for instance, the birth of a new sibling triggers regression to earlier behaviors, increased crying, and sleep problems. Other stressors can include any event that causes a



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change, such as the death of a friend, relatives who are visiting, or a parent's prolonged business trip.

3.2.4 Fast-Paced Family Life

Some children, who at first glance might appear to be privileged, actually experience a great deal of stress. Some dual-income professional families, in which both parents work 60 or more hours a week to keep up with their medical, law, or executive jobs, may produce a different kind of stress for themselves and their children. Parents are frequently rushed and beset by the constant need to make quick and important decisions. Their children may be in the care of nannies, are enrolled in special school.

SELF ASSESSMENT EXERCISE 2

Name and explain one stressor that faces children

3.3 Child Abuse and Neglect

Stress is certainly an issue for children who are victims of abuse or neglect, although the more pervasive danger is that serious harm can befall them. Because young children are inexperienced and because they depend on adults to care for their needs, they are particularly vulnerable to abuse. Most often, although certainly not always, child abuse and neglect occur within the family. Basic causes of child abuse are:

- Our culture supports domestic violence by permitting a range of behaviors by adults against children.
- We have strong ideas about family privacy that reduce community responsibility for children, so that problems are viewed as “someone else’s” rather than everyone’s.
- Family stresses stemming from social and economic factors often lead to parental feelings of inadequacy and frustration, which can explode in abuse against children.

Child abuse and neglect are disruptions in the normal developmental process of children, with long-term repercussions. During childhood, youngsters begin to formulate and practice many skills that are precursors to important adult skills; opportunities for such practice occur naturally, as part of normal development. Parents and other adults who



interact with the child have a great impact on this process. When the normal course of development is disrupted the world of abnormal rearing (W.A.R), serious developmental deficiencies occur. “Adults who are victims of the W.A.R. truly have ‘missed out on childhood,’ that is, missed learning many of those basic skills necessary to interact with others.

Child abuse and/ or neglect is defined as any action or inaction that results in the harm or potential risk of harm to a child including the following:

- **Physical abuse** is manifest in such signs as cuts, bruises, and burns.
- **Sexual abuse** includes molestation, exploitation, and intercourse.
- **Physical neglect** involves such signs as medical or educational neglect and inadequate food, clothing, shelter, or supervision.
- **Emotional abuse** occurs through any action that may significantly harm the child’s intellectual, emotional or social functioning or development.
- **Emotional neglect** is considered inaction by the adult to meet the child’s needs for nurture and support

Physical marks or unusual behavior may tell you that a child has been or is at risk of being abused or neglected, although it is not always easy to read such signs. Cigarette burns on a child’s body are more recognizable as abuse, for instance, than a child’s inability to sit for any length of time because of sexual molestation. Emotional abuse and neglect are particularly difficult to read because the behavioral symptoms could be the result of any number of causes. It is your skill as a (teacher) careful observer, combined with your knowledge of child development that can best provide clues about abnormal or unusual evidence that could indicate abuse or neglect.

Another source of information about whether a child has been or is at risk of being abused or neglected is the cues you might pick up from the child’s parents. You as teacher, when you interact with parents informally, you might note whether parents convey unrealistic expectations for the child, seem to rely on the child to meet their own social or emotional needs, lack basic knowledge and skills related to child rearing, or show signs of substance abuse. Chronic family problems and frustrations stemming from unemployment, illness, and poverty often also result in child abuse and neglect. The majority of parents who abuse or neglect their children can be helped through intervention.



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It is important to stress that it is your ethical as well as legal responsibility as a teacher (professional) to report suspected child abuse or neglect to an appropriate child welfare or protection agency. It is not easy to make the decision to report a family for suspected child abuse or neglect. You may be aware of stress afflicting the family and be reluctant to add to it through your report; the evidence of abuse may not be clear cut or the child may tell you that he or she fell rather than he or she was hit. But it is your responsibility as a childhood educator to act on your concern and speak for and protect young children.

Physical Signs of Child Abuse and Neglect

- The child has bruises or wounds in various stages of healing indicating repeated injuries.
- Multiple injuries are evident on two or more places of the body, for instance, a head injury and bruises on the ribs, which are not likely to have happened in a single fall.
- Injuries are reported to be caused by falling but do not include the hands, knees or forehead, the areas most likely to be hurt when a child attempts to break a fall.
- The child has oval burns left by a cigarette, shows a doughnut-shaped or stocking-mark signs of being immersed in a hot substance, or has identifiable burn imprints of such items as an electric stove burner.
- A child's discomfort when sitting, which could be caused by sexual abuse.
- A child has sexual knowledge far sophisticated for the child's age, evident in conversations or through inappropriate play, which may indicate a victim of sexual abuse.
- A child dressed inappropriately for school, for instance, wears no sandals, which could be reason to suspect neglect.
- A child steals food because he or she does not get enough to eat at home, which may be another sign of neglect.

SELF ASSESSMENT EXERCISE 3

List four types of child abuse and neglect that occurs in your community.

3.4 Behaviour Patterns of Abused Children Younger Than Age Five

A Physical Abused Children

Expressiveness and apparent sense of self.

- Bland effect, no tears, no laughter
- Not curiosity/exploration
 - Unable to play, no sense of joy
 - Shows no affect when attacking another child.
 - Afraid of dark, being hurt, being alone.
 - Reluctant to try messy activities
 - Aggressive, hyperactive, or withdrawn.
- Response to frustration or adversity-withdraws or has tantrums.
 - Language and learning
 - Lack of speech or delayed language development.
 - Delayed motor development
 - Short attention span
- Relationships with peers.
 - Grab objects from thers without trying to retain them
 - Inept social skills
 - Avoids or is aggressive toward peers
 - Can't wait or take turns
- Relationship with parents.
 - Shows no expectation of being comforted; no distress at separation
 - Alert for danger
 - Solicitous of parent's needs
 - Constantly aware of parent's reactions.
 - May defy parent's commands
 - Difficult to toilet train

Relationships with other adults

- Relates indiscriminately to adults in charming and agreeable ways, seeks affection from any adult.
- Avoids being touched.
- Responds negatively to praise.
- Always seems to want/need more objects, attention, and so forth.

B Emotionally Abused Children

- Comforts self through rocking and sucking
- Does not play
- Has difficulty sleeping

- Is passive and compliant or aggressive and defiant
- Barely smiles.

Language and learning – speech disorders or delayed language development skills

▪ Relationships with parents.

- Affectless, detached from parents or solicitous of them.
- Fussy, unresponsive, irritable
- Watchful, yet avoids eye contact

Relationship with other adults

- Relates indiscriminately to adults in charming and agreeable ways.
- Seeks attention and always seems to want/need more.

SELF ASSESSMENT EXERCISE 4

List four responses of abused children towards their parents.

3.5 Health Stressors

The source of childhood stress derives from health-related problems. Children suffering from chronic asthma, facing a tonsillectomy, undergoing chemotherapy for cancer, or enduring the aftermath of a serious automobile accident experience stress. This stress is a combination of factors surrounding the physical problem – pain and discomfort – as well as of related elements such as fear of the unknown, limited understanding of what is happening, a strange environment populated by strangers, an exotic medical vocabulary that can conjure up terrifying images, and perhaps most frightening, fear of being abandoned by the parents. These last factors cause particular distress for very young children facing hospitalization, because attachment and separation are important issues at this age. In addition, children who are seriously ill or face surgery are also aware of their parents' anxiety and this adds further to their own stress.

A parent's serious health problem, whether physical or mental, is also a source of stress, particularly if a new caretaker is involved. During the parent's convalescence, the child



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may also have to adapt to changes in the ill parent's personality, energy level, and preoccupation with health.

3.6 Death

Inevitably, as a teacher of young children, you will find a need to discuss and explain death, when any child's relative had died. Most young children encounter death, whether it is the death of a grand-parent, a friend, a sibling, a parent.

3.6.1 Preschooler's Understanding of Death

- Young Children understanding of death is a function of their cognitive development. Children in the preoperational stage of cognitive development do not yet have the mental ability to grasp fully the concepts involved in understanding death; nonetheless, anecdotes as well as research show that even toddlers have some cognitive awareness of death. Young Children's limited understanding can lead to misconceptions based on the child's magical or other pre-logical explanation when they come face to face with death.

Death is not a single concept, but involves several subcomponents. Finality is an understanding that death cannot be reversed by magic, medicine, or other means, which is something preschoolers consider death or happen only to others. Recognizing that death involves the cessation of all bodily function, including movement, thought, and feeling, is another concept difficult for preschoolers to grasp. Between the ages of five and seven, children generally gain an understanding of these three concepts. In addition, the concept of causality that death is caused by internal factors such as illness or old age, rather than external factors seems the most difficult one for children to grasp; most do not gain this understanding until a somewhat later age.

