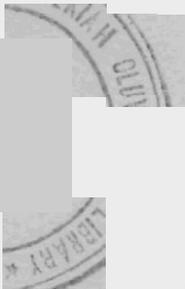


NIGERIA.



Inaugural Lecture Series 112

**THE UNDERRATED
FRIENDLY HAZARDS OF MAN**

BY

J.O FAWOLE
Professor of Physical Education



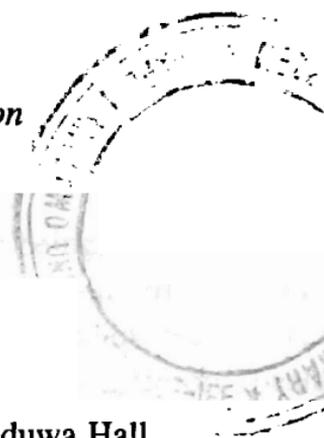
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INTRODUCTION

Mr. Vice- Chancellor Sir, it is with humility and gratitude to God Almighty that I stand before you on this memorable day as the first Professor in the Institute of Physical and Health Education of this great University, to present the first Inaugural Lecture in the Institute and first of the kind in Health Education not only in Nigeria but in Africa on:-

The Underrated Friendly Health Hazards of Man

Hazards connote risks or dangers human beings are exposed to. Either deliberately or inadvertently, man exposes himself to several hazards in his journeys of life. Some hazards are so enjoyable to (man) that he does not care of their repercussions. Literarily therefore, health hazards man is friendly with can be considered as risks or dangers-obstructing man's desire to attain a state of physical, mental and social well-being. The giant strides in technological advancement today tends to make life easier, freer and more comfortable seemingly to enhance health. Unfortunately, however, an easier, freer and comfortable life is not synonymous with healthier life. Infact, an easier life is a shorter life because the easiness would definitely cause one to attain bodily old age long before chronological age.

Drugs as Attractive Nuisances to Health

Of all living things, man hates physical discomfort the most. He hunts for drugs at all cost to relieve himself of the tinniest headaches and pains. He hates to be told that drugs should only be taken when prescribed by a qualified medical doctor.

The general trend in our society is either to defy the doctor's regimen if seen at all or refuse to go to the hospital to see the doctor on the excuse that a lot of time is wasted there with no solutions to people's ailments. These excuses often lead Nigerians to improperly and excessively use drugs, arbitrarily purchased over the counter.

This situation is what an average Nigerian enjoys because both the purchase and use are less cumbersome. Even though the processes of purchase and use are less worrisome, people fail to realize the drug abuse in itself is hazardous to health. Some of the drugs commonly abused and their hazards include:

a) Morphine-like narcotics (opiates)

Medically, morphine-like drugs are the most effective pain relievers in existence and are among the most valuable drugs available to the physician. They are widely used for short-term acute pains resulting from surgery, fractures, burns and in the latter stages of terminal illness such as cancer.

Unfortunately however, these drugs are often abused. When this happens, they produce a sense of euphoria, dull fears, tension or anxiety. The depressant effect of opiates produces drowsiness, sleep and reduction in physical activity. Their side effects can include nausea and vomiting, constipation, itching, flushing, constriction of pupils and respiratory depression.

b) Barbiturates

Medically, these are among the most available versatile depressant drugs used for epilepsy, high blood pressure, insomnia and in the treatment and diagnosis of mental disorders. They are also used before and during surgery. Most people like to relax and have a full

night sleep especially after the daily activities. The first thing that comes to the mind of such people is the way to secure a good sleeping drug on the first night. This practice may go on and on because of the pleasure derived from using such drugs until the habit of using the drug is formed.

As enjoyable as the sleeping drug is, its attendant effect can be very dangerous to the body. First and foremost, it must be known that barbiturate abuse is far more dangerous than alcohol abuse or even narcotic abuse. The abuser exhibits slurred speech and staggering gait. His reactions are sluggish and he is emotionally erratic and may be moved to tears or laughter. Sometimes, he has impressions of euphoria. Because the abuser is prone to stumble or drop objects, he is often bruised and has cigarette burns.

The danger of barbiturate abuse does not rest on its unpalatable aforementioned effects alone, the withdrawal from its use during the first 8-12 hours is equally hazardous. There is likely to be signs of increasing nervousness headache, anxiety, tremor, weakness, insomnia, nausea and a sudden drop in blood pressure.

Stimulants

These are drugs that stimulate the central nervous system. The most widely known stimulant in this country is caffeine, an ingredient of coffee, tea, kolanuts, Coca-Cola and other beverages. Since the effects of caffeine are relatively mild, its usage is socially acceptable and not an abuse problem.

However, the synthetic stimulants such as amphetamine and other closely related drugs are more potent and can be easily abused. Amphetamine that has been available since the early 1930s was first used medically as a nasal vasoconstrictor in the treatment of colds and

may fever and was later found to stimulate the nervous system. The stimulating activity is the primary basis for its uses in medicine today.

