

LIFE ORIENTATION GR. 7 Term 2: Week 2 and 3 Date:

Sub-Topic: Common diseases: TB, diabetes, epilepsy, obesity, anorexia, HIV and AIDS
Informal activities

1. Causes of diseases.

A disease is any condition that causes a person pain, dysfunction, distress, social problems or death. Most diseases do not suddenly appear, but develop slowly over time.

Match the cause of a disease in column A, with the definition in column B, and write down the correct LETTER in column C.(5)



	Column A: Cause of a disease	Column B: Explanation	Column C: LETTER
1.1	Infectious diseases	Are transmitted between people, such as TB, HIV and AIDS.	
1.2	Lifestyle diseases	Could be prevented with changes in how people live, what they eat and environment, such as diabetes and obesity.	
1.3	Neurological diseases	Affect the body's nervous system, such as epilepsy.	
1.4	Social factors	Lifestyle choices affect your health: Insufficient exercise, an unhealthy diet, substance abuse and stress.	
1.5	Environmental factors	Quality of air, water, available food, and living conditions in an area.	
1.6	Economic factors	Being wealthy or poor, affects your health. Healthy foods and clean environments cost money getting access to health care, can also be expensive.	

(LO Today, LB. p.128)

2. Treatment options, care and support

Indicate various treatment and support for the following diseases: Complete the following table:

	Name of disease	Treatment options, care and support
2.1.	TB(Tuberculosis)	
2.2.		Insulin injections, or physical activity & meal planning
2.3.		Regular use of one or more chemical substances called anti-convulsant or anti-epileptic drugs
2.4.	Obesity	
2.5.	Anorexia	
2.6.		Use of ARV(Anti-Viral drugs) Healthy lifestyle: (Diet, exercise etc.) (6)



3. Read the following scenario. Then answer the questions by underlining the correct answer:

Justice's uncle, Mandla came from a small village in Kwazulu-Natal to find work in the city six months ago. Uncle Mandla does not speak English well at all. He has not had any training and does not know the city ways.

Uncle Mandla worried a lot about finding work. When he finally found a temporary job at a chemicals factory, he did not understand all the hazards of working with dangerous machines and poisonous chemicals. To make things worse, he had to get a second job, working in the evenings as a cleaner, to make enough money to send home to his family. This meant he had to work very long hours, and he did not get any benefits from either job. Also, he could only afford to rent a room in the poorest part of town, and his pay was so little he could not afford to eat well. Worst of all was that he could never rest in between and felt tired all the time.

Uncle Mandla fell ill a week ago. He is not getting any better because he does not have enough money to see a doctor. (Adapted from LO for the real world, p.263)

Questions: Underline the correct answer in brackets:

- 3.1 Uncle Mandla has a health risk because he (does not understand the language at the workplace and has no training/ can speak English well and knows how to do the job.)
- 3.2 There are (many/few/no) hazards at the chemicals factory.
- 3.3 Having more than one job means you are working hours are (too long and can make you sick/ easy and good for your health.)
- 3.4.If you live in a poor neighbourhood, you can get diseases(more/less/equally)easily.
- 3.5 Good food and lots of rest mean you have (more/less) of a risk to contract a disease. (5)

Sportsmen living with diseases

4. Jonty Rhodes living with Epilepsy

Jonty is a very busy man, so to sneak in some time for an interview was quite a feat! We caught up with him at a photoshoot he was doing for the Epilepsy South Africa Calendar for 2010/2011. Jonty does extensive work with them for the cause of destigmatising epilepsy.

WHEN DID YOU DISCOVER YOU HAD EPILEPSY?

I was about six years old when my family realised something was 'wrong'. I kept falling about and getting knocked out. They took me to see our physician who suspected I had a mild form of epilepsy (as in those days not much was known about the condition), and even after seeing various neurologists, a final diagnosis was not made.

HOW DID/DOES EPILEPSY AFFECT YOUR PARTICIPATION IN SPORTING ACTIVITIES?

