London Youth Foundation

Order of Programme

23rd March 2013 Start 17:00hrs

Health Awareness Workshop
'GET KNOWLEDGE'

Opening prayer:
Pastor Emmanuel Ehiremen

Speech by:
Joyce Osayande (Chairperson)

Children's Performance

Presentation by:
Francis Amedzorneku
(Research Fellow In Surgical/Medical Conditions)
Speaks On: Sickle Cell Anaemia

Guest Speaker:
Faith Otobo (Pharmacist)
Speaks on: Teenage Pregnancy

Children's Performance

Presentation by:
Joyce Osayande (Chairperson)
Speaks on: Anti-Social Behaviour

Presentation by:
Min. Yemi Igunbor
Speaks on Diabetic

Refreshment and Music Interlude

Presentation of Certificates

Music & Dance:
(Physical Exercise)

Vote of Thanks

Event Closes at 21:00hrs

The LYF Health Awareness Project is Funded by
Big Lottery Fund (Award for All)

LOTTERY FUNDED

London Youth Foundation Magazine

Issue 3 Volume 3 April 2013

Supporting and Empowering Young People through knowledge

In this Edition:

- Joyce Osayande speaks on Anti-Social Behaviour
- Faith Otobo Speaks on Teenage Pregnancy
- Yemi Igunbor speaks on Diabetes
- Presentation of Certificates by Joyce

LOTTERY FUNDED

Welcome to the Third Edition of London Youth Foundation Magazine

I am happy to be able to inform you the progress we have made during the last eight events, which attracted over 1,200 people from the local and across community.

Focusing on teenage pregnancy, drug abuse, obesity and anti social behaviour, I will particularly like to thank our speakers for their contributions to our work.

In this edition I would like to share with you the feature presentations made by one of our guest speaker Joyce Osayande, Chair of London Youth Foundation during the March 2013 Health Awareness event covering areas of **Anti-Social Behaviour and Sickle Cell.**

Thank you to the speakers, who educated the youth on the subjects of Anti-Social Behaviour, Sickle-Cell, Diabetes and Teenage Pregnancy.

Happy reading
Joyce Osayande Chair

What is LYF, London Youth Foundation

London Youth Foundation is a community based organisation that provides Education, Training and Cultural Activities to all Young people in London, involving them to participate in meaningful activities like workshops, after school provisions and recreational activities. Our aim is to empower young people to reach their potentials. This includes providing a wide range of support activities to help young people overcome the difficulties they face, and develop a new future. We encourage young people to participate in all area of our work and see them develop their skills and confidence, feel part of the society and show they have an important place in it. We encouraged young people from diverse backgrounds to get actively involved in all area of our work. So why not get involved.

For more information regarding our area of activities please
Contact us on
Tel: **02036204728**
Mobile **07878027350**
E lyf@londonyouthfoundation.org.uk
W www.londonyouthfoundation.org.uk
Facebook London Youth Foundation

Editorial Team:
Joyce Osayande -Editor
Patience Lazana - Reporter / Senior Writer
Dr. S. Egharevba - Contributor

Joyce Osayande Chair

LYF Health Awareness Project is funded by Big Lottery Fund.
Supporting young people to get active and have fun, learn new skills, make new friends and play an important part in their local communities.

Feedback from participants

LYF Health Awareness Project was a great success. My two teenage girls attended the workshops and what they learned has positive impact on their behaviours. I will like them to attend LYF workshops in the future. I volunteer to help during the workshops it was great fun meeting other parents and building relationships. The youth had so much fun while learning positive behaviours.
.
Mrs J. Matthew

LYF has really helped me to turn my life around. Through LYF Health Awareness Workshops I have been able to realise where I have been going wrong and what I should be doing to make a difference. The team talk to me at my level and make it easy for me to talk about things that I have been going through.

Tracy Edosa
21 year old

LYF Health Awareness Workshop was really good. I feel that they takes Young People seriously and work hard to address the difficulties they face. The workshop helped deal with anti social behaviour, prevent potentials anti social behaviour, builds young people confidence and encouraged positive behaviour. That makes a real difference to young people's lives.

Raphael Obas [Volunteer]

LYF Health Awareness Workshop was great. I learnt so much from all area of health issue that was addressed. It was really good fun and was well organised. It makes a difference in my life and I would definitely take part again.

