



SURESH
GYAN VIHAR
UNIVERSITY
Accredited by NAAC with 'A+' Grade

Master of Arts
(Psychology)

Behaviour Modification
Semester-II

Author- Dr. Kuldeep Singh

SURESH GYAN VIHAR UNIVERSITY
Centre for Distance and Online Education
Mahal, Jagatpura, Jaipur-302025

EDITORIAL BOARD (CDOE, SGVU)

Dr (Prof.) T.K. Jain
Director, CDOE, SGVU

Ms. Hemlalata Dharendra
Assistant Professor, CDOE, SGVU

Ms. Kapila Bishnoi
Assistant Professor, CDOE, SGVU

Mr. Ashphak Ahmad
Assistant Professor, CDOE, SGVU

Dr. Manish Dwivedi
*Associate Professor & Dy, Director,
CDOE, SGVU*

Mr. Manvendra Narayan Mishra
*Assistant Professor (Deptt. of
Mathematics)
SGVU*

Published by:

S. B. Prakashan Pvt. Ltd.

WZ-6, Lajwanti Garden, New Delhi: 110046

Tel.: (011) 28520627 | Ph.: 9625993408

Email: info@sbprakashan.com | Web.: www.sbprakashan.com

© **SGVU**

All rights reserved.

No part of this book may be reproduced or copied in any form or by any means (graphic, electronic or mechanical, including photocopying, recording, taping, or information retrieval system) or reproduced on any disc, tape, perforated media or other information storage device, etc., without the written permission of the publishers.

Every effort has been made to avoid errors or omissions in the publication. In spite of this, some errors might have crept in. Any mistake, error or discrepancy noted may be brought to our notice and it shall be taken care of in the next edition. It is notified that neither the publishers nor the author or seller will be responsible for any damage or loss of any kind, in any manner, therefrom.

For binding mistakes, misprints or for missing pages, etc., the publishers' liability is limited to replacement within one month of purchase by similar edition. All expenses in this connection are to be borne by the purchaser.

Designed & Graphic by : S. B. Prakashan Pvt. Ltd.

Printed at :

INDEX

UNIT I

HEALTH PSYCHOLOGY 5

UNIT II

HEALTH BEHAVIOR AND PROMOTION 15

UNIT III

CHANGES IN HEALTH BEHAVIOR 22

UNIT IV

HEALTH ENHANCING BEHAVIOR 33

UNIT V

HEALTH COMPROMISING BEHAVIOR 49

LEARNING OUTCOMES

The student will be able to understand

UNIT 1

- Gain an understanding of the biopsychosocial model, which emphasizes the interplay of biological, psychological, and social factors in determining health outcomes.
- Examine the psychological aspects of chronic illnesses, and learn strategies for prevention, management, and coping.
- Understand the importance of effective communication between healthcare providers and patients and the impact it can have on health outcomes.

UNIT 2

- Participants gain a better understanding of health-related issues, including risk factors, preventive measures, and the importance of healthy behaviors.
- Individuals adopt healthier behaviors, such as increased physical activity, improved nutrition, smoking cessation, and safer sexual practices.
- Participants develop the skills and confidence to take control of their own health, making informed decisions and actively participating in health-promoting activities

UNIT 3

- Individuals undergoing behavior modification often gain a better understanding of the factors influencing their health.
- The process of behavior modification often involves acquiring new skills.
- The ultimate goal of behavior modification is to foster lasting changes in lifestyle habits. existing ones.

UNIT 4

- Regular exercise and physical activity contribute to improved cardiovascular health, muscle strength, flexibility, and overall physical fitness.
- Engaging in activities like meditation, mindfulness, or other stress-management techniques can reduce stress levels and enhance mental well-being.
- Understanding the risks associated with certain behaviors (e.g., smoking, excessive alcohol consumption) helps individuals make choices that minimize these risks.

UNIT 5

- The learning outcomes of engaging in health-compromising behaviors can vary, but they generally include negative consequences for physical, mental, and social well-being.
- Long-term engagement in health-compromising behaviors may contribute to feelings of hopelessness and depression, particularly if individuals struggle with the physical and emotional consequences of their choices.

BEHAVIOR MODIFICATION SYLLABUS

UNIT I

HEALTH PSYCHOLOGY

Introduction to Health Psychology, Why is the Field of Health Psychology Needed, Models in Health Psychology, Training for a Career in Health Psychology

UNIT II

HEALTH BEHAVIOR AND PROMOTION

Introduction to Health Promotion, The Practice of Health Behavior, Introduction to Health Behavior, Barriers to Effective Health Promotion, Factors Influencing the Practice of Health Behavior

UNIT III

CHANGES IN HEALTH BEHAVIOR

Modification of Health Behavior, Changing Health Behavior by Changing Health Beliefs, Cognitive Behavioral Approaches to Health Behavior Change, Appropriate Venue for Health Habit Modification

UNIT IV

HEALTH ENHANCING BEHAVIOR

Introduction to Health Enhancing Behavior, Exercise and Its Benefits, Determinants of Health, Accident Prevention Cancer Related Health Behavior, Weight Control and Maintaining a Healthy Diet

UNIT V

HEALTH COMPROMISING BEHAVIOR

Introduction, Health-Compromising Behavior, Alcoholism and Problem Drinking, Preventive Approaches to Alcohol Abuse, Smoking, Why Do People Smoke, Intervention to Reduce Smoking, Smoking Prevention

UNIT

I

HEALTH PSYCHOLOGY

STRUCTURE

- 1.1 Learning Objective
- 1.2 Introduction to Health Psychology
- 1.3 Why is the Field of Health Psychology Needed
- 1.4 Models in Health Psychology
- 1.5 Training for a Career in Health Psychology
- 1.6 Chapter Summary
- 1.7 Review Questions
- 1.8 Multiple Choice Questions



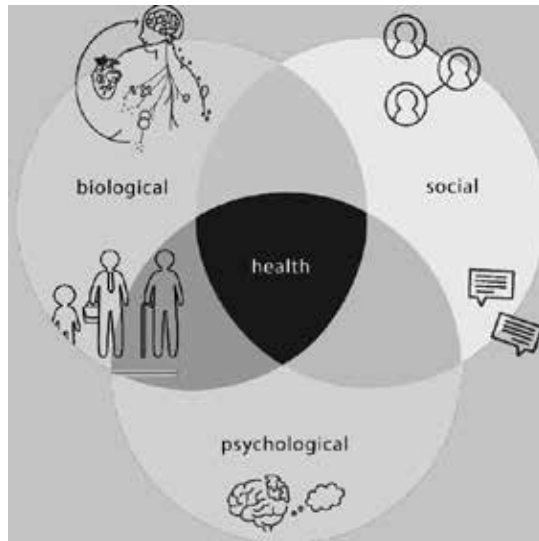
1.1 LEARNING OBJECTIVE

After the study of this unit, you will be able to understand:

- The definition of health psychology.
- The need for the field of health psychology.
- The different models present in health psychology.
- The training needed for a career in health psychology.

1.2 INTRODUCTION TO HEALTH PSYCHOLOGY

DEFINITION OF HEALTH PSYCHOLOGY



The study of psychological and behavioral processes in health, sickness, and healthcare is known as health psychology. It seeks to comprehend how psychological, behavioral, and cultural variables influence physical health and sickness. Psychological variables can have a direct impact on health. Chronically occurring environmental stresses, for example, that influence the hypothalamic-pituitary-adrenal axis can be harmful to health in the long run.

Behavioral variables might also have an impact on a person's health. Certain actions, for example, can either hurt (smoking or excessive alcohol use) or benefit (health) (engaging in exercise). A biopsychosocial approach is used by health psychologists. In other words, health psychologists believe that health is the result of not just biological processes (such as a virus or tumour), but also psychological (such as ideas and beliefs), behavioral, and social activities (e.g., socioeconomic status and ethnicity).

UNIQUENESS OF HEALTH PSYCHOLOGY

Because health psychology emphasizes how behavior influences health, it is well positioned to help people change the behaviors that contribute to health and well-being. For example, psychologists who work in this field might conduct applied research on how to prevent unhealthy behaviors such as smoking and look for new ways to encourage healthy actions such as exercising.

For example, while most people realize that eating a diet high in sugar is not good for their health; many people continue to engage in such behaviors regardless of the possible short-term and long-term consequences. Health psychologists look at the psychological factors that influence these health choices and explore ways to motivate people to make better health choices.

The US Centers for Disease Control National Center for Health Statistics compiles data regarding death in the nation and its causes. Congruent with data trends throughout this

century, nearly half of all deaths in the United States can be linked to behaviors or other risk factors that are mostly preventable.

Specifically, in the most recent CDC report (2012), the rate of death has declined for all leading causes except suicide; life expectancy is at an all-time high (78.8 years); and yet every hour about 83 Americans dies from heart disease and stroke. More than a quarter of those deaths are preventable.

Cancer remained second; followed chronic lower respiratory diseases, primarily chronic obstructive pulmonary diseases (COPD) such as emphysema and chronic bronchitis; followed by drug poisonings including overdoses and then fatal falls among an increasingly elder population.)

CURRENT ISSUES IN HEALTH PSYCHOLOGY

Health psychologists work with individuals, groups, and communities to decrease risk factors, improve overall health, and reduce illness. They conduct research and provide services in areas including:

- Stress reduction
- Weight management
- Smoking cessation
- Improving daily nutrition
- Reducing risky sexual behaviors
- Hospice care and grief counselling
- Preventing illness
- Understanding the effects of illness
- Improving recovery
- Teaching coping skills

THE BIOSOCIAL MODEL IN HEALTH PSYCHOLOGY

Today, the main approach used in health psychology is known as the biosocial model. According to this view, illness and health are the results of a combination of biological, psychological, and social factors.

Biological factors include inherited personality traits and genetic conditions.

Psychological factors involve lifestyle, personality characteristics, and stress levels.

Social factors include such things as social support systems, family relationships, and cultural beliefs.

HEALTH PSYCHOLOGY IN PRACTICE

Health psychology is a rapidly growing field. As increasing numbers of people seek to take control of their own health, more and more people are seeking health-related information and resources. Health psychologists are focused on educating people about their own health and well-being, so they are perfectly suited to fill this rising demand.



NOTES



Many health psychologists work specifically in the area of prevention, focusing on helping people stop health problems before they start. This may include helping people maintain a healthy weight, avoid risky or unhealthy behaviors, and maintain a positive outlook that can combat stress, depression, and anxiety. Another way that health psychologists can help is by educating and training other health professionals. By incorporating knowledge from health psychology, physicians, nurses, nutritionists, and other health practitioners can better incorporate psychological approaches into how they treat patients.

1.3 WHY IS THE FIELD OF HEALTH PSYCHOLOGY NEEDED

Common issues treated by health psychologists include stress, weight, or pain management, smoking cessation, and reducing risky sexual or health-related behaviors. Health psychologists can help people change problematic behaviors to improve their overall health and well-being. Individuals who recently learned they have a chronic medical condition may also find health psychology useful, as it can help them work on accepting the diagnosis and altering their lifestyle to manage the condition effectively. Moreover, health psychologists can help people with a terminal condition come to terms with it if they are struggling.

Health psychology uses a biopsychosocial model of treatment, which means that biological, psychological, and social factors of well-being are considered. The biopsychosocial model is especially relevant in the present day, as major causes of illness and death have changed over time. In earlier centuries, many people died of infections or illnesses that were difficult to control, such as influenza or plagues. Now, the most common causes of death are chronic diseases that are at times related to lifestyle choices or behaviors that can have a negative impact on health. The biopsychosocial model used in health psychology could help people take control of their own behaviors to promote health and prevent illness or disease.

1.4 MODELS IN HEALTH PSYCHOLOGY

These are many and varied. Some have emerged or been adapted from learning or behavioral theories; others have been derived directly from health psychology research. A selection of those models that seem to have direct relevance to diabetes appear below. The basics of each are described, along with a brief critique and suggestions of potential applications to diabetes care.

1. Health Belief Model

The health belief model (HBM) is a cognition model, i.e. a model that emphasises the way an individual provides a rationale for their behavior without particular reference to a social context. The HBM was conceived by Rosenstock (1966) and has undergone revision and development, primarily by Becker (1974). It has made an important contribution to the prediction of health behavior. The HBM suggests that an individual's likelihood of undertaking a health behavior (i.e., a behavior aimed at promoting health) is influenced by the following:

- Belief in the severity of illness which may ensue if the behavior is not undertaken
- Perceived susceptibility to such an illness

- Benefits and costs, or barriers, to undertaking the behavior necessary
- Cues to action, either internal or external.

Connor and Norman (1998) include a very useful overview of the HBM model. An outline of the model shows that demographic and psychological variables are taken as a starting point that may have helped to form an individual's beliefs.

With regard to diabetes, the HBM would suggest, for example, that whether a person undertakes regular blood glucose monitoring (a health behavior) depends on:

- Perception of the severity of uncontrolled diabetes
- Perception of susceptibility to diabetes complications
- Outcome of weighing up of costs (e.g. sore fingers, inconvenience, embarrassment) and benefits (e.g. knowledge of blood glucose levels, prevention of hypoglycaemia, confidence in adjusting medication)
- Cues to action (e.g. increasing awareness of the link between blood glucose levels and complications), or an acute admission to hospital as a result of poor advice from an external source or ignorance of self-management methods
- Core beliefs, which may have been influenced by age, sex and socio-economic status and by others' opinions.

Support for the HBM is widespread, with studies showing an effect for the components both together and separately. In the latter case, Ogden (1996) describes some studies showing that barriers and susceptibility are the main predictors and others showing that barriers, benefits and severity best predict health behavior.

Much research interest has focused on cues to action such as warnings that are intended to arouse fear, information leaflets, posters and negative outcomes of behaviors such as smoking. The outcomes of this research can be seen in any health promotion initiative.

The HBM is not above criticism, however. An obvious weakness is its emphasis on rational aspects of decision making, ignoring a role for emotional factors such as fear. ('I perform blood glucose monitoring because I'm terrified of going blind'), simple habit ('I test my blood glucose at 8am every day') or approval ('I know it pleases the DSN when my record book is full of results'). A further criticism is that it appears to be static rather than dynamic, i.e. it implies that beliefs do not change over time. Finally, as Sheeran and Abraham (1998) point out, it does not address the important role of intention to behave, only behavior itself.

2. Health Locus of Control

The health locus of control (HLC) construct arose out of social learning theory and attribution theory, both of which include an internal/external causality dimension.