Amphetamine is medically used for *narcolepsy* (a disease characterized by involuntary attacks of sleep) and to counteract excessive drowsiness caused by sedative drugs. This drug is further medically used in obesity, where it exerts an anti-appetite effect and to relief mild depression such as that accompanying menopause, convalescence, grief and senility. The medical usage of this drug is not without its side effects. The drug may produce a temporary rise in blood pressure, palpitations, dry mouth, sweating, headache, diarrhea and dilations of the pupils to mention just a few.

The apparent side effects not minding, amphetamine is abused to produce increased mental alertness, reduce weight and fatigue. The abuser is a talkative, excitable and restless. He suffers from insomnia, perspires profusely, has urinary frequency and exhibits a tremour of hands. There is the occasional user who takes amphetamine to exert himself beyond his physiological limits. He may want to stay awake to drive, excel in sports competitions or cram for examination. Instances of death during athletic contests have been traced to amphetamine use.

Also, while under the influence of large amounts of amphetamines, the individual may become overactive, irritable, talkative, suspicious and sometime violent. This combination can lead to belligerent homicidal behaviour. The paranoid psychotic state can last long beyond the period of drug activity and resembles paranoid schizophrenia. Another dangerous stimulant worthy of mention is cocaine. Cocaine is a substance derived from coca bush, a plant that grows in the uplands of Bolivia, Peru and Chile. It is an odourless, white crystalline powder with a bitter taste, producing numbness of the tongue.

It has been used for centuries by Andean Indians who rely on its anti-fatigue and anti-hunger effects to sustain them, through a life of toil and deprivation in the rarefied atmosphere. In the Western World, cocaine was at one time used medically as local anaesthetic. Its place in medicine, however, has been largely taken by newer, less toxic drugs. The stimulant effects of cocaine result in excitability, talkativeness and reduction in the feeling of fatigue. Cocaine may produce a sense of euphoria, a sense of increased muscular strength, anxiety, fear and hallucinations. Cocaine dilates the pupils and increases the heartbeat and blood pressures. In overdosage, cocaine may so depress respiratory and heart function that death results. It will appear unbelievable that knowing the side effects of cocaine, people can still abuse it.

Hazards of Smoking

Next to caffeine, nicotine, one of the major chemical constituents derived from tobacco smoke is the most widely used stimulant. Even though it has been well documented that smoking is dangerous to health, nevertheless, more than 40% of the adult population in most countries disregard the evidence and continue to smoke. It has further been established that second hand smoke is as dangerous as first hand smoke. In other words, non-smokers living or working with smokers likewise suffer some of the harmful effects of tobacco smoke.

It has also been established that tobacco smoke contains at least 1200 different toxic chemicals. Smoke by itself is a mixture of hot air and gases that suspend small particles called tar in cigarette smoke. The smokers are quite aware that many of the particles contain carcinogens, substances which are known to cause cancer. Yet some smokers request their friend smokers to give them some cancer to smoke. At this modern period, either through lectures, classroom

instruction, listening to electronic media or reading papers, a good majority of the populace in any rural area is aware that cigarette smoking can lead to:

1. Increased heart rate
2. Increased peripheral vasoconstriction, which in turn causes increased blood pressure
3. Release of fatty acids from adipose stores, thus elevating the level of circulating fats which are known precursors of atherosclerotic plagues
4. Reduction of blood clotting time and
5. Reduction of the amount of oxygen delivered to the tissues by the carbon monoxide content of smoke.

Neither can the smokers claim ignorance of the fact that cigarette smoking contributes to the carcinoma of the lungs, leads to emphysema, chronic bronchitis and yet they smoke.

It is going to be difficult for one sitting here today, to believe smoking mothers who claim total ignorance of the effects of their habits on the fetus. It is a known fact that (a) cigarette smoking during pregnancy can cause a reduction of infant birth weight; (b) can lead to spontaneous abortions and (c) can adversely affect the intelligent quotient of the infant at a later life. These and several other effects of smoking are underrated by the populace nowadays.

Hazards of Alcoholic Drinks

It is pertinent at this juncture to examine the hazards which that good drink, called alcohol which most people feel they cannot divorce or stop taking cause the body. Alcohol, which is classified as a narcotic drug, (a drug that relieves pain and induces sleep) is not known to be a

drug by many people because it is seldomly recommended for ailments. The categories of alcoholic drinks which constitute hazards to the drinker but are still consumed include:

- a) the native ones- *oguro*, *burukutu*, palm-wine, *oti-ogele*, *ogogoro* and *pito* to mention a few
- b) Beer- *guilder*, *trophy*, *star*, *double crown*, etc.
- c) Stout- *Guinness*, *markinson*, *power*, *eagle* etc.
- d) Spirit- *gin*, *rum*, *whisky*, *aromatic schnapps*, *champaigns* and
- e) Wine- *dubonet*, *st. raphael*, *campari*, *double barrel*.

The groups of people who usually risk the health hazards posed by alcohol consumption in our society are:

- a) Male of lower socio-economic levels
- b) The separated, single and divorced persons
- c) Those without religious affiliation
- d) Persons who are convinced that drunkenness is not a sign of irresponsibility and
- e) Residents of large cities.

