

# Aspects of health and health promotion



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1)

Exercise, in addition to promoting a general feeling of physical well being and aiding weight loss, actually confers protection against disease. Exercise decreases the incidence of coronary heart disease (Powell, 1987). The exercise, to be effective for cardiac protection, needs to be sufficient to increase the cardiac output for some fifteen minutes, and it needs to be taken on a regular basis two or three times a week. Exercise is generally good for health and there are numerous documented health benefits (RCP, 1991).

A Mediterranean diet is one which is rich in vegetables, fruit, fish and cereals as well as being accompanied by a small intake of red wine. The amount of red meat is fairly modest as also is the dairy intake. There is evidence that such a diet taken by older people actually prolongs their survival (Trichopoulou, 2005). This study was carried out as a part of the wider EPIC study which investigates the effects of lifestyle on cancer and on other chronic diseases (Riboli, 2002).

2)

Obesity is an increasing public health issue in the UK today since an increasing proportion of the population is becoming overweight. Obesity is defined objectively as a body mass index of 30 or more  $\text{kg/m}^2$ . The body mass index is calculated as the weight in kilograms divided by the square of the height in metres. As the body mass index rises so the risk of type 2 diabetes also increases (Colditz, 1990). Type 2 diabetes is a major health problem in that it predisposes an individual to a variety of illnesses

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particularly coronary heart disease. Additionally an increased proportion of saturated fat in the diet is linearly associated with the development of type 2 diabetes (Krentz, 2001) and so it is not just a high body mass index but other aspects of the diet itself which predispose to ill health.

Smoking is strongly associated with lung cancer and actual mortality from lung cancer in addition to increased incidence and mortality from other cancers (Doll, 1994). The amount of cigarettes smoked correlates with the degree of risk (Doll, 1994). Smoking also increases mortality from coronary artery disease and stroke (Doll, 1994). Of people who smoke regularly one half will die of a smoking related disorder (Doll, 1994). In evaluating the effects of smoking the Health Education Authority (HEA) (1991) reports that smoking kills 110 000 people each year in the UK. This means that smoking causes one in every six deaths. The HEA (1991) reports that 225 000 hospital admissions annually are due to smoking.

3)

When evaluating an individual's or even one's own lifestyle, with regard to health, areas of behaviour that could be improved can be further evaluated. For instance there is the danger aspect of the lifestyle for example with abuse of drugs. Such a lifestyle of drug addiction is very likely to be associated with much health morbidity and social disadvantage and in addition a high likelihood of drug related death. Other aspects of an unhealthy lifestyle to consider are the ease with which a change can be made to the specific factor. For instance there might not be the financial means to move from a polluted inner city home or to join an expensive gym.

Priority setting should take account of the danger aspect and changes in these life style aspects should be enacted without delay.

Stopping smoking radically reduces the risk of developing lung cancer and stopping smoking before middle age avoids 90 per cent of the smoking related health risks (Peto, 2000). Stopping smoking improves the individual's general quality of life with fewer reports of illness (Parrott 2004). If will power cannot overcome the addiction to nicotine then nicotine replacement medication can be given in a variety of ways and is likely to prove beneficial in breaking the habit (Parrott, 2004).

Losing excess weight will improve health. This has been evaluated by Chambers (2002) as a ten per cent body weight loss in an obese person being associated with more than a 30 per cent reduction in risk of diabetic related death. It is also associated with a decrease in blood pressure and a decrease in triglyceride and harmful cholesterol. There is a corresponding increase in the beneficial high density lipoprotein within the blood.

4)

Naidoo (2000) describes five health promotion methods. Although they have some overlap they each have a different emphasis. The medical method is largely a preventative one. The educational method improves people's knowledge whilst the behavioural approach concentrates on altering patterns of behaviour so that the individual learns by doing. Empowerment encourages ownership of problems and self determination to do something about them. The social change is important to create an environment which fosters healthy choices.

To assist the smoker in giving up it is the educational and behavioural approaches that are the most appropriate. However the social aspect whereby smoking has become less acceptable also plays an important role. Additionally the legislation making it much more difficult to smoke in public places and the heavy taxation on tobacco also goes some way towards discouraging the habit. The same three methods are important in achieving weight loss in obese people. The behavioural approach also involves some aspect of education and so any evaluation of the effects that are solely due to the behavioural approach are difficult. The educational method of health promotion can be broken down further into the three areas of understanding, attitudes and skills (Naidoo, 2000). The effects of the education approach itself are relatively easy to evaluate by studying the patient's knowledge before and after an educational intervention.

5)

Information leaflets are available at general practitioner's surgeries and within hospitals giving information about smoking cessations and how to get help with pharmacological agents when necessary. The suitability will vary according to the patient's needs and attitude at the time of seeing the leaflet. A particularly useful approach is where, as is the case with cigarette smoking, there is health promotion material in a variety of formats for instance also including a website.

Advice and information on the advisability of being an appropriate weight for one's height is also available in a number of formats. When evaluating material on an internet site it is important for the source to be acknowledged

and for the site to be continually kept up to date (Ewles, 2004). The Government generated slogan “ eat five a day” is designed to reinforce the message that eating fruit and vegetables in the diet is advantageous for health and it promotes a higher intake of these foods. It is a short catchy message which has been widely disseminated in a number of formats. It has reached a very wide audience and is likely to be increasing peoples’ intake of fruit and vegetables. The message is short and confined to increased intake of particular foods but does not encompass within its message that these foods should be eaten *instead* of high fat or high sugar content foods. If the message had incorporated a slogan about food substitution it might have had more effect on obesity.

6)

Fear can be a motivator for instance the knowledge that drink driving is a strict liability offence and will result in the removal of the individual’s driving licence and resulting major inconvenience and also social stigma. Shock can be a motivating factor for instance the television advertisements in the drink driving campaigns leading up to Christmas are often designed to present the message in an emotive way to really bring home to the individual the grief that drink driving can bring about. The health belief model (Naidoo, 2000) suggests that people need to have a trigger or an event in order to change their behaviour. The theory of reasoned action (Ajzen, 1980) encompasses the individual actually weighing up the advantages and disadvantages of changing together with a desire to conform to what every one else is doing. The conformity aspect is particularly important within this theory. The social learning theory (Bandura, 1977) involves outcome expectations and belief in

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the ability to make the change. This is particularly pertinent to the decision by an obese person to lose weight.

7)

To maintain the change the health promotion messages need to be kept up and be consistent. A change in the behaviour of others coupled with changes in social attitudes (for instance in giving up smoking) may be helpful. The messages about not smoking from advertising and messages for instance in soap operas by actors refusing cigarettes will still have an effect on the individual who has given up smoking. It is likely that such messages as well as being noticed by the ex-smoker will have particular meaning for them and act as continual motivators to their healthier lifestyle. Once a change in behaviour has come about, for instance eating a better diet or not smoking, the health benefits of actually feeling better and more attractive may be motivators to maintaining the improved behaviour. These motivating factors may constitute a resistance to change as behaviour becomes set in the new way (Lewin 1951).

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