Rotter's social learning theory (1966) proposes that people have a 'generalised expectancy' of the outcomes of their actions depending on their previous experiences and the extent to which the outcome of their behavior is valued. An internal dimension would be present if the person feels themselves in control of their destiny and an external dimension exists if they feel other people or events are in control.





Attribution theory refers to four dimensions of causality:

- Internal or external
- Specific or global
- Controllable or uncontrollable
- Stable or unstable.

Thus, if a person attributes their situation to forces external to them, stable (i.e. unchangeable), uncontrollable (i.e. he/she has no power over it) and global (i.e. non-specific), then the possibility of controlling the situation is remote. However, if the opposite occurs, and the attribution is specific, controllable, internal and unstable, there is more chance that the person will be able to influence the outcome. Where these constructs are applied to health, the latter dimension mix is more likely to lead to a health behavior being undertaken.

Rotter's predictions that 'internals' are more likely to be responsible for their own health than 'externals', are borne out by some research. However, some studies have found that the external dimension can consist of attributions to both 'chance' and 'powerful others', leading to a difference in the outcome. For example, external 'chance' attributions ('It's a matter of luck whether I get complications') are much less likely to lead to health behaviors than external 'powerful others' attributions ('the doctor will tell me what to do for the best'). It seems that the combination of internality and 'powerful others' externality can also lead to health behaviors along with internality alone.

Further, an internal locus of control has not always been shown to be positive; the burden of self-responsibility has been shown to correlate with increased depression in those with a renal transplant (Kaplan et al, 1993). This depression may be due, in part, to a sense of helplessness (Seligman, 1975).

A simple internal/external locus of control distinction is too narrow to predict behavior. Clearly, behavior depends on the perceived value of the outcome (as in Rotter's original prediction) and also self-efficacy, i.e. the extent to which a person feels able to undertake the behavior Sarafino (1996) explains self-efficacy in more detail). Current research on HLC is looking at these factors together. However, overall, the notion of a sense of personal control does seem to be important in prediction of health behavior and this is addressed by some of the emerging philosophies of diabetes care, such as empowerment (Funnel et al, 1991).

3. Theory of Planned Behavior

The theory of planned behavior (TPB) is known as a social cognition model, i.e. a model that places the individual in their social world as well as their individual one, in recognition of the impact of important others' opinions on a person's actions. The TPB emerged from earlier research on the role of attitudes on behavior, as Ogden (1996) explained.

The importance of the TPB is that it emphasises the role of intentions in the undertaking of health behavior. These intentions can be modified by attitudes of the individual and others to a health behavior, and the individual's perceived control over the relevant behavior, e.g. a belief in internal or external control. In turn, these beliefs can be modified by the perceived benefits or costs of the behavior.



Applied to diabetes, the TPB predicts that, after taking into account internal and external factors, people will intend to undertake a health behavior, e.g. regular exercise, if they or their 'significant others' believe it to be beneficial (the subjective norm) and they perceive themselves as capable of it (perhaps because of past experience). The TPB also allows for behavior to be predicted without the mediation of intentions.

The TPB has been criticised for the lack of a time or directional component. However, this seems relatively unimportant in view of the quantity of supportive research covering numerous behaviors, e.g. weight loss behavior and testicular self-examination (Ogden, 1996), in which the individual components of the model were found to predict intention to undertake behaviors. A particularly powerful predictor for weight loss behavior seems to be perceived behavioral control. This points to its potential application in diabetes research.

Ogden (1996) gives a useful research project which uses TPB theory in respect of exercise behavior.

4. The Trans Theoretical Model of Behavior Change

This model (also known as the stages of change model) was introduced by Prochaska and Di-Clemente in 1982. They distilled a number of processes, suggested by other therapies, which promote behavior change into a composite model that recognises the following stages:

- Pre-contemplation (the person is not considering any change)
- Contemplation (the person is considering taking action about a problem)
- Preparation (the person is ready to act)
- Action (the person undertakes a health behavior)
- Maintenance (the person continues to undertake the changed behavior).

Although it sounds rigid, the model is dynamic rather than linear, allowing a person to move back and forth between the stages according to their situation. The model also lends a time scale to behavior, stating for example that the contemplation stage can take several months and the action stage up to six months from the preparation stage.

This model has enjoyed considerable research support in respect of cessation of smoking and other addictive behaviors as well as in exercise and screening behavior. However, it is easy to see how the model can be criticised in terms of the first, pre-contemplative, stage which may imply a lack of activity. Sarafino (1996) points out how interventions can be tailored to all the stages and in respect of the first stage, interventions would be aimed at raising awareness of the need for health behavior and filling in any informational or knowledge gaps. This may promote 'readiness to act' and hence health behavior.

In diabetes care, the stages of change model can be applied to many aspects, (blood glucose monitoring, weight loss behavior, exercise, etc.). It is easy to see how potentially useful the model can be as a framework for tailoring interventions (e.g. counselling, motivational interviewing, regular contact, encouragement and information giving) to the stage the person is at.



1.5 TRAINING FOR A CAREER IN HEALTH PSYCHOLOGY

To become a health psychologist, it is necessary to obtain a doctoral degree in the field of psychology or become a medical doctor. Some graduate programs offer specialized training in health psychology, though it is also possible to get a general psychology degree and then complete specialized training in health psychology through an internship or other means. Health psychologists must also be licensed to practice psychology in their state. Obtaining licensure typically involves passing one or more examinations and completing a specific amount of supervised training.

The two primary career paths for those interested in the field are becoming either a health counsellor or a health psychologist.

Health Counsellor

Health counsellors, also sometimes known as wellness coaches or health coaches, tend to work directly with patients in either a group or one-on-one setting. The goal is usually to help the patient understand why they might be making unhealthy choices and to arm them with techniques and frameworks to change those behaviors. Health counsellors will often work with patients who suffer from eating disorders, a sedentary lifestyle, and various addictions.

In order to become a health counsellor, you will typically need to earn a minimum of a bachelor's degree in a related field, such as health care, psychology, or nutrition. Many employers will now only consider applicants who have earned at least a master's degree, such as a Master of Science in Counselling Psychology. It is also possible to complete a number of different certifications related to the field.

Health Psychologist

Health psychologists will perform many of the same activities discussed above. The primary difference between health psychologists and health and wellness counsellors is that health psychologists will typically have more autonomy in their work and the opportunity to lead research projects and act in an educational setting.

To become a licensed health psychologist, an individual will typically need to complete a doctoral program, such as a PhD in Counselling Psychology.

1.6 CHAPTER SUMMARY

The study of health psychology is concerned with how biological, social, and psychological variables impact health and sickness. Health psychologists investigate how patients cope with disease, why some individuals disregard medical advice, and the most efficient methods for controlling pain or changing bad health habits.

The purpose of health psychology is to use health education, knowledge, prevention, and control to reduce physical symptoms and enhance people's lives. The biosocial model is the most common method for setting objectives in health psychology.

Stress, weight, or pain management, smoking cessation, and lowering dangerous sexual or health-related behaviors are all common topics handled by health psychologists. Health

psychologists can assist people in changing harmful behaviors in order to enhance their general health and well-being.

NOTES



1.7 REVIEW QUESTION

SHORT ANSWER TYPE QUESTIONS

1. What do you understand by health psychology?
2. Discuss Rotter's social learning theory.
3. List the four dimensions of attribution theory.
4. Discuss 'health belief model'.
5. List the current issues in health psychology.

LONG ANSWER TYPE QUESTIONS

1. Why is the field of health psychology needed?
2. Describe 'the trans theoretical model of behavior change' in detail.
3. Explain 'theory of planned behavior'.
4. What one needs study to become a health psychologist?
5. Describe the biosocial model in health psychology in detail.

1.8 MULTIPLE CHOICE QUESTIONS

1. What is the full form of TPB?
 - a. Theory of Planned Behavior
 - b. Theory of Psychological Behavior
 - c. Theory of Pre-Contemplation Behavior
 - d. None of these
2. 'The Trans Theoretical Model of Behavior Change', also known as _____.
 - a. The theory of planned behavior
 - b. The stages of change model
 - c. The health belief model
 - d. None of these
3. _____ is the most common method for setting objectives in health psychology.
 - a. The theory of planned behavior
 - b. The stages of change model
 - c. The biosocial model
 - d. The health belief model
4. What is the full form of HBM?
 - a. Health Behavior Model
 - b. Health Belief Model
 - c. Health Biosocial Model
 - d. None of these



5. **The study of psychological and behavioral processes in health, sickness, and healthcare is known as _____.**
 - a. Health Psychology
 - b. Health Behavior
 - c. Health Promotion
 - d. Illness Behavior

6. **_____ can help people change problematic behaviors to improve their overall health and well-being.**
 - a. Health Psychologists
 - b. Health Counsellors
 - c. Wellness Coaches
 - d. Health Coaches

7. **What is the full form of HLC?**
 - a. Health Location of Control
 - b. Healthy Locus of Control
 - c. Health Locus of Change
 - d. Health Locus of Control

8. **_____ uses a biopsychosocial model of treatment, which means that biological, psychological, and social factors of well-being are considered.**
 - a. Health Behavior
 - b. Health Promotion
 - c. Health Psychology
 - d. Illness Behavior

9. **What is the full form of COPD?**
 - a. Chronic Obstructive Primary Diseases
 - b. Chronic Obstructive Pulmonary Diseases
 - c. Controlling Obstructive Pulmonary Diseases
 - d. None of these

10. **The _____ used in health psychology could help people take control of their own behaviors to promote health and prevent illness or disease.**
 - a. Health Behavior Model
 - b. Health Belief Model
 - c. The stages of change model
 - d. Biopsychosocial model

◆◆◆◆

HEALTH BEHAVIOR AND PROMOTION

STRUCTURE

- 2.1 Learning Objective
- 2.2 Introduction to Health Promotion
- 2.3 The Practice of Health Behavior
- 2.4 Introduction to Health Behavior
- 2.5 Barriers to Effective Health Promotion
- 2.6 Factors Influencing the Practice of Health Behavior
- 2.7 Chapter Summary
- 2.8 Review Questions
- 2.9 Multiple Choice Questions



2.1 LEARNING OBJECTIVE

After the study of this unit, you will be able to understand:

- The introduction to health promotion.
- The introduction and practice of health behavior.
- The barriers to effective health promotion.
- The factors influencing the practice of health behavior.

2.2 INTRODUCTION TO HEALTH PROMOTION



Anthropogenic changes to the natural environment pose serious threats to human health welfare and security. Hence the need to promote health arises, and as a result we have to practice health behavior. “Health promotion is the process of enabling people to increase control over and improve their health”. From the individuals’ standpoint, health promotion refers to the practice of good health behavior, such as eating a balanced diet low in cholesterol and fat, regular exercise and the practice of preventative health behavior etc.

Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions. As a core function of public health, health promotion supports governments, communities and individuals to cope with and address health challenges. This is accomplished by building healthy public policies, creating supportive environments, and strengthening community action and personal skills.

2.3 THE PRACTICE OF HEALTH BEHAVIOR

An important barrier to preventing poor health habit is the fact that health behaviors are learned in the child’s most powerful learning environment - the home, from the child’s most powerful models - the parents. Although genetic susceptibility is clearly implicated in some of these relationships, learning is also an important factor. Thus the prevention of poor health habits in a given individual sometimes calls first for changes in the health habits of the most influential people in that individual’s environment; the parents.

Parents generally play an important role in deciding what their children will and will not do; if they are not interested in teaching their children good health habits, other educational efforts may prove ineffective. Another reason why poor health habits are hard to prevent is that people often have little immediate incentive for practicing good health behavior. At the time when initial health habits develop during childhood and adolescence, most people are healthy.

Smoking, drinking, poor nutrition and lack of exercise have no apparent effect on health and physical functioning. The cumulative damage that these behaviors cause may not

become apparent for years and few children or adolescents are concerned about what their health will be like when they are 40 or 50 years old.

1. First, people appear to have an exaggerated sense of their ability to control their health; therefore, they may ignore potential health threats. They may believe that the threat does not exist or that they will be able to offset it somehow when it develops.
2. Second, they may have little direct experience with health threats and so underestimate their own vulnerability. The person who has never had a serious illness may find it difficult to imagine what it would be like.
3. Finally, people sometimes erroneously believe that health threats manifest themselves in childhood. If, therefore, they have not already noted signs of a particular health problem, they may imagine that they never will.

Psychologists are divided over whether unrealistic optimism typically has negative effect or positive effect on the practice of health promoting behaviors. Some have suggested unrealistic optimism may undermine legitimate worry about risk and reduce the likelihood that people will engage in good health behaviors.

Others, however have pointed out that optimists are often very vigilant about information on future risks that are highly likely to affect them, this vigilance may help them to offset their risk before an adverse condition develops. Thus it remains to be seen whether unrealistic optimism about the ability to maintain good health typically undermines or facilitates health-enhancing behaviors.

Despite the fact that health is an important value for most people, people do not seem to have very good assessments of their health risks.

People who are risk takers generally practice fewer health behaviors overall and “health nuts” have higher levels of health practices overall. The health behaviors of health care providers cluster more strongly than those of non-providers. Health habits that by their nature influence each other tend to be related to each other.

Physical activity, for example, is positively associated with weight control, whereas, physical inactivity and smoking are somewhat negatively associated. Beyond, these common sense clustering’s, however, health habits retain a fair degree of autonomy. This means that achieving a concerted program of good health behavior, whether for an individual or for a nation, is no small feat.

A third important characteristic of health habits is that they are unstable overtime. Thus, a person may stop smoking for a year but take it up again during a period of stress. A problem drinker may remain abstinent for a period of time and then suddenly revert to his old ways.

2.4 INTRODUCTION TO HEALTH BEHAVIOR

Health behavior refers to actions that an individual engages in that affect their health either positively or negatively. These can be simple personal choices like hand washing or more complex situations like choosing to live in an area with high air pollution. Within the context of occupational health and safety, health behavior relates to how an employee



NOTES



behaves affecting health and safety and the influences of employer behaviors or programs upon employee health.

Within the workplace, not only do employee behaviors affect their health (using provided safety equipment, staying home when sick, etc.) but employer policies and attitudes also affect the health of all employees. Employers can influence good health behavior with policies that are incentivized and safety processes that are easily accessed and understood. Encouraging good health behavior on the part of employees can drastically reduce safety violations, absenteeism, and medical costs.

