

# COMMUNITY HYGIENE AND SANITATION

## UNIT 1 REVIEWER

### HOW TO USE THIS REVIEWER

☐ **Red Bold** = Key Terms | ☐ **Blue Bold** = Category / Topic Headings | Italic + Underline = Important Definitions

## I. INTRODUCTION

- Community hygiene and sanitation are the foundations of **public health**.
- A healthy community has more than just an absence of disease — it needs safe water, waste management, adequate housing, and healthy collective practices.
- Illness develops through the interaction of **host**, **agent**, and **environment**.

## II. SOCIETY AND COMMUNITY

### A. Society

**Society** — a structured group of people connected through long-lasting relationships and shared systems of living; more than a collection of individuals.

- Persistent Relationships** — ongoing bonds (family, friends, work).
- Shared Territory & Governance** — same geographic area, laws, and political authority.
- Origin of the term** — from Latin *societas* (from *socius* = "comrade/ally").
- Patterns of Relationships, Culture, & Institutions** — social relations, culture, institutions.
- Social Stratification** — structured levels of power, wealth, and privilege.

### B. Community

**Community** — a group of people living in a specific geographic area who share a sense of identity and interact through common activities, traditions, or goals.

- Origin of the term** — Latin *communitas* ("cum" = together + "munus" = gift) → "to give among each other."
- People and Place** — usually geographically defined (village, neighborhood, district).
- Sense of Identity and Belonging** — members feel responsibility toward one another.
- Patterns of Behavior and Roles** — routines that sustain community life (economic & social roles).

**Society vs. Community:** Society = broad, institutional. Community = localized, tangible, grounded in daily life.

### C. Community Roles

- Each community fulfills a particular need** — social, economic, spiritual, educational, recreational (e.g., family community = emotional support; health community = medical care).
- Valued community roles** give common purpose that benefits connected communities (e.g., barangay health worker).
- Valued communities provide valued roles** for members, strengthening cohesion.
- Participation in multiple communities** enriches life and builds resilience.

"A community is not 'My Community' but 'Our Community'" — emphasizes shared responsibility, cooperation, and collective well-being.

- Shared Responsibility** — everyone contributes to community health & safety.
- Cooperation and Participation** — people work together and decide collectively.
- Collective Identity and Belonging** — defined by connections among members, not one individual.

- **Promotes Inclusivity** — respect and cooperation across groups/cultures.

#### D. Common Misconception vs. Reality

- **Misconception:** A community is just people living in the same area with common interests.
- **Reality:** People in the same area don't always share interests or get along.
- **True Concept:** A community has a sense of group identity and shared patterns of behavior to sustain life.

#### E. Types of Communities

- **Spiritual, Family, Living, Recreational, Learning, Employment, Health, Internet** community — categorized by their shared purpose.

### III. ELEMENTS OF COMMUNITY

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- **Population** — total number of people in an area at a given time.
- **Ecological Characteristics** — socio-economic and environmental elements affecting community health:
  - **Social:** education, housing, politics, beliefs
  - **Economic:** livelihood, employment, assets, utilities
  - **Environmental Sanitation:** water supply, waste disposal, insect/rodent control
- **Health Resources Characteristics** — facilities, services, and personnel that maintain, promote, and restore health.
  - **Existing Health Facilities:** RHU/BHS, Guiding Centers, Nutrition Rehabilitation Centers, Hospitals, Clinics
  - **Health Human Resources:** doctors, nurses, midwives, BHWs, nutritionists, social workers

### IV. HYGIENE, SANITATION, & ENVIRONMENTAL HEALTH

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**Hygiene** — preservation of health through cleanliness (e.g., mental hygiene, dental hygiene).

**Sanitation** — science of maintaining a healthful and hazard-free environment (sewage disposal, clean water, food safety, pest control).

**Environmental Health** — "aspects of human health determined by environmental factors" (WHO); concerned with natural and built environments.

- **Environmental Health Services** — implement policies, promote improvements, encourage eco-friendly practices.
- **Environmental Health Practice** — practiced by sanitarians, public health inspectors; covers food protection, housing, land use, waste management, water quality, vector control, etc.
- **Key Concerns** — air quality, food safety, waste management, vector control, hazardous chemicals, housing, disasters, occupational hygiene, noise/radiation.

### V. HEALTH AND DISEASE

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**Health** (WHO, 1948) — "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."

- Modern view: health is a **dynamic balance** between person and environment.
- Affected by: Biological, Environmental, Behavioral, and Health Services factors.

**Disease** — a condition that impairs normal functioning, shown by signs and symptoms. Ecological view: "maladjustment of the human organism to the environment."

- **Causes:** Biological (bacteria, viruses), Chemical (toxins), Physical (heat, radiation), Social/Psychological (stress).

**Health–Disease Continuum** — health and disease are not opposites but exist on a continuum, shifting with resistance, exposure, and access to care.