The alcoholic usually becomes so friendly with their drinks that they do not mind living with the associated physical and social health problems, which include the following:

Physical- depressive action on the brain, accumulation of fat in the liver, increased urinary output due to the diuretic effect of alcohol on the pituitary, temporary increase in heartbeat and blood pressure, increased production of gastric juices, heart failure, increased epilepsy and impotency. Excessive use of alcohol also creates a vitamin deficiency with attending disorders. For example, deficiency in thiamine results in beriberi, niacin failure produce pellagra. Also, acute malnutrition results in excessive alcoholic consumption and the

detrimental social effects which include, unusual dancing and tearing of clothes, marital discord (particularly when the husband comes home late at night and could not perform his normal function for his wife) and loss of job, accidents, and sale or personal belongings to purchase drinks.

The hazards of alcoholic drinks not minding, the drinkers often advance such reasons as parental influence, peer pressure, to relieve social or physical discomforts, to quench thirst, out of curiosity, for relaxation, for psychological reasons, and as a tranquilizer for their habit.

Friendly Hazard to the Athletes

It is going to be unfair to my profession, if I should proceed with this inaugural lecture without quickly making reference to some of the friendly hazards which athletes are often exposed to, in international competitions. Even though regarded as a part of the politics of the games at the international scene, a number of friendly hazards which can easily wear the athletes down are often made easily handy for them, at the games village. The first of such kinds of temptation was what I saw in Alberta, Canada during the International University Sports Federation (FISU) games in 1983, where athletes were allowed to take as much food and no fewer than 12 types of meat were served. To make the temptation serious for the athletes, the Cafeteria was opened for 20 hours in a day. Apart from food and meats, fruits and desserts were uncountable.

The worst hit by the nutritious hazard were the home based athletes we took along as reserves from Nigeria. The athletes ate and ate until they developed migrain. The situation became so serious that each time we (officials) were looking for the athletes and could not find them, we usually headed for the Cafeteria.

Trouble came when one of the foreign based athletes pulled his muscles and we had to replace him with the overfed home based one. He became so clumsy with the ingestion of calories that he could not compete at last. This is one of the strategies often adopted to bait our athletes to exhaustion.

Another friendly hazard often provided to tempt athletes with, during the International Competition is disco music at the games village. Good and enjoyable as disco dance is to the youths, it is not compatible with high level sports performance particularly if it involves dancing to it till dawn during the international sports competition of FISU games magnitude. To weigh down athletes in the same games village, very good disco music was provided at the first floor of the village, while athletes slept on the tenth floor. Beautiful young ladies were provided simultaneously to entertain the athletes with. What happened was that athletes who yielded to the lady hazard or (temptation) became so fatigued the following day that they could not perform on the sports field as expected.

It should be noted by the athletes present here today that the first acid test they must face in most international competitions they attend is the free gift of condoms distributed to their beds. Any attempt by the athletes to exhaust all the condoms supplied, would earn them golden condoms at the end of the competition as against real gold medals they have gone for. Probably because of immeasurable incentives attached to sports achievement by government and private organization and individuals in the recent times, winning at all cost syndrome develops in athletes. Athletes now look for ergogenic aids to boost their performance. Technological advancement, accessibility to such aids, mobility, peer pressure and the home influence on the concerned athletes assist to encourage athletes use of the dope.

Such drugs deliberately used to enhance sports performances include amphetamine, cocaine, ethylamphetamine, dexamphetamine, pemoline, phentermine, ephedrine, heroin, methadone, morphine, and such anabolic steroids as methandienone decanoate, and winstrol to mention a few.

Once under the influence of these drugs, a lot of enhanced performance is achieved. But such prowess produced by the drug is short lived and unfortunately results in what to the spectators appear to be an accidental death but which to the user is suicide.

While one is not categorically saying at this juncture that the tragedies that struck on the field of sports, particularly in recent years in Nigeria are caused by doping (just because our government is always shy to reveal to us the true results of the postmortem of such deaths) there is no doubt that most of them could be linked with doping. For example, it should still be fresh in the memories of many sitting down here today, what happened on August 12, 1987, when a fine player with the senior National Football Team, Samuel Okwaraji slumped and died at the main bowl of the National Stadium, Surulere, Lagos during a world cup qualifying match between Nigeria and Angola.

Also, you would recall, some time in 1993, that a marathoner, Ladi Musa collapsed and bled to death at the same National Stadium, Surulere, Lagos a few years back, another football star, Mudasiru Lawal collapsed and died in his house in Ibadan shortly after a training session. As if those were not enough, on October 28, 1995, a top striker with Julius Berger Football Club, Emir Angwe died on the field of play during the Club's encounter with Maxaquine Football Club of Mozambique for the Nelson Mandela cup semi-final second leg in Lagos. And in Calabar, Mr. Aniefiok Edet slumped and died on a field

of play during a mock world cup tourney tagged Ediba Mini World Cup.

The big riddle which Health and Physical Education experts who are not accessible to the postmortem of the aforementioned victims have not been able to unravel is whether their deaths were as a result of doping, lack of physical fitness or a combination of doping and other complications.