3.6.2 Bereavement

Young children's limited understanding of death does not mean that they do not experience genuine grief at loss of someone who was important in their lives. **Bereavement** is a natural process, an essential reaction to loss, which needs to be worked out and supported. Children's reaction to death will vary. Although some children will show no overt signs of mourning or may even seem indifferent to the death, others may react with anger, tantrums,



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and destructive rages. Children, like adults, pass through stages of mourning, which include denial, anger, bargaining, depression and finally, acceptance.

It is important that adults, for instance, teachers, provide strong support and help in the mourning process of young children who have experienced the death of someone close. The teachers can offer such support by being willing to discuss the death, recognize and accept the child's feelings and answer questions. This is particularly crucial for a child who has lost a parent, "the worst bereavement," because no other loss or separation is like it. A special example of death occurs when a young child in your class battles cancer unsuccessfully or is killed in an accident.

Children's Fears

Everyone experiences fear at some time because fear is a normal emotional response to a perceived threat that may be real or imagined. Fear is an important self-protective response because it alerts us to danger. Children facing an unknown situation for the first time, for example, a visit to the dentist will experience natural apprehension. In other instances, a fear can turn into a phobia, which is intense and irrational and stems directly from a specific source, a labeled **anxiety**, and it is the most difficult form of fear to deal with. Overcoming phobias and anxieties often requires professional help, although teachers can support children as they struggle to understand the source of the fears and their feedings.

Young children's cognitive characteristics influence the type of fears they experience. For example:

- Young children often confuse reality, dreams and fantasy.
- They often attribute human or lifelike qualities to inanimate objects.
- Concepts of size and relationship are just developing during the early years.
- The relationship between cause and effect is not well understood yet at this age
- Young children are often helpless and not in control of what is happening around them.

These characteristics, reflecting incomplete or inaccurate understanding combine to contribute to children's fear.



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Although all people develop fears based on their unique experiences, some common fears of young children can be identified. Pervasive fear includes the unknown and abandonment, apprehension that commonly emerge when children deal with divorce, hospitalization, and death. Other frequent sources of fear are animals, the dark, doctors, heights, school, monsters, nightmares, storms and water. Children have experienced such fears throughout time; in addition, modern society has created the source of some unique fears for children. Today's children worry not just about the dark or the "boogie man". They also are victims of feelings of powerlessness and helplessness in an age of nuclear war, economic meltdown, and sophisticated missiles. Fears are powerful stressor for young children.

3.6.4 Children's Reactions to Stress

Stress can result in a variety of reactions. The reaction will depend on the child as well as on the nature of the stressful event. Behavioral reactions have been classified into four categories:

1. **Feeling-** This category includes such reactions as crying, temper/tantrums, shyness, fearfulness, loneliness, low self-confidence, sadness, anger, and depression.
2. **Thinking -** Such reactions may involve short attention span, distractibility, and depression.
3. **Action** – Active reactions could include fighting, stealing, teasing, withdrawal, overdependence, impulsiveness, hiding and running away.
4. **Body response** – Physical manifestations of stress might include hyperactivity, headaches, stuttering, loss of bladder or bowel control, clumsiness, nail biting, stomach complaints, and thumb sucking.

SELF ASSESSMENT EXERCISE 4

Name two other types of family stressor that school children face.

4.0 CONCLUSION

From what you have learnt so far from this unit, it is evident that children may respond to stressful events in variety of negative ways. But behind the overt behaviour is often a



stressor that precipitates the behaviour which requires a thoughtful, observant teacher who gathers pertinent information and considers many factors when dealing with a child in the school.

5.0 SUMMARY

This unit took you through family stressors faced by school children constantly such as poverty, homelessness, child abuse and neglect. Others such as modern fast-paced family lifestyle, divorce and death were also presented.

6.0 TUTOR MARKED ASSIGNMENT

State and explain in detail the four stages of stress children go through when they experience stress.

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1.0 INTRODUCTION

In the last unit we dealt with family and stress. This unit will present you with family lifestyle issues. Health experts often disagree on matters of nutrition on the dos and don'ts of well-being.

However, when it comes to the need for moderate physical activity, there seems to be universal agreement among scientists – if you want better health, you must exercise regularly and adopt positive lifestyle habits. The type of lifestyle we as individual or family adopt go a long way to determine the level of stress we will face and inadvertently affect the level of health status we will enjoy. Happy reading.

2.0 OBJECTIVES

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

- Explain the meaning of exercise
- Explain how everyday activity can improve your health
- List five health benefits of exercise
- Name three principles for selecting exercises
- Define obesity
- State two factors associated with obesity
- Identify three health dangers associated with obesity
- State two reasons women need adequate nutrition
- List three ways of preventing Sexually Transmitted Diseases (STDs)
- State three types of Female Genital mutilation (FGM)



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- Mention two health consequences of FGM
- List two ways a family can cope with chronic illness

3.0 MAIN CONTENT

3.1 Meaning of Exercise

Exercise refers to both physical and mental exertion or activity. The two are related. Physical activity is invariably accompanied by mental activity. For example, an athlete thinks when he/she is performing an activity. Health is aided by a good physique or body structure. Exercise can be carried on outdoor or indoor. The drastic reduction in physical exertion has led to many physical, mental and emotional health problems. For instance, it has been reported that inactive children are at risk of poorer self-esteem, greater anxiety and higher stress levels. These children are also more likely to smoke and use drugs than active children. Inactive employees have more days off work than active employees. In later life, inactive people lose the basic strength and flexibility for daily activities. As a result, many lose their independence and have poorer mental health.

Physical inactivity can dramatically increase the risk of certain life-threatening conditions. For instance, according to the American Heart Association, physical inactivity “double[s] the risk of developing heart disease and increases the risk of hypertension by 30 percent. It also doubles the risk of dying from CVD (cardiovascular disease) and stroke.”

The World Health Organization (WHO) reports that the data gathering on health surveys from around the world is remarkably consistent. It should not surprise us, then, that an estimated two million people die every year from causes related to physical inactivity.

Notwithstanding the efforts of government and health organizations, the ultimate responsibility of caring for one’s health falls squarely on each one of us. Ask yourself, ‘Am I active enough? Am I getting enough exercise? If not, what can I do to break free from my sedentary life-style?’



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There is no drug in current prospective use that holds as much promise for sustained health as a lifetime program of physical exercise.” Physical activity can reduce anxiety and may even prevent depression.

You are sedentary if you:

- Do not exercise or engage in some vigorous activity for at least 30 minutes three times a week,
- Do not move from place to place while engaging in leisure activities,
- Rarely walk more than about 100 meters during the course of a day,
- Remain seated most of your waking hours,
- Have a job that requires little physical activity.

3.1.1 Exercise and the Mind

Scientists have discovered that vigorous physical activity can affect a number of mood-altering brain chemicals, such as dopamine, norepinephrine, and serotonin. This might explain why there are many claims of mental well-being after exercising. Some studies even suggest that people who exercise regularly are less likely to be depressed than those who are sedentary. While some of these studies are not conclusive, many doctors recommend exercise as a method of reducing stress and anxiety.

3.1.2 Everyday Activity That Can Improve Your Health Are:

- Climb stairs instead of taking the elevator or ride the elevator to a floor somewhat short of your destination and then take the stairs the rest of the way.
- If you use public transportation, get off a few stops early, and walk the rest of the way.
- When using your own vehicle, get in the habit of parking some distance away from your destination.
- Walk while you talk. You do not always need to be seated when having casual conversations with friends or family members.
- If you have a sedentary job, find opportunities to work in a standing position, and move around whenever possible.

3.1.3 Are You Drinking Enough Water?

Inadequate water consumption during exercise can be harmful. It can cause fatigue, decreased coordination, and muscle cramping. When you exercise, you sweat at a faster rate, and this can lead to a drop in your blood volume. If you do not replenish the water that is lost through perspiration, the heart has to work harder to circulate the blood. It is suggested that to avoid dehydration, you should drink water, during, and after an exercise session.

SELF ASSESSEMENT EXERCISE 1

What do you understand by the term exercise?

Mention two daily activities that can improve your health.

3.2 Health Benefits of Exercise

- Improves cell and tissue nourishment. It does this because exercise improves blood circulation, in fact it increases the rate of blood supply to tissues and organs
- Increases physical strength because it builds up the skeletal and muscular system
- Improves digestion because it increases peristalsis
- Enables the heart to withstand sudden exertion or stress. This is because exercise builds up the heart muscle increasing the number of blood vessels.
- Improves neuromuscular (nerve and muscle) coordination because physical activity is accompanied by mental activity. Neuro-muscular coordination aids graceful performance of our daily tasks e.g. walking and running.
- Aids removal of waste materials from the body through sweat.
- Assists in generating heat. It becomes an advantage in cold weather.
- Aids ventilation of the lungs by ensuring that all parts of the lungs are used.
- Improves chances of natural sleep and relaxation because tiredness naturally follows exercise.

