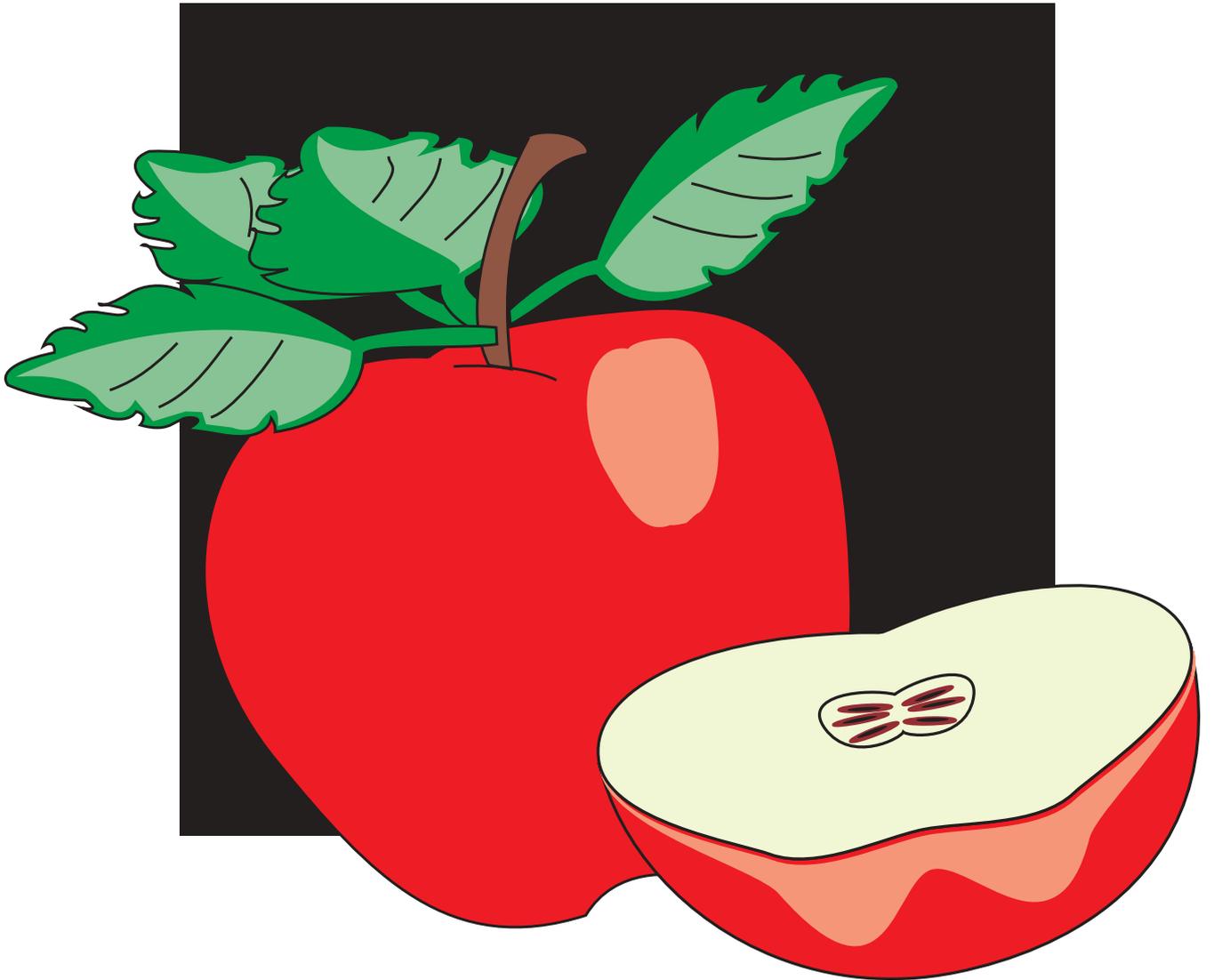


# HEALTHY LIVING

'Children have the right...



...to enough food,  
clean water and  
health care'

The United Nations Convention on the Rights of the Child





## WARM-UP ACTIVITIES FOR HEALTHY LIVING

### GERM FREE - STICKY DOTS

#### PURPOSE

- To increase awareness of immunisation.

#### WHAT TO PREPARE

- 3 coloured bands to wear round the body or three different coloured T-shirts
- Sticky dots in the three colours.

This game needs 12–15 players.

#### TIME

15 minutes.

#### HOW TO RUN IT

1. 3 members of the group are germs and each wears a band or a T-shirt: measles – red band, whooping cough – yellow band, polio – blue band.
2. Give each of the remaining members of the group two different coloured sticky dots to show they have been immunised against two of the three diseases and instruct them to keep them hidden in their hands. Give each person three lives.
3. The ‘germs’ chase the other people and when they catch one, that person has to show the dots in his hand. If he has a dot the same colour as the germ, he has been immunised, and is set free. If he does not have a dot the same colour he is out or loses a life. The aim is to remain germ free for as long as possible.

From: **Unite - Programme ideas for Beaver Scouts**. The Scout Association.



## WARM-UP ACTIVITIES FOR HEALTHY LIVING

### GERM FREE - NECKLACES

#### PURPOSE

- Can be used as a warm up.

#### WHAT TO PREPARE

- Two colourful shirts for the 'germs' and one pale shirt and hat for the 'immuniser'.
- 22 'necklaces' for the 'immuniser' to mark those who have been immunised.
- Minimum 24 players.

#### TIME

20 minutes.

#### HOW TO RUN IT

1. The 'germs' put on the colourful shirts and the 'immuniser' dresses in the pale shirt and hat and puts all the necklaces round her or his neck.
2. All the players move about by jumping with both legs together. The 'immuniser' tries to reach 80% of the players and to touch them, and then to give them a necklace to show they have been immunised. The 'germs' try to touch as many of the players as possible to infect them. Only players who have not been immunised i.e. with no necklace can be 'infected'. If a player has been 'infected' once s/he must fold one arm, if twice then two arms and if three times, then hop on one foot as well as both arms folded! The 'immuniser' can save 'infected' players but s/he must touch them three separate times to do this. On each touch the 'infected' player reverses the signs of 'infection', i.e. hopping on one leg or folded arms. Once the player is healed then s/he may receive a necklace from the 'immuniser'.

On the fourth time s/he is 'dead' and must freeze on the spot. The 'immuniser' cannot save a 'dead' player.

3. The 'immunised' players try to form a ring to encircle the 'germs' and then the game is finished.

From: **Unite – Programme Ideas for Venture Scouts**, The Scout Association.





## WARM UP ACTIVITIES FOR HEALTHY LIVING

### THE IMMUNISATION RACE

#### PURPOSE

To raise awareness of immunisation.

