ISSN 0970-0218

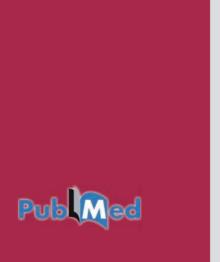


Apr-Jun 2015 / Vol 40 / Issue 2

Indian Journal of Community Medicine

Official Publication of Indian Association of Preventive and Social Medicine

www.ijcm.org.in





Letter to Editor

Catch Them Young for Healthy Future

Sir.

"And in my opinion, entertainment in its broadest sense has become a necessity rather than a luxury in...life..."

— Walter Elias Disney

The last case of paralytic polio in India was reported on 13 January 2011. From 0.15 million cases reported in 1985 to its eradication in 2011, India's polio eradication program was accomplished by a colossal investment. It took over two billion US dollars and years of efforts by 2.3 million volunteers reaching out to 209 million households biannually in order to immunize 175 million children. [1,2] Can India afford similar healthcare investments in the future? India is facing a chronic diseases epidemic (cardiovascular diseases, diabetes, tobacco-related cancer, etc.), and lack of public awareness regarding the risk factors and healthy behaviors/practices is often cited as a hurdle in cost-effective disease prevention and control strategies. [3,4] How can India promote rational healthcare practices among heath consumers?

Targeting the younger generation, which constitute 65% of the Indian population, might be practical, economical and self-perpetuating. There are two ways to capture the attention of young minds for a healthy future. One is through popular mass media, chiefly television (TV), and the other is through curricular reforms in primary education.

Indian youth have a profound respect for hierarchy lines in authority. Adherence to popular diktats and aping the actions of popular youth icons and famous people are considered a virtue in our society. For example, the polio immunization campaign (Pulse-Polio) led by iconic Bollywood stars, was eventually transformed into a very successful 'each one, teach one' program.

Television has an immense viewership (total 600 million viewers) in India and wields tremendous influence on young minds. Indian youth spend an average of 5 hours daily getting information from popular mass media, of which TV is the most popular (98 minutes/day). Of the total, 54% of the youth watch TV for entertainment, whereas 22% watch for current affairs and news. [5] Indian TV has very few shows, awareness campaigns or advertisements that broadcast healthcare alerts.

Despite a US\$ 6.6 billion TV industry^[6] (nearly half of Entertainment & Media revenue) and a good number of teaching hospitals, India has no popular shows/documentaries with health storyline, unlike the West

which has popular programs like ER, Boston Med, Grey's Anatomy, etc. [7.8]

'Education entertainment' is a powerful tool where healthpromoting messages are inserted in the entertainment plot. Besides entertaining the consumers, this strategy aims at improving society's knowledge, attitude and behavior, and has been widely used to promote healthy behaviors. [9,10] Therefore, collaborations between the media and public health organizations can be of mutual interest, and need to be encouraged in India. Public health organizations would not only be able to convey rational healthcare advices to the masses, but also keep a check on the health information projected on television. Additionally, since 62% of the literate Indian youth dwell in rural areas, [5] such collaborations would help the rational healthcare messages reach the rural populations with limited access to healthcare professionals.[11] Besides imparting accurate and timely information on a wide range of public health issues (e.g., use of therapeutically equivalent generic medicines)[12], these TV shows will generate revenue which possibly could be used to establish and strengthen public health institutions in India.

The second method is to introduce compulsory courses/ chapters pertaining to good healthcare practices in the primary school curriculum. These chapters can be made interesting by adding real life examples and anecdotes that kids can visualize and learn from, using lucid language and colorful illustrations. Seminars and interaction sessions with health professionals will lead to preparedness for health-related emergencies, inculcate healthy behaviors, and dispel stigmas and myths about cancer, sexually transmitted diseases, HIV, obesity etc.

Poor awareness about rational health practices among consumers has already led to therapeutic catastrophes. For instance, indiscriminate self-medication with antibiotics by health consumers, often due to lack of awareness about rational health practices, has resulted in antibiotic resistance.^[13-15] If natural calamities like the "2001 — Gujarat earthquake" could bring disastermanagement courses in India's primary education,^[16,17] then why not introduce a good healthcare practice course?