### VI. HEALTHY & SICK COMMUNITY — CUSTOMS AND BELIEFS

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- **Common mistakes in teaching about traditions:** (a) looking down on them — worst mistake; (b) seeing no wrong in them; (c) ignoring them.
- Health problems arise when old traditions are replaced by new ones (e.g., breastfeeding → bottle-feeding; natural diets → junk food).
- Role of the **Health Worker (HW)** — not to change behavior directly but to help people build on what is already healthy in their culture.

#### Classifying traditions:

- **Harmful** — dangerous/unsafe (e.g., using human waste as treatment)
- **Harmless** — neutral, no real effect
- **Beneficial** — helpful/protective (e.g., breastfeeding)

#### Assessing home remedies:

- Too many remedies for one illness → less likely to work
- Foul/disgusting remedies → usually harmful
- Remedies using waste → risk of infection
- Remedies resembling the sickness → work mainly through belief

**HW Strategies for introducing new ideas:** acknowledge what's correct first, highlight beneficial parts, explore science together, weigh risks vs. benefits.

A healthy community preserves what is beneficial, lets go of what is harmful, and adapts new practices without losing identity.

## VII. THE ECOLOGIC (EPIDEMIOLOGIC) TRIAD

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Disease occurs from the interaction of three factors:

- **Agent** — the cause of disease (bacteria, viruses, chemicals, radiation, stress). Traits: infectivity, pathogenicity, virulence.
- **Host** — the person/group who can get the disease (immunity, nutrition, age, behavior, genetics). Modifiable vs. non-modifiable risk factors.
- **Environment** — everything external to the host that influences disease:
  - **Physical:** air, water, housing, climate
  - **Biological:** plants, animals, insects, microbes
  - **Psychosocial:** culture, customs, political/economic systems

**Key concept:** Balance among agent, host, environment → health. Disruption → disease.

- Levels of environment: Macro-environment, Micro-environment (domestic), Internal environment (within the body).

## VIII. ENVIRONMENTAL HAZARDS

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- **Biological Hazards** — water-borne (cholera, hepatitis A, polio), food-borne (Salmonella, E. coli), vector-borne (dengue, malaria).
- **Chemical Hazards** — pesticides, tobacco smoke (ETS), lead exposure.
- **Physical Hazards** — radiation, radon gas, airborne particles, humidity, poor equipment design.
- **Psychological Hazards** — stress, depression, hysteria from environmental/social conditions.
- **Sociological Hazards** — noise, overcrowding, lack of privacy, rapid population growth.
- **Site & Location Hazards** — floods, typhoons, earthquakes, volcanic eruptions.

## IX. ASPECTS OF THE ENVIRONMENT REQUIRING SANITATION

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- **1. Water Supply** — safe drinking water, protection, treatment, storage.
- **2. Food Sanitation** — hygienic handling, preparation, inspection.
- **3. Excreta & Sewage Disposal** — sanitary toilets, sewage treatment, no open defecation.
- **4. Refuse Management** — storage, collection, disposal, segregation of waste.

- **5. Housing & Shelter** — ventilation, lighting, vector-proofing.
- **6. School & Institutional Sanitation** — safe water/toilets, clean classrooms/canteens.
- **7. Public Conveyances** — cleanliness of buses, jeepneys, trains, ships, planes.
- **8. Milk & Dairy Sanitation** — hygienic production, regular inspection.
- **9. Vector & Pest Control** — control of rodents, mosquitoes, flies; remove breeding sites.
- **10. Environmental Pollution Control** — air quality, noise abatement, land use/zoning.

## X. PRINCIPLES OF ENVIRONMENTAL CONTROL

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Strategies for the **prevention and control of disease**; primary objective: to prevent disease.

### Options for Minimizing Adverse Effects

- **Medical Treatment** — terminates disease, reduces severity.
- **Immunization** — prevents disease even after exposure.
- **Development of Physical Vitality** — improves host resistance.
- **Environmental & Occupational Control** — eliminates or separates hazards.

### Fundamental Principles

- **Isolation** — separation by distance to protect from epidemics (e.g., remote water sources = safe drinking water).
- **Substitution** — replacing a harmful substance/process with a safer one (e.g., biodegradable detergents).
- **Shielding** — use of barriers for protection while near the hazard (e.g., window screens, lead shields, PPE).
- **Treatment** — making a hazard safe when prevention isn't possible (e.g., water chlorination).
- **Prevention** — restricting exposure, strengthening resistance, or eliminating risk factors (e.g., immunization, healthy lifestyle).

#### QUICK RECALL: 3-FACTOR TRIAD

**AGENT** (cause) + **HOST** (person) + **ENVIRONMENT** (surroundings) → **Balance = Health | Imbalance = Disease**

*Reviewer based on handout by Gail G. Pillero, RN, MAN — Course Instructor*