Hazards of Eating

One of the most interesting activities healthy people love to engage in, is eating delicious meals. Some can eat until their bellies are protruded, most especially when such foods are free. Some men's bellies are so protruded as a result of over-eating that one cannot differentiate them from their pregnant wives. Robustness is sometimes equated to affluence in the Nigerian Society. Some people hate to give their mouths freedom. They kiss groundnuts from their drawers, and toy with biscuits from their cabinets. In big offices where tea and snacks are not yet forbidden, workers monitor the availability of snacks and milk more than the movement of their files. The daily service for the boss is more often than not for everybody present in the office. Even messengers take their share in toilets where tea cups are washed.

The double rations taken at functions are common. Most people ignorantly take at a time in social functions enough dish for three strong men on the gladdening excuse that such foods are free. Even after such meals, some also settle for sweets, banana, roasted or boiled maize, and akara Osu to mention a few.

Little do they know that the end result of the injection of these attractive nuisances called foods into the body will cause over-weight. Over weight, unknown to consumer results in:

- a) Inconvenience- difficulty in getting about and heaviness of feet
- b) Predisposition to functional disease of the heart, circulatory system, kidney and pancreas (diabetes)
- c) Lessened expectancy of life- due to predisposition to functional disease and also to the fact that fat people have poorer chances of recovery after operations and serious illness. In addition, fat people have more tendency to die quicker during the slightest or serious accidents than slim or non fat people.

No matter how well prepared and tempting a dish is, we must learn to say no to food when we know our stomach is full.

Consumption of Sweet Foods

A lot of people prefer very sweet foods to non sweet ones. Some are in the habit of stuffing their cups of tea or bowls of gari with as many cubes of sugar as eight or thrice as much in their bowl of gari. Even though palatable and friendly in the mouth, such consumption is, the after effect of using sugar to eat sugar can be very hazardous to the body. Apart from its effect on the dentures, over consumption of sugar has been found to be related to diabetes mellitus and hypertension.

Rather than indulge in sweet things, the individual is advised to take balance diet which includes a combination of carbohydrate (iyan, eba, yam flour, eko) proteins (lean meat, beans, fish); fats (palm oil, butter, margarine, etc.) minerals- salt and vitamins- fruits. Anybody who refuses to take balanced diets is sure to expend thrice the amount he should have spent for foods on drugs once sick.

Problem of Inactivity

Anything strenuous, the human body cannot stand. The body enjoys more than anything else, sitting on moving chairs while in the

office, remaining in air-conditioned home, office and car. It is an unpleasant fact however that anybody who indulges in moving from air-conditioned car to the air-conditioned office and back to the air-conditioned house without engaging himself in any strenuous activities will move to the air-conditioned grave quicker than his mates who are active. Rather than taking pleasure in walking to the nearest friends houses across the street, man loves going by car to avoid sweat and discomfort. Infact, some people do not sweat at all unless they drink very hot *eko* or tea. And the only time they run is when snakes enter into their rooms or their houses are engulfed by fire. The only other thing that can get sweat out of some people is very high malaria fever.

If it is possible, some people should have wished that cars take them to the toilet and drive them into their offices. As palatable to the body as the aforementioned inactive practices are, they constitute hazards to the heart and body frames. For optimal functioning of the body, the heart inclusive, one must engage in mild physical activities like walking, jogging, swimming, cycling and playing games like lawn tennis, table tennis, badminton, soccer to mention but a few for between 15 and 20 minutes daily four days in a week.

There are some simple physical exercises that you can engage in, even in your rooms daily if you like to be healthy and physically fit. It is recommended however that you try to see your doctor to certify you fit for the exercise before starting on it.

The physical fitness test by a qualified physician is essential for an individual.

- a) Who has not been exercising regularly for a long time
- b) Someone who is overweight
- c) Easily becomes breathless with even moderate exercise
- d) Has had a prolonged illness

- e) Smokes and /or drinks alcoholic beverages on a regular basis and
- f) Above age 40 years.

It is no gainsaying, that if you can try to give your body a little discomfort for about 5 minutes daily, your muscle will not only grow stronger but also refuse to be fatigued readily. This type of mild exercise tends to promote digestion and a feeling of well-being. With exercise, your lungs will be conditioned to process more air with less effort and heart kept strong. This is because, with increased strength, the heart pumps more blood with each beat and the same heartbeats fewer time each minute. When you engage in this type of excise, the tone of your muscles (skeletal, blood vessel and heart) is improved. There is also no doubt that this type of exercise coupled with reduction in your caloric intake can help reduce your weight. You will not only feel better but look healthier. To enjoy doing exercise, you have to obey the following rules apart from securing a certificate in fitness from your physician:

- i) Choose the activities that you enjoy
- ii) Choose the activities that you can find time to do at any season.
- iii) Choose inexpensive activities
- iv) Work hard enough to perspire
- v) Have a brief exercise period each day

Personal Experience in Jogging

It will worth its while to share my personal experience about jogging in Nigeria with your at his juncture. On two occasions, when I carried my jogging practice to my home town on arrival in Nigeria in 1979, I was reported to my mother for critical examination on what

must have been wrong with me that made me to be running about like a mad man. It took me time to convince my people that jogging was a part of my training, and not done out of sickness. Except in an enlightened society like observed on campuses of higher institutions such as Ife, Ibadan, Lagos etc. people generally believe that only mentally sick people just run all over the place. Therefore, if you wish to do physical exercise as should be done in your locality, you must be ready to be stigmatized mentally sick.