#### WHAT TO PREPARE

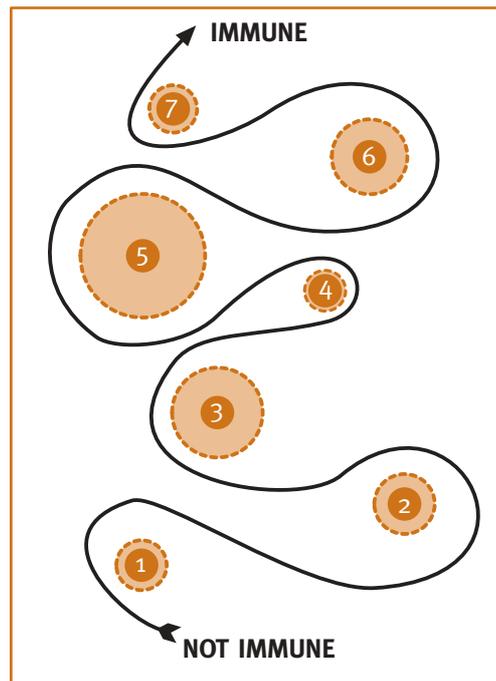
- Tapes or strings for tying the legs of players, two for each group of three.
- Seven poles or skittles with the name of a disease or illness which affects children world-wide written on each: measles, tetanus, whooping cough, diphtheria, tuberculosis, polio, diarrhoea. Seven strings of different lengths to make loops on the ground at the base of each vertical pole.
- A minimum of 12 players is needed and the number must be a multiple of three.

#### TIME

20 – 30 minutes.

#### HOW TO RUN IT

1. Everyone helps to lay out two tracks, which start in a 'not immune' area and go past each of the seven poles, each with the names of one of the illnesses or diseases it. Each pole has a circle of string on the ground around it. The circles will be of varied sizes: diarrhoea will be the largest because the largest number of children (five million) die from it each year, measles is smaller because two million children die from it. This should be set out like a slalom trail to finish at the 'immune' area at the other end.
2. The players divide into two teams, each with a name of their choice. Each of these teams then divides into units of three people.
3. The units of three have their legs tied together so the one in the middle has a leg tied to the adjacent leg of the person on either side of him/her.
4. The units of three all start behind the start line in the 'not immune' area. When the race starts they run along their team's track to go outside the string areas and around each pole in a zigzag course. If they go into a string area by mistake, then they are 'infected' and have to run all the way round that string circle again to 'cure' the disease.
5. The team with all its units reaching the 'Immune' area first wins the game.



From: **Unite – Programme Ideas for Venture Scouts**, The Scout Association.



## IMMUNISATION FACT SEARCH

### PURPOSE

- To encourage the participants to be curious as to the facts behind immunisation.
- To increase their ability to find answers to their questions.
- To increase their knowledge about immunisation in different parts of the world.

### WHAT TO PREPARE

- Copies of the Activity Resource 'Immunisation Fact Sheet' (see pages H-5–H-9) as required.

### TIME

20 – 40 minutes.

### HOW TO RUN IT

1. After any of the warm up or game type activities to do with immunisation, the group could then have a discussion. This may be done in small groups, with a discussion leader in each, or leaderless groups or in one big group.
2. If the discussion is led, the Activity Resource 'Immunisation Fact Sheet' gives background information for the person leading it. It could be provided as a handout for leaderless groups.
3. The discussion should start from the knowledge and experience of the group on immunisation, from their family, friends or from school or activities outside school. It might also come from books, or television, radio, computer programmes etc.
4. The group might then go on to ask questions no one there can answer. They should then think of where to get the information from, e.g. parents, health visitors, clinics, school nurse and library.
5. The next stage would involve action to find the answers to their questions with tasks delegated to individuals or pairs within the group. A second stage of the discussion will then be had at a later date, when they have collected the answers.





## IMMUNISATION FACT SHEET

### SECTION A: THE SIX KILLER DISEASES

#### 1. MEASLES

##### SYMPTOMS

Children suffering from this disease usually have a rash, high fever, cough and red eyes. Sometimes children also have a sore mouth, diarrhoea and vomiting.

##### WHAT CAUSES IT

This disease is caused by a virus which cannot be cured by drugs, but which can be prevented by immunisation.

##### HOW IT IS CAUGHT

Children catch this disease from other children with it. When an infected child coughs, small droplets go into the air with the virus in them. When children who have not been immunised breathe in these droplets, they may get the disease two to three weeks later.

##### IMMUNISATION IN THE UK

Immunisation given to children at 12–19 months old can prevent this virus. Another immunisation is given at 4–5 years old to catch those children whose immunisation did not ‘take’ the first time, and to act as a booster for those whose did.

#### 2. WHOOPING COUGH

##### SYMPTOMS

Children suffering from this disease usually have long coughing spells, sometimes followed by vomiting. They will often lose weight or fail to gain weight because of a decreased appetite or vomiting.

##### WHAT CAUSES IT

This disease is caused by a bacterial infection and whilst immunisation does not altogether prevent the disease, it reduces the symptoms so they are not so serious.

##### HOW IT IS CAUGHT

This disease is caught from other children who have the disease. When an infected child coughs, small droplets go into the air with the bacteria in them. When children who have not been immunised breathe in these droplets, they may develop the disease.

##### IMMUNISATION IN THE UK

Three vaccinations are given at approximately eight, twelve and sixteen weeks old.

Some children in the UK are not immunised because their parents do not believe it is a good thing to do. In developing countries, some children are not immunised simply because the programme is not available. Many children who are not immunised in these developing countries will catch this disease and will die.



## IMMUNISATION FACT SHEET (CONT)

### 3. TETANUS

#### SYMPTOMS

Children suffering from this disease will have muscle spasms, stiff muscles in the whole body, and difficulty in swallowing. It kills nearly 1 million children annually in developing countries.

#### WHAT CAUSES IT

This disease is caused by bacteria. It is almost totally preventable by immunisation.

#### HOW IT IS CAUGHT

This disease can be caught when the bacteria enters the body through various ways. These include:

- Through the umbilical cord in new-born babies, or through pierced ears, circumcision or other cuts when babies are between 14 and 21 days old. Most new-born babies who catch this disease die.
- In older children, the bacteria enters the body through cuts, scratches, wounds, ulcers or decayed teeth.

#### IMMUNISATION IN THE UK

There are a number of ways of providing immunisation from this disease. They are:

- Pregnant women can be given a special toxoid to prevent them from getting this disease, which also prevents it in a new-born baby.
- Three vaccinations given at approximately eight, twelve and sixteen weeks old prevents it in young children.
- Booster injections given at 4–5 years old and 15–16 years old protects older children.
- An injection every 10 years protects adults.