Eventually after several tests, I was identified as having epilepsy, and made aware of the various precautions I should take. (Such as not playing rugby - as my type of epilepsy is triggered by head injury). You can imagine how challenging this was at Maritzburg College, where every boy played rugby unless there was something 'wrong' with them! I also had to be careful when playing hockey, and back in 1982, I was the only child on the cricket field wearing a helmet! (These days it has obviously changed).

DO YOU TAKE MEDICATION?

No. I have a 'mild' form of epilepsy, which means that my seizures are only activated by a concussion, and as such I do not need medication and can drive/move around fairly easily. This is not the case for many other people though who have a more severe form of epilepsy. Some are not permitted to drive (for fear of a seizure) or to operate heavy machinery. That said, most people with epilepsy live a very normal life and should not be discriminated against either socially or in the work place.

Questions:

- 4.1. At what age did Jonty discover he had epilepsy? _____ (1)
- 4.2. Does Jonty take medicine for his condition? _____ Why or why not? _____ (2)
- 4.3. Name two **(2) precautions** you should take when you have a severe form of epilepsy:

_____ (2)

Steve Redgrave Olympic gold winner: living with diabetes

It's not just the fat who gets type 2 diabetes. Steve Redgrave got it - from his genes. And here the Olympic legend tells how the disease is starting to affect his body

- **3.8million people in Britain have diabetes; 90% have Type 2 diabetes**
- **The latter is normally a result of being overweight and inactive**
- **But genetics can also play a role, as in Sir Steve's case**



When rower Sir Steve Redgrave won his fifth Olympic gold medal in Sydney he had a secret stash on-board with him. Sellotaped to the inside of his boat were some sachets of sugar. This wasn't just in case he got hungry. It was there if his blood sugar dropped too low. For just three years earlier, in 1997, Steve, who at the time was an impressive 6ft 5in and 16st, was told he had type 2 diabetes.

'I suddenly thought, "What if something happens out there" - sugar was the only thing I could grab quickly,' he recalls. Redgrave saluting his support after winning his fifth consecutive gold medal at the Sydney Olympics in 2000. Sir Steve stashed sugar on board with him.

Heroic: Redgrave saluting his support after winning his fifth consecutive gold medal at the Sydney Olympics in 2000. Sir Steve stashed sugar on board with him. 'As it turned out I didn't need it and I forgot all about it until the boat was packed up and brought back to a museum here, and the guys who unwrapped it called me asking why there was sugar there.'

Type 2 diabetes is normally associated with obesity and a couch potato lifestyle - not heroic athleticism. Even now no one can tell for sure why he developed it - but it could be that it was unlucky genes.

'My paternal grandfather was diagnosed with it in his late 70s but died soon after of an unrelated matter,' says Sir Steve. 'It seemed to skip a generation, because neither of my parents got it - it just seems to be me.' (Adapted from: September 2013, by Lucy Elkins)



Questions:

5.1. What is the differences between Type 1 diabetes and Type 2 diabetes? (4)

	Type 1 diabetes	Type 2 diabetes
Caused by?		
How treated/managed?		

5.2. Which country did Steven Redgrave represent? _____ (1)

5.2 Name the Olympic sport Steven Redgrave took part in? _____ (1)

5.3 How many Olympic medals did he win in total? _____ (1)

5.4 Did the fact that Steven was diagnosed with Type 2 Diabetes in 1997, have any influence on his life and active life? _____ (1)

5.5 Why did Steven got Type 2 diabetes? _____ (1)

6. Obesity, Anorexia and HIV and AIDS

6.1. Obesity is normally caused by: _____ (2)

6.2. Anorexia is caused by a combination of factors: (3)

6.2.1. _____

6.2.2. _____

6.2.3. _____

6.3 Name the three(3) most common ways of spreading HIV: (3)

6.3.1. _____

6.3.2. _____

6.3.2. _____

[8]



7. Strategies for living with TB, diabetes, epilepsy, HIV and AIDS. (5)

If you suffer from a disease, it is important that you educate yourself about the disease and find ways of adapting your lifestyle in order to live a high quality life. There are some general strategies that you can adopt to help you cope: Name any 5 of these strategies.

7.1 _____

7.2 _____

7.3 _____

7.4 _____

7.5 _____