Susan Obasuyi
17 years old

I have been taking part in LYF Health Awareness and I have found it interesting as well as gaining insight into the different health issue that was addressed. It is been a great way for me to meet other youth. It also offers an opportunity to improve my communication skills and engaged with young people from different backgrounds. I would recommend any young person to get involved in LYF activities.

Eve Osadolor

4 Pain:- One of the first signs of sickle cell disease is painful swelling of the fingers and hands or toes and feet. This is called dactylitis (hand foot syndrome) and may occur from 6 months of age. The child needs to be given regular pain killers and plenty of fluid to clear his system.

5 Physical growth and development:- Children with sickle cell disease grow thinner and slightly shorter than the normal children. They tend to go through puberty at an older age than usual and this means, they go on growing a little bit longer but eventually reach their normal adult height.

6 Bed wetting (Nocturnal enuresis) :- It is normal for children to wet the bed at night up to until the age of 5 to 6 years. It takes longer for a child with sickle cell disease to become dry at night.This is because the child passes very dilute urine and also because the child drinks more fluid to prevent dehydration. A child should not be punished if he continues to wet the bed. Refer this child to the doctor for treatment.

What to do to keep your child well

1) Diet and Nutrition:- A growing number of children need protein, carbohydrates, fat, vitamins and minerals. Children with sickle cell disease do not need special food.Children with sickle cell disease are more at risk from certain infections which includes food poisoning caused by salmonella infection. Chicken and egg can be infected with this disease and its important to cook these thoroughly as salmonella can cause bone infection (osteomyelitis)

2) Vitamins and Irons :- The child does not need extra vitamins or iron unless your family eats a special diet. eg vegetarian or vegan, in which case it is necessary to get advise from your health visitor or dietician. The child is anaemic because the RBCs are more fragile and cannot function and live as long as the usual RBCs. If you are going to give herbal medicine, please consult
your doctor.

3). Avoid things that Triggers Sickle Crisis:- There are situations that can trigger crisis or make it worse as listed below;

a) Infection:- Common viral infections like cough or cold/bacterial infections/ Pneumoccocal infections/ salmonella infections, this can be avoided by reheating or cooking food properly before eating.

b) All children need to take routine immunization which protect them from whooping cough, mumps, measles, polio, diphtheria, tetanus, German measles, haemophilus influenza

4) Inadequate fluid:- Dehydration can occur if a child has fever, unwell, diarrhoea/vomiting, Insufficient fluid in the body makes the blood flow in the system very slow and sluggish and RBCs sticker, hence causing crisis. The minimum amount of fluid required by children is:

Child's weight	amount required
less than 10kg -------	150mls for every kg body weight in 24hrs
10-20kg ------	80mls for every kg body
20kg and above -----	40mls for every kg body Weight in 24 hrs

5) Extreme cold and heat: - Changing from cold to hot environment or vice versa causes sickling/crisis. Avoid to swim in cold water or swimming pools. The need to discus this with the child's school teacher is important, to avoid any crisis.

6) Stress and anxiety:- This can affect the body hence leading to crisis. If a child is worry about any situation, it is important to deal with it urgently to avoid any possible crisis.

7) Routine Medication:- Penicillin - make sure any antibiotic prescribed for your child is taken regularly. A child with sickle cell disease is 600 times more like to get pneumococcal infection. This is because the spleen cannot work properly and cannot fight against any possible infection.The recommended dose of penicillin needs to be follow.

8) Folic acid:- The body needs folic acid to make new RBCs. Foods that contain folic acid are green leafy vegetables and are mostly needed as well as medications from the hospital

9) Childhood immunization:- Your child should get the same immunizations as other children get as it prevents many diseases that is likely to Occur.

Our Health Awareness Project

LYF Health Awareness Project seek to bring together local community, stakeholders to address the issue of Health Awareness to the Youth particularly in the area of teenage pregnancy, obesity, diabetic, drug abuse and anti social behaviour.

This project will act as a preventative measure by working with relevant agencies and health professionals, enabling the target group to be health conscious and participating in the life of their community.

Many young people who are already involved in our Health Awareness project have said that taking part in the health awareness workshops has given them the opportunity to participate in various activities that helped them to be health conscious, acquire new skills and raised their confidence levels.