There are three main health behavior classifications. These are preventive, illness, and sick-role behaviors.

1. **Preventive Health Behavior** - Any activity taken in order to prevent a negative health outcome. These can involve creating and promoting safety rules, employees making use of safety gear, and even simple items such as taking advantage of well-health medical visits.
2. **Illness Behavior** - This is any activity taken once an individual feels they have an illness or injury that is taken in order to assess the illness or injury. This can also be worker health monitoring where employers provide health testing to employees who believe they may have a condition such as heart failure.
3. **Sick-Role Behavior**- This is any action taken once an illness or injury has been defined with the intent of remedying the illness or injury. Doctor visits, reporting an injury, staying home instead of coming to work when contagious, a restricted diet, or any other behavior that has the purpose of improving one's medical condition.

2.5 BARRIERS TO EFFECTIVE HEALTH PROMOTION

Research studies reveal that there are at least three facets of barriers encountered during the process of intervention to promote healthy behavior patterns:

- i. The prime factor comes from the medical establishment and its attitudes towards prevention.
- ii. The second set of barriers focuses on problems within the field of Psychology in applying techniques of attitude and behavior change to health behaviors.
- iii. The third set of factors revolve around individual personalities and values iv. The fourth set of factors has to do with the difficulty of getting people to change poor health habits.

2.6 FACTORS INFLUENCING THE PRACTICE OF HEALTH BEHAVIOR

The results indicated that:

1. Culture, social networks, history, racism, socioeconomic disadvantage, and the psychological distress associated with some of these factors interact to affect health behavior in a complex manner;
2. The desire to retain cultural identity and distinctiveness may have both positive and negative influence on health risk behavior;
3. Strong social connections to family and kin that is intensified by cultural obligations, appears to affirm and disrupt positive health behavior;

4. The separation between indigenous and non-indigenous social connection/networks that appeared to be fostered by marginalisation and racism may influence the effect of social networks on health behavior; and
5. Communication between indigenous and non-indigenous people may be interrupted by distrust between the groups, which reduces the influence of some non-indigenous sources on the health behavior of indigenous people.

NOTES



2.7 CHAPTER SUMMARY

Health promotion is the practise of empowering individuals to gain more control over and enhance their health. It shifts from an emphasis on human behavior to a wide variety of social and environmental interventions.

Health behavior refers to acts that an individual does that have an impact on their health, either favourably or badly. These might be basic personal choices like hand washing or more complicated issues like deciding to live in a region with significant air pollution.

A key hurdle to preventing poor health habits is that health behaviors are learnt in the child's most potent learning environment - the home - from the child's most powerful models - the parents. Although genetic predisposition is obviously implicated in some of these correlations, learning is also a significant component.

Thus, changing the health habits of the most important individuals in a specific individual's surroundings, the parents, is sometimes the first step in preventing poor health habits in that individual.

2.8 REVIEW QUESTIONS

SHORT ANSWER TYPE QUESTIONS

1. Define health promotion.
2. List the three main health behavior classifications.
3. What is the role of parents in deciding the health behavior?
4. Briefly explain health behavior.
5. How is genetic susceptibility related to practice of health behavior?

LONG ANSWER TYPE QUESTIONS

1. What are the barriers to effective health promotion?
2. Describe the factors influencing the practice of health behavior in detail.
3. What do you understand by practice of health behavior? Explain the same in detail.
4. What is the key hurdle to prevent poor health habits?
5. 'Despite the fact that health is an important value for most people, people do not seem to have very good assessments of their health risks'. Explain!



2.9 MULTIPLE CHOICE QUESTIONS

1. _____ is the practise of empowering individuals to gain more control over and enhance their health.
 - a. Health promotion
 - b. Health behavior
 - c. Preventive health behavior
 - d. Illness behavior
2. _____ refers to acts that an individual does that have an impact on their health, either favourably or badly.
 - a. Health promotion
 - b. Health behavior
 - c. Preventive health behavior
 - d. Illness behavior
3. _____ is the process of enabling people to increase control over, and to improve, their health.
 - a. Health psychology
 - b. Health behavior
 - c. Health promotion
 - d. Illness behavior
4. _____ moves beyond a focus on individual behavior towards a wide range of social and environmental interventions.
 - a. Health behavior
 - b. Preventive health behavior
 - c. Illness behavior
 - d. Health promotion
5. _____ Changes to the natural environment pose serious threats to human health welfare and security.
 - a. Anthropogenic
 - b. Environmental
 - c. Psychological
 - d. None of these
6. _____ is any action taken once an illness or injury has been defined with the intent of remedying the illness or injury.
 - a. Preventive Health Behavior
 - b. Illness Behavior
 - c. Sick-Role Behavior
 - d. None of these
7. _____ is any activity taken in order to prevent a negative health outcome.
 - a. Preventive Health Behavior
 - b. Illness Behavior

- c. Sick-Role Behavior
 - d. None of these
8. _____ is any activity taken once an individual feels they have an illness or injury that is taken in order to assess the illness or injury.
- a. Preventive Health Behavior
 - b. Illness Behavior
 - c. Sick-Role Behavior
 - d. None of these
9. _____ that by their nature influence each other tend to be related to each other.
- a. Health habits
 - b. Health promotion
 - c. Health behavior
 - d. Illness Behavior
10. _____ shifts from an emphasis on human behavior to a wide variety of social and environmental interventions.
- a. Health promotion
 - b. Health behavior
 - c. Preventive health behavior
 - d. Illness behavior

◆◆◆◆

NOTES 

CHANGES IN HEALTH BEHAVIOR

STRUCTURE

- 3.1 Learning Objective
- 3.2 Modification of Health Behavior
- 3.3 Changing Health Behavior by Changing Health Beliefs
- 3.4 Cognitive Behavioral Approaches to Health Behavior Change
- 3.5 Appropriate Venue for Health Habit Modification
- 3.6 Chapter Summary
- 3.7 Review Questions
- 3.8 Multiple Choice Questions



3.1 LEARNING OBJECTIVE

After the study of this unit, you will be able to understand:

- The modification of health behavior.
- The changes in health behavior by just changing the health beliefs of a person.
- The cognitive behavioral approaches to health behavior changes.
- The appropriate venue for health habit modification.

3.2 MODIFICATION OF HEALTH BEHAVIOR

Although many mental health patients need therapy or medications to feel better, healthy habits can also play a critical role in recovery. In some cases, new behavioral patterns can change a patient's brain chemistry, making the recovery process easier.

Healthy behavior changes can target a person's physical, emotional, or social health. Some examples of habits to improve mental health include:

- Getting proper exercise
- Eating nutritious foods
- Practicing good sleep hygiene
- Socializing with supportive friends and family
- Taking medications as prescribed
- Practicing mindfulness or meditation
- Talking about your emotions

Therapists often encourage patients to make some of these changes. Which habits clients focus on first depends on the person's individual needs and lifestyle. It's essential for patients to set realistic expectations for themselves. Change does not happen overnight. Instead, it is a process that takes plenty of work. Although changing habits for mental health can be difficult, it's often well worth the considerable effort.

Stages of Behavior Change

The time it takes to make a behavior change can depend on the person's mental state, the difficulty of the habit, and how long the unhealthy behaviors persisted before. Although the journey looks different for each person, patients can think of behavior changes taking place in six stages, based on the Trans-Theoretical Model:

- **Pre-contemplation:** Someone is oblivious to the problem or in denial
- **Contemplation:** The individual becomes aware of the issue and begins to consider making a change.
- **Preparation:** The person does research on making the change and may even start with small steps.
- **Action:** Someone starts making substantial steps toward the ultimate goal.
- **Maintenance:** The individual continues the new behavior after the initial rush.

NOTES



- **Relapse:** The person slips back into their old habits. He or she may feel frustrated or guilty.

After relapses, people may make plans to get back on track. They should also identify what caused them to get off track and devise strategies for such triggers in the future.

Mental Disorders That Improve with Daily Healthy Habits

Patients with many types of mental disorders can benefit from making healthy lifestyle changes. Therapists recommend such adjustments when they think it will help and that the patient can handle it. For example, a counselor will not prescribe these changes the moment a patient says they are thinking of suicide. Instead, they will deal with the immediate threat and recommend healthy habits when the time is right.

Below are just some of the disorders that behavior changes can help:

- Depression
- Generalized Anxiety Disorder
- Eating disorders
- ADHD
- Low self-esteem

Many of these changes can help people with no mental illness at all. Creating healthy habits is a good idea for most people, so long as they do not make it an unhealthy obsession.

3.3 CHANGING HEALTH BEHAVIOR BY CHANGING HEALTH BELIEFS

It takes time and repetition to start a new habit, but people can take the essential first steps today. Over time, these small steps will add up to significant changes and amazing results. If you want to make behavior changes for your mental health, you can try some of these things today:

- Do just one thing that moves you toward your goal
- Commit to falling asleep at a reasonable hour
- Make one substitution at meal time that is healthy
- Call a supportive friend
- Go for a 30-minute walk
- Set alarms for your medications
- Journal about your emotions
- Finish a 10-minute guided meditation

Develop Healthy Sleep Habits to Increase Energy

Several mental health disorders cause patients to feel exhausted and suffer from low energy. Medications and therapy can help lift that feeling. However, patients can undermine the effects of these treatments with sleeping habits that further their exhaustion. Instead, practice these positive sleeping habits:

- Go to sleep and wake up at the same time every day, even on weekends
- Plan for at least 7 hours of sleep each night
- Make your bedtime routine as relaxing as possible
- Create a calming sleeping environment
- Eat a healthy snack about 30 minutes to an hour before bedtime
- Only use your bedroom for sleeping, dressing, and sexual activity

You do not need to change all of these things at once. Small steps make a big difference.

Healthy Eating Habits Can Improve Mood & Focus

Not only can healthy eating improve energy, but it can also correct nutrient deficiencies that may contribute to mental illness. Changing one's diet all at once can not only prove difficult, but it can also lead to significant setbacks. If you want to make this change, you can try one tip at a time, such as these:

- Replace one junk-food snack with fruit
- Switch one side at dinner with something nutritious
- Replace the sugar in your coffee with a replacement
- Join a support group

Extreme diet changes, such as fad diets, can create more harm than good. Be sure to talk to a medical professional before changing your diet.

Start a New Exercise Routine

Most people know that exercise is excellent for your physical health, but fewer people understand how much it can help your mental health. Just a few minutes of exercise can increase the flow of endorphins, which improves mood. If you are physically healthy enough to do exercise, try starting with these steps:

- Gentle yoga
- Walk for 30 minutes per day
- Play with children in your life

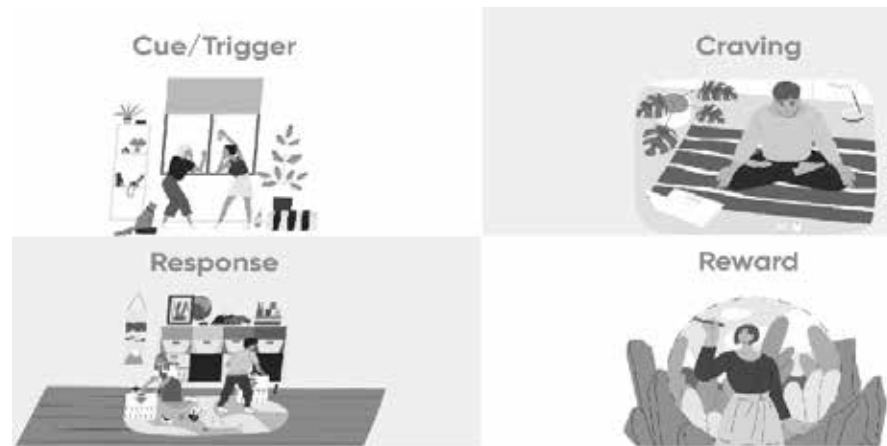
Pick something you enjoy. The more you enjoy the activity, the more likely you are to keep up with it. Most importantly, do not start a new exercise regimen without the approval of your doctor.

3.4 COGNITIVE BEHAVIORAL APPROACHES TO HEALTH BEHAVIOR CHANGE

NOTES



NOTES



The Appeal of Unhealthy Behaviors

Uphill battle for health psychologists. Marketing has been very successful in selling us unhealthy behaviors as desirable.

Short vs. Long-term Adherence

6 months is the average length of time for health behavior change to fall into place. During this time there are challenges to the behavior (self-efficacy, environmental temptations, feelings of psychological/physiological dependence on old behaviors).

After -require new strategies that integrate this change into our daily routine (habit formation) to make sure we keep this change motivation/skills for maintaining long-term change are very different from those used for initiating change

Cognitive-Behavioral Approaches to Health Behavior Change

Focus on the target behavior itself:

- Conditions that elicit and maintain it
- Factors that enforce it

Focus on beliefs about health habits goal to modify internal monologues interfering with behavior change. This involves the patient as a “cotherapist” (E.g., through self-monitoring, applying techniques).

Advantages of Cognitive- Behavioral Approaches to Health Behavior Change

Multimodal approach

- Combine techniques to target all aspects of problem.
- Can individually tailor intervention plans.
- Can target several health habits simultaneously.

Examples of Cognitive-Behavioral Techniques

1. Self-monitoring
2. Classical conditioning
3. Operant conditioning
4. Modelling

5. Self-reinforcement
6. Contingency contracting
7. Cognitive restructuring
8. Motivational Interviewing
9. Relaxation Training and Meditation
10. Relapse prevention
11. Cognitive behavioral therapy

1. Self-Monitoring

Assessment of:

- Frequency of target behavior
- What comes before/after behavior
- Cognitions and emotions associated with behavior

This is used as first step toward behavior change

- Helps to get a sense of circumstances under which behavior occurs to inform intervention planning.
- Increased awareness may produce behavior change in and of itself.

2. Classical Conditioning

Pairing unconditioned response with new stimulus produces conditioned effect

- Used in alcoholism treatment.
- Drug Antabuse (unconditioned stimulus) produces nausea and vomiting (unconditioned response) when taken with alcohol.
- Over time, alcohol associated with nausea/vomiting and elicits same response (conditioned response) without drug.

3. Operant Conditioning

- Pairs voluntary behavior with systematic consequences (reinforcement).
- Positive reinforcement following behavior increases likelihood of behavior occurring again.
- Withdrawing reinforcement or punishing behavior decreases likelihood of behavior occurring.
- Interventions alter reinforcement maintaining poor health behavior, or reinforce desired behavior.