Immunisation is 95% effective.

### 4. POLIO

#### SYMPTOMS

Children suffering from this disease will usually have weakness or paralysis of the limbs, especially the legs.

#### WHAT CAUSES IT

This disease is caused by a virus which damages the nerves. Once nerves have been damaged, they can never be repaired again. Most children who are paralysed are under three years old and the disability is usually very serious.

#### HOW IT IS CAUGHT

This disease is caught through contact with contaminated food, water and other objects. It is more common and more severe where there is poor sanitation.



## IMMUNISATION FACT SHEET (CONT)

### IMMUNISATION IN THE UK

The vaccine is either given on a sugar lump or on a spoon. It is given at approximately eight, twelve and sixteen weeks old, followed by a booster at 4–5 years old, and another at 15–16 years old. Because of immunisation programmes, this is now a very rare disease in the UK, although many people over the age of 40 will know someone, or know of someone, who has had it.

It is much more common in developing countries and there, almost all non-immunised children who come into contact with this disease will catch it by the time they are five years old. Every year, about 500,000 children in the world are affected by this disease.

### 5. TUBERCULOSIS

#### SYMPTOMS

Children suffering from this disease will usually have a cough, which lasts a long time, and loss of weight. Children is more likely to catch this disease if:

- They have had several contacts with a person who has the disease but received no treatment for it.
- They are weak from malaria, measles or whooping cough.
- They are malnourished.

#### WHAT CAUSES IT

This disease is caused by a bacterial infection which mainly affects the lungs. It can occur at any age, even in infants, and is particularly common in overcrowded, insanitary housing.

#### HOW IT IS CAUGHT

This disease is caught by an infected person breathing out spores into the air, which are then breathed in by others. Once the spores settle in the lungs, they begin to damage the lung lining and produce the coughing fits.

### IMMUNISATION IN THE UK

One vaccination is given at birth which, although variable in its effectiveness, is still a vital means of protection for children. Another vaccination is usually given at about 12 years old.

This disease used to be very rare in the UK but the number of cases is on the increase now. It is still a very common disease in some parts of the world.



## IMMUNISATION FACT SHEET (CONT)

### 6. DIPHTHERIA

#### SYMPTOMS

Children suffering from this disease will have a severe sore throat, sometimes accompanied by a swollen and tender neck, and be very ill.

#### WHAT CAUSES IT

This disease is caused by bacteria. These bacteria produce a toxin which is absorbed into the tissues and bloodstream of the body, causing the swelling and subsequent damage.

#### HOW IT IS CAUGHT

This disease can be caught in a number of ways:

- By droplet secretions from the nose and throat of an infected person being released into the air and breathed in by others.
- By close face to face contact with an infected person.
- From articles which have been contaminated by the droplet secretions.
- From contaminated raw milk.

#### IMMUNISATION IN THE UK

Three vaccinations are given at approximately eight, twelve and sixteen weeks old, followed by a booster vaccination at 4–5 years old. Due to the success of immunisation programmes in the UK, this disease had all but disappeared. However, it is still very common in developing countries and because people now travel about the world much more, there has been a noticeable rise in the reported number of cases in the UK in the last few years.

#### SECTION B: HOW IMMUNISATION WORKS

Immunisation works by giving the child a vaccine, either by injection or by mouth, which then builds up the child's defences to the disease.

It is vital to immunise early in life, in fact, to be effective, most immunisations must be given before the child reaches its first birthday. Some vaccines need to be given only once but others should be given up to three times for them to be fully effective.

In the UK, immunisations are given by health visitors and nurses who run the children's clinics at their local Health Centre and the National Health Service recommends that **all** children should be vaccinated except for a very small number who:

- i) are suffering from an acute illness, in which case the immunisation should be postponed until they are fully well again;
- ii) have had a severe reaction to a previous immunisation;
- iii) have an illness or are taking medicines which interfere with their ability to fight infections.

In developing countries, the challenge of immunising babies is much more difficult than it is in the developed world. There are fewer resources available for the 'tools' of an immunisation programme, e.g. fridges, needles, trained staff, lorries etc. There are often many more children in developing countries than in the developed world, e.g. half the population of Uganda is under 16 years of age.



## IMMUNISATION FACT SHEET (CONT)

Improving the health of babies in developing countries is very important but very expensive, so often development agencies like UNICEF and Save the Children support immunisation programmes in those countries which cannot afford to provide their own programmes.

Whilst immunisation programmes in developing countries are extremely important in preventing unnecessary suffering and death, vaccines are only effective against diseases. Often, there are other far more common illnesses which cause the death of millions of people in these countries every year. One of these illnesses is diarrhoea.

### SECTION C: DIARRHOEA - THE BIGGEST SINGLE KILLER OF CHILDREN IN COUNTRIES OF THE 'SOUTH' OR THE 'THIRD WORLD'

Diarrhoea causes the death of about 3.5 million children in the world each year through dehydration. Many more are severely weakened by the malnutrition which so often results.

The main causes are poor hygiene and a lack of clean drinking water, although specific diseases, such as cholera and measles also cause diarrhoea.

A cure for diarrhoea does not exist but recently, a new method of treatment has been adopted, which prevents death, is cheap and safe, and can be given by parents. It involves drinking a solution of water, salt and glucose in the right proportions to replace the water and salts lost through diarrhoea. It is called 'oral re-hydration therapy' and whilst it does not taste very nice, it does a very important job. It can be made at home from sugar, salt and water. In China, a traditional recipe is made from leftover rice water.

### SECTION D: BREAST MILK AND IMMUNITY

Breast milk alone is the cheapest and best possible food and drink for a baby in the first four to six months of life. It helps to protect the baby against diarrhoea, coughs and colds, and provides natural immunisation against several other diseases. Some of the mother's antibodies (natural defences against diseases) are passed on to the baby in her breast milk.

Bottle milk, cow's milk and cereal gruels are inferior. Bottle feeding can lead to serious illness and death, especially if:

- i) The facilities to sterilise the bottle are inadequate.
- ii) The water used for milk powder solutions is not clean.
- iii) The solutions are not made up in the right proportions.

An organisation called 'Baby Milk Action' campaigns against the marketing policies of some companies who manufacture bottle baby milk. They are trying to prevent the product being advertised and pushed in countries in the 'South' where it is likely to be dangerous for the babies and very costly for the families. (See the **Background and Resources** section for the contact address and more information).

Information taken and adapted from **Unite – a resource for Group Scout Leaders and Commissioners**, and **Unite – Programme Ideas for Venture Scouts**, published by The Scout Association, and from the **Personal Health Record** issued by Leicestershire Health Authority in 1992.