London Youth Foundation
(HEALTH AWARENESS WORKSHOP)
TACKLING ANTI-SOCIAL BEHAVIOURS CHALLENGE
Presented by: Joyce Osayande

What is anti- social behaviour?

Anti-social behavior is behavior that lacks consideration for others and may cause damage to the society, whether intentionally or through negligence. This is opposed to pro-social behaviour, which is behaviour that helps or benefits the society. Antisocial behaviour is labeled as such when it is deemed contrary to prevailing norms for social conduct. This encompasses a large spectrum of actions. Murder, rape, use of illegal substances, and a wide variety of activities are deemed anti-social behaviours. In addition to actions that oppose established law, anti-social actions also include activities that members of society find objectionable even if they are legal, such as drunkenness and sexual promiscu

Types of Anti Social behaviours

Anti social behaviour is any sort of behaviour that goes against the norms that society has placed. Many different types of extreme anti social behaviours have been documented and observed including aggression to those around them, cruelty, violence, theft, and vandalism. Other lesser traits that could be considered antisocial are noncompliance, lying, manipulation, and other activities such as drug and alcohol abuse.

Substance misuse such as glue sniffing
Drinking alcohol on the streets
Problems related to animals such as not properly restraining animals in public places
Begging
Prostitution related activity such as curb crawling and loitering
Abandoned vehicles that may or may not be stolen
Noise coming from business or industry
Noise coming from alarms
Noise coming from pubs and clubs
Environmental damage such as graffiti and littering
Inappropriate use of fireworks
Inappropriate use of public space such as disputes among neighbours, rowdy or inconsiderate behaviour
General drunken behaviour (which is rowdy or inconsiderate)
Hoax calls to the emergency services
Pubs or clubs serving alcohol after hours
Malicious communication

Social Development:

Intent and discrimination may determine both pro- and anti-social behaviour. Infants may act in seemingly anti-social ways and yet be generally accepted as too young to know the difference before the age of 4 or 5.[1] In preschool, children who have an increase in aggression is normal.[citation needed] Lack of aggression may lead to depression and anxiety later in life; however, continued aggression can indicate problems.[citation needed] Persistent anti-social behaviour may lead to antisocial personality disorder. Berger states that parents should teach their children that "emotions need to be regulated, not repressed

In utero Studies

Done by Dutch scientists have shown a direct link to maternal malnutrition during a child's development in utero can lead to the development of anti-social personality disorder. The development of much of the brain is active during the first two trimesters. Mothers who were not able to get proper nutrients during this time were directly affecting the brain development of their child. This lack of development increased the chance that a child would be affected by ASPD. Implications of this information are very large as most mothers who live in poverty or in third world countries are often not able to seek proper nutrients, which, based on this study, will lead to many of these children becoming delinquents.

Childhood

It is often found that children who are abused are more likely to develop Anti-social behaviours later in life. This abuse often teaches children that violence is acceptable, and leads to the formation of their own violent tendencies and an increased aggressive drive. Being abused as a child does not mean that one will automatically develop ASPD; instead, a study by Luntz and Widom, showed that within a study only 7% of the people interviewed could actually be considered to have ASPD.[citation needed] Other factors such a self perseverance, biological conditions, and social status most likely also had an effect on whether or not ASPD developed.

Genetic development

Mutations in certain genes have been believed to be the cause of antisocial behaviour. The overe xpression of the neurotransmitter serotonin, is believed to be the cause of this behaviour. Serotonin, which controls the brain's pleasure center, is constantly active which makes one decide to do things to satisfy themselves, rather than think of the consequences. As many of the behaviours are pleasure oriented, an overexpression of serotonin leads one to actively seek out these situations.

Inheritance

It is believed that certain personality characteristics are passed down from genes. This can be seen in a child's temperament as they are born. Certain traits that are dominant in people who conduct antisocial behaviour are pronounced in a child's temperament.

Signs and Symptoms

Aggression and cruelty are common. Onset of childhood aggression called conduct disorder is seen in children. Different types of abuse are present, such as (physical) abuse of spouses or others as well as substance abuse. A sign of aggression is also bullying, neglect, and frequently behaving with irritability and anger, often engaging in fights with others. Impulsivity is also common, with failure to think ahead, or of consequences, performing actions with little or no regret or thought. Self-image issues are also common. Those with anti-social behaviours represent an arrogant attitude, and are often egocentric with a lack of concern when hurting others. Breaking rules and frequent run-ins with the law are common, in addition to repeatedly violating rights of others, continuous deceit and manipulation.