4. Modelling

- Learning that occurs by virtue of witnessing another person perform a behavior Prototype (image)
- Similarity to model is important ("I'm not like those people.").
- Observing model engage in feared activity and coping effectively can reduce anxiety
- Key in some self-help programs
- E.g., Alcoholics Anonymous

NOTES





5. Self-Reinforcement

Individual systematically rewards/punishes self to increase/decrease occurrence of target behavior.

- Self-reward

Positive self-reward- add desirable consequence to successful modification of behavior

- Negative self-reward

Remove aversive factor in environment after successful modification

- Self-punishment

Positive self-punishment- administer unpleasant stimulus following undesirable behavior

- Negative self-punishment

Withdraw positive reinforce in environment following undesirable behavior

6. Contingency Contracting

Form of self-reinforcement in which individual contracts with another person regarding rewards/punishments contingent on performance/non-performance of target behavior.

Ex: Person giving therapist money to give them for every week of successful dieting

7. Cognitive Restructuring

- Internal monologues: Cognitions involving self-criticism/self-praise.
- Involves training to recognize and modify internal monologues associated with health behavior.

E.g. Statements of self-efficacy when experiencing temptation;

Self-reinforcing statements following resistance to temptation;

Self-criticism following set-backs.

Training involves:

1. Self-monitoring to identify monologues
2. Modification of monologues

8. Motivational Interviewing

- Client-centred counselling style (therapist takes a non-judgmental, non-confrontational, encouraging, supportive stance).
- Goal to help the client express thoughts (positive or negative) regarding behaviour in an evaluation-free environment.
- (In order to work through ambivalence regarding changing behavior).
- Most effective in individuals wary about making change.

9. Relaxation Training and Meditation

- Training in techniques of deep breathing or progressive muscle relaxation to decrease stress and anxiety.
- Mindfulness meditation- goal to achieve a state of mind in which aware of/ focused on present moment, accepting and acknowledging without distraction or distress.

**10. Relapse Prevention**

- Identify situations in which relapse likely and develop coping skills to manage situations/events.
- E.g. Engage in constructive self-talk to resist temptation; eliminate environmental cues.
- May involve exposure to such situations to practice use of coping skills.
- Can increase self-efficacy.

11. Cognitive Behavioral Therapy

- CBT is a multimodal process that can be utilized by healthcare professionals.
- Variety of techniques.
- Tailored to individual.
- Should be based on patients' needs.

3.5 APPROPRIATE VENUE FOR HEALTH HABIT MODIFICATION**1. The Private Practitioner's Office**

- Psychologists et al.
- One-to-one basis.
- CBT.

2. The Health Practitioner's Office

- Managed care facilities.
- Simultaneous reach & direct link.
- Knowledge of health risk & intervention.

3. The Family

- Intact v/s fractured family.
- One member's habits affect others.
- Social support.

4. Schools: Natural intervention vehicle**5. Workplace Interventions**

- On-the-job health promotion programs
- Clubs, gyms
- Higher morale, greater productivity, reduced health care costs

6. Community-Based Interventions

- Door-to-door campaign, media blitz, grass-root program, dietary modification program community.
- More reach, social support.
- Expensive.

7. The Mass Media

- Great potential
- Attitude change but less long term changes



8. Cellular Phones and Landlines

- Low cost
- Automated phone interventions
- Personalized text messages

9. The Internet

- Augment the effectiveness of other interventions
- Tailored e-coaching
- CBT

3.6 CHAPTER SUMMARY

This unit covered health behavior, beneficial and bad health behaviors, and the causes for various behaviors. We've also talked about how our attitudes, beliefs, and values influence our health behaviors. Furthermore, we have highlighted how healthy behavior and education improve the quality of life of family members, for example. Education and the health of the mother and family are intricately bound. We also discussed impediments to getting health care, such as traditional health practises, illiteracy, poverty, and so on.

Changing health concepts, such as biomedical, ecological, psychosocial, and holistic perspectives, were examined. Various health and sickness models were explained. Further the health dimensions were described. The factors that influence health, such as heredity/human biology, environment, lifestyle, and resources, are discussed. You've also learned about numerous health indicators and health promotion practises.

3.7 REVIEW QUESTIONS

SHORT ANSWER TYPE QUESTIONS

1. List the stages of behavior change.
2. What one should do to develop healthy sleep habits to increase energy?
3. What are the advantages of healthy eating habits?
4. List the mental disorders that improve with daily healthy habits.
5. Describe short vs. long-term adherence.

LONG ANSWER TYPE QUESTIONS

1. Discuss cognitive-behavioral techniques in detail.
2. Describe cognitive behavioral approaches to health behavior change in detail.
3. Explain stages of behavior change in detail.
4. What do you understand by modification of health behavior?
5. What is the role of exercise in our daily life? How does it benefit us?

3.8 MULTIPLE CHOICE QUESTIONS

1. What is the full form of CBT?
 - a. Community-based Behavioral Therapy
 - b. Cognitive Behavioral Therapy

- c. Cognitive Based Therapy
d. None of these
2. _____ changes can target a person's physical, emotional, or social health.
- a. Healthy Behavior
b. Cognitive Behavior
c. Health Promotion
d. None of these
3. When someone is oblivious to the problem or in denial then this stage is referred to as _____.
- a. Pre-contemplation:
b. Contemplation
c. Preparation
d. Maintenance
4. When the individual becomes aware of the issue and begins to consider making a change then this stage is referred to as _____.
- a. Pre-contemplation:
b. Contemplation
c. Preparation
d. Maintenance
5. When the person slips back into their old habits and he or she may feel frustrated or guilty then this stage is referred to as _____.
- a. Relapse
b. Preparation
c. Contemplation
d. Pre-contemplation
6. When the person does research on making the change and may even start with small steps then this stage is referred to as _____.
- a. Contemplation
b. Pre-contemplation
c. Maintenance
d. Preparation
7. _____ is the average length of time for health behavior change to fall into place.
- a. 1 month
b. 3 months
c. 6 months
d. 8 months
8. _____ involves training to recognize and modify internal monologues associated with health behavior
- a. Cognitive Restructuring
b. Contingency Contracting

NOTES



NOTES



- c. Operant Conditioning
 - d. Classical Conditioning
9. **Patients with many types of mental disorders can benefit from making healthy _____ changes.**
- a. Behavioral
 - b. Lifestyle
 - c. Contemplation
 - d. None of these
10. **Not only can healthy _____ improve energy, but it can also correct nutrient deficiencies that may contribute to mental illness.**
- a. Exercising
 - b. Behavior
 - c. Eating
 - d. None of these

♦♦♦♦

HEALTH ENHANCING BEHAVIOR

STRUCTURE

- 4.1 Learning Objective
- 4.2 Introduction to Health Enhancing Behavior
- 4.3 Exercise and Its Benefits
- 4.4 Determinants of Health
- 4.5 Accident Prevention
- 4.6 Cancer-Related Health Behavior
- 4.7 Weight Control and Maintaining a Healthy Diet
- 4.8 Chapter Summary
- 4.9 Review Questions
- 4.10 Multiple Choice Questions



4.1 LEARNING OBJECTIVE

After the study of this unit, you will be able to understand:

- All about the health enhancing behaviors.
- The benefits of exercise and determinants of health.
- The method to prevent an accident from occurring.
- Health behavior that causes cancer.
- The importance of maintaining a healthy diet and ways to control the weight.

4.2 INTRODUCTION TO HEALTH ENHANCING BEHAVIOR



One has to be healthy in order to enjoy life. Sick people are those who are not in good health. They are unable to function effectively and fulfil the many demands of life. Both personally and socially, one's health is vital. We need both an attentive mind and an active body to contribute to society. Experts believe that with exercise, a healthy diet, and a change in harmful habits like smoking, it is possible to prevent the elements that lead to sickness and death.

Health is a condition of being physically, mentally, and spiritually in good shape. The lack of disease should not be mistaken with being healthy. It is a condition of good. Along with being healthy, it also includes flourishing and coping. The importance of health to people's social and personal life cannot be overstated. Today's world faces numerous challenges to people's quality of life, which are reflected in people's bad health.

On the one hand, the outside world is evolving quickly. It necessitates managing a variety of environmental pressures. Additionally, the breakdown of families and other social structures, as well as the rise in consumerism and competitiveness, all contribute to an increase in isolation, conflict, and loss of support.

Achieving health requires following certain patterns of behavior. The important behaviors are described below:

1. Relaxation

Relaxation is very useful for stress reduction. Meditation which involves focusing attention on an object, word, or phrase has been found to have a calming effect.

Another kind of relaxation is called progressive muscle relaxation. It involves systematically tensing and then relaxing the muscles while lying down or sitting comfortably. Yoga Nidra is also used for this purpose. Relaxation often involves deep breathing. By holding one's breath for a few seconds and exhaling slowly.

2. Exercise

Regular exercise helps in maintaining physical and mental health. It strengthens the heart and lungs and improves the use of oxygen by the body. Jogging, running, bicycling and aerobic exercise are quite useful to this end. The benefits include cardiovascular fitness and endurance, improved capacity for physical work, optimization of body weight, improvement of muscle tone and strength, control of hypertension, improved stress tolerance, and focusing of attention and concentration. In order to benefit from exercise it should be done regularly.

3. Weight Control

Regulation of food intake is determined by a complex system. In fact a set of biochemical processes control it. Poor regulation of food leads to high accumulation of body fat. The resulting obesity works as a risk factor because it increases blood pressure and cholesterol level. Obesity has been found to be a cause of early mortality. Genetic factors, and stress both are found to contribute to obesity. Weight control is very difficult. Dietary intervention is necessary but often insufficient for producing lasting weight loss.

Fasting, yoga, surgery, use of appetite suppressing drugs are also used for this purpose. A multi-pronged approach to weight control is found better. Analysis of eating habits is used to make people aware of their eating patterns. The analysis of stimuli that affect eating provides insights to regulate eating. People are trained to modify the stimuli in their environment that have previously elicited and maintained over-eating. The patients are trained to control the eating process itself. Developing a sense of self control over eating contributes to weight control.

4. Diet

A healthy diet should be a goal for every one of us. Studies indicate that dietary habits are critically involved in the development of diseases like cancer, hypertension and cardiovascular diseases. Low fat and low-cholesterol diet reduces the incidence of cardiac disease. Dietary control involves meal planning, cooking methods and eating habits. It has been noted that intervention with family is useful for promoting and maintaining dietary change.

4.3 EXERCISE AND ITS BENEFITS

Everyone has heard it several times before: regular exercise is healthy and can aid in weight loss. However, if you're like most people, you're busy, have a desk job, and haven't yet made any changes to your fitness routine. The good news is that starting is never too late. You may find methods to incorporate more physical activity into your life by beginning cautiously. You should make an effort to exercise at the suggested level for your age in order to reap the greatest benefits. If you succeed, you will feel better, presumably live longer, and contribute to the prevention or control of numerous diseases.

Regular exercise and physical activity may be of the following benefit:

1. **Help you control your weight.** Along with diet, exercise plays an important role in controlling your weight and preventing obesity. To maintain your weight, the



NOTES



- calories you eat and drink must equal the energy you burn. To lose weight, you must use more calories than you eat and drink.
2. **Reduce your risk of heart diseases.** Exercise strengthens your heart and improves your circulation. The increased blood flow raises the oxygen levels in your body. This helps lower your risk of heart diseases such as high cholesterol, coronary artery disease, and heart attack. Regular exercise can also lower your blood pressure and triglyceride levels.
 3. **Help your body manage blood sugar and insulin levels.** Exercise can lower your blood sugar level and help your insulin work better. This can cut down your risk for metabolic syndrome and type 2 diabetes. And if you already have one of those diseases, exercise can help you to manage it.
 4. **Help you quit smoking.** Exercise may make it easier to quit smoking by reducing your cravings and withdrawal symptoms. It can also help limit the weight you might gain when you stop smoking.
 5. **Improve your mental health and mood.** During exercise, your body releases chemicals that can improve your mood and make you feel more relaxed. This can help you deal with stress and reduce your risk of depression.
 6. **Help keep your thinking, learning, and judgment skills sharp as you age.** Exercise stimulates your body to release proteins and other chemicals that improve the structure and function of your brain.
 7. **Strengthen your bones and muscles.** Regular exercise can help kids and teens build strong bones. Later in life, it can also slow the loss of bone density that comes with age. Doing muscle-strengthening activities can help you increase or maintain your muscle mass and strength.
 8. **Reduce your risk of some cancers,** including colon, breast, uterine, and lung cancer.
 9. **Reduce your risk of falls.** For older adults, research shows that doing balance and muscle-strengthening activities in addition to moderate-intensity aerobic activity can help reduce your risk of falling.
 10. **Improve your sleep.** Exercise can help you to fall asleep faster and stay asleep longer.
 11. **Improve your sexual health.** Regular exercise may lower the risk of erectile dysfunction (ED) in men. For those who already have ED, exercise may help improve their sexual function. In women, exercise may increase sexual arousal.
 12. **Increase your chances of living longer.** Studies show that physical activity can reduce your risk of dying early from the leading causes of death, like heart disease and some cancers.

Ways to Include Exercise in Your Regular Routine

1. **Make routine tasks more dynamic.** Small adjustments can assist. Instead of using the elevator, you can use the steps. Instead of sending an email, proceed to a colleague's office down the hall. Self-wash the vehicle. Park farther from where you're going.
2. **Engage in activities with friends and family.** Having a workout companion may increase your likelihood of enjoying exercise. You may also schedule exercise-related social events. Joining an exercise organisation or class, such as a dancing class, hiking club, or volleyball team, is another option.

3. **Maintain a record of your progress.** Keeping an activity record or utilising a fitness tracker may assist you in setting goals and staying motivated.
4. **Make exercising more enjoyable.** While exercising, try listening to music or watching TV. Also, change things up a little - if you only do one sort of exercise, you can grow bored. Try combining many activities.
5. **Find activities that you can perform even if the weather isn't cooperating.** Even if the weather prevents you from exercising outside, you may stroll through a mall, climb stairs, or work out at a gym.

NOTES



4.4 DETERMINANTS OF HEALTH

It is well established that physical exercise has health advantages, such as a decreased risk of cardiovascular disease, Type 2 diabetes, various malignancies, and NCDs. Despite this, a huge percentage of persons throughout the world are sedentary and physically inactive, spending a large amount of their waking hours seated, frequently at a desk at work, on a sofa at home, or in a private or public vehicle. Regardless of physical activity levels, these sedentary behaviors have low energy expenditure and are linked to health concerns.