Preparing to Exercise

- i) *The Right times to exercise:*
Whenever you can find time except that it should be at least 2 hours after your meal.
- ii) *How often should you exercise?*
You can limit yourself to two or three workouts a week during the first month. This can be increased to 3 or 4 workouts a week in the subsequent months.
- iii) *The right place to exercise:*
It is wherever you can get the best facilities. But lack of facilities should not be an excuse not to exercise.
- iv) *The proper clothing to wear:*
Loose and clean clothing which allows for free movement is needed.
- v) Your muscles can get sore initially but do not worry it. In a matter of time, the soreness will vanish.

Hazards of Inpatience on the Road:

Nigerians by nature are always impatient on the roads. Most people prefer the traffic regulation in Germany, whereby there is no speed limit, to be adopted in Nigeria, so that they can be getting to their destinations much quickly.

Unless when checked by their wives for over-speeding, husband drivers do not realize that they drive fast. It can be interesting and enjoyable to leave Ibe at 8.30 a.m. for a 10.00 a.m. function in Lagos and get there on schedule. To many, drivers are adjudged good only if they can speed very well.

No matter how careful an habitual fast driver is, accidents are caused by what they do and some times, do not do. Accidents are regarded as unforeseen, because no sane person ever plans it. But the important thing is that they are caused by human errors such as drinking while driving, inattention, emotional instability, wrong overtaking, over-speeding and sickness- and mechanical faults such as burst tyres, faulty brakes, broken wind screen and open bonnet to mention but a few.

Hazards of Undue Love of Musical Sound:

There is no doubt about the fact, that human beings maintain contact with major part of the surroundings within which they live, and move through the mechanism of sound. We communicate on a person to person basis by sound. Warnings of impending danger are drawn to our attention by sound. We even relax to the sound of enjoyable music. Without sound, and the ability to hear sound, human beings become isolated from significant portion of the world around us. Unfortunately however, the supposedly undue love for sound has been turned to something else on our major streets, shopping centres, hostels and houses today. The musical sound which should have been very relaxing to the ears have been turned to meaningless, unwanted, and irregular noise, dangerous to the human health.

The loudness or intensity of sound is recorded in units called *decibel* (dbs). Decibels are units of sound measurements. Zero decibel is the weakest sound level that can be detected by the human ear. Most

sounds that human beings encounter range between 50 and 90 decibels. For example, the sound level of a two- person conversation may be around 60 decibels. The traffic noise in a city like lagos has been found to range from 70 to 90 decibels. The noise of a take- off plane is about 140 decibels. If one is exposed to 90 decibels for 8 hours he will have hearing damage.

Subjecting ourselves to a noisy musical sound can lead to:

- a) Annoyance,
- b) Disruption of activity,
- c) Loss of hearing and
- d) Physical or mental deterioration.

Annoyance which is the most widespread response to noise can aggravate existing physical disorders. And noise that disrupts sleep can lessen the body's resistance to disease or physical stress and one's feeling of well being.

Excessive sound can lead to somatic manifestations such as stomach problems, including ulcers and also aggravate mental illness. In learning situation, noise disrupts attention and hinders concentrated mental efforts. The greatest physiological effect of noise is hearing loss, temporary or permanent.

Scope of My Research and Contributions

Mr. Vice-Chancellor, Sir, my researches cover special areas of Health Education with special emphasis on drug problems in Nigeria. For example, in a study I conducted in 1982, to survey the opinions of different categories of Nigerians which included, University lecturers, high School Principals, University Students, Primary School Headmaster, and Headmistresses, High School Students, and people

with no formal education on their beliefs about the existence of drug problem in Nigerian and how they can be reduced. Two hundred and seventy volunteers from the six categories took part in the study. The result of the study revealed that all the respondents agreed that drug problems existed with us in Nigeria. Alcohol and analgesics were identified as most commonly abused drugs by majority of the study groups except a small proportion of the High School and University students who felt that marihuana was the most commonly abused drug. The highest proportions of each of the six groups of respondents mentioned the home as the biggest influence responsible for drug Abuse and Drug Misuse in schools as the most effective way of controlling drug problems in Nigeria, while the respondents with less educational background mentioned public campaigns and arresting the culprits as good measures to keep drug problems in check.

In another study aimed at probing the Awareness of the Side Effects of Analgesic Abuse Among Nigeria Youths which I carried out in this University in 1983, I found that the types of analgesics abused by the respondents were aspirin, phensic, sonalgin, cafenol, apro, propon, A.P.C., spasmo-dolviran and Ivalol. Majority of the respondents (63%) were aware that excessive use of aspirin could lead to kidney disease, but a large proportion of them (80%) did not realize that it could cause blood clot, lead to much blood loss during mensuration and aggravate peptic ulcers.