How does a child get Sickle Cell Disease?

Sickle cell disease is an inherited condition. This means that your child inherited an unusual haemoglobin gene from you and your partner. There are over 1000 unusual haemoglobin genes but the ones commonly seen in the U.K which affect the adult haemoglobin genes are;

haemoglobin S (which is sickle haemoglobin),

haemoglobin C

Haemoglobin D

Beta thalassaemia and

Alpha thalassaemia

Types of Sickle Cell Disease

1. **Sickle cell anaemia: -** This is the commonest form of sickle cell disease and occurs if your child has inherited a haemoglobin S gene from both parents.
2. **Sickle Haemoglobin C Disease: -** Occurs if your child has inherited Haemoglobin S gene from one parent and a haemoglobin C gene from the other parent to give haemoglobin SC diseases,
3. **Sickle Beta Thalassaemia Disease:-** Occurs if your child has inherited a haemoglobin S gene from one parent and a beta thalassaemia gene From other parent.

What is Sickle Cell Trait (carrier)?

Having a trait is commonly known as being a carrier and does not affect the person in any way. It is not a form of sickle cell disease and will never turn into sickle cell disease. If a person is born with a trait they are healthy and will always have a trait. Sickle cell trait means that a person has inherited one normal haemoglobin A gene and one sickle haemoglobin S gene from their parents, sometimes written as HbAS

Why sickle cell occurred and how it affects individual?

It's believed that sickle cell haemoglobin gene was a Small change (mutation) in haemoglobin A gene many years ago in countries where Malaria was common. That is why haemoglobin S is found in people whose ancestors come from Africa, Asia, Middle and Far East and the Mediterranean. Sickle cell trait is found in approximately,

1 in 4 West Africans, 1 in 10 African – Caribbeans, 1 in 20 Portuguese, 1 in 20-50 Asians, 1 in 100 Northern Greeks

Sickle cell has nothing to do with the colour of the skin but to do with genes inherited from parents.

Effects of sickle cell disease

1. **Anaemia:-** When a child is making more haemoglobin S, their RBCs will not live longer in the circulation as long as the cells that contain the usual haemoglobin A. The body tries to keep up by making more RBCs but it cannot keep up completely and the child becomes Anaemic. Folic acid is prescribed as the body uses this to produce more RBCs.

2. Jaundice:- When RBCs come to the end of their useful life cycle, they are broken down in the body. A substance called bilirubin is produced. The liver tries to clear the bilirubin from the body but if there is a lot, the liver may not be able to cope and this leads to yellow pigmentation of the eye lids.

3. Enlarged Spleen:- The spleen is an organ that lies on the left side of the tummy under the rib cage. The spleen helps to clear infection from the body and also clears up old or damaged blood cells. The spleen may become enlarged for sometime but then reduces in size and may stop working completely because it becomes jammed with sickled red blood cells that is trying to clear from the body. If the spleen is jammed with sickle cell blood, it cannot clear the body of any infection. Sometimes the spleen traps more blood than just the sickled red blood cells and this leads to enlarged spleen The child becomes very pale and is known as acute spleenic sequestration.

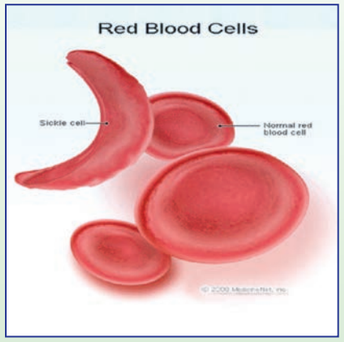
SICKLE CELL DISEASE

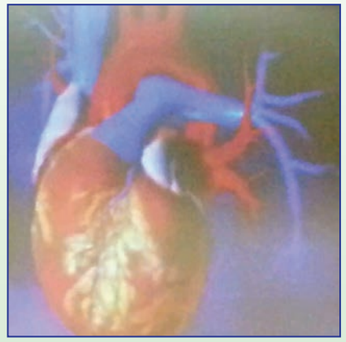
CARE AND MANAGEMENT OF YOUR CHILD WITH SICKLE CELL DISEASE

Presented by Francis Amedzorneku (Research Fellow In Surgical/Medical Conditions)

Topics to look at

What is sickle cell anaemia?
Who does it affects?
How is it passed on?
Is it infectious?
What are the symptoms?
Can it be cured?
What is the treatment?
What is a crisis?