As previously stated, health has numerous aspects, and so health is multifactorial. Health is influenced by variables both inside the individual and in the community in which he or she lives. The elements impacting his health may be divided into two categories: hereditary factors and environmental influences to which he is exposed. Interactions between these elements may be harmful or beneficial to health. Individual and community health are the result of several interactions.



1. Heredity/Human Biology

Health i.e., physical and mental health is determined to a large extent by genetic make-up. There are a number of diseases of genetic origin. The state of health, therefore depends partly on the genetic constitution of man.

From the genetic standpoint health can be defined as that state of individual which is based upon the absence from the genetic constitution of such genes as

*HEALTH ENHANCING
BEHAVIOR*

NOTES



corresponds to characters that takes the form of serious defects and derangement and to the absence of any aberration in respect to the total amount of chromosome material in the karyotype as states in positive terms from the presence in the constitution of the genes that correspond to the normal characterization and to the presence of normal karyotype.

A person should be able to express as completely as possible the potentialities of his genetic heritage Gender: In the last decades it is found that women consistently record higher rates of chronic and acute sickness and has a higher mortality rate. The psychiatric admissions due to depression, deliberate self-harm, suicidal attempts etc. are also higher in women. Life circumstances influencing mental health of women, poverty, employment status, marital status or motherhood probably combines to create an atmosphere of stress.

2. Environment

Environment has a close relation with the health of an individual. Environment can be external or internal. The internal environment is pertaining to each and every component part, every tissue, organ and organ system and their harmonious functioning within the system. External environment consists of those things which man is exposed after conception. It is all that which is external to the individual human host.

It can be divided into:

- a. Physical
- b. Biological
- c. Psychological

The internal environment constitutes personal environment i.e., individuals' way of living and life style. The environment has a direct impact on the physical, mental and social well-being of those living in it. In the environment favourable to the individual, he can make full use of his physical and mental capabilities.

3. Life Style

Life style denotes the way people live, reflecting a whole range of social values, attitudes and activities. Lifestyles are learnt through social interaction with parents, peer, groups, friends and siblings and through school and mass media. Life style is composed of cultural and behavioral patterns and lifelong personal habits, that have developed through processes of socialization.

Many of the health problems are associated with life style changes. Risk for illness and death are related with life styles such as lack of sanitation, poor nutrition, personal hygiene, elementary human habits, customs and cultural patterns. Certain life styles like adequate nutrition, enough sleep, sufficient physical activity to promote health. Achievement of optimum health demands adoption of healthy styles.

4. Resources

The resources which help in maintaining and determining health of an individual are explained below.

Socio Economic Conditions: Socio economic conditions influence human health. Health status is primarily determined by the level of socio-economic development like per capita income, political system, economy etc.

The important socio-economic factors that are of major importance are:

- a. **Economic Status:** The per capita income is accepted measure of socio-economic performance. The socio-economic development has a major role in reducing morbidity, increasing life expectancy and improving quality of life. Socio-economic status determines the purchasing power, quality of life, standard of life, family size and pattern of disease and deviant behavior in the community.
- b. **Education:** Education is an important factor affecting health. Lack of education closely coincides with ill health, high IMR, malnutrition etc. Education compensates the effects of poverty on health irrespective of availability of health facilities.
- c. **Occupation:** Occupation promotes health and unemployment shows higher incidence of ill health and death. Loss of work means loss of income and status resulting in psychological and social damage.
- d. **Political System:** Health is related to country's political system as it can affect the implementation of health technologies. Political system shapes the community health services or decisions concerning resource allocation, manpower policy, choice of technology and the degree to which health services are made available and accessible to different segments of society. For example, adoption of policies related to gender equalities is a political issue.

Political commitment and leadership should be oriented towards social development, not merely economic development. If health patterns are to be changed, changes must be made in the entire socio-political system. The social, economic and political action are required to eliminate health hazards in working and living environments.

5. Health Services

Health services are directed towards treatment of diseases, prevention of illness and promotion of health. Purpose of health services is to improve the health status of the population and make health services available to all sectors of the population.

Health services are essential for social and economic development. To be effective, the health services must reach the social periphery that the community can afford and be socially acceptable. Health services is termed as primary health care, for example, immunization to reduce the incidence/prevalence of particular diseases, care of pregnant women and children to reduce the maternal and child mortality and morbidity etc. Health services how technically elegant or cost effective are ultimately pertinent if they improve health.

6. Other Factors

There are other factors such as culture, language, dietary pattern, hygienic status, health habits that contribute to the determination of health of a community.

- i. **Language:** Difference in language may create barriers to communication where verbal communication is difficult, non-verbal communication becomes an important aspect of interaction.
- ii. **Diet:** Many cultures, religious beliefs put limitations on diet and food



NOTES



preparation and prohibition of some foods. In some cultures, there is requirement to fast at certain times which can have an effect on health.

iii. Hygiene: Healthy hygiene practices such as daily bath, washing of hands after defecation, using right hand for eating food and left for washing, aids for maintenance of positive health.

iv. Habits:

a. Smoking: Smoking results in death and a significant reduction in quality of life for people who have smoking-related illnesses. Smoking has a severe financial and health cost. The problems of “side stream” or passive smoking are being recognised more and more as the effects of smoking spread beyond the individual smoker. Lung cancer cases, LBW new-borns, miscarriages, pregnancy difficulties, respiratory tract infections, etc. are more common.

b. Alcohol: Drinking too much, or even a tiny quantity at the wrong moment, can result in tragedy and illness. Alcohol impairs physical, psychological, and social functioning. Other reasons include job prospects, higher income, prepaid medical programmes, and family support networks.

Other reasons include job prospects, higher income, prepaid medical programmes, and family support networks.

4.5 ACCIDENT PREVENTION

Plans, preparations, and activities made to avert or prevent accidents are referred to as accident prevention.

All actions done to avert fatalities, limit the severity of injuries, prevent property damage, lower medical expenses, boost employee morale, and save lives are considered part of accident prevention. For workplace accidents, the proverb “an ounce of prevention is better than a pound of cure” remains true. Avoiding a negative outcome is far preferable to attempting to repair the harm after it has already occurred.

While it is difficult for employers to foresee every mishap, it is their responsibility to prepare for them by putting control measures in place to either avoid or limit the harm they do. To prevent emergencies and accidents, they are required by law to adhere to regulations, best practises, and safety guidelines.

Many accidents occur due to human factors, such as:

- Unsafe behavior
- Inattention
- Negligence
- Lack of knowledge
- Inadequate training

Another major contributing factor to accidents is the workplace. Inadequate procedures, poor equipment, inadequate work designs, and occupational hazards can all contribute to unsafe working conditions.

If precautions are not taken, accidents will continue to occur. The dedication and collaboration of management, safety programmes, safety culture, and responsibility may avoid accidents.

The following steps must be taken for prevention:

- Conducting a risk assessment to identify hazards.
- Using research and development to optimize work processes and eliminate hazards.
- Taking unsafe machinery and tools out of service immediately.
- Improving working conditions and the workplace environment.
- Ensuring all employees have the right training.

4.6 CANCER-RELATED HEALTH BEHAVIOR

Patients, relatives, and carers may have emotional health issues as a result of a cancer diagnosis. Anxiety, anguish, and despair are typical emotions experienced after this life-altering event. Roles at work, school, and home may all change. It's critical to detect these changes and get assistance when required.

1. **Anxiety:** Anxiety is a state of unease, worry, or fear over a current or potential circumstance. It's critical to identify anxiety and take action to control it or stop it from growing worse.
2. **Distress:** Distress is an unpleasant emotion, feeling, thought, condition, or behavior. Being distressed can affect the way you think, feel, or act, and can make it hard to cope with the effects of having cancer.

Distress can affect the way you think, feel, or act, and can make it hard to cope with having cancer, along with dealing with symptoms, treatment, and side effects. Research shows that distress may affect how you make decisions and take action about health, too. You may have trouble focusing on treatment decisions, making follow-up appointments, or even taking medications that are important for your treatment.

People might describe distress as feeling:

- Sad
- Fearful
- Angry
- Helpless
- Hopeless
- Out of control
- Unsure of their faith, purpose, or meaning in life
- Like they want to pull away from people
- Concerned about illness
- Concerned about home or social role (as a father, mother, friend, caregiver, etc.)
- Depressed, anxious, or panicked



NOTES

**When is distress normal?**

A certain amount of distress is normal when you or a loved one has cancer. There are many things that suddenly seem uncertain. Distress is common in people with cancer and in their family members and loved ones. In fact, everything about having cancer is stressful. So, a certain amount of distress is normal when you or a loved one has cancer.

For example, some people:

- Have concerns about what may happen to their bodies.
- Worry about how the people they care about will cope with cancer and all the things that may happen.
- Have fears about what the future will be like. People often wonder, “Am I going to die?” and “Why is this happening to me?”
- May no longer feel safe, and may feel afraid, exposed, weak, and vulnerable.

Certain times during the treatment or parts of the cancer experience may bring on distress more than others. Some of these times might include:

- Having a new cancer diagnosis
- Having genetic testing
- Waiting for treatment
- Learning more testing or treatment is needed
- Being admitted to or discharged from the hospital
- Finishing treatment
- Learning treatment has stopped working
- Learning cancer has returned or gotten worse
- Starting another type of treatment
- Having advanced cancer
- Having a major side effect or complication
- Nearing the end of life

When is distress more serious?

Sometimes distress can go from an expected level to one that interferes with treatment, makes it hard for you to function or cope, and affects all parts of your life. In some cases, a person with distress may have trouble sleeping, eating, or concentrating. Some might have frequent thoughts of illness and death.

Signs and symptoms of more serious distress

- Feeling overwhelmed to the point of panic
- Being overcome by a sense of dread
- Feeling so sad that you think you can't go through treatment
- Being unusually irritable and angry

- Feeling unable to cope with pain, tiredness, and nausea
- Poor concentration, “fuzzy thinking,” and sudden memory problems
- Having a very hard time making decisions – even about little things
- Feeling hopeless – wondering if there’s any point in going on
- Thinking about cancer and/or death all the time
- Having trouble sleeping or getting less than 4 or 5 hours of sleep a night
- Having trouble eating for a few weeks
- Family conflicts and issues that seem impossible to resolve
- Questioning faith and beliefs that once gave you comfort
- Feeling worthless, useless, and like a burden to others

Other factors or concerns, especially ones from the past, might heighten the likelihood of distress and signify the need for assistance. For example, if you have uncontrolled side effects from cancer or other major illnesses, financial difficulties, restricted access to health care, transportation issues, small children at home, or language hurdles, your misery may be heightened. Women, as well as persons who have been physically or sexually abused in the past, or who have a history of having a mental disease or drug or alcohol misuse, are at a higher risk for discomfort, according to studies.

What the Patient and Caregiver Can Do

- Your first line of defence in coping with distress is **having a cancer care team you feel safe with**. Even if you think your feelings and thoughts are minor, talk to them about how you feel. They can direct you to the help you need. Remember that they are treating YOU, not just the cancer, and they count on you to tell them how you’re doing and what you’re feeling. Remember, no one can do that except you.
- If you are a loved one or caregiver who is feeling distressed, it’s OK to let the cancer care team know that you need help. Even though most of the information here may seem like it’s for the person with cancer, it can also be useful to their loved ones and caregivers. These people are a strong source of support, and their well-being is important, too.

4.7 WEIGHT CONTROL AND MAINTAINING A HEALTHY DIET

WEIGHT CONTROL

More than two-thirds of adults and one-third of children in the United States are overweight or obese. Obesity or being overweight may increase the risk of many health problems, including type 2 diabetes, heart disease, and certain cancers. If you’re pregnant, excess weight may lead to short- and long-term health problems for you and your child. Achieving a healthy weight, eating a healthy diet, and being physically active can help prevent these weight-related diseases.

Some people, in their efforts to lose weight, turn to unproven dietary supplements (sometimes marketed as “fat burners” or appetite suppressants), which can have harmful side effects.



NOTES



If you're thinking about starting a new weight-loss program, talk with your health care provider, who can assess your weight and health risks, determine whether you need to lose weight, and provide information that will help you make informed decisions about an effective weight-loss program.

Bottom Line

- Most dietary supplements marketed for rapid weight loss, such as acai and hoodia, don't work for keeping weight off in the long term, and some are dangerous. For example, ephedra, which was used in weight loss supplements, was banned because of unreasonable risk of injury or illness.
- Researchers have studied the weight loss potential of a variety of dietary supplements, including omega-3s and fish oil; chitosan, a dietary fibre from shellfish; green tea extracts; Chinese herbs; and bitter orange (*Citrus aurantium*) extract. None have been shown to be effective for weight loss, and each of these has side effects.
- There's some emerging evidence suggesting that some mind and body approaches, such as yoga and meditation, particularly mindful eating, may be useful as complements to other weight-loss interventions.

Safety Procedures

- The U.S. Food and Drug Administration (FDA) banned the sale of dietary supplements containing ephedra, which was marketed for weight loss, because of serious health risks, such as cardiovascular complications and even risk of death. Ephedra is also called ma huang.
- Many ephedra-free supplements are now being sold, but side effects of some of their ingredients are similar to the banned products. Some ephedra-free supplements also have a lot of caffeine or herbs, such as guarana, that contain caffeine. The products can cause increased heart rate and abnormal heart rhythms.
- Many dietary supplements marketed for weight-loss (including ones sold as "fat burners" or appetite suppressants) have not been tested for safety.
- What's on the label may not be what's in the bottle. Analyses of dietary supplements, including herbal supplements, sometimes find differences between labelled and actual ingredients. Also, the FDA has found weight-loss products tainted with prescription drug ingredients.
- Dietary supplements for weight loss are sometimes misused by people with eating disorders, such as anorexia nervosa or bulimia nervosa, to lose weight or induce vomiting.
- If you're considering a dietary supplement for weight loss, remember that "natural" does not necessarily mean "safe."
- Mind and body practices, such as meditation and yoga, are generally considered safe for healthy people when practiced appropriately under the guidance of a well-trained instructor. If you have any underlying health conditions, talk to your

health care provider about any complementary approach you may be interested in using.