In a related study I conducted in 1985, on Self-Medication and its Health Implications among selected Secondary School Students in Oranmiyan Local Government area of Oyo State, it was revealed that majority of the male respondents (55%) and female ones (37%) practised self-medication. The major routes of administration were by oral and insertion. It was found that respondents practised self-medication for three main reasons:

- a) Because they thought it was safe to use drugs purchased from chemists and patent medicine dealers
- b) They could not afford to keep long hours in hospitals waiting for doctors and
- c) There were no hospitals around them. Majority of the respondents claimed that they were unaware of the dangers of self-medication.

My research into drug problems in Nigeria was not restricted to sedentary people in the country, it was extended to the athletes. In a study I conducted in 1985, to probe the National athlete's knowledge of doping agents and the extent of their involvement in doping to enhance performance. it was revealed that the track and field athletes followed by basketball and soccer players were aware of doping agents in the field of sports. But the weight lifters, volleyball and soccer players claimed to have actually doped themselves at competitions.

The study, which was one of the few earliest researches in the area of drugs in sports carried out among the National athletes, identified the doping agents used as Reactivan, Bazedrin, Pervitin, Durabolin, Ephedrine and Cocaine. Majority of the respondents claimed that their friends in same sports influenced them to take doping agents. A very high proportion of the respondents were aware that doping agents were prohibited in international competitions but did not know that they had side effects. Judged by the assessor's comments made available to me from Japan where the study was published after eric search, it was the first one to be conducted in Nigeria and published abroad.

Either by what man inflicts on himself or by what others inflict on him, he is sometimes forced to attend the hospital. Smoking and drinking habits and the types of drugs and food he takes may result into ailments, which may also require hospital treatments. I therefore

carried out a research in some selected state and teaching hospitals in Nigeria on whether or not patients were given the necessary information required about their ailment diagnoses and the drugs prescribed and issued to them in the hospitals. The subjects for the study were 300 literate male and female volunteer outpatients from Ogbomosho, Osogo, Iwo and Oyo state hospitals and Obafemi Awolowo University, University of Ibadan and Shaki teaching hospitals. The finding of the study revealed that:

- a) Facts about patient diagnoses and medication were concealed from the patients diagnosed by doctors and pharmacists in Nigerian hospitals
- b) Patients were interested in having the knowledge of their diagnoses and medication
- c) Most of the drugs dispensed to patients did not have any warning instructions on their container even when necessary
- d) Patients favoured pharmacists dispensing drugs to the public without doctor's prescription so that they could consult with them instead of "waiting" long hours in hospitals to see doctors and
- e) Directions on how patient's medications should be used were always written on their drug containers. This awareness research on patient education published in the *International Journal of Health Education* stood as the first to be so published about Nigeria.

Attendance at hospital is a nice idea when sick, but illiteracy and poverty are major factors militating against patients' enthusiasm. The cost of treatment is either beyond their reach or it uses up whatever financial resources they possess.

A stroll to the market to compare health products with other items will reveal that the cost of medical care has risen more than thrice as much as those items. It is therefore sufficient to conclude that inflation on health products is far in excess of the nation's general inflation.

To procure a solution to the rising cost of health commodities, I carried out a study on "Health Education as a Medical Cost Reducing Agent". The subjects were 450 male and female volunteers with different educational backgrounds ranging from Modern III and below, to first degree and above.

The results of the study revealed that majority of the respondents contended that health education could help people save money and hospital time through prevention of diseases. In the same token, a similar large proportion of the respondents felt that the high rate of teenage pregnancies in Nigeria could be reduced through health education.

My Contribution in the Area of Physical Fitness

In the Nigerian Society, the governments have not realized the pitiable situation of the physical fitness level of the general populace resulting out of the sad neglect of the individual and collective health and stamina of the people. More importantly is the realization that the ordinary tasks of the daily living no longer provide individuals with the level of physical fitness necessary for health.

In a book entitled "Weight Control for Healthy Living (Fitness and Nutritional Guidelines)". Professors. E.O. Ojofeitimi and J.O. Fawole provide relevant and useful information on how to keep fit and live a longer, happier life- a life full of activities which prevent one from being "imprisoned" by those physiological inconveniences caused

by inactivity and ignorance of the importance of adequate nutrition rest and relaxation. The book is unique in that it gives valuable suggestions on how to avoid dying prematurely, how an individual can attain good health and stay for long with it. The simple and advanced physical exercises recommended and fully described by the authors are beneficial to the proper fitness of the users who also like to shed their excess weight.

To examine the level of participation in physical fitness activities of the elites in the citadel of learning, I carried out a study among 100 male and 20 female volunteers who were senior staff of the University of Ife, (now Obafemi Awolowo University) in 1985, to investigate the types of physical activities they engaged in, the periods of the day and how often they engaged in such activities. The study also surveyed the effects, which they felt such physical activities has on their health. I also made efforts in the same study to find out why those who did not undertake any physical activities chose not to and what general health complaints they had.