3.21 Children Need Physical Activity

Recent studies have found that an increasing number of children do not engage in physical activity on a regular basis. Inactivity is more prevalent among girls than among boys. It



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appears that as children grow up, their levels of physical activity decline. The following are among the many ways children may benefit from regular physical activity:

- Development of strong bones and muscles as well as healthy joints
- Prevention of overweight and obesity
- Prevention or delay of problems with high blood pressure
- Prevention of Type 2 diabetes mellitus
- Increase in self-esteem and prevention of anxiety and stress
- Development of an active life-style that may prevent a sedentary adulthood.

3.2.2 Better Health for the Elderly

It has been said that the older you are, the more you stand to benefit from a moderate exercise program. Still, many older people hesitate to engage in regular physical activities for fear of getting hurt or sick. Granted, older ones do well to consult their doctor before they begin a program of strenuous activity. Experts, however, believe that physical activity can dramatically enhance the quality of life of older adults. The following are some areas in which older ones are likely to improve with regular exercise:

- Mental alertness
- Balance and flexibility
- Emotional health
- Speed or recuperation from illness or injury
- Gastrointestinal and liver functions
- Metabolism
- Immune system
- Bone density
- Energy level

SELF ASSESSEMENT EXERCISE 2

State five health benefits of exercise

3.3 Principles for Selecting Exercise

For exercise to be useful, it has to be selected wisely. Therefore there are certain things to consider first. They include:

• **Body Structure:** There are three main types of body structures – Endomorph, Mesomorph and Ectomorph. Bigger individuals can engage in vigorous exercise while slender or thin individuals get tired easily. The flabby fat individual prefer unhurried exercise

- **Gender (Sex):** Girls are better than boys in activities requiring fine coordination. Boys are better than girls in activities requiring physical strength and speed.
- **Mode of living:** If one's daily job involves sitting down most of the time, active exercise is to be recommended. Brisk walking is an effective form of exercise.
- **General State of Health:** Individuals in normal health are encouraged to engage in exercise. Those who are ill should not engage in strenuous exercise. Special gentle exercise may be recommended for them e.g. deep breathing and joint movements. Those who are starving should also be cautious in engaging in exercise.
- **Age:** exercise is good for every one but in old-age it should be reduced to gentle and less strenuous exercise.
- **Type and Nature of Exercise:** After a careful consideration of the above issues, the individual must carefully decide on which type of activity to engage.

SELF ASSESSEMENT EXERCISE 3

Mention two principles to be considered in the selection of exercises.

3.4 A Higher Level of Exertion (Exercise)

While a moderate increase in everyday physical activities can bring significant health benefits, researchers say that greater results are obtained with more vigorous exercise. Below are some options.

Health professionals recommend consulting a doctor before embarking on a program of vigorous exercise.

- **Brisk walking:** Some times called speed walking or power walking, this is one of the most convenient ways to exercise. All you need is a comfortable pair of walking shoes and a path. Walk with a longer stride and a pace that is considerably faster than a leisurely stroll. Try to reach a speed of about four to nine kilometers an hour.
- **Jogging:** When you jog, you are basically running at a slow pace. Jogging has been described as the most efficient way to achieve cardiovascular fitness. However, because of its higher impact, jogging is more likely to cause muscle and joint



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injury. Joggers are reminded about the need for adequate shoes, stretching and moderation.

Bicycling: If you have a bicycle, you can enjoy a very effective form of exercise.

Bicycling can burn up to 700 calories an hour. Like walking and jogging, however, bicycling is often done on the streets. For this reason you must remain alert as you ride, taking all the necessary precautions to prevent accidents.

- **Swimming:** You can exercise all the major muscle groups in your body by swimming. It also helps keep your joints flexible, and it can give you virtually all the cardiovascular benefits of jogging. Because swimming is gentler on your body, it is often recommended for people with arthritis, back problems, or weight problems as well as for pregnant women. Avoid swimming alone.
- **Rebounding:** This aerobic exercise requires the use of a small trampoline. It simply involves bouncing on the trampoline. Proponents claim that rebounding improves both blood and lymphatic circulation, increases the capacity of the heart and lungs, and improves muscle tone, coordination, and balance.

SELF ASSESSEMENT EXERCISE 4

Name two higher levels of exercise one undertake.

3.5 Obesity: How Do You Define it?

“In simplest terms, obesity is being seriously overweight because of excess body fat.” But how do you determine what overweight is for each person? Height-weight tables can give an approximate guideline as to whether one is simply overweight or has passed into the obese stage. (See table i) However, these don’t account for differences in body composition.

3.5.1 Factors Associated with obesity

Heredity? Environment? Or Both?

“There has long been debate pitting genetics versus environment in the genesis of obesity.” What is meant by genetics in this context? Some hold to the theory that the human body naturally stores excess calories for possible future needs. “The genetics of obesity has been studied for decades ... Much research has now been done on human genes and obesity. Sophisticated techniques are being used to identify genes that predispose people to weight



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gain and to disease like diabetes. In scientific parlance, 25 percent to 40 percent of the variability in population body weight can be explained by genes. Given that obesity is usually blamed on personal failing, these numbers underscore the importance of biology, but still, 60 percent or more of the influence can be attributed to the environment.” This means that a major factor in obesity is still the person’s life-style. Does the individual take in more calories than he or she expends each day? Are the wrong kinds of foods being consumed on a regular basis? Is time set aside each day for moderate exercise?

Genes may set the stage for overweight or obesity, *but your body weight ultimately is determined by your diet and physical activity.* Over the long term, eating excess calories, leading a sedentary lifestyle, or a combination of both leads to obesity. Your heredity doesn’t mean you’re destined to be fat ... No matter what your genes say, it is ultimately your choices in nutrition and activity that will determine your weight.

3.5.2 Body Mass Index (BMI)

BMI (Body Mass Index) is a height-to-weight ratio that can help to define whether a person is overweight or is already obese. A BMI rating of 18.5 to 24.9 is considered the healthiest. If your BMI is between 25 and 29.9, then you are overweight. Anything over a BMI of 30 is viewed as obese. How do you check out against the chart? Do you perhaps need to see your doctor for suggestions or confirmation of your status?

To calculate your BMI, take your weight in kilograms; divide it by your height in meter, then divide the result by your height in meters again. For example, if you weigh 90 kilograms and are 1.8 meters tall, your BMI is 20 (90÷1.8÷1.8=28).

Table 1 Body Mass Index Figures

	Healthy	Overweight	Obese
BMI	18.5-24.9	25-29.9	30 or more
Height	Weight in Kg		
1.47m	53 or less	54-64	65 or more
1.50m	56 or less	57-67	68 or more
1.52m	57 or less	58-69	70 or more
1.55m	59 or less	60-71	72 or more
1.57m	61 or less	62-73	74 or more
1.60m	63 or less	64-76	77 or more
1.63m	66 or less	67-79	80 or more

	less	68-81	82 or more
	less	71-84	85 or more
	less	73-86	87 or more
	less	75-89	90 or more
1.75m	76 or less	77-91	92 or more
1.78m	79 or less	80-94	95 or more
1.80m	80 or less	81-97	98 or more
1.83m	83 or less	84-100	101 or more
1.85m	85 or less	86-102	103 or more
1.88m	89 or less	90-106	107 or more
1.90m	90 or less	91-108	109 or more

What is Calorie?

How is a dieter’s calorie defined? It is a standard measurement of heat energy. Thus, when you perspire, you use up calories, or heat energy. “A calorie is the amount of heat that it takes to raise the temperature of one kilogram of water by exactly one degree centigrade.” Each person’s daily calorie, or energy, needs are different, depending on such factors as height, weight, age, and activity level.

You are Sedentary if You:

- Spend most of your day sitting – watching TV or at a desk or in a vehicle – in other words, not moving.
- Seldom walk more than 90 meters.
- Have a job that keeps you inactive.
- Do not take between 20 and 30 minutes to exercise at least once a week.

3.5.3 Health Dangers of Obesity

- Type 2 diabetes
- High blood pressure
- Coronary artery disease
- Stroke
- Certain types of cancers.

Obesity can lead to severe health problems. The danger of Type 2 diabetes for even young people who are obese. The dangers of Type 2 diabetes are blindness, amputation and the endless number of people who are completely infirm because of Type 2 [diabetes] – and who are all obese. What is one contributing factor? “They can afford super sized burgers, fries and unhealthy foods.