NOTES



MAINTAINING A HEALTHY DIET

A healthy diet is essential for good health and nutrition. It protects you against many chronic non-communicable diseases, such as heart disease, diabetes and cancer. Eating a variety of foods and consuming less salt, sugars and saturated and industrially-produced trans-fats, are essential for healthy diet.

A healthy diet comprises a combination of different foods. These include:

- Staples like cereals (wheat, barley, rye, maize or rice) or starchy tubers or roots (potato, yam, taro or cassava).
- Legumes (lentils and beans).
- Fruit and vegetables.
- Foods from animal sources (meat, fish, eggs and milk).

Here is some useful information, based on WHO recommendations, to follow a healthy diet, and the benefits of doing so.

- **Breastfeed babies and young children**
 - o **A healthy diet starts early in life** - breastfeeding fosters healthy growth, and may have longer-term health benefits, like reducing the risk of becoming overweight or obese and developing non-communicable diseases later in life.
 - o Feeding babies exclusively with breast milk from birth to 6 months of life is important for a healthy diet. It is also important to introduce a variety of safe and nutritious complementary foods at 6 months of age, while continuing to breastfeed until your child is two years old and beyond.
- **Eat plenty of vegetables and fruit:**
 - o They are important sources of vitamins, minerals, dietary fibre, plant protein and antioxidants.
 - o People with diets rich in vegetables and fruit have a significantly lower risk of obesity, heart disease, stroke, diabetes and certain types of cancer.
- **Eat less fat:**
 - o Fats and oils and concentrated sources of energy. Eating too much, particularly the wrong kinds of fat, like saturated and industrially-produced trans-fat, can increase the risk of heart disease and stroke.
 - o Using unsaturated vegetable oils (olive, soy, sunflower or corn oil) rather than animal fats or oils high in saturated fats (butter, ghee, lard, coconut and palm oil) will help consume healthier fats.
 - o To avoid unhealthy weight gain, consumption of total fat should not exceed 30% of a person's overall energy intake.
- **Limit intake of sugars:**
 - o For a healthy diet, sugars should represent less than 10% of your total energy intake. Reducing even further to fewer than 5% has additional health benefits.
 - o Choosing fresh fruits instead of sweet snacks such as cookies, cakes and chocolate helps reduce consumption of sugars.

NOTES



- o Limiting intake of soft drinks, soda and other drinks high in sugars (fruit juices, cordials and syrups, flavoured milks and yogurt drinks) also helps reduce intake of sugars.
- **Reduce salt intake:**
 - o Keeping your salt intake to less than 5g per day helps prevent hypertension and reduces the risk of heart disease and stroke in the adult population.
 - o Limiting the amount of salt and high-sodium condiments (soy sauce and fish sauce) when cooking and preparing foods helps reduce salt intake.

4.8 CHAPTER SUMMARY

Health is a changing term that has been interpreted differently by different people and at different times. The biological concept, the ecological concept, the psychosocial concept, and the holistic concept are among the important points of view. Although there is no universally acknowledged definition of health, the WHO definition remains the most widely regarded. This definition states that “health is a condition of complete physical, mental, and social well-being, not only the absence of disease or disability.” While this definition is wide and positive, it is nevertheless limited by a lack of quantitative terms. Many more elements of health are becoming recognised, in addition to the physical, mental, and social dimensions specified in the WHO definition.

Spiritual and vocational health are two of the most recent and crucial aspects of health. Views that health is a relative notion and that an individual’s health status varies on a regular basis are also gaining traction. When it comes to health determinants, heredity and environment have been found as significant factors on health. The environment is understood to encompass socioeconomic factors, lifestyle, and health services. The unit finishes with a discussion on the importance of good health for a child’s growth. Individual health behavior theories play a significant part in our understanding of how to improve human health. To understand where beliefs come from and to develop solutions to change both beliefs and external restrictions, one must almost always examine the social and communal environment.

4.9 REVIEW QUESTIONS

SHORT ANSWER TYPE QUESTIONS

1. What are the ways to include exercise in our daily routine?
2. What are the Signs and symptoms of serious distress?
3. What does a healthy diet include?
4. Briefly describe determinants of health.
5. List the human factors due to which accidents occur.

LONG ANSWER TYPE QUESTIONS

1. Describe the benefits of exercising in detail.
2. Define distress. When is distress normal?
3. Describe health. What are the important factors to achieve healthy lifestyle?

4. How can one maintain a healthy diet? Explain the same in detail.
5. Elaborately discuss weight control. Why it is important to control weight?

NOTES



4.10 MULTIPLE CHOICE QUESTIONS

1. What is the full form of FDA?
 - a. Food and Drug Administration
 - b. Fat and Drug Administration
 - c. Food and Diet Administration
 - d. None of these
2. _____ is a state of unease, worry, or fear over a current or potential circumstance.
 - a. Distress
 - b. Helplessness
 - c. Frustration
 - d. Anxiety
3. _____ too much, or even a tiny quantity at the wrong moment, can result in tragedy and illness.
 - a. Eating
 - b. Exercising
 - c. Drinking
 - d. Smoking
4. _____ denotes the way people live, reflecting a whole range of social values, attitudes and activities.
 - a. Economic Status
 - b. Education
 - c. Occupation
 - d. Life style
5. Relaxation involves _____ breath, holding _____ and _____ slowly while relaxing the muscles.
 - a. Deep, Breath, Exhaling
 - b. Breath, Deep, Exhaling
 - c. Eating, Deep, Breath
 - d. None of these
6. Developing a sense of _____ over eating _____ to weight control.
 - a. Control, Contributes
 - b. Contributes, Cooking
 - c. Cooking, Control
 - d. None of these
7. The dietary control involves _____ planning, _____ methods, and _____ habits.
 - a. Meal, Cooking, Eating
 - b. Cooking, Eating, Meal

NOTES



- c. Eating, Cooking, Meal
 - d. None of these
8. _____ is essential for good health and nutrition.
- a. Healthy Diet
 - b. Economic Status
 - c. Exercising
 - d. Drinking
9. Plans, preparations, and activities made to avert or prevent accidents are referred to as _____.
- a. Accident Prevention
 - b. Drug Administration
 - c. Fight Prevention
 - d. None of these
10. Difference in _____ may create barriers to communication where verbal communication is difficult, non-verbal communication becomes an important aspect of interaction.
- a. Occupation
 - b. Language
 - c. Status
 - d. Die

◆◆◆◆

HEALTH COMPROMISING BEHAVIOR

STRUCTURE

- 5.1 Learning Objective
- 5.2 Introduction
- 5.3 Health-Compromising Behavior
- 5.4 Alcoholism and Problem of Drinking
- 5.5 Preventive Approaches to Alcohol Abuse
- 5.6 Smoking
- 5.7 Why Do People Smoke
- 5.8 Intervention to Reduce Smoking
- 5.9 Smoking Prevention
- 5.10 Chapter Summary
- 5.11 Review Questions
- 5.12 Multiple Choice Questions



5.1 LEARNING OBJECTIVE

After the study of this unit, you will be able to understand:

- The health-compromising behavior.
- The problems caused due to alcohol addiction.
- The need for preventive measures for alcohol abuse.
- The reason why people smoke.
- The measures to prevent smoking.

5.2 INTRODUCTION

Health risk behavior especially, smoking and drinking remain a major problem among adolescents. This behavior is associated with the leading causes of mortality and morbidity, posing immediate risks to health during adolescence and increasing the likelihood of access to preventable morbidity and death in adulthood. Alcohol continues to be the most common substance of abuse among adolescents use alcohol is associated with the major causes of death in adolescents and young adults, including unintentional injury, suicide, and homicide. Furthermore, adolescents who drink become addicted to alcohol more rapidly than do adults who drink, especially when drinking begins before age 15. Despite the well-known effects of smoking on health, rates of current smoking among adolescents remain at unacceptably high levels, with the initiation of smoking occurring at progressively younger ages. Most adolescent smokers are addicted to nicotine and report that they want to quit but are unable to do so. Significantly, the rates of smoking and drinking have remained at high levels even intervention programs to prevent youth from initiating these behaviors to develop. Let's learn more about the same further in this unit!

5.3 HEALTH-COMPROMISING BEHAVIOR

What do you understand by health-compromising behavior?

People's actions mine or endanger their current or future health. Smoking, for example, is a habit that is difficult to stop. However, with the correct interventions, it is possible to change.

Characteristics of Health-Compromising Behavior

- **Many of these behaviors share a window of vulnerability in adolescence**
 - o Drinking to excess
 - o Smoking
 - o Illicit drug use
 - o Unsafe sex
 - o Risk-taking behaviors
- **Behaviors are tied to the peer culture**
- **Image of these behaviors as "cool"**
- **Behaviors, though dangerous, are pleasurable**

- **Behaviors develop gradually rather than being acquired “all at once”**
- **Substance abuse of all kinds are predicted by some of the same factors**

NOTES



5.4 ALCOHOLISM AND PROBLEM OF DRINKING

Alcohol abuse has plagued billions of individuals. Also known as an alcohol use disorder (AUD) or an alcohol addiction, alcoholism is classified as a disease that is characterized by a dependence on alcohol where a person is driven by a desire or physical need to drink. Alcoholism is also characterized by alcohol cravings and compulsive, uncontrollable alcohol consumption. This differs from binge drinking or social drinking. Binge drinking is 4 or more drinks in less than 2 hours for women, and 5 or more drinks in less than 2 hours for men. Moderate drinking is a common practice. However, in cases of alcoholism, a person has failed to stop drinking. As a result, the person’s relationships, finances, and health may be negatively impacted.

An addiction to alcohol occurs for different reasons and can be passed down in families. Social pressures and greater acceptability of alcohol consumption can encourage relaxed attitudes towards drinking. Drinking alcohol is common and publicly accepted. An estimated 86.4% of people aged 18 and older have admitted to drinking alcohol at least 1 point in their lives. Although many believe that drinking in moderation poses little risks, alcohol is a very dangerous substance to abuse, as it carries the risks of alcohol poisoning and long-term, potentially fatal health damage.

What are the effects of alcohol abuse?

Alcohol abuse is excessive consumption of alcohol. In cases of alcohol abuse, an individual may not be dependent on alcohol, yet alcohol causes them serious problems with their health, home life, career, and studies. Binge drinking and heavy drinking are both types of alcohol abuse, but they are also signs of alcoholism or alcohol dependence; addiction to the drug alcohol. Many people can drink alcohol moderately without any problems because they know their limits and drink responsibly. Drinking alcohol is not necessarily dangerous, but drinking too much and too often certainly is.

Alcohol abuse can cause a variety of negative effects, both on the drinker and their loved ones. Someone facing alcohol abuse may experience mild, moderate, or severe effects, and every person is different. There are numerous factors that influence how alcohol abuse impacts each individual differently. The way alcohol affects individuals varies based on factors such as:

- Age
- Weight
- Height
- Gender
- Amount of alcohol consumed
- Length of time drinking
- Use of additional substances

NOTES



Combining substances like cocaine or opioids with alcohol can create different traits in behavior and dangerous side-effects, such as alcohol overdose. Alcohol use disorders (AUD) can wreak havoc in an individual's personal and professional life. Not only can alcohol abuse complicate someone's family and relationships, but it can also affect his or her health. In some cases, alcohol can increase feelings of depression and anxiety, resulting in strained relationships and poor job performance. A tragically common effect of alcohol abuse is the transition into the addiction to alcohol, or alcoholism. At worse, it can cause fatal or non-fatal overdoses of alcohol, also called alcohol poisoning.

Behavioral and emotional effects if alcohol abuse

Alcohol abuse can create several noticeable signs which impact behavior. Some of the most obvious signs are directly between the person with the drinking problem and their relationship with alcohol. A glaring sign is someone who is frequently drunk, or drinks to excess both in social settings and alone.

Someone may drink despite suffering negative financial consequences, drink alone and skip social events to isolate one, may become reckless when intoxicated, stumble or become clumsier when drinking. A very typical symptom of an alcohol problem becoming worse is when an individual makes "rules" for their drinking and then breaks their own rules (for example, "I won't drink during the week," and then they decide that Thursday is the first day of the weekend).

Consequential effects of alcohol abuse: Aggression and Violence

It is not uncommon for those who overindulge to have more arguments or become hostile, victimizing others through their behavior. A consequential effect of alcohol abuse is reckless or aggressive behavior. In fact, studies have confirmed that alcohol can bring out anger, resulting in fighting and even domestic violence. A 2017 report surveyed 67 male graduates who were engaged or dating at the time of the study. Studies found alcohol increased their aggression levels and caused them to exhibit poor anger management. The study also found the increase of sexual aggression in otherwise calm men. This is a result of alcohol lowering inhibitions and reducing judgement and reasoning.

Drinking too much can cause someone to release repressed emotions or become bolder compared to their sober self. For example, someone who is reserved may "loosen up" as alcohol creates "positive" feelings and lowers inhibitions. Someone can become more agitated, releasing aggressive personality traits and hurting others. A popular misconception is that people will tell the truth when drunk. Actually, although they may be less inhibited, their thoughts and words are often distorted.

Depression and alcohol use have connection, with some drinking to soothe depression while others become depressed when they do not drink alcohol. Similar to alcohol increasing feelings of aggression, it can increase feelings of depression, which can be mistaken for irritability and anger. Alcohol is, after all, a depressant.

Effects of Alcohol Abuse on BAC Levels

Once alcohol enters the blood stream, it causes the blood alcohol concentration (BAC) to rise. Although everyone handles alcohol differently, especially those with a very high or



very low tolerance, BAC are the closest thing to an objective measure of how intoxicated someone is. In most jurisdictions, a BAC of 0.08 is considered legally intoxicated. A BAC level of 0.03 to 0.12 generally slightly impacts the body, causing effects such as:

- Mild euphoria
- Talkativeness
- Shorter attention span
- Poor judgement
- Loss of control in some motor functions
- Slower information processing

When an individual has a BAC of 0.18 to 0.30, there are greater effects, such as:

- Confusion
- Apathy
- Exaggerated emotional expressions, like fear, anger, grief and hostility

A blood alcohol content level of 0.30 to 0.40 is generally indicative of extreme intoxication, and often has extreme effects, such as:

- Coma
- Poor reflexes or no reflexes
- Blacking out
- Poor breathing and circulation
- Increased vulnerability to assault, loss of control, and other damage

A BAC of 0.40 to 0.50 means that the drinker is in severe danger of deadly consequences such as alcohol poisoning or alcohol overdose. In particular, BACs of 0.45 or higher can result in death.