Experience of a Mother

I remembered the day I was told my child has sickle cell as if it was yesterday. I was totally devastated and would not accept the news at first. Over the years, with the help of the sickle cell team and being a Christian, I have been able to accept my son's illness and give him my full support. (Mother of a nine-year old with sickle cell anaemia)

What is sickle cell disease and sickle cell crisis?

Sickle cell disease is a term covering a number of different but similar conditions that affect haemoglbin. Haemoglobin gives blood its red colour and is responsible for carrying oxygen from the lungs to all parts of the body. The types of sickle disease commonly seen in UK are:

1) Sickle cell anaemia
2) Sickle haemoglobin C disease
3) Sickle beta thalassaemia disease.

These are described further. These conditions are called 'sickle cell' because the red blood cells which are normally round and very flexible, become shaped like a crescent moon or farmer's sickle. Red blood cells in sickle cell disease do not last as long in the body as normal red blood cells and this leads to anaemia. Sickle red blood cells are also not flexible as normal red blood cells and cannot always pass through the very blood vessels. If the sickled cells get trapped in the blood vessels, blood cannot flowthrough easily; this causes a blockage and leadsto pain in the affected part. This is known as a sickle cell crisis, or pain crisis. The pain often comes on suddenly and may last several hours or days. (see picture below, normal blood flow, sickle blood flow(blockage), normal red blood cell and sickle red blood cell.

What causes the cells to sickle?

The red blood cells change into a sickle shape when they are in the veins because they lack oxygen. They return to their original round shape when they are in the arteries where there is more oxygen. Certain things can contribute to increase sickling. e.g

1. Decreased amount of oxygen (air)
2. Dehydration (lack of water in the body)
3. Infection
4.Sudden changes in body temperature
5. Physical exertion
6. Stress

Francis Amedzorneku
(Research Fellow In Surgical/Medical Conditions)

Diagnosis

To be diagnosed with antisocial behaviour a person must represent symptoms in childhood (conduct disorder). A person usually is not diagnosed until after age 18, but must represent symptoms through childhood. This can be difficult to diagnose and treat since people with antisocial behaviours would not seek care, or listen to others. It may take a court mandate for people to seek treatment they need. Diagnosis is done by a trained mental health professional.

1. Failure to conform to social norms with respect to lawful behaviours as indicated by repeatedly performing acts that are grounds for arrest.

2. Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure.

3. Impulsivity or failure to plan ahead.

4. Irritability and aggressiveness, as indicated by repeated physical fights or assaults.

5. Reckless disregard for safety of self or others.

6. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behaviour or honor financial obligations.

7. Lack of remorse, as indicated by being indifferent or rationalizing having hurt, mistreated, or stolen from another.

B. The individual is at least age 18 years of age.

C. There is evidence of conduct disorder with onset before age 15.

D. The occurrence of antisocial behaviour is not exclusively during the course of schizophrenia or a manic episode.

Treatment

Antisocial behaviour is hard to treat, but therapy has been shown to be effective in people with this behaviour. This decreases their engagement in the behaviour or repeating the behaviours. People with this disorder may not even want treatment or think they need treatment. Since antisocial behaviours are a way of being, not a condition, affected people are likely to need close, long-term care and follow-up. Therapy is the main way to treat this behaviour rather than medications.

Psychotherapy

Cognitive behavioural therapy helps to uncover the person's negative and destructive behaviours and to learn new positive ones. The therapy works on the way that people think which leads them to perform certain behaviours.
Psychodynamic psychotherapy attempts to uncover the unconscious motives and aggression in a person. This helps to get at the root of the reason for the disruptive behaviours.