I found that:

- a) Majority of the respondents (30%) who engaged in physical exercise selected playing such games as football, badminton and volleyball and jogging to keep themselves healthy.
- b) Most of the respondents (69%) who engaged in physical activities did so about once weekly and in the evenings.
- c) A large proportion of those who embarked on physical activities felt that such practice usually gave them improved ability to relax and sleep well at night.
- d) Most of the respondents who did not engage in any physical activities advanced such reasons as attending meetings, seminars, tutorials and lectures, for their habit.

- e) Most of the respondents who did not engage in physical exercise usually complained of headaches, insomnia, heaviness and fatigue.

My Contribution In The Area of Safety

Accidents remain one of the most outstanding health hazards for human beings regardless of the level of education, wealth and social class. There had been doubts however, as to which type of accidents were most common in a school setting and where and when they occurred. I therefore embarked on a study of school accidents in Oyo State Secondary Schools in 1983, to unravel accident types, period of occurrence and location in Schools. My subjects were 250 secondary school principals randomly selected from the 753 secondary schools available in 1983, in Oyo State. The selection covered rural and urban schools from the five senatorial districts of Oyo State.

I found after data collection and analysis that:

- a) Cuts on the leg followed by snake bite were the commonest types of accidents prevalent in many Nigerian Secondary Schools.
- b) The highest proportion of accidents were recorded on the field of soccer and in the school garden,
- c) Accidents occurred in the secondary schools more among males than females.
- d) The highest proportion of accident was recorded in the month of September, being the first month immediately after long vacation and
- e) Majority of the accident victims either received medical attention from the nearest dispensary/hospital or sought help from the native doctors around them.

Because of the death toll often recorded by automobile accidents in Nigeria and the controversies surrounding the actual cause of most accidents on the roads, the day, or days of the week, and the particular month, or months of the year, and the road that recorded the highest rates of accidents and the ways out of the problem, I conducted a study in 1983, on Road Accidents in Oyo State of Nigeria.

The subjects of the study included 145 male and 55 female volunteers from Ile-Ife who regularly plied Oyo State roads. The respondents represented 50 people each from those with informal education, primary education, post primary education, and higher education. I visited the Police Commissioner of Oyo State to collect the current accident statistics and the Assistant Commissioner of Police, Motor Traffic Division graciously consented to complete only one of the questionnaires for the Police unit. By this agreement, the Police response represented 100%, while the rest four groups of respondent represented a total of another 100%. Information was gathered by the use of questionnaire. Accidents information were sought on Ife-Ibadan, Oyo-Ibadan and Ibadan-Lagos roads which were the busiest roads in the state then.

I found, after analyzing the data that:

- a) Majority of the respondents with informal, primary and higher education agreed with the Police unit's response that Ife-Ibadan road recorded the highest number of accidents in 1983.
- b) A highest proportion of the respondents with informal, primary and higher education felt that most accidents occurred on the three major roads in December. The Police response agreed with this premise. The same group agreed that November was the second accident - prone month after December.

- c) Majority of the respondents, regardless of educational level and the police unit agreed that Saturday recorded the highest accident rates during the week:
- d) While majority of the respondents regardless of educational background selected wrong overtaking and over-speeding as the major cause of traffic accidents, the police unit identified disregard for traffic signs as theirs.

On the methods that can be adopted to cut down the traffic accidents in Nigeria, majority of the respondents regardless of educational background suggested the re-establishment of the Road Safety Corps as the only way out.

The Police Headquarters, Lion Building, Lagos and Federal Government became interested in this study when published and my findings and recommendations formed the basis for the re-establishment of the Road Safety Corps in Oyo State in 1988 and the strengthening of the traffic wardens.

My Contribution on the Food Intake Knowledge or The Nigeria Athletes

There has been controversies surrounding the kinds of foods athletes should take, and the time such foods should be taken before the commencement of sports event among administrators, coaches, Nutritionists, Dieticians, Health Educators, laymen and athletes themselves. For example, some hold to the belief that athletes need protein loading shortly before their event to enhance high performance, while some other see no reason for disparity between the foods taken by the athletes and sedentary individuals. The stand of the athletes on whether or not special diet was desirable for them and the gap which should exist between meal taken and the start of an event were not clear.

To clear the air on the doubts, I conducted a "survey of the Nutritional Knowledge of Athletes of the University of Ife athletes camped for and that participated in the 1982 Nigerian University Games Association (NUGA Games) held in Zaria. My findings revealed that (a) Nigeria University athletes expressed their strong belief in taking special diet during camping and competition. This, nutrition experts felt was unnecessary once they were on balanced diet before. (b) a high proportion of the athletes believed that the meal they ate before competition should contain proteins and that the gap between their meal and event should be between two and three hours. Even though the athletes were correct in the suggested gap for carbohydrates, nutrition experts were with the view that sporting events should not commence until after 3 to 4 hours of eating foods containing proteins.

This awareness study was again the first to be carried out in Nigeria.