Effects of alcohol abuse on the body

Alcohol abuse can create serious medical issues, producing shakiness, nausea and coma. Additionally, alcohol abuse can deeply affect organs and the immune system. Depending on how much someone drinks, he or she may experience short-term effects, long-term effects or both. Physical short-term effects of alcohol abuse include, but are not limited to:

- Bodily injuries from accidents
- Nausea
- Feeling hungover
- Headaches
- Dehydration
- Lack of appetite
- Fatigue
- Constipation or diarrhea

NOTES



- Flushed skin
- Slurred speech
- Acid reflux
- Breathing problems

A common effect of alcohol abuse on the body is the deterioration of major organs. Continued exposure to large amounts of alcohol damage organs like kidneys and can also create:

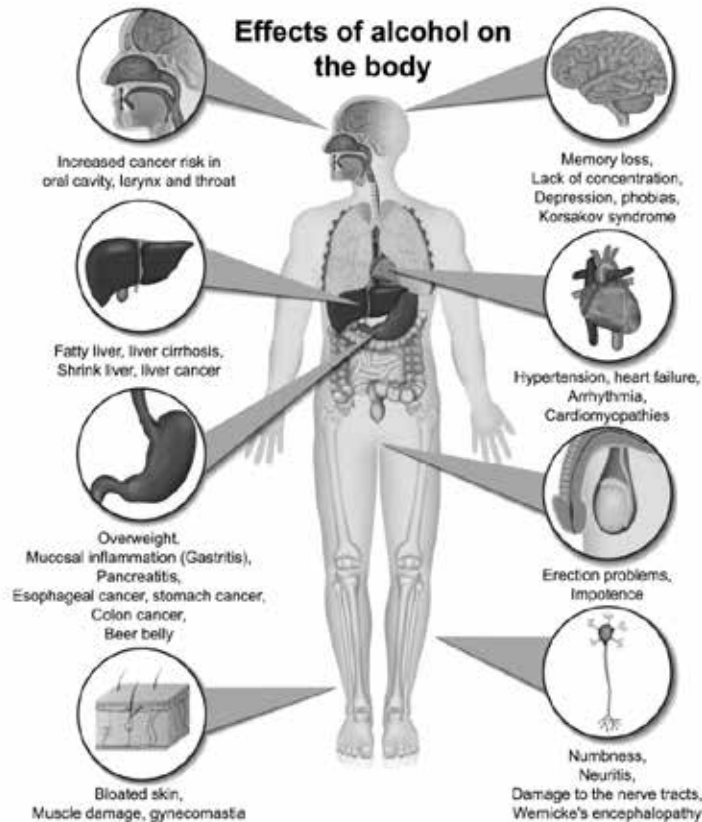
- Cancer risks (throat, mouth, oesophagus, colon, liver and breast)
- Hepatitis B and C
- Weight loss or gain
- If pregnant, risk of Fetal Alcohol Spectrum Disorder (FASD) in the unborn child
- High blood pressure
- Ulcers
- Alcohol withdrawal
- Delirium Tremens (hallucinations)
- Brain and nerve damage
- Fatal and non-fatal overdose

Furthermore, alcohol abuse can complicate pre-existing health conditions. For example, if someone with diabetes has a problem with alcohol abuse, he or she can develop more troubling health-related symptoms. For one, alcohol breaks down as sugar in the body, further increasing someone's blood glucose level. In diabetics, high blood sugar levels can result in complications like fainting, sweating, blurry vision and irritability. In extreme cases, individuals can go into a diabetic coma.

Physiological Effects

Alcohol affects various parts of the body. It goes to the stomach and then to the small intestine where it is absorbed in blood stream. Circulatory system distributes it throughout the body. Finally, as it goes into the liver it is metabolized and broken down. Metabolization of alcohol uses a lot of water that may cause dehydration, headache, dry mouth, and tiredness, which is experienced as a 'hangover'. Large amounts of alcohol may overwork and damage the liver (causing cirrhosis).

Approximately, 15-30 percent heavy drinkers develop cirrhosis of liver. Alcohol is high calorie drug, but contains 'empty calories' which means that alcoholic beverages have no nutritional value. This is why many heavy and long time drinkers suffer from malnutrition. In longer term, chronic abuse of alcohol impairs the body's ability to absorb nutrients, so it becomes difficult to overcome the problem and having vitamin pills also cannot make up the nutritional deficiency. Gastrointestinal problems are also common in people with alcohol use disorder. Overall, alcohol reduces the life span of an individual by 12 years than the average person.



5.5 PREVENTIVE APPROACHES TO ALCOHOL ABUSE

Alcohol addiction takes so much away from you, and many people who suffer from alcohol addiction feel that they will never recover. Alcoholism weighs a person down with cravings, withdrawal, and a sense of despair. Over time, alcoholism can seem like a normal part of life or a burden that will never end. However, alcoholism is a medical disorder and there are options for treatment. With compassionate and professional care at a rehab center, thousands of people have reclaimed their lives from alcoholism and achieved greater happiness.

The process of treatment requires time and perseverance. In fact, almost half of all recovering alcoholics who stay sober for one year will drink again, but there is hope even for someone who relapses. After five years of treatment, 6 out of 7 people in recovery will permanently stop drinking.

For most people, successful treatment for alcoholism will involve a combination of detox, medication, therapy, a residential program, and participation in support groups. Treatment takes effort, but the results are worth it. Achieving sobriety will improve your health, save you money, improve your relationships with your friends and family, enhance your career, and make your life more fulfilling.

What are the different options for treating alcoholism?

Everyone who undergoes treatment for alcoholism will benefit from different treatment methods. In some cases, a person just needs a few counselling sessions to stop drinking,

NOTES



while in other cases, a person will need medical detox and inpatient rehab. There is no right or wrong approach to treatment because alcohol use disorders can range in severity from binge drinking to dependence and addiction.

To determine which forms of treatment are available for you, it's important to talk to a healthcare provider. An addiction provider can diagnose your alcohol use disorder, help you develop a treatment plan, and refer you to treatment centers. Your treatment plan may include one or more steps, including:

Detox

Alcohol detox is often the first step in treatment for alcohol dependence. After months or years of alcohol abuse, the body will become tolerant to the effects of alcohol and a person will develop alcohol dependence. Detox is important because it allows the body to adapt to operating without alcohol in its system.

During detox, a person abstains from drinking and experiences the symptoms of alcohol withdrawal. Detox should happen in a controlled environment under medical supervision because alcohol withdrawal symptoms can be dangerous and distressing. In a rehab center, a person can benefit from medical guidance and counseling as they undergo withdrawal, all while avoiding the risk of relapse. Once someone finishes detox, they will be ready to start other forms of treatment.

Therapy and Counselling

The journey from alcoholism to sobriety is difficult, so therapy and counselling are important. There are licensed therapists all over the world who specialize in helping recovering alcoholics. During treatment and recovery, a therapist or counsellor can be a supportive source of encouragement and companionship. Furthermore, a therapist or counsellor can help people identify underlying problems that contribute to alcoholism, including anxiety, stress, low self-esteem, and depression. There are many different types of therapy for alcoholism treatment, such as cognitive-behavioral therapy, group therapy, and motivational enhancement therapy. While therapy can take place between a person and their therapist, it is also possible to participate in therapy as a couple or with family members.

Medication

While there is no medical cure for alcohol addiction, some FDA-approved medications can help people stop drinking. For example, disulfiram (brand-name Antabuse) discourages drinking by causing someone to feel nausea and dizziness from alcohol. In this way, disulfiram serves as an alcohol deterrent, but only as long as someone takes it.

Another drug, acamprosate (brand-name Campral) reduces alcohol cravings and alleviates withdrawal. Lastly, naltrexone (brand-names Revia and Vivitrol) prevents alcohol from causing sensations of sedation and euphoria in the brain. In other words, someone who drinks alcohol after taking naltrexone will not experience many of the addictive effects of intoxication.

While all of these medications are safe, they can cause side-effects. It is important to remember that medication should always supplement a comprehensive treatment plan.

A person should never become dependent on medications to control their drinking. Antabuse, Campral, Revia, and Vivitrol all require prescriptions.

Inpatient or Outpatient Rehab

An addiction treatment centre offers at least one form of rehab. There are thousands of treatment centres in the United States and even more throughout the world that offer inpatient and outpatient rehab programs for alcoholics. Patients in an inpatient rehab program reside for several days or weeks at a treatment facility. An inpatient rehab program addresses the physical and emotional aspects of addiction in a therapeutic setting. Inpatient rehab often follows the completion of a supervised detox program. By contrast, most patients in an outpatient rehab program will live at home and travel to a facility for treatment. In some cases, outpatient programs offer halfway houses or sober living homes for patients who lack a supportive, alcohol-free place to stay.

Most rehab programs will provide a combination of counselling, training for life skills and coping mechanisms, medication, 12-step programs, meals, recreation, and rest. During rehab, a person experiences life without alcohol and develops a lifestyle that allows them to maintain sobriety once they leave the treatment centre. Rehab helps people integrate back into society as sober individuals with healthy coping techniques for handling alcohol cravings.

Joining a Support Group

During and after rehab, many alcoholics in recovery benefit from joining a community that understands their problem and shares the goal of overcoming it. Whether it's Alcoholics Anonymous, SMART Recovery, or a faith-based fellowship, a support group for recovering alcoholics can provide an element of social support to a treatment plan that keeps people from feeling alone as they strive to give up drinking.

In a support group, people can help each other avoid relapse through advice, experience, and encouragement in a friendly, sympathetic environment. Many support groups are free and welcome participants from every background and with any level of addiction. Many rehab centres, churches, and community centres host support groups regularly.

5.6 SMOKING

Smoking is injurious to health and is a practice that very quickly becomes a habit. Once it becomes a habit, it becomes difficult, though not impossible, to get rid of it. The best way not to smoke is not to start smoking. Smoking harms digestion causes irritation in the throat, coughing and wheezing.

The relationship between tobacco smoking and cancer, heart disease and emphysema-bronchitis is well established. Smokers are from 10 to 16 times as likely to die of lung cancer as non-smokers. Similar relationship exists between smokers and non-smokers with heart disease and lung ailments. One of the possible, although rare, effects of smoking is the aggravation of symptoms of a particular insidious circulatory disorder known as Buerger's disease.

One of the effects of nicotine is a drop in skin temperature. Smoking a single cigarette can cause the temperature of the fingers and toes to drop as much as 15 degrees Fahrenheit



NOTES



the average is a little more than a 5 degree drop. The temperature change results from constriction of the blood vessels at the extremities. This may result in development of blood clots in the vessels that have been constricted, cutting off the flow of blood in the tissues of the area, causing numbness or pain. If not attended to immediately it can have serious consequences.

Another effect of smoking is the accumulation of carbon monoxide in the blood- it is a lethal gas. It gets permanently locked into the red blood cell chemistry so that the cells can no longer perform their normal function of transporting oxygen to the body tissues.

With the oxygen-carrying capacity of part of the red blood cells wiped out in this way brain cells and other tissues suffer a mild oxygen starvation. Abstinence from smoking over a period of time can bring the oxygen-carrying capacity of the blood to normal. In families in which either or both parents smoke it becomes a sign of adulthood for the children to smoke.

A parent who smokes will find it difficult to keep his children from doing so excepting perhaps by convincing them of his desire and efforts to stop smoking and making them see how hard it is, and how deleterious its effects are on health. Every effort should be made by parents and society to make children aware of this and to discourage them from starting to smoke.

5.7 WHY DO PEOPLE SMOKE

Most people who smoke started smoking when they were teenagers. Those who have friends and/or parents who smoke are more likely to start smoking than those who don't. Some teenagers say that they "just wanted to try it," or they thought it was "cool" to smoke.

The tobacco industry's ads, price breaks, and other promotions for its products are a big influence in our society. The tobacco industry spends billions of dollars each year to create and market ads that show smoking as exciting, glamorous, and safe. Tobacco use is also shown in video games, online, and on TV. And movies showing people smoking are another big influence. Studies show that young people who see smoking in movies are more likely to start smoking. A newer influence on tobacco use is the e-cigarette and other high-tech, fashionable electronic "vaping" devices. Often wrongly seen as harmless and easier to get and use than traditional tobacco products, these devices are a way for new users to learn how to inhale and become addicted to nicotine, which can prepare them for smoking.

Who is most likely to become addicted?

Anyone who starts using tobacco can become addicted to nicotine. Studies show that smoking is most likely to become a habit during the teen years. The younger you are when you begin to smoke, the more likely you are to become addicted to nicotine.

According to the 2014 Surgeon General's Report (SGR), nearly 9 out of 10 adults who smoke started before age 18, and nearly all started by age 26. The report estimates that about 3 out of 4 high school students who smoke will become adults who smoke – even if they intend to quit in a few years.



Is smoking tobacco really addictive?

Addiction is marked by the repeated, compulsive seeking or use of a substance despite its harmful effects and unwanted consequences. Addiction is mental or emotional dependence on a substance. Nicotine is the known addictive substance in tobacco. Regular use of tobacco products leads to addiction in many users. Nicotine is a drug that occurs naturally in tobacco and it's thought to be as addictive as heroin or cocaine.

How nicotine affects you

- Nicotine and other chemicals in tobacco smoke are easily absorbed into the blood through the lungs. From there, nicotine quickly spreads throughout the body.
- When taken in small amounts, nicotine causes pleasant feelings and distracts the user from unpleasant feelings. This makes the tobacco user want to use more. It acts on the chemistry of the brain and central nervous system, affecting mood. Nicotine works very much like other addicting drugs, by flooding the brain's reward circuits with a chemical called dopamine. Nicotine also gives a little bit of an adrenaline rush – not enough to notice, but enough to speed up the heart and raise blood pressure.
- Nicotine reaches the brain within seconds after taking a puff, and its effects start to wear off within a few minutes. The user may start to feel irritated and edgy. Usually it doesn't reach the point of serious withdrawal symptoms, but the person using the product gets more uncomfortable over time. This is what most often leads the person to light up again. At some point, the person uses tobacco, the unpleasant feelings go away, and the cycle continues. If the person doesn't smoke again soon, withdrawal symptoms get worse over time.
- As the body adapts to nicotine, people who use it tend to increase the amount of tobacco they use. This raises the amount of nicotine in their blood, and more tobacco is needed to get the same effect. This is called *tolerance*. Over time, a certain nicotine level is reached and the person will need to keep up the usage to keep the level of nicotine within a comfortable range.
- People who smoke can quickly become dependent on nicotine and suffer physical and emotional (mental or psychological) withdrawal symptoms when they stop smoking. These symptoms include irritability, nervousness, headaches, and trouble sleeping. The true mark of addiction, though, is that people still smoke even though they know smoking is bad for them affecting their lives, their health, and their families in unhealthy ways. In fact, most people who smoke want to quit.
- Researchers are also looking at other chemicals in tobacco that make it hard to quit. In the brains of animals, tobacco smoke causes chemical changes that are not fully explained by the effects of nicotine.
- The average amount of nicotine in one regular cigarette is about 1 to 2 milligrams (mg). The amount you actually take in depends on how you smoke, how many puffs you take, how deeply you inhale, and other factors.