## THE KILLER DISEASE CHALLENGE

### PURPOSE

- To increase their knowledge of diseases and immunisation programmes in the UK.
- To increase their knowledge about these diseases and immunisation programmes (or lack of) in developing countries.
- To promote discussion on health differences between the 'North' and 'South'.

### PREPARATION

- Photocopy THE SIX KILLER DISEASES from Section A of the Activity Resource 'Immunisation Fact Sheets' (see pages H-5–H-9) onto card (enough copies to allow one full set for every 4–6 participants).
- Photocopy sections B, C and D from the Factsheets (one copy for each group).
- Carefully cut each disease in section A into its component parts (Symptoms, What causes it, How it is caught and Immunisation in the UK), making sure you remove the **names** of the diseases.
- On a large sheet of paper, write up the names of the six different diseases.
- Large sheets of paper (one for each group).
- Re-usable adhesive.
- Felt-tip markers.

### TIME

30 minutes to play the game; 30 minutes for discussion.

### PROCEDURE

1. Organise participants into groups of 4–6 people, preferably seated around a table.
2. Give each group a full set of cards (each group should receive 6 different 'Symptoms' cards, 6 different 'What causes it' cards, 6 different 'How it is caught' cards and 6 different 'Immunisation in the UK' cards), a large sheet of paper, a felt-tip marker and some re-usable adhesive.
3. Stick the large sheet of paper giving the names of the diseases onto a wall so that everyone can see it.
4. Ask the groups to use their marker pen to divide their own large sheet of paper into 6 equal sized sections and write the names of the 6 diseases on it, one in each section.
5. Explain to the groups that they have all the information they need to identify the 6 different diseases.
6. As a group, they must decide which cards belong to which disease and stick them in the appropriate space on their sheet.
7. Get the groups to compare their answers, then reveal the right answers.



## THE KILLER DISEASE CHALLENGE (CONT)

### DISCUSSION POINTS

1. Did any group get them all right?
2. Did they learn anything new? About the UK? About developing countries?
3. Introduce sections B, C and D from the Factsheet and talk about these.
4. Talk about the differences in lifestyles between the UK and developing countries.
5. Talk about the differences in life expectancy in the UK and developing countries.





## OXFAM HEALTH QUIZ

### PURPOSE

- To raise awareness of some health issues in different countries in the world.

### WHAT TO PREPARE

- Photocopies of the Oxfam leaflet on health (reproduced on pages H15–H18), one per pair.
- A chair.
- A copy of the Activity Resource ‘Oxfam Health Quiz – Questions and Answers’ (see pages H-13–H-14) for the ‘leader’.
- This activity is for younger children but does require reading skills.

### TIME

45 – 60 minutes.

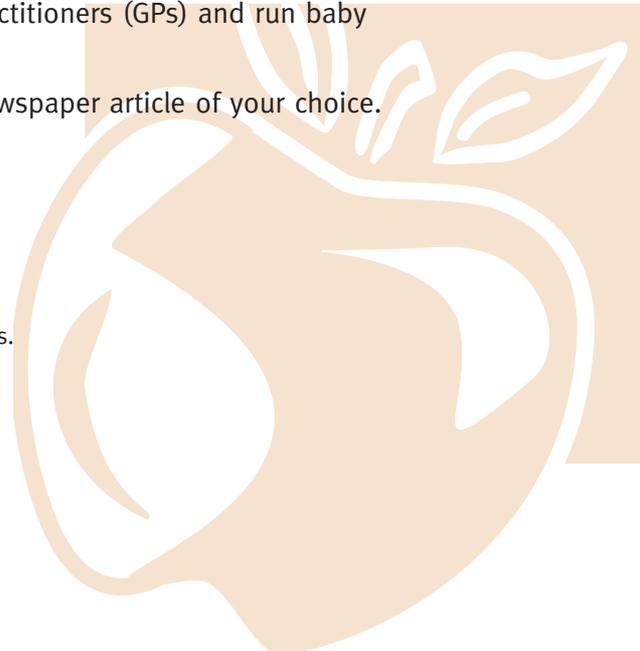
### HOW TO RUN IT

1. Divide the group into small groups of 4–8 people.
2. Put a chair in the centre of the room, an equal distance from each group.
3. Each pair is given a copy of the Oxfam health leaflet and given time to read it.
4. Ask the first question. Each group looks for the answer in the leaflet, and then one of the group rushes to the chair in the middle of the room, sits on it and shouts out his answer. If it is right then his group wins a point. If it is wrong, or he takes too long, then he must go back to his group and the chair is free for someone from another group to have a go at answering.
5. After the quiz, the whole group has a discussion. Points covered could include:
  - how they felt about the information in the leaflet;
  - what they think about it;
  - what is the same for them as for children in the leaflet and what is different.

### NOTE

1. More information about children’s health in the U.K. can be gained from health visitors, who are usually based with general practitioners (GPs) and run baby clinics.
2. This quiz game can be used with a leaflet or newspaper article of your choice.

This quiz was compiled by Jonathan Boyd, Young Farmer’s Clubs.





## OXFAM HEALTH QUIZ: QUESTIONS AND ANSWERS

The page number refers to the Activity Resource 'Oxfam leaflet: Health' (see pages H-15–H-18).

1. In which country are the school children washing their hands?  
**Answer:** Jamaica. (p1)
2. Where does Abdur live?  
**Answer:** Bangladesh. (p2)
3. What can be done to help children who are ill with diarrhoea?  
**Answer:** Make, and give them to drink, oral rehydration solution. (p4)
4. How much longer can somebody who is born in the U.K. expect to live compared with somebody born in India?  
**Answer:** 17 years. (p2)
5. Who is Sakhina?  
**Answer:** A health worker in Bangladesh. (p2 or 4).
6. Where is the pollution shown in the leaflet?  
**Answer:** Ahmedabad, India. (p1)
7. What is happening in the health centre in El Salvador?  
**Answer:** A baby is being vaccinated. (p3)
8. In which country are the children being shown how to stay healthy?  
**Answer:** Ethiopia. (p4)
9. What is the biggest problem faced by people with disabilities?  
**Answer:** Prejudice by others. (p3)
10. How did Abdur get diarrhoea?  
**Answer:** By drinking dirty, unboiled water. (p2)
11. In which country are the homeless people?  
**Answer:** In the U.K. (p1)
12. What are the main causes of disease in richer countries like the U.K.?  
**Answer:** Unhealthy eating, smoking and stress. (p4)
13. Who is working for a fairer world?  
**Answer:** Oxfam. (p1)
14. How could 80% of illnesses be prevented?  
**Answer:** If everybody could drink clean water. (p4)



## OXFAM HEALTH QUIZ: QUESTIONS & ANSWERS (CONT)

15. What makes us stay healthy?  
**Answer:** Eating fresh vegetables, cleaning our teeth and vaccinations. (p1)
16. What made Abdur better?  
**Answer:** A mixture of salt, sugar and clean water. (p2)
17. Where is Oxfam?  
**Answer:** 274 Banbury Road, Oxford. (p4)
18. Where is the young girl learning to walk?  
**Answer:** Zimbabwe. (p3)
19. What would cost half the amount of money that everyone spends on alcohol each year?  
**Answer:** Giving everybody in the world the chance to stay healthy by enabling everyone in the world to get hold of clean water easily. (p4)
20. Vaccination is a simple way to protect you from what?  
**Answer:** From measles or polio. (p3)



OXFAM LEAFLET: HEALTH (p.1)

# Health

**W**HAT do you enjoy doing most - playing with friends, swimming, going to the cinema? Do you enjoy doing these things as much when you feel unwell? Do you feel miserable if you have to stay in bed all day? Being healthy is very important, not just to stay alive but to enjoy your life too.