My Contribution on Area of Cigarette Smoking and Sport Performance

It is the practice of Nigerians to heap blames of dismal performance in sports on poor facilities and good calibre coaches to mention but a few. Not many critics ever think of what athletes themselves contribute to their own detriment before and after sports competitions. Perhaps one of the deterring habits they (athletes) adopt is cigarette smoking while in the Secondary Schools particularly. If that is true, the question that comes to mind is, do the athletes know the dangers of cigarette smoking on their sport prowess? To investigate this, I conducted a study in 1985 among volunteered 350 sportsmen and 150 sportswomen selected from 10 different towns spread across the north, south, east, and west of Oyo State. A School was randomly selected from each town. Forty-seven sportsmen and three

sportswomen who had participated in competitive sports at school level were selected from each of the schools.

To allow for honesty on the part of the participants, none of the school teachers or principals was present at the school hall where the questionnaire was administered. Any athlete who smoked cigarette up to one month to the time of the study was regarded as a smoker.

After analyzing the data, I found that:

- a) None of the respondents regardless of sex reached the national or international level in sports participation:
- b) Majority of the respondents selected track and field as their best sport regardless of sex
- c) None of the respondents irrespective of sex knew nothing about the effects of cigarette smoking on the important health parameters such as breathing, heart rate, tremour of hands and other general ailments like cancer.

Majority of the respondents never received any formal instruction on smoking. This study was one of earliest awareness researches on the hazards of cigarette smoking on sports performance in Nigeria.

Recommendations

1. *Purchase of drugs over the counter and using same indiscriminately.* Because of man's convenience, he looks for easiest way out for everything including by-passing the qualified medical doctors in the hospital to consult with quacks and patent medicine store, he does not bother to check the manufacturing and expiry dates of the drugs he buys because he believes in the healing power of whatever drug the medicine dealer gives him. Incidentally most of such drugs purchased at

the patent medicine store either 'would have their labels removed or erased because they have expired. When such drugs purchased are used, the patient's health conditions remain worse of.

To forestall the inherent dangers involved in purchasing over-the-counter drugs and using them indiscriminately, government should strengthen their enlightenment programmes in electronic media against self-medication.

Improvement of quality of life and saving of medical cost. Even in face of poverty, some people still enjoy eating beyond capacity thus increasing their caloric intake, the result of which is overweight. also, both the rich and poor in high positions, many times remain inactive by sleeping at odd hours and enjoying on their easy chairs and in their cars when unnecessary. Most academics and administrators give flimsy excuses of attending meetings and travelling for not engaging in keep fit programmes. Even students who are young and need not be reminded to keep-fit also give the reason of attending evening lectures and tutorials for their inactive habits. For sound health and vitality and to save medical cost and hospital time, it is important that keep-fit programmes such as jogging, walking, bicycle riding, swimming, lawn tennis playing and callisthenics be embarked upon at least 20 minutes daily, four times a week by the populace.

Reduction in the rate of accidents on our roads. It has been established that Nigerians lose up to 6.8 billion naira worth of property to accidents annually and 240 lives in every 10,000 motor accidents, with several people maimed. For accidents rates to be reduced, there should be public lectures and film

shows on the causes, dangers and prevention of automobile accidents on our roads regularly.

And people who cannot read or write should not be issued driving licenses. In the case of school accidents, teachers should take supervision of students more seriously particularly on the field of play and in the school gardens, and the school authorities should ensure that teachers are given First Aid Training and First Aid kits be made available in each class.

4. *Provision of alternative avenues to cigarette smoking and drinking.* Cigarette smoking and drinking are attractive nuisances plaguing young and old in Nigeria. It becomes more painful when one realizes that despite their devastating side effects on health, students particularly continue to indulge in the habit. The way out of the problem lies more in the hands of the Federal Government of Nigeria than any Organization. Apart from ensuring that Drug Education is taught in schools, recreational facilities should be provided in Schools and communities where students can continually engage in constructive activities as alternatives to smoking and give loans to tobacco farmers to cultivate cash crops in place of tobacco. Also, it should ban completely cigarette smoking advertisement and ensure such a slogan on television as "The Federal Government warns that tobacco smoking is dangerous to health".
5. *Mass training of Doctors and the right of patients to know.* For one reason or the other, man lands in the hospital to consult with a doctor. Since all that have been said today bother on hazards to health of the populace, our hospitals must be well equipped to meet the challenges of the hazards. To be able to cope with the present health hazards in our hospitals,

Government should embark on the mass training of doctors and grant them appreciable incentive to keep them in Nigeria.

When doctors and pharmacists attend to patients in hospitals, they (patients) should be accorded their due rights of knowing their diagnoses and medications, including clear inscriptions of direction of drug usage on the containers.

Mr. Vice-Chancellor, Sir. I thank the University, this great citadel of learning for granting me the first learned conference sponsorship Overseas in 1980, which eventually opened me up for an international University Sports Federation, (FISU) Commission, in 1987, a position I have occupied since then till today which has helped me not only to visit 30 countries of the world, but also to be the longest serving Nigerian University Sports Administrator, in the world University Sports body.

And finally, I sincerely thank you (my audience) for sparing the time to come and grace this occasion. God bless you all.

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