NOTES

**How powerful is nicotine addiction?**

About 2 out of 3 of people who smoke say they want to quit and about half try to quit each year, but few succeed without help. This is because they not only become physically dependent on nicotine. There's also a strong emotional (psychological) dependence. Nicotine affects behavior, mood, and emotions. If a person uses tobacco to help manage unpleasant feelings and emotions, it can become a problem for some when they try to quit. Someone who smokes may link smoking with social activities and many other activities, too. All of these factors make smoking a hard habit to break.

In fact, it may be harder to quit smoking than to stop using cocaine or opiates like heroin. In 2012, researchers reviewed 28 different studies of people who were trying to quit using the substance they were addicted to. They found that about 18% were able to quit drinking, and more than 40% were able to quit opiates or cocaine, but only 8% were able to quit smoking.

Why is it so hard to quit tobacco?

Stopping or cutting back on tobacco causes symptoms of nicotine withdrawal. Withdrawal is both physical and mental. Physically, your body is reacting to the absence of nicotine.

Mentally, you are faced with giving up a habit, which calls for a major change in behavior. Emotionally, you might feel like as if you've lost your best friend. Studies have shown that smokeless tobacco users have as much trouble giving up tobacco as people who want to quit smoking cigarettes.

People who have used tobacco regularly for a few weeks or longer will have withdrawal symptoms if they suddenly stop or greatly reduce the amount they use. There's no danger in nicotine withdrawal, but the symptoms can be uncomfortable. They usually start within a few hours and peak about 2 to 3 days later when most of the nicotine and its by-products are out of the body. Withdrawal symptoms can last a few days to up to several weeks. They get better every day that a person stays tobacco-free.

Nicotine withdrawal symptoms can include any of the following:

- Dizziness (which may last a day or 2 after quitting)
- Depression
- Feelings of frustration, impatience, and anger
- Anxiety
- Irritability
- Trouble sleeping, including trouble falling asleep and staying asleep, and having bad dreams or even nightmares
- Trouble concentrating
- Restlessness or boredom
- Headaches
- Tiredness
- Increased appetite

- Weight gain
- Slower heart rate
- Constipation and gas
- Cough, dry mouth, sore throat, and nasal drip
- Chest tightness

These symptoms can lead a person to start using tobacco again to boost blood levels of nicotine and stop symptoms.

5.8 INTERVENTION TO REDUCE SMOKING

Historically, the standard way to stop smoking has been to quit abruptly, and this is the primary approach recommended by both the UK's (NICE 2018) and USA's (Fiore 2008) clinical guidance. This means that a person smokes as normal until an agreed quit day, and from that point forward they try to abstain and avoid any smoking whatsoever.

However, an alternative method is to quit gradually, by reducing the amount of tobacco smoked before quitting completely. Such gradual reduction methods, when used as a means of achieving cessation, typically have a quit day as in abrupt cessation. The key difference is that smokers aim to reduce smoking prior to this day. There are many potential ways that smokers could go about this reduction, for example:

- Setting a particular time period to reduce over before quitting completely.
- By setting goals to reduce by a certain number of cigarettes per day.
- Reducing the time periods in the day when smoking occurs (rather than reducing the number of cigarettes).
- Smoking on a planned schedule where the time between cigarettes gradually lengthens;
- Using pharmacotherapy, such as nicotine replacement therapy (NRT), or an electronic cigarette to discourage smoking or replace cigarettes not smoked.
- Setting out with the intention to reduce smoking before quitting without a specific plan of how to go about it.

How the intervention might work

There are a number of ways that reducing the number of cigarettes smoked prior to total abstinence might help a smoker give up completely. Firstly, as the dose of nicotine received by the individual each day is reduced, drug dependence and therefore craving may reduce in response.

Another potential mechanism is 'shaping', an operant conditioning procedure, whereby through making successive approximations of the target behavior that are positively reinforced (gradually cutting down the number of cigarettes smoked), the desired behavior (abstinence) is eventually achieved.

The third is the cognitive psychology principle that completing a step toward a goal (reducing smoking) increases self-efficacy, which increases the likelihood that the goal



NOTES



(abstinence) will be achieved. The fourth is the classical and operant conditioning principle that reducing the frequency of behavior decreases the association with environmental cues, which in turn weakens the urge to partake in that behavior when those cues are present.

Finally, reducing may simply provide a goal that is more in line with the smoker's current behavior than complete abstinence, and it may therefore appear more achievable and enhance motivation to quit. This appears to be supported by the popularity of the approach amongst smokers. Surveys in both the UK and the USA indicate that a substantial proportion of smokers attempting to quit in the general population choose to do so by cutting down their smoking first. West 2006 found that 40% of UK quit attempts involved cutting down first, and a random sample of smokers in the USA showed that nearly half of smokers planning to quit would choose reduction over abrupt cessation. There was little interest among these smokers in reduction as an end in itself, only as a means to abstinence.

However, the standard assumption of smoking cessation treatment is that cessation begins on a quiet day and that cutting down prior to quitting is not advised. This is based on nicotine addiction theory that posits that the user has impaired control over their drug use, and that it would therefore be difficult for them to control their usage in any way, e.g. by reducing.

Nicotine addiction theory also posits that with reduction each remaining cigarette will become more rewarding and harder to give up, and that the smoker will suffer a loss of motivation, meaning they may be less likely to make a quit attempt and achieve total abstinence. However, medication to reduce withdrawal, such as NRT or electronic cigarettes, could be used to counteract this effect, and NRT has successfully been used to do so in smokers who have chosen to reduce their smoking, but are not yet ready to quit.

5.9 SMOKING PREVENTION

There are many ways through which one can quit smoking. The first one is preparing for the day when you will quit. It is not easy to quit a habit abruptly, so set a date to give yourself time to prepare mentally. Further, you can also use NRTs for your nicotine dependence. They can reduce your craving and withdrawal symptoms. NRTs like skin patches, chewing gums, lozenges, nasal spray and inhalers can help greatly.

Moreover, you can also consider non-nicotine medications. They require a prescription so it is essential to talk to your doctor to get access to it. Most importantly, seek behavioral support. To tackle your dependence on nicotine, it is essential to get counselling services, self-materials or more to get through this phase. One can also try alternative therapies if they want to try them. There is no harm in trying as long as you are determined to quit smoking. For instance, filters, smoking deterrents, e-cigarettes, acupuncture, cold laser therapy, yoga and more can work for some people.

Always remember that you cannot quit smoking instantly as it will be bad for you as well. Try cutting down on it and then slowly and steadily give it up altogether. Thus, if anyone is a slave to cigarettes, it is essential for them to understand that it is never too late to stop

smoking. With the help and a good action plan, anyone can quit it for good. Moreover, the benefits will be evident within a few days of quitting.

NOTES



5.10 CHAPTER SUMMARY

Alcoholism has affected billions of people. Alcoholism, also known as an alcohol use disorder (AUD) or an alcohol addiction, is an illness defined by an alcohol dependence in which a person is driven by a desire or physical need to drink. Alcoholism is also distinguished by alcohol cravings and compulsive, uncontrollable drinking. Alcohol abuse is defined as excessive alcohol usage. An individual may not be dependent on alcohol in cases of alcohol abuse, but drinking creates major difficulties with their health, home life, work, and schooling. And even tobacco use is harmful to one's health and quickly develops a habit. Once it becomes a habit, it is difficult, if not impossible, to break. The greatest approach to avoiding smoking is to never start. Smoking impairs digestion by causing throat discomfort, coughing, and wheezing. There are many ways through which one can quit smoking. NRTs like skin patches, chewing gums, lozenges, nasal spray and inhalers can help greatly. Non-nicotine medicines are another option. They require a prescription, so you must consult with your doctor to obtain it. Most importantly, seek behavioral assistance. To overcome your nicotine addiction, it is critical to seek out counselling services, self-help publications, and other resources.

5.11 REVIEW QUESTIONS

SHORT ANSWER TYPE QUESTIONS

1. What do you understand by alcoholism?
2. Why is it so hard to quit tobacco?
3. What are the effects of alcohol abuse on the body?
4. Is smoking tobacco really addictive?
5. What are the symptoms of nicotine withdrawal?

LONG ANSWER TYPE QUESTIONS

1. How powerful is nicotine addiction?
2. Why do people smoke? Who is most likely to become addicted?
3. Explain in detail the different options for treating alcoholism.
4. What are the characteristics of Health-Compromising Behavior?
5. Discuss in detail the physiological effects of alcoholism.

5.12 MULTIPLE CHOICE QUESTIONS

1. What is the full form of NRT?
 - a. Nicotine Replacement Therapy
 - b. Nicotine Refinement Therapy
 - c. Neurological Replacement Therapy
 - d. None of these

NOTES



2. _____ is marked by the repeated, compulsive seeking or use of a substance despite its harmful effects and unwanted consequences.
 - a. Alcoholism
 - b. Smoking
 - c. Addiction
 - d. None of these
3. **What is the full form of BAC?**
 - a. Body Alcohol Concentration
 - b. Blood Alcohol Concentration
 - c. Blood Alcohol Control
 - d. None of these
4. _____ is the known addictive substance in tobacco.
 - a. Alcohol
 - b. Nicotine
 - c. Both a and b
 - d. None of these
5. **What is the full form of AUD?**
 - a. Alcohol Utilization Disorder
 - b. Alcohol Use Disease
 - c. Alcohol Use Deficit
 - d. Alcohol Use Disorder
6. **An effect of smoking is the aggravation of symptoms of a particular insidious circulatory disorder known as _____.**
 - a. Alzheimer's Disease
 - b. Bell's Palsy
 - c. Buerger's Disease
 - d. Ataxia
7. _____ too much can cause someone to release repressed emotions or become bolder compared to their sober self.
 - a. Eating
 - b. Exercising
 - c. Smoking
 - d. Drinking
8. **Large amounts of alcohol may overwork and damage the liver causing _____.**
 - a. Cirrhosis
 - b. Bell's Palsy
 - c. Buerger's Disease
 - d. Emphysema
9. **What is the full form of SGR?**
 - a. Surgeon General's Report
 - b. Smoking's General Report

- c. Surgical General Report
- d. None of these

10. What is the full form of FASD?

- a. Fetal Alcoholism Spectrum Disorder
- b. Fetal Alcohol Spectrum Disorder
- c. Fetal Alcohol Spectrum Disease
- d. None of these

◆◆◆◆

NOTES



ANSWER KEY

UNIT I

QUESTION	ANSWER	QUESTION	ANSWER
1	a.	6	a.
2	b.	7	d.
3	c.	8	c.
4	b.	9	b.
5	a.	10	d.

UNIT II

QUESTION	ANSWER	QUESTION	ANSWER
1	a.	6	c.
2	b.	7	a.
3	c.	8	b.
4	d.	9	a.
5	a.	10	a.

UNIT III

QUESTION	ANSWER	QUESTION	ANSWER
1	b.	6	d.
2	a.	7	c.
3	a.	8	a.
4	b.	9	b.
5	a.	10	c.

UNIT IV

QUESTION	ANSWER	QUESTION	ANSWER
1	a.	6	a.
2	d.	7	a.
3	c.	8	a.
4	d.	9	a.
5	a.	10	b.

UNIT V

QUESTION	ANSWER	QUESTION	ANSWER
1	a.	6	c.
2	c.	7	d.
3	b.	8	a.
4	b.	9	a.
5	d.	10	b.

NOTE

NOTE

Behavior Modification

Book References

- Ellis, A. (1970). Rational Emotive Therapy and its Application to Emotional Education. Institute of Rational Living, New York.
- Gladding, S. T. (1996). Counseling: A Comprehensive Profession (3rd Ed.). New Jersey:Prentice Hall Inc.
- Hackney, H. & Cormier, S. (2005). The Professional Counsellor: A Process Guide to Helping (5th ed.). Boston: Allyn & Bacon.
- Martin, Garry & Pear, Joseph (1996). Behaviour Modification: What it is and How to do it, 5th edition. New Jersey: Prentice-Hall.
- Miltenberger, R. G. (2004). Behaviour Modification Principles and Procedures (3rd ed.). California: Wadsworth/Thompson.
- Beck, A. T. (1976). Cognitive Therapy and Emotional Disorders. New York: International Universities Press.
- Berne, E. (1964). Transactional Analysis in Psychotherapy: The Classic Handbook to its Principles. London: Souvenir Press.
- Burns, David, M.D. (1992). Feeling Good: The New Mood Therapy. New York :Avon Books.
- Corey, Gerald (2009). Theory and Practice of Counseling and Psychotherapy. Belmont, CA: Thomson Brooks/Cole.
- Ellis, A. (1960). The Art and Science of Love. New York:Bantam.
- Ellis, A. (1962). Reason and Emotion in Psychotherapy. New York:Lyle Stuart press.
- Meichenbaum, D. (1977). Cognitive behaviour Modification: An Integrative Approach. New York:Plenum
- Gladding, S.T. (1996). Counseling: A Comprehensive Profession (3rd ed.). New Jersey: Prentice-Hall Inc.
- Martin, Garry & Pear, Joseph (1996). Behaviour Modification: What it is and How to do it, 5th edition. New Jersey: Prentice-Hall.
- Heflin, L.J., & Simpson, R.L. (1998). Interventions for children and youth with autism: Prudent choices in a world of exaggerated claims and empty promises. Part I: Intervention and treatment option review. Focus on Autism and Other Developmental Disabilities, 13, 194-211.
- Meichenbaum, D. (1977). Cognitive Behavioural Modification: An Integrative Approach. New York: Plenum Press.
- Meichenbaum, D. (1985). Stress Inoculation Training. New York: Pergamon Press.