Now let's look at what makes us stay healthy.

Here are some ideas. You can add your own ideas too.

- Eating fresh vegetables,
- Cleaning our teeth,
- Vaccinations.

*Now look at these pictures. Talk with a friend of yours about what you think is healthy or unhealthy in the pictures.*



▲ School children washing in Jamaica.



▲ Pollution in Ahmedabad, India.



▲ Homeless people in the UK.

*Over the page you can find out more about health.*





## OXFAM LEAFLET: HEALTH (p.2)

## Health Matters

**M**OST of us take our health for granted. But for many people in the world it's not so easy. Somebody who is born in this country can expect to live 17 years longer than someone who is born in India. Let's look at why this happens.

People tend to live longer if they are healthier. Poor people in this country and all over the world do not have as good a chance as richer people of staying healthy. Often poorer people do not have enough money to buy wholesome food, or land to grow it. In many countries, it is difficult for families to get hold of clean water, and they can get sick from diseases carried by dirty water. Then in most parts of the world, people have

to pay for health care if they fall sick. Poorer people often cannot afford this.

Now you can read the story of Abdur. While you read you might be able to think of ways that people affected by poverty have fewer choices when it comes to staying healthy.



MELISSA LUNBY

## Abdur's Story

**A**BDUR lives in a village in Bangladesh, in Asia. There is no running water in his home and so his mother and sisters have to fetch water from a lake to drink. Sometimes Abdur helps them too. The water in the lake is not clean and so Abdur's mum, Fatema, tries to boil it to make sure that it is safe to drink. It's hard work fetching water, and it also takes many hours to collect firewood to boil water on. Fatema knows that using precious wood is not a good idea because trees protect the land and also help to stop serious floods, but she has to keep her family healthy.

Next day he felt too sick to go to school. He had got diarrhoea from drinking dirty water.

As Abdur became weaker, his mum got very worried. She knew a lot about herbal medicines that she could use in the family but this time she wanted more advice. She called Sakhina, the health worker who lived close by. Sakhina hurried over. She knew exactly what to do because children in the village often caught diarrhoea. Some even died from it because their bodies had lost so much water.

Sakhina made up a drink from a mixture of salt, sugar and clean water\*. It did not taste very nice, but she explained how it would help Abdur to get back the liquid that his body had lost. The sugar in this drink would help his body to absorb the salt it needed too. Then she showed Fatema how to make more of the drink herself.

Two days later Abdur was better and went back to school. On his way home he met Sakhina and told her how careful he'd be from now on. Sakhina laughed and said 'What we really need is a pump so that everyone can have clean water. Your mum and other women in the village are working together to try and make the local authorities put one in for us.'



A A women's health group in Bangladesh.

One day Abdur felt so thirsty that he had a drink of water before it had been boiled.

\* This mixture is called Oral Rehydration Solution.



OXFAM LEAFLET: HEALTH (p.3)

## Vaccination

**D**O you remember when you were vaccinated? Perhaps you have a vaccination mark on your arm. Vaccination is a simple way of protecting you against diseases like measles and polio. In richer countries, like this one, most children are vaccinated and the government pays for this. In poorer countries, governments often cannot afford to vaccinate children. It is also difficult to reach people who live outside cities.

Perhaps you or someone you know has had measles. In this country, it is not a



PHOTOGRAPH BY UNICEF

◀ This baby is being vaccinated at a health centre in El Salvador.

serious illness. But in other parts of the world the same disease can kill children. This is because children who are less healthy to begin with suffer more when they get sick.



PHOTOGRAPH BY OXFAM

## Disability

**E**VERY year, millions of children in poorer countries catch diseases that could easily have been prevented. In the UK and Ireland, where vaccination and clean water are easy to get hold of, fewer children get sick and fewer become disabled.

For people with less money, necessities like wheelchairs or medical treatment are expensive. But disabled people, like the girl in the picture who caught polio, live full and independent lives. Often the prejudice of other people is the biggest problem that disabled people everywhere face.

◀ This young girl is learning to walk at a centre in Zimbabwe.



## OXFAM LEAFLET: HEALTH (p.4)

### Health for All

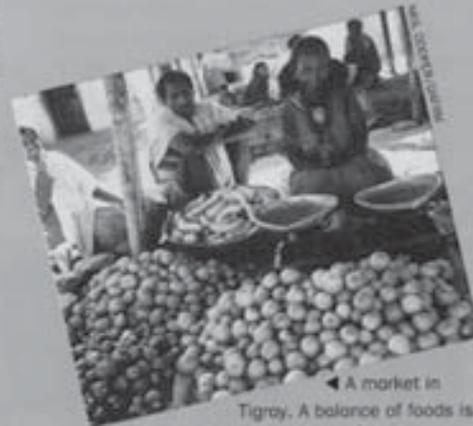
**M**OST people in poorer countries live a long way from hospitals. That is why health workers who are close by like Sakhina are so important. As well as bringing health care to more people, they teach them how to stay healthy so that they do not get sick in the first place. As the saying goes, 'prevention is better than cure!'.



◀ Showing children in Ethiopia how to stay healthy.



Weighing a baby in the UK.



◀ A market in Tigray. A balance of foods is needed for a healthy diet.

### Some Health Facts

**I**N richer countries, like the UK, the main causes of disease are unhealthy eating, smoking and stress. In poorer countries most diseases are caused by malnutrition, lack of clean water and poor housing.

Over 80% of illness would be prevented if everyone in the world could get hold of clean water easily.

Giving everybody in the world the chance to stay healthy is not very expensive - it would cost half the amount of money that the world spends on alcohol each year.

### Things to do

**T**RY making Oral Rehydration Solution yourself. Doctors in this country use a very similar mixture. Mix one litre of clean water, eight teaspoons of sugar and one teaspoon of salt. What does it taste like? Now you know how simple it is to treat diarrhoea.