Experts say that those who are “pear-shaped,” carrying extra fat at the hips, may be healthier than those who are “apple-shaped,” having fat distributed around the abdominal organs (especially if the waist exceeds 89 to 101 centimeters). Why? Because “fat in your abdomen increases your risk of high blood pressure, coronary artery disease, diabetes, stroke and certain types of cancer. If you have a pear shape – large hips, thighs and buttocks – your health risks are not as high.

So, that is the solution for the millions of adults and children worldwide who are overweight and in danger of serious health complications? Is there an effective remedy?

3.5.4 Obesity: The Solution

A Suggested Healthful Eating Pyramid

A	B	C	D	E
Fruits & Vegetables	Carbohydrates	Protein & Dairy	Fats	Sweets
A wide variety of each <i>(unlimited servings daily; a minimum of 3 each)</i>	Especially whole grains – pasta, bread, rice, cereals (4-8 servings daily; one serving is a slice of bread)	Beans, fish, lean meat, eggs, low-fat dairy, cheese (3-7 servings daily; one serving is 85 grams of cooked meat or fish)	Olive oil, nuts, canola oil, avocados (3-5 servings daily; one serving is 1 teaspoon of oil or 2 tablespoon of nuts)	Concentrated or processed sweets (rarely: limit to 75 calories a day)

To Lose Weight, Try These Tips:

- Be aware of the calories in what you are eating and drinking. Note: Drinks can be a major source of calories, especially sweetened juices. Alcoholic drinks are also high in calories. And beware of those widely advertised soft drinks. Check the calorie count on the label. You might be shocked.
- Avoid temptation, if chips, chocolates, or cookies are on hand, you will inevitably eat them! Replace them with low-calorie snacks, such as apples, carrots, whole-grain wafers.



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• Have a snack or an appetizer before eating a meal. It will take the edge off your appetite and may induce you to eat less.

• Don't eat everything put in front of you. Be selective. Reject what you know will give you too many calories.

- Slow down. Why hurry? Enjoy your meal by noticing what you are eating – the colors, the flavors, the interaction of foods. Listen to the body's signals that say, "I'm full. I don't need any more."
- Stop eating before you feel full.
- Some restaurants are notorious for serving excessive portions. Leave half of your entrée behind, or share the plate with someone else.
- Desserts are not essential to complete meal. It is better to finish off with fruit or another low-calorie item.
- Food manufacturers want you to eat more. Profit is their bottom line. They will try to exploit your weaknesses. Don't be taken in by their clever advertising and pretty pictures. You can say no!

SELF ASSESSEMENT EXERCISE 5

State two ways one can gain weight

Name two ways of losing weight

3.6 Women's Nutrition

Good nutrition means eating the right foods in order to keep your body strong and healthy. Healthy people are better able to resist sickness and to recover more quickly if sickness strikes.

3.6.1 Special Needs Of Women

Eat properly to stay Healthy – Women have different nutritional needs than men because of menstruation, pregnancy, and breastfeeding. Many women do not get enough food or a wide enough variety of foods to stay healthy. Poor nutrition can result in weakness, tiredness, anemia, diarrhea, frequent illness, miscarriage, and stillbirth.

- **Menstruating Women** need to eat foods rich in iron to replace the nutrients they lose during menstruation. These foods include spinach, dark-green, leafy vegetables, liver, kidney, meat, fish, and eggs.

• **Pregnant Women** need to eat extra food, especially food with iron and vitamins, to help the baby grow strong and healthy and to stay healthy themselves. They need to eat more food, and a variety of foods. Women who don't eat enough during their pregnancy have smaller and weaker babies.

- **Breastfeeding Women** need to eat plenty of body-building foods like beans, eggs, chicken, milk products, meat, fish, fruits, and vegetables. A woman who isn't eating well might not be able to produce milk for her baby. Her own health may suffer and she may become weak and ill.

3.6.2 Adequate Nutrition for Women

Eat a Variety of Foods – Most women get enough food like rice, maize, cassava, and bread. But women must also eat enough vegetables (spinach, peppers, cabbage, green leafy vegetables, and carrots), fruits (mangoes, papaya, pumpkin, guava, bananas, tomatoes, oranges) and body-building foods (beans, lentils, chicken, and fish, eggs, meat, and milk cheese).

By adding small amount of these foods to every meal, women can become stronger and healthier and can improve the health of their families.

Canning, drying, salting, or smoking seasonal foods can ensure healthful, nutritious foods all year long. A vegetable garden is another good way to have fresh, nutritious foods, at low cost. The garden can reduce family expenses and generate income if there is extra to sell.

3.6.3 Cook Carefully – Careful cooking of food will preserve the nutrients in the food. These are some important things to remember:

- Wash vegetables before peeling and cutting them.
- Cut vegetables in large pieces.
- Don't overcook vegetables;
- Cover vegetables while cooking them.
- Do not use "cooking soda" for softening lentils and beans quickly.
- Cook rice in the proper amount of water so all water is absorbed. Do not throw away excess water. Use it for cooking and soup. It is rich in nutrients.
- Mix cereals and lentils (like wheat and gram) or two lentils. Sprout beans and pulses for increased vitamin content.



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It is important that all children – both boys and girls – eat enough of all kinds of food, especially the body building foods. Women can share what they have learned about good nutrition with their friends, family, and community and help all children get the healthy food they need.

SELF ASSESSEMENT EXERCISE 6

Give two reasons why adequate nutrition is important to women

3.7 Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) or venereal diseases (VDs) are infections passed from person to person through sexual intercourse or genital contact. These serious and painful diseases infect the sexual and reproductive organs and can cause infertility, miscarriage, and stillbirths. They increase the chance of getting human immunodeficiency virus (HIV), which causes AIDS, by 8-10 times. The most common STDs are HIV/AIDS, gonorrhea, syphilis, genital herpes, genital warts, and Chlamydia.

Most STDs can be cured with treatment. There is no cure for AIDS at this time and it is apparently always fatal. Sometimes you can have an STD with no signs or symptoms. Other times, the symptoms go away on their own. Either way, you still have the STD until you get treated.

If you notice any unusual discharge, sores, redness, or growths on the genitals, or if you suspect that you have been exposed to an STD, go to a health professional. Government health clinics and private doctors treat STDs. If you don't know where to get help, call your local family planning clinic for information. Your sexual partner(s) must also be treated even if he or she has no symptoms. He or she may reinfect you or develop serious complications.

3.7.1 Prevention of STDs

Only monogamy between uninfected partners or sexual abstinence completely eliminates the risk.

- **Be careful about your partner(s).** Before you have sex, look closely at your partner. Look for any signs of STD – a rash, a sore, redness or discharge. If you see anything you are worried about, don't have sex!

Your complimentary use period has ended. PDF Complete. Ask your partner about past sexual partners and about needle drug use.

• Use a condom or rubber, even for anal intercourse. If you are a woman, carry your own condoms.

• Use birth control foam, cream or jelly. These chemicals kill most STD germs.

• Get checked for STDs every time you have a health exam. This is very important for women, who often have no signs of an STD. If you have more than one partner, you may need a regular STD checkup every six months. If you have an STD, don't have sex until your doctor says you're cured. Your partner must also be treated.

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Table 2 A GUIDE TO COMMON SEXUAL TRANSMITTED DISEASES

DISEASE	SYMPTOMS	CONSEQUENCES
HIV/AIDS	Symptoms begin months to years after infection and may include: <ul style="list-style-type: none"> • Persistent tiredness • Loss of over 10% of body weight • Persistent diarrhea • Persistent fever 	<ul style="list-style-type: none"> • AIDS have no cure. It is universally fatal. • You can give HIV to your sexual partner or someone with whom you share a needle. • Can be passed from a pregnant woman to her unborn child
Gonorrhea	Symptoms begin 2-21 days after infection: <ul style="list-style-type: none"> • Discharge from penis or vagina • Pain/burning sensation during urination or bowel movement • Difficulty urinating • Lower abdominal pain (pelvic area) Most women and some men have no symptoms.	<ul style="list-style-type: none"> • Damage to reproductive organs • Sterility • Blindness in babies of infected mothers • You can give gonorrhea to your sexual partner • Heart trouble, blindness, skin disease, arthritis • Increased risk of ectopic pregnancy
Syphilis	<u>1st State</u> Symptoms begin 1-12 weeks after infection: <ul style="list-style-type: none"> • Painless, open sore on the mouth or sex organ • Sore goes away after 1-5 weeks <u>2nd Stage</u> Symptoms begin 1-6 months after sore appears <ul style="list-style-type: none"> • Non-itchy rash on the body • Flu-like symptoms 	<ul style="list-style-type: none"> • You can give syphilis to your sexual partner • Heart disease, brain damage, blindness, death • Can be passed from pregnant woman to her unborn child
Herpes	Symptoms begin 2-30 days after infection:	<ul style="list-style-type: none"> • There is no cure for herpes • Recurring outbreaks of painful blisters

