

MODIFYING HEALTH BEHAVIOR IN A LEGAL ENVIRONMENT

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ABSTRACT

Though legislation is a quick and easy method of preventing behavioral lifestyle that is injurious to health, many failures may occur in a legal environment, which promotes fundamental human right. Besides, the coercive approach involved in this regulatory approach to health behavioral modification is against the ethics of health education. Health education is practiced in a legal environment of human rights and freedom of choice between health promoting and health disruptive life styles. It is therefore important to device ethically permissible strategies for modifying health behavior in order to achieve success in an environment of counteracting legal considerations and compelling need for healthy lifestyle in the community

KEY WORDS: Behavioral, Modification, Legal, Environment

INTRODUCTION

Governments of all nations have an obligation to ensure enjoyment of the highest attainable standards of health as one of the fundamental rights of every human being without distinction of race, religion, political lineage, economic or social distinction.(European Parliament Report, 2007) It is therefore the duty of all governments to put in place facilities that will promote health of its citizens so that they can live an economically productive life in a conducive socio-political environment.

However, the individuals in families and communities have a fundamental human right, which allows freedom of choice in all aspects of living including behavioral life style, some of which may not be conducive to health. The 1993 Vienna World Conference on Human Rights, for example, noted that it is the duty of States to promote and protect all human rights and fundamental freedoms, regardless of their political, economic and cultural system.(Vienna Declaration, 1993) Some of these behavioral life styles include alcohol and substance abuse, dietary taboos, over-nutrition, sedentary lifestyle, premarital and extramarital sex, promiscuity, female genital mutilation/female circumcision, tattoos, ear and nose piercing, .

Governments may attempt to regulate these behavioral life styles through legislation. (Park, 2007) The regulatory approach involves governmental intervention designed to alter human behavior through regulations ranging from prohibition to imprisonment. This approach seeks change in health behavior and improvement in health through a variety of external controls or legislations. In many cases, the intended behavioral modification may not necessarily be effected as many as such practices are 'driven underground' These practices cannot change until individuals, families and communities begin to value health as an asset, and have adequate knowledge to evaluate their health situation in relation to the injurious behavior, overcome their

socio-cultural and psychological barriers, and internalize and adopt new behaviors leading to health. It is against this background that the regulation of specific practices and attitudes affecting health promotion in a legal environment are discussed below.

Alcohol and Substance Abuse (Prueh, 2004)

Alcohol and substance abuse are often grouped together as they have common intoxicating function and addictive effects.

Alcohol is usually ingested in form of spirits, wines and beers with the aim of elevating mood in social cycles in order to improve congeniality. However, when taken in large quantities or above the level of tolerance of the particular individual, amiability degenerates to nastiness and the affected person is motivated to engage in socially disgusting or violent behavior and accidents such as rape, physical assault and road traffic accidents. Chronic complications from alcohol abuse include liver cirrhosis, Wernicke's encephalopathy.

Government may regulate use of alcohol by licensing bars restaurants and hotels and restricting the sale of alcohol to certain periods of the day. Government cannot ban the sale of alcohol because it often contributes to the per capita income of the country and provides occupation and economic gain to individuals and families. In some Islamic states, alcohol is prohibited. However, alcohol may be secretly sold into flasks and kettles for abuse in the privacy of the home. Government agencies may legislate on diving while drunk but cannot stop any vehicle to determine the blood level of alcohol except the driver is involved in traffic offences. At best, government legislation is reactive in that it only punishes offenders who have already abused alcohol. Health education offered repeatedly by skilful and charismatic health educators is proactive in that it prevents alcohol abuse by persons who are internally and externally motivated. Substance abuse involves the use of chemical substances for mood elevation. Notable among these substances are cocaine, morphine, heroine, pethidine, marijuana (cannabis sativa) glue, opium and tobacco. Some of these are ordinarily pain killers, which have sedative and euphoric properties. They have more addictive properties than alcohol and hence are dangerous to health as well as income depleting. Addicted persons may be involved in armed robbery just to get enough money to buy these substances. All forms of crime may be committed under the spell of these substances. In addition, the intravenous administration of some of them by shared syringes and needles exposes them to blood borne diseases such as Human immunodeficiency virus, hepatitis B and other viral infections. Most Governments legislate against substance abuse but some corrupt persons, who became the heads of government through the use of money acquired from drug trafficking, often aid and abet this illicit trade. Just like alcohol legislation has not reduced substance abuse. Only health education and social environmental intervention can.