Oxfam works with many health workers around the world like Sakhina. There are many ways that you can work with Oxfam too. Find out how in the **Introducing Oxfam** leaflet which you can get hold of from the Oxfam Youth and Education Programme.

Oxfam Youth and Education Programme,  
274 Banbury Road, Oxford, OX2 7DZ.  
Tel: 0865 311311.  
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08/01/00 M3 94

Prevention: Healthy Paper



## THE UPPERS AND DOWNERS GAME

### PURPOSE

- To improve knowledge about the use of drugs, their effects, the physical risks and the law.

### WHAT TO PREPARE

You will need for each group of up to five players:

- A copy of the Activity Resource 'Uppers and Downers Board' (see page H-22).
- The Activity Resource 'Uppers and Downers Question and Answer Cards', cut up and put into a pile, face down (see pages H-23–H-24)
- One counter for each player.
- A dice.
- Copies of the Activity Resource 'The Uppers and Downers Game – How to Play It'.

### TIME

30 minutes to 1 hour.

### HOW TO RUN IT

1. Explain the rules of the game as in the Activity Resource 'The Uppers and Downers Game – How to Play It'.
2. The group divides into small groups of not more than five people.
3. They play the game.
4. Bring the groups back together at the end for a ten minute discussion.

Ideas might include:

- to talk about how they felt the game went;
- whether they found any of the information on the cards surprising;
- what, if anything, they would want to find out more about;
- a vote on how much fun it was on a scale of 1–10.

### VARIATIONS

1. You could add your own questions and answers, including ones of most interest to your group about local issues and drugs as well as information about the use of drugs in different religions or countries, or the different laws in different countries.
2. Some examples are given in the Activity Resource 'Global Drugs Pub Quiz' (see page H-26–H-27).
3. More information to assist with this can be found in **On-Line – The Drugs Learning Pack** printed and published by The Commonwealth Secretariat, 1990, available from Commonwealth Secretariat Publications, Marlborough House, Pall Mall, London SW1 5HX.



## THE UPPERS AND DOWNERS GAME - HOW TO PLAY IT

### NUMBER OF PLAYERS

3–5 (not more than 5, because then it is too slow).

### SKILLS NEEDED

If you can play Snakes and Ladders, then you can play Uppers and Downers.

### STEPS AND RULES

1. Each player throws the dice and the person with the highest number begins.
2. In turn, players put their counters on the Start square, throw the dice and move their counters the number of squares shown on the dice.

#### 3. Snakes and Ladders

Has anybody landed on the bottom of a ladder or the head of a snake? If they have, then another player takes an Uppers and Downers **Question and Answer card** and reads the question out loud. The player whose counter is on the head of the snake or the bottom of the ladder tries to answer it.

#### 4. Right Answer?

If the player answers the question correctly, then he is rewarded. If he is on the head of the snake, he does not have to go down it, but has to stay where he is until their next go. If he is on the bottom of the ladder he can go up it.

#### 5. Wrong Answer?

If the player gives the wrong answer, then she has to pay a penalty. If she is on a snake's head, she must go down it and if she is at the bottom of a ladder, then she is not allowed to climb up it. She has to stay where she is.

#### 6. Five Special Squares

Have any players landed on the five special squares on the board?

##### i) Cafe

Any player who lands on this square can invite another player to join him for coffee. If another player is invited to Cafe Square, then he must move there from wherever he is on the board.

##### ii) No Smoking Area

Any player who is a smoker must miss a turn if she lands on this square. Any disagreements about who is or is not a smoker should be settled by a vote among the players.



## THE UPPERS AND DOWNERS GAME - HOW TO PLAY (CONT)

### iii) Busted

Any player who lands on this square has been caught by the police in possession of illegal drugs. Return to Start Square.

### iv) Out for the Count

Anyone who lands here has stupidly sniffed glue or drunk alcohol. The person has become unconscious, because both drugs slow the body down. He needs help and must be put into hospital.

### v) Hospital

Anyone who arrives here from the 'Out for the Count' square must miss two turns. When their third turn comes round, then she throws the dice and doubles the score shown on it.

## 7. Finishing Uppers and Downers

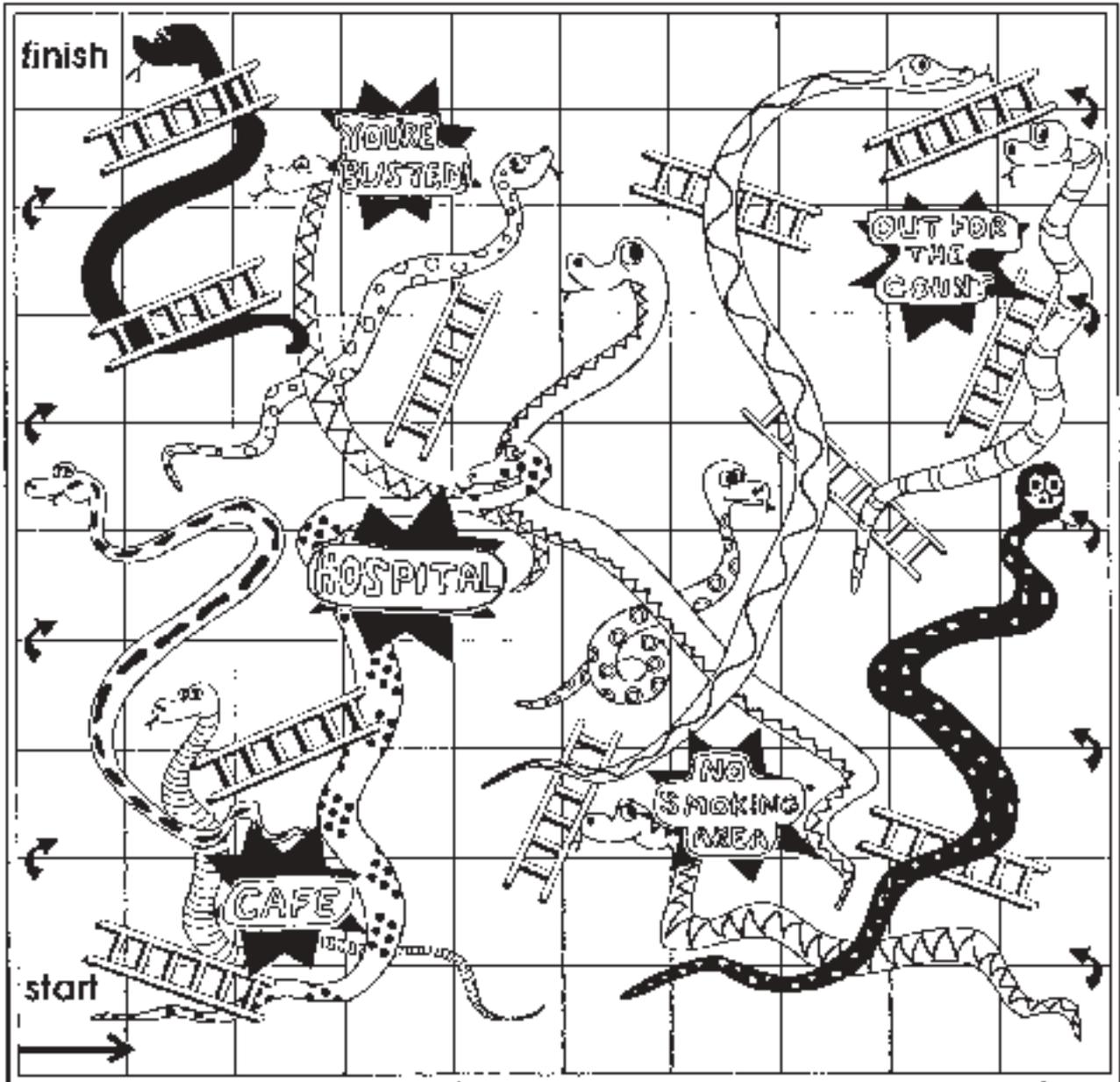
An exact number must be thrown on the dice to finish on the finishing square.