	<p>lesions on or in anus or</p> <ul style="list-style-type: none"> • Itching and burning around the sex organs before the blisters appear • Blisters last 1-3 weeks • Blisters disappear but the individual still has herpes • Blisters may recur 	<p>occur in 50% of those who contract herpes</p> <ul style="list-style-type: none"> • May be transmitted to sexual partner • May be transmitted to a baby during childbirth • May increase the risk of cervical cancer in women.
Chlamydia	<p>Symptoms begin 7-21 days after infection:</p> <ul style="list-style-type: none"> • Discharge from the sex organs • Burning or pain while urinating • Unusual bleeding from the vagina • Pain in the pelvic area <p>Most women and some men have no symptoms</p>	<ul style="list-style-type: none"> • You can give Chlamydia to your sexual partner • Damage to reproductive organs • Sterility • Passed from mother to child during childbirth
Genital Warts	<p>Caused by the human papillomavirus (HPV)</p> <ul style="list-style-type: none"> • Small, painless, fleshy bumps on and inside the genitals, and throat <p>Often no visible symptoms</p>	<ul style="list-style-type: none"> • Some strains of HPV are associated with cervical cancer and other genital cancers; these strains may not produce visible warts • Can be detected by Pap smear; • Can be removed by physical or chemical means but virus cannot be cured and warts often reappear
Hepatic B	<p>Spread by sex, exposure to infected blood, and to child during pregnancy or delivery</p> <ul style="list-style-type: none"> • Mild initial symptoms (headache and fatigue) • Later symptoms: dark urine, abdominal pain, jaundice. <p>Often no visible symptoms.</p>	<ul style="list-style-type: none"> • Can develop chronic liver disease • Causes inflammation of liver and sometimes leads to liver failure and death • No cure.

3.7.3 HIV/AIDS

AIDS (Acquired Immune Deficiency Syndrome) is caused by the human immunodeficiency virus. HIV destroys the body's immune system, which makes it



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impossible for the body to fight off disease or even minor illnesses. AIDS is the last phase in HIV disease.

A person is said to be HIV-positive if antibodies to the virus are detected in his or her blood. There are simple blood tests to determine whether a person is infected, but it can take up to six months after infection for HIV antibodies to reappear. Someone who is HIV-positive may appear to be healthy for ten years or longer before the symptoms of AIDS develop.

Researchers believe that all people who are HIV-positive will eventually develop AIDS. Although there are treatments for some of the symptoms of AIDS, there is currently no cure, and it is apparently always fatal.

HIV is spread only when semen, vaginal secretions or blood from an infected person enters someone else's body. HIV can enter the body in three ways:

- Having unprotected sexual intercourse (vaginal, anal, or oral) without using a condom, with someone who is HIV-positive;
- Getting a transfusion of infected blood;
- Sharing with someone who is HIV-positive syringes and needles for drugs and tattoos or other skin piercing tools such as razor blades and surgical instruments for circumcision or scarification.
- Babies born by or breast-fed by women who are HIV-positive are also at high risk of contracting the virus.

What can people do to make sure they don't get HIV?

- Think carefully about whether you want sex (vaginal, oral or anal) with someone. Abstinence is 100% effective in preventing the sexual transmission of AIDS. Safer sexual activities include closed-mouth kissing, hugging, massage, and other pleasurable touching.

If you do decide to have sex, don't take any body fluids directly into your body during any kind of sexual intercourse. Use condoms (rubber).

- Never share needles, syringes or other personal items that could be contaminated with blood.

SELF ASSESSEMENT EXERCISE 7

State one symptom of each STD in table 2

Genital Mutilation)

World Health Organization (WHO) definition comprises all procedures involving partial or total removal of the external female genitalia or other injury to female organs. The WHO classification recognizes three degrees of severity of FGM:

Type I: Also known as Circumcision or Clitoridectomy. This is the removal of the prepuce (skin covering the clitoris) with or without removal of part or all of the clitoris.

Type II: Also known as Excision. This is the removal of the clitoris with part or total removal of the labia minora (inner lips of the vulva).

Type III: Also known as Infibulations. This is the removal of the clitoris. Some or all of the labia minora and incisions on the labia majora (outer vaginal lips) to create raw surfaces which are either stitched together or kept together until they seal to cover the urethra and most of the vaginal opening.

Another category which is unclassified includes among other practices covered by the primary definition of FGM: piercing, pricking or cutting into the clitoris and/or labia; scrapping of tissue around the vaginal entrance and/or cutting of the vagina; and introduction of substances or herbs into the vagina with the aim of tightening it.

Type I and II are generally more common and found mainly in the south among Yorubas in the west and Ibibios in the East. Type III can be found among Igbos in Imo State and girls from Edo and Delta States. The word infibulation come from Latin 'fibula' means to 'clasp' (hold together). It was used by Romans to prevent their slaves from having sexual intercourse as pregnancy interfered with their work. It is generally practiced among Hausa (Moslems) in the North. *Gishiri* cuts (cuts into the front and back walls of the vagina) also practiced among Hausas is an example of the unclassified type.

3.8.1 Common Beliefs/Reasons For Performing FGM

The significance and purpose of FGM varies from one Nigerian community to the other.

- Traditionally, it is said that women cannot control their sexuality and an uncircumcised girl is considered a prostitute. Therefore, since circumcision reduces their sexual urge, circumcised girls will not be promiscuous.
- It preserves a girl's virginity and this is desirable for marriage.
- It enhances the faithfulness of wives to their husbands in marriage.



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It prevents the death of the baby at birth because if the baby's head touches the clitoris, the baby will die.

It is a cure for infertility.

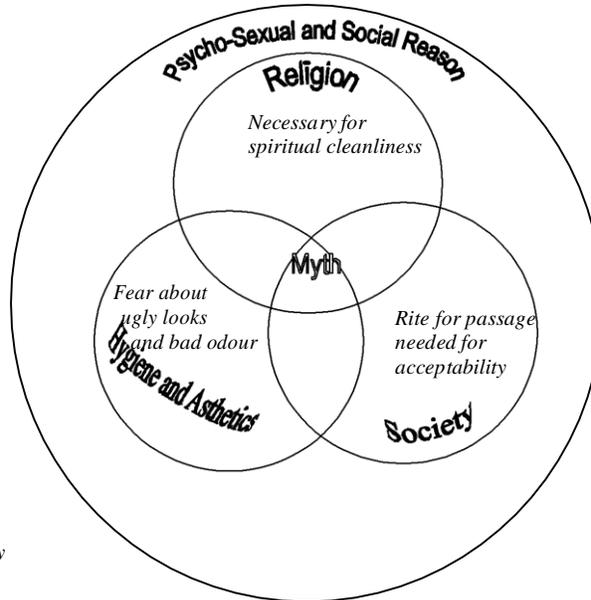
- It is a prescribed religious injunction in Islam (*Sunna*).
- It is hygienic and the vagina looks better if the female genitals are trimmed.
- The clitoris may grow large and protrude between the legs.

All these reasons that are commonly given are not true but in many communities where FGM is practiced men may refuse to marry a woman who has not undergone the procedure. Adult women are therefore under pressure to submit to it in order to ensure the status which marriage and childbearing confer, while young girls seem to have no choice at all even, though there is no known medical justification for FGM.

PRACTICE OF FGM CONTINUES: A MENTAL MAP

Community Enforcement Mechanism:
Divorce, refusal to marry uncircumcised woman

Community Enforcement Mechanism:
Forcing FGC on women from other tribes who marry into circumcised groups.



Community Enforcement Mechanism:
Using fear of punishment by God or supernatural forces

Community Enforcement Mechanism:
Poems, songs that celebrate circumcised and deride uncircumcised girls.

Source: WHO 1999

3.8.3 The Health Consequences of FGM

The health consequences of FGM are both immediate and long-term depending on the extent of the cutting, the skill of the practitioner, the nature of the tools, the environment and the physical condition of the girl. Moreover, the physical side-effects are much better understood than the effects on the girl's mental or sexual health.

Short-Term Effects Include:

- Severe pain resulting from tissue injury and soreness.
- Bleeding is a route for infection (septicaemia) and spread of HIV,
- Severe bleeding can also result in shock and death if the bleeding is prolonged.
- Scar tissue slowly replaces the area that was mutilated. Both pain and blockage from scar tissue may prevent the passage of urine leading to acute urine retention.