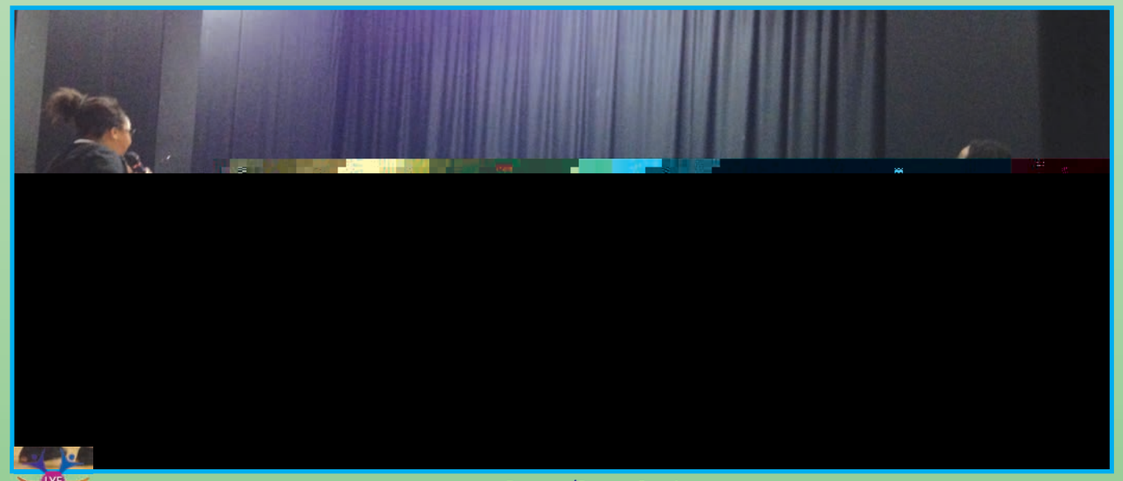
Hospitalization

In some cases, antisocial symptoms and behaviors are severe enough to require hospitalization. Hospitalization may be needed for someone who acts in self-harming behaviors or is in danger of also harming others. Hospitalization options include 24-hour inpatient care, partial or day hospitalization, or residential treatment, which offers a supportive place to live.

A Cross Section of participants at the Health Awareness Event

Presentation of Certificates

Participants at the event



Drama /Dance Session

Medication

Helps to treat comorbid disorders in a person, it is intended to relieve depression or anxiety in an anti-social person. There is no medicine that treats anti-social behaviour itself.

Examples in Society

Bullying Due to the increased aggressive drives and extreme narcissism, bullying is a classic case of antisocial behaviour. A bully's narcissistic feelings gives them a sense of superiority, while their aggressive drive usually enables them to go out and act on their narcissistic impulses. Many believe that bullying is only something that occurs in schools, however, it is known to happen in many adult situations as well, such as in the workplace. In most cases bullying remains as verbal abuse, yet different degrees of aggression can lead to different degrees of reactions, and therefore it is possible for violence to occur.

Alcohol Abuse

People with antisocial behaviours are more likely to develop problems with alcohol. Studies link alcoholism with aggression, and for people with antisocial behaviour are more susceptible to alcohol-related aggression. Since those with antisocial behaviour have a disregard for the laws and act in self-harming behavior. Disregard for others Neglect of responsibilities and theft are common. with tendency to shoplift or steal others' property, in addition to defying authority types such as teachers, parents, and police.

Controversy

Many of the studies regarding the media's influence on anti-social behaviour have been deemed inconclusive. The violence, racism, sexism, and other antisocial acts are attributed to things such as genetic predisposition and violence in the home. Some reviews have found strong correlations between aggression and the viewing of violent media (Anderson, 2007) while others find little evidence to support their case (Sherry, 2007). The only unanimously accepted truth regarding antisocial behaviour is that parental guidance carries an undoubtedly strong influence; Providing children with brief negative evaluations of violent characters helps to reduce violent effects in the individual (Nathanson, 2004).

Anti-Social Behaviour Order

ASBO warning in LondonThe Crime and Disorder Act 1998 defines anti-social behaviour as acting in a manner that has "caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household" as the perpetrator. There has been debate concerning the vagueness of this definition.[5] The Act introduced the Anti-Social Behaviour Order ("ASBO"), a civil order that can result in a jail sentence of up to five years if the terms are breached. Anti-Social Behaviour Orders are civil sanctions, effective for a minimum of two years and classed as criminal proceedings for funding purposes due to restrictions they place on individual liberty. An Anti-Social Behaviour Order does not give the offender a criminal record, but sets conditions prohibiting the offender from specific anti-social acts or entering into defined areas. Breach of an Anti-Social Behaviour Order is, however, a criminal offence.In 2003 the Anti-Social Behaviour Act amended the original Act and introduced further sanctions such as Child Curfews and Dispersal Orders.