If you do not get this exact number, you wait where you are. (If you are waiting on a snake's head square, then you only get asked one question, the first time you land there.) If you run out of cards before the game is finished, then you can either shuffle the cards and put them back, or the players can make up their own questions.

From: **On Line. The Drugs Learning Pack.** Published by the Commonwealth Secretariat. 1990. £7.50.



# THE UPPERS AND DOWNERS GAME - THE BOARD





## THE UPPERS AND DOWNERS GAME - QUESTION CARDS

### Question 1

You only get dependent on heroin – want to take it again and again, and find it difficult to stop – if you inject it. True or false?

### Question 2

Women's bodies are more vulnerable to the effects of alcohol than men's. True or false?

### Question 3

People who drink a lot of coffee and then stop suddenly get headaches. True or false?

### Question 4

Drinking a lot of strong black coffee helps to sober up someone who is intoxicated. True or false?

### Question 5

Which method of taking drugs carries a risk of AIDS?

### Question 6

What do more people die from each year – using heroin or smoking cigarettes?

### Question 7

Which contains more alcohol – a pint of ordinary beer or a single whisky?

### Question 8

You are more likely to get lung cancer if you smoke cigarettes. But can you name one other health risk of smoking?

### Question 9

What does the term 'chasing the dragon' mean?

### Question 10

The last third of a cigarette produces more tar than the first two-thirds combined. True or false?

### Question 11

When Coca-Cola was first invented it contained cocaine. True or false?

### Question 12

Drinking alcohol warms you up. True or false?

### Question 13

What do we mean by 'passive smoking'?

### Question 14

Which two of these are stimulants – things that pep you up – coffee, alcohol, cigarettes?



## THE UPPERS AND DOWNERS GAME: ANSWER CARDS

### Answer 2

**TRUE**, because women's bodies are generally smaller, and have a lower proportion of water in them. This means that the alcohol is not diluted so much in women's bodies, and so has more effect on them.

### Answer 1

**FALSE**. You can get a habit of using heroin however you take it. But injection is the most dangerous way of using heroin, partly because sharing a syringe can pass on diseases like AIDS.

### Answer 4

**FALSE**. The caffeine in coffee (and tea) speeds up the circulation of alcohol and drugs around the body, increasing the intoxicating effect.

### Answer 3

**TRUE**. It's the body's reaction to suddenly not getting its regular dose of caffeine, the drug contained in coffee.

### Answer 6

Cigarettes kill more people. For every one person who dies from causes relating to the use of illegal drugs, hundreds die from tobacco-linked causes, say the British Medical Association.

### Answer 5

Injecting – when people share injection syringes.

### Answer 8

Smoking increases the risk of heart disease, strokes, bronchitis (bad chest), heart attack, and cancers of the mouth, throat and bladder.

### Answer 7

A pint of ordinary beer – roughly twice as much alcohol as a single whisky.

### Answer 10

**TRUE**.

### Answer 9

Inhaling the fumes or smoke of heroin which has been heated.

### Answer 12

**FALSE**. In fact you cool down because the blood vessels in your skin expand and you lose body heat.

### Answer 11

**TRUE**. Although it doesn't any more. Now it contains caffeine, the coffee drug, which is also in some other fizzy drinks.

### Answer 14

Coffee and cigarettes. Alcohol is a sedative - something which slows you down.

### Answer 13

'Passive smoking' means breathing in the smoke from other people's cigarettes.



## GLOBAL DRUGS PUB-STYLE QUIZ

### PURPOSE

- To raise awareness about the different attitudes and laws relating to drugs in different countries.

### WHAT TO PREPARE

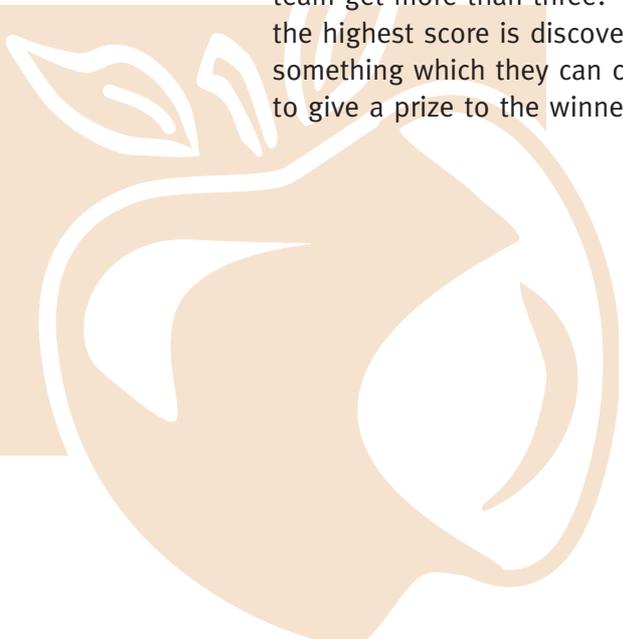
- One copy of the question and answer sheets.
- If you want to run it like a pub quiz, then you will need small tables and chairs for each group of 4–5 people, a pen and piece of paper for each group, a sticky label for each person and refreshments. Also a prize for the winning team and rewards for playing the game for everyone (the latter is optional).

### TIME

30 – 45 minutes (it depends how much time you give them to think).