Tetanus infection is a possibility depending on the cleanliness of the instruments, the substances applied to the wound, and the bindings used on the legs or the cut.

Failure of the wound to heal

- Fractures and dislocations when the struggling girl is being restrained.

Long-Term Complications can include:

- Painful menstruation and problems with menstrual flow,
- Difficulty in passing urine and recurring urinary tract infections.
- Pelvic infections and infertility due to deep infections
- Labour is prolonged during childbirth due to the tiny opening left by scar tissue from healing and this can result in vesico-vaginal fistula (VVF) or recto-vaginal fistula (RVF). Since scar tissue does not stretch like normal tissue, it tears from the pressure at childbirth. This pressure may also bore holes (called fistulae) into the rectum (where faeces are stored in the body above the anus) or urinary tract and faeces or urine respectively may leak through, uncontrollably.

These fistulae also become a source of infection apart from the gross discomfort and rejection the girl may suffer if they are not repaired. Unfortunately, this condition requires skilled medical care which many young girls or women cannot afford or are ignorant of how or where such facilities can be obtained.

Sexual intercourse becomes very painful and infibulated women often have to be re-cut for this purpose and also for birth. They are sewn up again at the husband's request. Sex becomes a time to remember the pain of mutilation for the infibulated girl or woman. To refuse sexual intercourse with her husband could mean the loss of her children, economic support, return of the bride price and family disgrace. So the young girl will endure the physical and mental torture for her entire reproductive life, menstruation, sexual intercourse and childbearing). The men on the other hand may marry many wives, and take the privilege of defining the lives of each one of them, by deciding how their wives will live with their bodies.

3.8.4 Eliminating FGM in Nigeria

Successful efforts to eliminate FGM call for considerable sensitivity, because of the intensity with which cultural beliefs are held. Eliminating FGM will require:



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Grassroots-targeted education to help communities especially, men understand the health issues involved better and in the light of working for positive attitude and behaviour change rather than posing a threat to their much cherished traditions.

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- Enactment and enforcement of laws prohibiting the practice
- Advocacy to protect all women and young girls from harmful practices and the inclusion in already existing programmes to reach women e.g. health centers and antenatal clinics.
- Boys and girls can learn the facts and share it with their relations and friends. Young people can also unite, and through the media, appeal to the government to enact and enforce a law against FGM in agreement with the motion passed by the United Nations. That may only be a beginning but at least, it will be a meaningful beginning to a successful end.

3.8.5 Some Enabling International Rights Charter on FGM

FGM has been condemned by the 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth World Conference on Women as well as in a 1996 joint WHO/UNICEF/UNFPA statement as a violation of human rights including the right to the highest attainable level of physical and mental health and the right to security of the person.

Convention on the Rights of the Child:

Article 34: State parties undertake to protect the child from all forms of sexual exploitation and sexual abuse.

OAU Charter on the Rights and Welfare of the Children:

Article IV (1): In all actions concerning the child undertaken by any person or authority, the best interest of the child shall be the first consideration.

Article X: Protection of Privacy

Article XXI: Protection Against Harmful Social and Cultural Practices:

State parties to the present Charter shall take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and



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development of the child, and in particular: those customs and practices prejudicial to the health or life of the child.

Unfortunately, Nigeria has ratify all these international charters, and yet has not implemented them practically because of what is term as lack of political will.

FGM Vs Male Circumcision

To mutilate means “to injure, or damage especially by removing an essential part or parts” and female genital mutilation is the partial or total removal of the female external genitals and/or injury to the same whether for cultural or other reasons that are medically unnecessary. It has often been referred to as “female circumcision” but calling it female circumcision wrongly compares it to male circumcision. There are medically acceptable reasons for male circumcision: the lining of the foreskin (the skin of the penis that is cut off) is prone to infection affecting the genitals and urinary tract as well as making it prone to cancer. However, there are no such medical reasons for cutting off healthy sensitive female organs. Infact, if the equivalent of the procedure done for females is done for a male, it would be tantamount to cutting off part or all of his penis, perhaps parts of his scrotum too!!

SELF ASSESSMENT EXERCISE 8

State two reasons FGM is still practiced in some communities in Nigeria

Name two health consequences

3.9 Chronic Illness and the Family

What is Chronic Illness: It is illness that lasts a long time. It is an altered health state that will not be cured by a simple surgical procedure or a start course of medical therapy. What makes chronic illness or its effects so challenging is not just the nature of the sickness and the treatment but that it has to be endured for so long. Every member of the family circle, workmates, school mates, neighbours and friends are affected by chronic illness. E.g. cancer, severe chronic depression.

As the patient adjusts to the discomfort and sometimes the pain of medical treatment and the scrutiny of medical personnel, s/he becomes increasingly dependent on the family for practical assistance and emotional support. As a result, not only do family members have



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learn new skills to manage the physical care of the patient but they are all compelled to adjust their attitudes, emotions, life-styles and routine.

Illness, treatment and regiments, exhaustion and uncertainly all combine to bring about another unexpected consequence such as the effects on the social life of the other family member and emotions that wreck havoc-shock, blame, guilt, frustration, depression, anxiety, deep feelings of loss and grief.

3.9.1 Some Challenges of Chronic Illness Facing the Family:

- Learning about the illness and how to cope with it.
- Adjusting one's life-style and daily routine.
- Coping with changed social relationships.
- Maintaining a sense of normality and control
- Grieving over losses that result from the illness
- Coping with difficult emotions
- Maintaining a positive outlook.

3.9.2 How Families Can Cope With Chronic Illness

Coping can be defined as the ability to deal effectively with and handle the stresses which one is subjected. It involves facing the problems of chronic illness in such a way that you are able to enjoy a measure of control and peace of mind.

- The value of knowledge of the particular illness in question.
- Preserving a reasonable quality of life-quality of life also includes the ability to slow and receive live, to enjoy pleasurable activities and to sustain hope.
 - * Outdoor activities are important.
- Handling difficult emotions e.g. anger.
- Maintain a positive attitude towards life-good sense of humor helps to prevent the spirit of pessimism
 - * Laughter helps to relive tensions.
- Spiritual values are all important.



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Questions that a family can ask a doctor

1. How will the illness develop, and with what outcome?
2. What symptoms will there be and how can they can be controlled?
3. What alternatives are there for treatment?
4. What are the possible side effects, risks and benefits of the different treatments?
5. What can be done to improve the situation and what should be avoided?

How Other Family Member can be Supportive?

- Listen with empathy
- Offer practical help to the sick one
- Pray with the sick one
- Even if sedated, the patient may still be aware of what is being said and done around him. Be careful not to say any thing in front of him that you do not want him to hear. You may want to reassure him with calm talk and by holding his hand.

3.9.3 When The Illness Is Terminal

Some families might be reluctant to discuss the impending death of a terminally ill love one. However, if you have some idea of what to expect and what you should do, it may help ease feelings of panic. Although specific steps will vary depending on local laws and customs, here are some suggestions that the family might consider when nursing a terminal ill loved one at home.

Ahead of Time

- Ask the doctor what to expect in the final days and hours and what must be done if death occurs at night
- Make a list of those who will need to be informed of the death.
- Consider funeral options:
 - What are the patient’s wishes?
 - Burial or cremation? Compare the costs and services of different funeral ceremonies and activities.
 - When should the funeral be held? Allow time for travel arrangements to be made?
 - Who will conduct the funeral or memorial service?



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 3.9.4 When the Loved One Dies
 Here are some things that others can do to assist the family.
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- Allow the family a reasonable time to be alone with the deceased so that they can start to come to terms with the death.
- Pray with the family.
- When the families are ready, they might appreciate help in notifying the following;
 - The doctor to certify death and provide a death certificate.
 - A funeral director, a mortuary, or a crematory, to care for the body.
 - A news paper office to place a death obituary notice if desired.
 - The family may want to take someone with them to help them finalize funeral arrangements.

SELF ASSESSMENT EXERCISE 9

What is chronic illness?

State two ways a family can cope with a chronic illness of a loved one.

4.0 CONCLUSION

In conclusion, you will agree with me the importance of adopting a positive lifestyle as an individual, family and community. To achieve a good level of health status we should do all to adopt positive health habits and do away with the negative health habits, behaviours and actions be they cultural, traditional, customary or personal.

SUMMARY

In this unit we learnt about some lifestyle issues both personal and traditional (cultural). From engaging in regular exercises, to watching what we eat. Also from engaging in responsible sex to avoiding casual sex. We also looked at the dangers of some traditional practices like FGM to how families can cope with terminal illness of a loved one.

6.0 TUTOR – MARKED ASSIGNMENT

List and discuss in detail the type of harmful traditional practice (for e.g. FGM) that take place in your community and how they can be eradicated.



