

# Concept & Theories of Health & Health Promotion (Self Care & Management of Self Care)

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## Self care & management of self care

**Definition of self care:** Self care refers to a person's ability to perform primary care functions in the four areas of bathing, feeding, toileting & dressing without the help of others; hygiene is the observance of health rules relating to these self care activities.

Self care is defined as "those health generating activities that are undertaken by the persons themselves". It refers to those activities individual undertakes in promoting their own health, preventing their own disease, limiting their own illness and restoring their own health. These activities are undertaken without professional assistance.

### Characteristics of normal self care:

#### 1. Bathing & hygiene:

- Regular bathing removes oil, perspiration & bacteria from the skin surface.
- Bathing also increases circulation & helps maintain muscle tone & joint mobility

#### 2. Feet & nail care:

- Healthy feet are crucial in helping people stand & walk. (most people wash their feet along with the rest of body when showering or bathing )
- Nails are trimmed as needed.
- Shoes should accommodate the size & shape of the foot & should be large enough so that toenails do not rub on the shoes, causing skin breakdown on ingrown nails.

#### 3. Hair care:

- Shampooing removes dirt & oil from the hair & scalp. It also increase scalp circulation.

#### 4. Oral care:

- Proper care of teeth & gums helps prevent gums deterioration & tooth loss.
- Healthy gums are important because they provide support for the teeth.

#### 5. Eye, Ear and Nose care:

- Special care may be needed for client wear glasses, contact lenses those who have other visual problems or those who use eye medications.
- Ears need little attention, although the external ear should be cleaned while bathing.
- Nostril can be cleaned by gentle

#### 6. Feeding:

- Desire to make food choices & eat
- Energy & muscular coordination to move food
- Ability to chew & swallow

### **7. Toileting:**

- Normal toileting includes feeling the urge to void the defecate, moving to the toilet or bedpan, rearranging clothing, defecating and effectively cleaning the perineal & rectal area

### **8. Dressing & grooming:**

- Dressing oneself includes being able to get cloths from the closet or drawer.

## **Factors influencing self care:**

Many factors influence how & if a person's performs these tasks of daily living.

1. Adequate neuromuscular functioning
2. Muscles strength mobility
3. Adequate energy
4. Sensory capabilities
5. Cognitive functioning
6. Physiological factors (motivation, mental status)
7. Socio cultural factors (values, cultural grooming practices) also influence performances of self care activities.

## **Factors affecting self care:**

*The following factors are affecting self care---*

- Cultural, values & beliefs
- Environment
- Motivation
- Emotional disturbance & depression
- Cognitive abilities
- Energy
- Acute illness & surgery
- Pain
- Neuromuscular function
- Sensor motor defects

## **Explain management of self care:**

Management of self care & hygiene techniques varies depending on cultural or performances.

*In general patterns include.*

1. Independence in eating & toileting
2. Daily bathing or cleansing of skin & perineal areas
3. Daily brushing, flossing & caring of teeth
4. Special care for dentures or other oral appliance
5. Brushing or combing hair & other grooming preferences
6. Men many shave or trim facial hair
7. Women may not on makeup. Some people prefer to bath in the morning other bath before going to bed.
8. The hair, feet & nails are others area that require attention & care
9. Shoes should be comfortable & fit properly.
10. Toenail should be trimmed so they do not rub against the shoes.
11. Fingernails should be cleaned & trimmed periodically.
12. Most people dress & groom themselves in the morning, soon after arising.
13. Cloths may need to be changed during the day depending on activities & weather.

## **Health Belief Model (HBM)**

### **Characteristics & description of health belief model:**

#### **1. Originators:**

- Godfrey Hochbaum
- Stephen Kegels
- Irwin Rosenstock

All of the above were trained in social psychology with phenomenological orientation. They were also greatly influenced by the theories of Kurt Lewin

#### **2. Purpose of the model**

- The health belief model (HBM) was originally developed as a systematic method to explain & predict preventive health behavior.
- It focused on the relationship of health behaviors, practices & utilization of health services.

#### **3. Circumstances/ Events: Which lead to model development?**

- The health setting of the 1950
- The professional training & background of the originators.

#### **4. Brief description**

- The HBM attempts to predict health related behavior in terms of certain belief patterns.
- It emphasis is placed on the above described categories.

#### **5. Key descriptors:**

- Perceived susceptibility
- Perceived seriousness
- Perceived benefits of taking action
- Barriers to taking action
- Cues to action

#### **6. Applications in health education**

- Provide incentive to take action
- Provide clear course of action to acceptable cost
- Enhance feeling of competency to take action.

#### **7. Limitations**

- One of the problems that have plagued the HBM is that different questions are used in different studies.

## **Transtheoretical Model**

### **Describe the concept in transtheoretical model:**

The transtheoretical model is currently conceptualized in terms of several major dimensions. The core constructions around which the other dimensions are organized is the stages of change. Five stages of change are

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance

#### **1. Precontemplation-**

- No intention to change behavior in the foreseeable future (next 6 months)
- It includes people who are unaware of the problem plus those who know about the problem but are not considering change

## **2. Contemplation**

- People are aware that a problem exists & are seriously thinking about overcoming it but have not yet made a firm commitment to take action.
- Intending to change within 6 months open to feedback & information about how to change. However, ambivalent about the costs & benefits of their behavior.

## **3. Preparation**

- Individual is intending to action in the next month & has successfully taken action in the past year (combines intention & behavior criteria)
- Actively planning change & already taking some steps toward action such as reducing frequency of problem behavior.

## **4. Action**

- Stage in which individuals modify their behavior, experiences or environment in order to overcome their problems. Involves overt behavioral changes & requires
- E.g. cessation of smoking has occurred & last cigarette was less than 6 month ago.

## **5. Maintenance**

- People work to prevent relapse & consolidate the gains attained during action.
- Sustaining change & resisting temptation to relapse
- Stage extends from months & beyond the initial behavioral change.