### HOW TO RUN IT

1. Explain this is going to be like a pub quiz and you are the publican (male or female). The ‘teams’ will sit round tables, and think of a name for themselves, which they will write on a sticky label for each person. Each team will decide who will be the scribe. Talking is allowed within the team but collaboration between teams is not allowed. There will be a time limit for answering each question to be decided by the questioner.
2. Each team writes the team name at the top of their answer sheet. The questioner begins. S/he reads out each question once or twice slowly and then gives time for answering.
3. When all the questions have been read out, the questioner collects in all the answer sheets and there is a refreshment break.
4. Then each table gets another team’s answer sheet for marking and the questioner reads out the answers and adjudicates disputes e.g. if the answer is half right do I get half a point? One point is given for each right answer. The team adds up the points on the sheet and writes the total at the bottom.
5. Team sheets are returned. The questioner then asks for results like ‘Did any team get more than three?’ and so on going up in numbers until the team with the highest score is discovered. They get the prize. It could be a bag of something which they can choose to share with all players or you might choose to give a prize to the winners and a reward for playing to everyone.





## THE GLOBAL DRUGS PUB QUIZ - THE QUESTIONS

1. How many units of alcohol are there in one pint of lager?  
 One  Two  Three
2. Name a religion and a country in which it is practised, where the use of alcohol is banned.
3. For how many days a year is cannabis legal in Nepal?  
 One  Two  Twelve
4. a) Which famous fictional detective used drugs to help him think through a difficult case?  
b) Do you know which drug it was?
5. Which family medicine used to contain an addictive drug?
6. Does heroin slow down the mind or speed it up?
7. Which sort of drug is ecstasy – a depressant, a stimulant or an hallucinogen?
8. Name two parts of the body which are likely to be damaged by long term, heavy use of alcohol.
9. In which country is it common for children to drink wine, diluted with water, from a young age?
10. Name one cultural group of people who have suffered disastrous consequences from the introduction of alcohol to them by another cultural group.
11. Name a religion which uses a drug in its religious ceremonies.
12. What is the most commonly used and widely distributed drug in the world today?
13. Name two illegal drugs.
14. Can you think of four drugs commonly found in any household?
15. What are two drugs with a high likelihood of psychological dependence?



## THE GLOBAL DRUGS PUB QUIZ - THE ANSWERS

1. Two. A unit of alcohol is 10mls or 8.0g of absolute alcohol.
2. Islam and Saudi Arabia.
3. One, for a religious festival.
4. a) Sherlock Holmes.  
b) Tobacco. Most problems were two pipe problems. (He did also use opium but that was when he was at a loose end with no case to solve.)
5. Kaolin and morphine, used to combat diarrhoea.
6. Slows it down – it is a depressant.
7. A hallucinogen. The main effects of these drugs are not straightforward sedation or stimulation but instead they have profound effects on the way that people perceive, think and feel. LSD is another one.
8. Any two of: liver, heart, brain.
9. France.
10. North American Indians and Inuits (Eskimos) both of whom were introduced to alcohol by European settlers.
11. Christianity (wine) or Rastafarianism (cannabis or marijuana).
12. Tobacco.
13. LSD, cannabis/marijuana, cocaine, ecstasy, crack, heroin.
14. Coffee, alcohol of any kind, paints, model aeroplane glue, cleaning fluids (solvents), hair spray, nail polish remover.
15. Amphetamines, caffeine, cocaine, tobacco.



## FEELING STRESS?

### PURPOSE

- To increase awareness of what causes stress, and the effects of it on individuals and groups, in order to increase control over your own stress levels.

### WHAT TO PREPARE

- A lot of large sheets of plain paper, thick enough for the paint and ink not to go through to the surface below.
- Tape or stick the paper to the wall.
- Large felt tip pens and/or spray cans of paint (make sure they are CFC free).
- One or more copies of the Activity Resource 'Information Sheet on Stress' (see page H-29).

### TIME

One and a quarter hours approximately.

### HOW TO RUN IT

1. Ask the group to divide into pairs to discuss:
  - what they think stress means;
  - what causes them to feel stressed;
  - what can be good about stress;
  - what do they do to feel better and less stressed.

Then to spray or write up things that stress them personally.

2. Everyone looks at the board. Are there aspects which they have in common? What can be done in the group to assist everyone to reduce unhelpful stress? Discuss how stress can lead to anger which can lead to conflict. Can they think of situations which have happened to them, or in the club or group or globally which show this pattern?
3. Sample topics can be given to small groups or they could think of their own to report back verbally, like a documentary or with written notes, of some positive effects of anger.

Examples could include:

- Bob Geldof used his anger about famine in Ethiopia in the 1980's to organise co-musicians into a vast fund-raising event, Band Aid and later, Live Aid.
- The women who were suffragettes used their anger to confront authority – they chained themselves to the railings at Downing Street.
- People who feel very angry about live exports of animals have taken risks in demonstrating against this trade.
- The demonstrators and activists against massive road building programmes like the Newbury by-pass have given up everything, at least for a time, to demonstrate against the building of a road and the destruction of the environment, which they feel very angry about.
- Every summer there are reports in the newspapers of the stress induced by exams at school. Young people know about this first hand.



## INFORMATION SHEET ON STRESS

The word **'Stress'** can be used to mean factors which cause reactions in people or it can be used to mean those reactions. These reactions may be physical or emotional and can be positive or negative in their impact.

Stress in itself is not a bad thing. It is an ancient survival mechanism. The raised heart beat, rush of adrenaline and state of panic enabled our forebears to run from a herd of stampeding buffalo without pausing to think. It is called the 'fight or flight' mechanism and is a physical response.

Today it helps us to accomplish more than we thought we could – it is the burst of adrenaline which enables us to get to the top of the hill, onto the stage or off the top diving board. We all have examples where stress has helped us.

However, if the causes of the stress are beyond our control; if we do not have the knowledge or skills to manage stress, it can lead to symptoms with negative effects. They mean we feel 'low' or 'bad' and we lack confidence to achieve what we can do.

Physical symptoms of stress for adults and children can include:

- breathlessness and dizziness
- over-eating or loss of appetite
- sleeping problems, often waking very early
- fidgeting and nail biting
- headaches, backaches and stomach aches.

Emotional symptoms of stress can include:

- frustration, aggression, irritability
- anxiety
- depression and tearfulness
- lack of concentration
- inability to make decisions.

It is useful to understand what is happening to us when we are stressed, what is causing it and how we are reacting. We can then take steps to control this and to steer it into a positive direction. Boredom and lack of physical activity can cause stress. You can feel tired and lethargic, but after a swim or a game of football you are surprised to feel less tired.

Adapted from **How are you feeling? A Health Promotion Resource for 9-13 year olds**, Book 6, The Woodcraft Folk, 1994.