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In this unit, you will be exposed to some social issues bearing on the family in particular and society in general. Some of these issues are the role of women in their various communities. Some harmful traditional practices such as the widowhood rite and early marriage of the girl child. Above all, why it is important to have parent craft education as part of the health education curriculum which should be made an examinable subject in Nigeria at secondary school level.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Name one major role of women in the communities
- Identify three cultural restrictions constraining women from developing to their full potentials.
- List two things that can be done to help the girl child in any family.
- Mention two factors influencing widowhood practices.
- Name one importance of planning a budget in the family
- State two importance of parent craft education.

3.0 MAIN CONTENT

3.1 Women's Roles in the Community

Women perform important roles in our communities. Unfortunately, women's roles as wives, mothers and workers, are not usually considered very important. Even when they work in jobs outside their homes, these are usually low paying jobs and routine. As a result of the seemingly low value attached to women's works, women have a low status in our society. The low status of women is based on and reinforced by certain values, cultural practices and attitudes in the society as well.

- The work women perform such as house-work is considered unimportant and is not paid for.

• Male children are preferred in many of our cultures because they remain in the families while women marry out.

• **Stereotypes about women.** For example, Women are believed to weak-willed, inconsistent, idealistic, etc. men, however, are considered strong-willed, consistent and practical.

- Fewer women than men are educated. Non education of women entrenches women's low status.
- Because of little education, women only get into low paying jobs. Only an educated woman gets into higher paying jobs.

3.1.1 The Consequences of low status for women are:

- Women are restricted from contributing fully to the development of their homes and their communities. Their full potential is never realized.
- Women lack knowledge and skills that will help them improve themselves.
- Women who have little education are less informed on issue such as child/self care, health, nutrition and so forth; and thus not able to care for their health or the health of their families.

3.1.2 Cultural Restriction and Constraints

- **Female Genital Mutilation:**

In some communities, women are forced to undergo circumcision. This can be dangerous as it can lead to infection, loss of blood, and can cause other problems, including childbirth, infection and sterility.

- **Early Marriage:**

In some communities, women marry very young. These young girls are not physically mature and suffer greatly during childbirth. They often develop a condition called Vesico-Vaginal Fistula (VVF). This condition is such that they leak urine and sometimes stool. While an operation can be performed to correct the situation, it is often not available. As a result, the girl becomes an outcast and is driven away from her husband's house.



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Widowhood Rites:

In some communities, widows do not inherit anything from their husbands and suffer economic hardship. Some widows are expected to perform dehumanizing rites. A widow may be expected to sleep under the bed where her husband was laid in state, to eat out of broken plates. She may also be expected to perform ceremonies to determine if she killed her husband.

- **Violence Against Women:**

In most communities, women are beaten by their husband and other men and they cannot do anything to stop it.

3.1.3 Benefits of Empowering Women

There are several benefits from empowering women.

They include the following.

- Acquisition of additional knowledge/skills.
- Participation in decision-making.
- Expansion of women’s roles
- Generation of income make women less dependent on their husband or fathers.
- Education enables women to seek self-care and health care critical to the welfare of the family.
- Improves their status and self work.
- Enables women to get higher paying jobs.

What Can Be Done To Address the Above Raised Issues?

Women can be empowered through the following the following means:

- **Education:** education means more than just attending school. Education also means acquiring knowledge and skills that can be used to one’s benefit.
- **Income generation skills:** Women can be empowered by teaching them how to generate income. They can be taught crafts or given small loans to start trades.



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When women engage in such income generating activities, they do not depend on their husband or fathers to provide all their needs.

SELF ASSESSEMENT EXERCISE 1

Mention one cultural practice that contributes to women's low status in the society.

3.2 The Girl Child

A good foundation for the safe outcome of pregnancy and delivery begins with the care of the female child. A girl child must be given plenty of nutritious foods to enable her to develop physically. A properly developed pelvis will facilitate pregnancy and delivery.

Nutrition should include lots of protein (meats, fish, beans, groundnut etc), vegetable, fruits and carbohydrates and should be given throughout infancy and childhood. The female child must be educated. Education prepares her for adulthood and motherhood. Education enables her to seek self-care and healthcare critical to the wellbeing of the family.

The female child must not marry before the age of 18 before this age, her body (including the pelvic bones and internal organs) are not fully developed. Pregnancy and child birth puts extremes strains on the female body. On an immature body the strain can have terrible consequences, such as Visco-Vaginal Fistula (VVF) which occurs as a result of prolonged pressure on the bladder during labour. Young girls under 18 often suffer from obstructed labour, high blood pressure, eclampsia and bleed during delivery. Babies born to women younger than 18 are more likely to be born too early (premature) and weigh too little at birth. Such babies often die in the first year of life. Young girls should be allowed to grow up and mature before they become wives and mothers.

If the culture allows a girl to marry before this age, she must be assisted in preventing pregnancy until after age 18. Information about methods of preventing pregnancy should be given to the young girl and her husband to enable them make informed decisions that can save the young girl's life.

3.2.1 What can be done?

- Treat your sons and daughters equally.
- Educate your girl children.
- Feed your children nutritious foods.

children are children, whether male or female. Give them equal opportunity to grow. Do not allow your daughter to marry before age 18. Make sure she stays in school

SELF ASSESSEMENT EXERCISE 2

State one thing parents can do to help their female children to reach their full potential in life.

3.3 Harmful Widowhood Practices

These are obnoxious practices carried out against women whose husband have died in the name of tradition and culture in some parts of Nigeria. These widows are victims of verbal violence, malicious comments calculated to deride, ridicule and humiliate them, in addition to the denial of the inheritance rights of their husband's property. The problem of widowhood remains a global concern. That is why this marginalization of widows was listed under Violence Against Women in the 1995 Beijing platform for action.

3.3.1 Some of the Identified Widowhood Practices are:

- **Defacement** – a widow's hair is completely scraped off. This act is calculated to make the woman ugly and to humiliate her. She is also made to wear a black apparel (or white these days) and mourn for one year or six months. How many widowers do we see parade in black or white dresses for one year or six months when their wives die?
- **Dethronement** – In many cultures, marriage elevates a woman. Sitting on a chair is symbolic of the status marriage confers on the woman. Sitting on the floor (with or without a mattress) is a concretization of the "unseating" or dethronement, the reduction to nothingness once more of the woman who suffers the loss of her social elevator, her husband.
- **Confinement** – During this period a widow is not allowed to step out of her compound. Her movement is restricted. She does not appear in public or social gathering. After this, she then settles for the one year or six months period of mourning.



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• **Routinized crying**– The widow is forced to cry every morning, afternoon and night in a routinized fashion whether she feels like crying or not. The widow must be seen to be suffering or feeling the pain as a result of the demise of her husband.

In some places the widow has to do this crying through a clink in the wall. The idea is to make her yell, like an animal until she loses her voice and experience great pain in her larynx.

- **Disinheritance** – Most often the loss of husband leads to loss of income. To further compound the woman’s predicament in this situation, the widow is denied inheritance of her husband’s property by her husband’s relations.
- **Ostracism**– The widow suffers social ostracism during the period of compulsory seclusion. She is perceived as an untouchable, pending the time she is purified or cleansed. In some part of Igbo land, men exploit these widows sexually in the name of “I walu ya nku” (breaking fire wood for her). This is the act of a man having sex with the widow, the first time this happens to her since her husband’s death, which is marking the end of the six months to one year period of mourning. It is only by surrendering herself is this sexual abuse that she qualifies to rejoin the company of other people.
- **Ritual cleansing** – In the dead of the night (2am), the widow, naked, is escorted by a man to go for the ritual bath. It is only by condescending to this obnoxious practice that the widow can ever gain readmission into the society.
- **Leviration**– This is the practice whereby the widow is required to get remarried to a relation of her husbands’. The widow is treated like chattel. She is inherited along side her husband’s other belongings.
- **Prohibition of seeing husband’s corpse**– The widow is not allowed to see her husband’s corpse. She is denied the final reality of beholding and touching her husband for last time.
- **Drinking of corpse water**– When foul play is suspected, the widow is made to drink water washed off the husband’s corpse in the way of oath-taking to prove her innocence or guilty, regarding the death of her husband.
- **Severing of sexual relations with husband’s corpse** – In some cultures, the widow is stripped naked, except for a tiny of cloth around her waist and is forced into a last sexual embrace with the corpse of her husband. The widow is forced to



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lie head to foot with her dead husband. She has to do this in full view of a small crowd of her deceased husband's relations.

3.3.2 Factors Influencing Widowhood Practices.

These widowhood practices have their root from ancestral origins and are perpetuated through socialization agencies. Some other factors are poverty, gender blindness/insensitivity, low self esteem, lack of self confidence, and low self worth. male chauvinism, illiteracy among others.

