COURSE CODE: HSM 429

COURSE TITLE: FAMILY AND COMMUNITY HEALTH

NUMBER OF UNITS: 2 UNITS

COURSE DURATION:

COURSE DETAILS:

Course Coordinator: Dr. Tolu Eni- Olorunda

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Office Location: Department of Home Science and Management

Other Lecturers:

COURSE CONTENT:

Concept of health, definition and focus of community health, the nature of community health, caring for individuals and families in the community, Common health problems in the community, child hood diseases and preventive measures, family functions and processes in community health, Effect of socio-cultural factors in community health, Role of primary health care in community health, Family adjustment to health crises, Health promotion and diseases prevention, Governmental efforts in health promotion in Nigeria.

COURSE REQUIREMENTS:

READING LIST:

LECTURE NOTES

Lecture I

CONCEPT OF HEALTH AND COMMUNITY HEALTH

Definition of terms – WHO definition of health

Definition of community health and focus

- Community health meeting the collective needs of the society within the community
- Focus health promotion, health protection disease
- Prevention and facilitation of healing

Definition of family health

- Medical specialty devoted to comprehensive health care to people of all ages in the family Nature of community health:
 - Globally in the past, health care was provided within the community
 - Practice involves community diagnosis
 - Main objective to identify all the factors relating to health e.g. physical, biological and social factors

Lecture II

COMMON HEALTH PROBLEMS IN THE COMMUNITY

- 1. Health problems in children:
 - Diarrhea
 - Malnutrition resulting in (protein energy malnutrition)
 - Kwashiorkor
 - Malaria
 - Convulsion
 - Failure to thrive
 - Infections etc
- 2. Health problems in women
 - Malaria
 - Pregnancy related problems e.g.
 - Miscarriages, abortions, anemia resulting from excessive bleeding
 - Stress induced hypertension

- Diabetes
- Typhoid
- Tuberculosis
- Cholera
- HIV / AIDS etc.
- 3. Health problems in men

Malaria, typhoid, tuberculosis, infections, drug addiction, alcohol

Related problems resulting from smoking e.g. lung cancer cholera etc

- 4. Implications of health problems on the family
- Poverty high mortality rate
- Family instability loss of job
- Family separation / divorce etc

Lecture III

CHILDHOOD DISEASES

Six major childhood diseases include

- Measles
- Tuberculosis
- Poliomyelitis
- Pertussis (whooping cough)
- Diphtheria
- Tetanus
 - Measles acute communicable disease caused by measles virus. Incubation period about 10days, many vary from 8 – 14 days

Signs & Symptoms: Running nose, fever, conjunctivitis, bronchitis, generalized rash, kop lick spots etc.

Complications – Diarrhea, otitis media, pneumonia, encephalitis etc

Prevention – measles vaccine given at 9 months

- 2. Tuberculosis chronic infectious diseases caused by bacterium. Two major types
 - a. Mycobacterium tuberculosis from humans

b. Mycobacterium bovis – from cattle.

Transmission (in man) is by droplet infections from sputum of infected persons

Transmission (in cattle) by drinking raw milk

Incubation period – from time of infection to demonstrable primary lesion is about 4 – 12 weeks

Signs & symptoms – weight loss, loss of appetite, profuse sweating at night, fever, heamoptisis (coughing out blood) is a late sign.

Prevention: Appropriate immunization with BCG at birth

3. Poliomyelitis – An acute viral disease. Characteristically a disease of children.

Conservative organism – Polio virus types I, II & III

Transmission – feaco –oral

Incubation period – between 7 – 12days may range from 3-21 days

Signs & Symptoms – Fever, headache, nausea, vomiting, diarrhea. In paralytic causes, may be accompanied by sudden onset of paralysis

Prevention – 4 doses of oral polio vaccine. 2-3 drops. OPV -O at birth, OPV-I, OPV-2 and OPV-3 given at 6 weeks, 10 weeks and 14 weeks respectively.

4. Pertussis (whooping cough)

Disease of early child hood. Caused by bacteria. Transmission is by droplet spread of infected person. Incubation period 6-12 days

Signs & symptoms – Catarrhal, cough, cold, sneezing, fever (1-2 weeks) followed by characterized attacks of coughs (whoops) loss of appetite, etc.