Dietary taboos

Dietary taboos are food items that certain cultures are prohibited from eating because of superstitious beliefs. Dietary taboos are common in many parts of the world. In Nigeria, certain communities do not eat giant rats, grass cutters, bush fowl, even though neighbors who are less than one kilometer away eat the meat from these animals as a delicacy. In Singapore, the Hindus do not eat beef; Malays (Muslims) do not eat pork. Yet the Chinese eat both pork and beef. All three groups live in the same environment. Though use of protein is necessary for the body growth and repair and lack of adequate protein may result in kwashiorkor (protein malnutrition) in children, government cannot force anyone to eat what the person does not want to eat because it does not want to encroach on the person's fundamental human right. Legislative regulation is

therefore not effective in modifying ethno-religious behavior. Only health education and social intervention can.

Over-nutrition and Sedentary lifestyle (Hoffman, 2001)

Over-nutrition and sedentary lifestyle are known to predispose to obesity. Obesity leads to hyperlipidemia, which predisposes to atherosclerosis. Atherosclerosis leads to vascular occlusion due to thrombo-embolism. Thrombo-embolism may cause cardiovascular accident in form of myocardial infarction (Park, 2007) and cerebro-vascular accident in form of stroke. All these are accelerated by smoking and stress. It is in government's interest to protect its citizens from myocardial infarction and stroke. However, no one can be forced by a legislation to eat less food or do more exercise. However government can use social intervention model of health education to cause behavioral changes leading to less feeding and more exercise. In Singapore, food is sold in eateries with premeasured plates so that it is difficult to overfeed. (Personal Observation, 1990) However, no one will stop a person from going to three or more eateries to take lunch. Houses are also arranged in such a way that one has to trek for about five minutes to take a bus. The bills from car parks prevent car owners from using their cars all the time for it is much cheaper to take bus than to pay bills at car parks. These costs are in addition to fueling the car. The combined effect of the predetermined food measures and movement to bus stops make most people slim in Singapore. This practice would definitely not work in Nigeria where most food sellers are more interested in economic gains irrespective of the harm done in the process. Besides, most Nigerians eat at home. Many of the available foods are rice and tubers which have a high glycemic index. (Ihediohanma, 2011)

Premarital and Extramarital sex, promiscuity

All these occur in various socio-cultural settings. Premarital sex is associated with the phenomenon of teenage and unintended pregnancies, abortion, the spread of STIs and HIV.(Alo and Akinde, 2010) Extramarital sex and promiscuity are also known to be predisposing factors to sexually transmitted diseases including HIV/AIDS, Legislation against these practices is ineffective because humans have a right and freedom to associate with each other. What happens in privacy of the bedroom is not the concern of the government. Government may legislate against transmission of infection from a known carrier of sexually transmitted disease to uninfected person. No matter the amount of sanctions imposed, regulation will only be reactive in that a person would already have come to harm before the sanction is imposed on the offender. Therefore legislation is not an effective method of modifying behavioral life style.

Female genital mutilation/female circumcision (Nour, 2008)

More than 130 million women worldwide have undergone female genital cutting (FGC). FGC occurs in parts of Africa and Asia, in societies with various cultures and religions. Reasons for the continuing practice of FGC include rite of passage, preserving chastity, ensuring marriageability, religion, hygiene, improving fertility, and enhancing sexual pleasure for men. (Nour, 2008) Female circumcision has been called female genital mutilation because female circumcision is believed to serve no purpose unlike male circumcision which was believed to protect Jewish women from cancer of the cervix (Zoosmann-Diskin, 1989) and also protective in the transmission of human immunodeficiency virus. (WHO) Female genital mutilation exposes female to unusual vulvo-vaginal tears during childbirth and does not reduce sexual promiscuity in affected females. There is Legislation in force in many of the southern states of Nigeria.

Legislation has only served to remove the practice from government owned hospitals. Many midwives still practice it privately for financial gains

Ear and Nose piercing, Tattoos and Scarification marks

Ear and nose piercing is common in many parts of the world. It is used by women to enhance beauty. It is usually done early in life. While tattoos were done in Nigeria for enhancing beauty, scarification marks are done a form of treatment for swellings and pains as blood letting from these sites are believed to be curative. Splenomegaly, a common reaction to malaria in endemic areas is still being treated by scarification in many Nigerian cultures. However, there is new fad which drives boxers, film stars to design their bodies with tattoos. The only danger is the use of shared needles for these processes, which may predispose to blood borne infections including HIV/AIDS. Legislation cannot stop these practices which are well enshrined in many cultures.

CONCLUSION

While motivation and social intervention models of health education are ethically acceptable methods of health behavioral modification, regulatory approach to behavioral modification in form of sanction enforced legislation is against the basic philosophy and ethics of health education. However legislation may be used in emergencies to reduce the number of victims before health education becomes generally available

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