3.3.3 Implications of these Widowhood Practices

Some of the implications of these practices are:

- Health implications – Psychological trauma, sexually transmitted diseases, HIV/AIDS, anemia, cold, pneumonia etc.
- Economic implications – exposure to financial difficulties because during this period of confinement most of them (women) cannot farm, buy or sell. Plus the taking away of their husband's property.
- Social implications – They are excluded from taking part in normal social activities in their communities. This could lead to some of them developing inferiority complex.
- Legal and human rights implications – This part of Igbo tradition negates the significance attached to wills in civilized societies. The Igbo culture looks at it that the dead writes will and the living shares the property-making a nonsense of will writing. Property ownership is denied the widow and indeed women in general, in Igbo culture.

3.3.4 Ways of Eradicating Harmful Widowhood Practices –

Dismantling of age long traditions is usually an uphill task, an innovative and slow process. However, culture is dynamic. Tradition and culture are man made; therefore, they can also be changed, dropped or amended. Some of the ways to do these are:

- Massive public enlightenment campaign
- Advocacy visits to traditional rulers, church women groups, market women associations, by various Non Governmental Organizations (NGOs) involved in widowhood advocacy



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- Formation of widows defense commission.
- Traditional rulers to champion the crusade for eradication of harmful widowhood practices.
- Churches to carry the banner for eradication of harmful widowhood practices.
- Setting up of widowhood center. Here some of the unskilled widows will have the opportunity to get skill acquisition training for self reliance. Cooperatives to give them micro-credits to start small scale businesses. Basic education, child care units and recreational facilities can all be provided in this center.
- Government to formulate laws and policies against harmful widowhood practices.
- Involvement of schools in the eradication of harmful widowhood practices through the school curriculum and school clubs.

SELF ASSESSEMENT EXERCISE 3

Explain what you think the churches and Mosques can do to address the issue of harmful widowhood practices

3.4 Family Budget

A mother is trying to decide whether to buy her daughter a new dress now, or wait until next summer so that she does not grow out of the dress too soon. She is considering to get a new T.V set. All these considerations involves:

- Financial planning and budgeting,
- Financial Accounting
- Financial decision – making and
- Action

3.4.1 Family Budget Planning is about

- Making sure that the family can survive
- Making sure the money is being spent in the most efficient way
- Making sure that the money is being spent to fulfill the objectives of the family
- Being able to plan for the future of the family in a realistic way



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A budget is a financial plan drawn up for the purpose of managing resources. A family must have set policy about the budget process:

- Who is responsible for the process – both spouses?
- Who will draft the budget – both spouses?
- When should the budget process start – every new year?
- Who will approve the budget – both spouses?
- How will the budget be monitored and controlled – by keeping a family account book?

3.4.2 The planning and Budget Cycle

1. Planning and setting objectives: What will be done, by whom and when?
2. Identifying resource needs: What resources (exactly) are needed to carry out the plans? What will this cost?
3. Implementation of plans, and monitoring the implementation

3.4.3 Income and Expenditure

Many people only think about budgeting for expenditure. A budget must also show what income you anticipate getting and from whom. A budget is a planning tool. You need to know what your income will be before you can plan what to spend. For example salary, donations, interests from bank deposits, dividends from shares etc

Your budget must cover all the expected expenditure. There are two kinds of expenditure items:

- Fixed costs – these are items that have the same cost every month. Fixed costs do not depend on how much work you do. Examples are: rent life and health insurance, school fees etc
- Variables cost – change, depending on the amount of work you do e.g. electricity /water bills, clothings etc.

3.4.4 Budgeting for Different Circumstances.

Some families prepare different versions of their budgets, for example:

- A survival budget – the bare minimum that you need in order to keep functioning
- A working budget – which reflects the money that you confidently expect to get (based on salaries and contracts)



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An idea budget. This includes projects or expansion based on what you hope to able to rise.
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SELF ASSESSEMENT EXERCISE 4

State one source of family income and expenditure

3.5 Parent Craft

Parent craft should be a stable component of health education in schools.

3.5.1 Parent Craft Education

Children appear to be interested in marriage and family life from the earliest age, and quite small children play at weddings and at mothers and fathers. However, the appropriate stage at which to commence preparation for marriage and parenthood is in the secondary school, after the child has had the advantage of a general education in human biology. Parent craft should not be concerned only with bathing babies, dressing and undressing them, hours of sleep, preparation of feeds and the like, then this was meaningful to quite young children because they saw these events in their own homes and in those of their friends. In its modern form, however, parent craft goes far wider in its scope and attempts to equip a future parent with a skill that will take him right up to the point at which own children are entering adult life.

We do observe the behaviour of our children in the infants' and junior school we see that there is some natural instinct towards parenthood, and that this is acted out in the games that children play.

It is at this stage of emotional development that children are more naturally compassionate and are eager to protect weaker creatures, to look after them, and to make them happy. At these stages of development, small children can identify the needs of other children with their own needs; they are still in the stage of dependence; they are still home-orientated; they have not so far had sufficient experience to become disillusioned with the world as it really is. An examination of their usual play material and reading matter shows that the mother-centred, child-orientated, home is their ideal, but there is very little guidance on the role of fathers.



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In the case of younger children, there does not seem to be any difficulty about gender roles and small boys seems to be acceptable to small girls in the roles of fathers. In older boys, there is an understandable rejection of the domestic role, and this may constitute a difficulty for those who may have tried to involve boys in parent craft lessons. This difficulty might be resolved if the appropriate gender role could be identified. The idea that young fathers should simply be 'auxiliary mother' acquiring the basic skills of nappy-changing, bathing babies, and the like, is not really sufficient. There is a danger that children today are being confused about the gender role of their parents and that the essentially masculine contribution is not appreciated. Ideally, this is support for the mother in every possible way, not only in material terms and in facilities, but also morally and by giving her the same consistent affection which she needs in order to be able to dispense the same commodity to her children.

3.5.2 Parental Stress

An area that should not be neglected in parent craft is the study of the reactions of parents to their children, it being assumed too readily that the parent is a well-established stable person, able to tolerate any amount of irritation and stress and always smiling and serene in return. This is not true, and perhaps many of the cases of the battered baby syndrome are due to the parental threshold to irritability being lowered as a result of cumulative stress, emotional deprivation, and feelings of disillusionment about marriage and family life in general. It is known that children do provoke their parents, and although usually the naturally kindly instincts will restrain a parent from reacting in too violent a manner, even kindly parents sometimes strike their children. Nevertheless, skilful parents will create a climate in the home in which the opportunities for provocation are minimized. Perhaps the best example is of avoiding imposing disciplinary patterns which are not practicable and which will never succeed. The loss of face resulting from rebellion against the discipline makes the parents as insecure as the child. On the other hand there is need to emphasize that some boundaries of discipline and limitations of behaviour actually create emotional security in children and even in adolescents.

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3.5.4 Ideas for Parent Education Syllabuses

The objectives of parent education should be:

- to teach the basic physical needs of children and all individuals.
- to show something of the emotional, intellectual, social, and spiritual needs.
- to implement and clarify knowledge already absorbed.
- to help the rising generation to be competent to deal with people whatever life may bring.

This course should be intended to provide a foundation for all young people and it should include practical instrument, encouragement of contact with or observation of children, and the teaching of theory. An understanding of simple anatomy and physiology and the development of the foetus is included, and studies are made of the care of the expectant mother, attitudes to birth, and birth of the baby itself. Safety and first aid, diet and health, childish illness and home nursing and character training from part of the syllabus.

It should be required that students will have practical experience with children of all ages, including some work in nursery schools, playgroups, or holiday playgrounds, or some work in infants schools for the over-fives. Local visits to clinics and other institutions dealing with health should be required. The syllabuses can also in a way be regarded as an introduction to general health education, as they open up many avenues for discussion of fundamental issues regarding health, disease, relationships, and behaviour.

SELF ASSESSEMENT EXERCISE 5

State one reason why you think that parent craft education is important

4.0 CONCLUSION

Having gone through this unit on the social issues bearing on the family, you have learnt the importance of protecting and educating the girl child, the role of women in communities. Some of the terrible things done to widows in the name of cultural practice were also highlighted. I sincerely hope that you will use the knowledge you've acquired in



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this course to impact your various families and communities. Good luck in all your future endeavours.

5.0 SUMMARY

This unit exposed you to some sensitive cultural issues that bears on various families and communities such widowhood practices, the girl child issue and women's roles in the communities. The last but not the least was parent craft education as a tool for improving the quality of health and life of present and future families.

6.0 TUTOR – MARKED ASSIGNMENT

Write briefly on the kinds of widowhood practices that take place in your community.

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