Complications – bronco pneumonia and convulsions

Prevention – combination with tetanus and diphtheria vaccines as triple vaccines. 1st dose – given at 6 weeks, repeated at 4 weeks interval for 3 doses

Lecture IV

- A. CHILD HOOD DISEASES CONTINUED
- **B. CARING FOR INDIVIDUAL & COMMUNITY IN THE FAMILY**

 Diphtheria: Acute bacteria disease affects all age group, but primarily children under 15 years

Transmission – by air borne or direct contact with discharge from the nose and the throat

Incubation period – 2-5 days, could be longer at times

Sings and symptoms – inflammation of the mucous membrane of the upper respiratory tract – throat, tonsils, pharynx.

Prevention – Diphtheria vaccine in combination with tetanus toxoid and pertesis vaccine given at 6 weeks followed by 2 booster doses 4 weekly intervals

6. Tetanus – bacteria disease. Occurrence is global, commoner in developing countries

Transmission – through contaminated wounds, new born can contact tetanus through – unhygienic instruments used in cutting umbilical cord

Sings & Symptoms – In the neonate – inability to suck. In the adult – lock jaw, risus sardonicus, opisthotonus posture, difficulty in swallowing

Prevention – immunization for women with child bearing age (5dozes of T. toxoid)

Children – three doses of T.toxoid in combination with diphtheria and pertissis from 6 weeks of age and 4 weeks interval

- B. Caring for individuals and families in the community
 - Importance of home visits in the process of caring
 - Through adequate nutrition for children and the entire family
 - Prevention of environmental hazards
 - Ensuring immunization for children and pregnant women
 - Health education in prevention of diseases
 - Ensuring the physical, cognitive and psychological development of the infants, children and adults in the family
 - Management of various diseases conditions

Lecture V

- i. Definition of primary Health care
- ii. Reason for primary Health care
- iii. Aims and objectives of primary Health care: there are 8 of them-
 - Creation of awareness about causes and prevention of disease causing high morbidity and mortality rate
 - Making health services accessible to every one where they work and live
 - Tackling of health problems at a cost affordable to the community
 - Involvement of the community in the planning and implementation of health programmes
- iv. Principle of primary health care:

There are six principles namely –

Esseliality, availability and accessibility, equity and affordability, use of appropriate technology, acceptability and sustainability, community participation and involvement, intersect oral collaboration

v. Components of primary Health care

There are 10 components –

- Information, education and communication and health promotion
- Food and nutrition
- Maternal and child health including family planning
- Environmental health
- The national immunization programme
- Prevention and control of locally endemic disease
- Provision of essential drugs
- Appropriate treatment of common diseases and injuries
- Mental health
- Dental health

Lecture VI

SOCIO – CULTURAL FACTORS AND THE HEALTH OF THE FAMILY

Culture – refers to all the values, practices, materials and beliefs of a group of people. Examples of people's culture – type of food, pattern of housing dressing, religion, education etc.

Types of taboos & beliefs

Taboos and beliefs prevent eating of certain foods by pregnant women and children – e.g. meats forbidden for children (so they would not steal later in life) snails forbidden for pregnant women (so that the child would not salivate later in life). Giving cow's urine for children convulsing, or putting the feet in fire to prevent convulsion.

Effects on health

- Malnutrition
- Susceptibility to infection and disease
- Anemia
- Stunted growth in children
- Disabilities

Role of health personnel's in promotion of health

- Health education
- Health awareness / enlightment programmes

Assignment

Students will be distributed to groups and the following topics will be presented as seminars –

- 1) Governmental efforts in health promotion in Nigeria
- 2) Nutritional needs of women and children in health promotion
- 3) Family adjustment to health crises
- 4) Health hazards associated with environmental sanitation in Nigeria community.

References

Hitchcock J.E, Schubert P.E, and Thomas, S.A (2003), Community Health Nursing

Caring in Action, 2nd Edition. Delmar publisher, Washington U.S.A

Akisola H.A (2006) A –Z of community Health in Medical, Nursing and Health Education Limited; Ibadan Nigeria