Increased awareness leads to more responsible behavior by healthcare consumers. As a young public health researcher, I firmly believe that targeting popular media and primary education would be an economical and viable long-term strategy to promote rational healthcare practices in India.

Abhishek Sharma

Department of Global Health, Boston University School of Public Health, Boston, Massachusetts, USA. E-mail: abhi0991@bu.edu

References

- Branswell H. India on the track to be declared polio-free next month. Nature 2012. Available from: http://www.nature. com/news/india-on-track-to-be-declared-polio-freenextmonth-1.9771 [Last accessed on 2013 Jan 13].
- McNeil D. India: Full Year Without a Reported Case of Polio. The New York Times 2012. Available from: http://www.nytimes. com/2012/01/17/health/india-full-year-without-a-reported-case-of-polio-is-a-first-in-what-was-a-longtime-hot-spot.html?_r=0 [Last accessed on 2014 August 2014].
- Reddy KS, Shah B, Varghese C, Ramadoss A. Responding to the threat of chronic diseases in India. Lancet 2005; 366:1744-9.
- Patel V, Chatterji S, Chisholm D, Ebrahim S, Gopolakrishna G, Mathers C, et al. Chronic diseases and injuries in India. Lancet 2011; 377:413:28.
- Shukla R. Indian Youth: Demographics and Readership. New Delhi National Book Trust-National Council of Applied Economic Research 2010. Available from: http://online.wsj.com/public/ resources/documents/NBT.pdf [Last accessed on 2013 Jan 13].
- Media and Entertainment. India Brand Equity Foundation. Available from: http://www.ibef.org/industry/ mediaentertainment.aspx [Last accessed on 2013 Jan 13].
- Murphy ST, Hether HJ, Rideout V. How Healthy is Prime Time? An Analysis of Health Content in Popular Prime Time Television Programs. Menlo Park, California: Henry J. Kaiser Family Foundation. Available from: http://www.learcenter.org/ pdf/Howhealthyisprimetime.pdf [Last accessed on 2014 Oct 27].
- Rideout V. Television as a Health Educator: A Case Study of Grey's Anatomy. Menlo Park, California: Henry J. Kaiser Family Foundation. Available from: http://kaiserfamilyfoundation.files. wordpress.com/2013/01/7803.pdf [Last accessed on 2014 Oct 27]
- Brown J, editor. Managing the Media Monster: The influence of Media (from Television to Text Messages) on Teen Sexual

- Behavior and Attitudes. Washington DC: National Campaign to Prevent Teen and Unplanned Pregnancy. Available from: http://www.thenationalcampaign.org/resources/monster/Media_Monster.pdf [Last accessed on 2013 Jan 13].
- INFO Reports: Entertainment Education for Better Heath. Center for Communication Programs. John Hopkins Bloomberg School of Public Health. Available from: https://www.k4health.org/ sites/default/files/EntertainmentEducation.pdf [Last accessed on 2013 May 10].
- Sharma A, Ladd E, Unnikrishnan MK. Healthcare inequity and physician scarcity: Empowering non-physician healthcare. Econ Polit Wkly 2013; 48:112-7.
- Kaplan WA, Wirtz VJ. A research agenda to promote affordable and quality assured medicines. J Pharm Policy Pract. 2014; 7:2.
- 13. Westly E. India moves to tackle antibiotic resistance. Nature 2012; 489:192.
- Sharma A, Sharma P, Unnikrishnan MK. New Delhi Metallo-Beta-Lactamase-1 is not OK, but Dutch Imipenemase is fine!. BMJ 2012;
 344:e1646 Available from: http://www.bmj.com/content/344/bmj.
 e1646/rr/575404 [Last accessed on 2013 May 10].
- Sharma A, Madaan A, Nagappa AN. Medication storage and self medication practice among the youth in Karnataka Region, India. Int J Pharm Sci Res 2012; 3:2795-800.
- Kaul D, Ayad M, Lohitkumar SN. Disaster Management in India. Kanpur: Department of Civil Engineering, Indian Institute of Technology. Available from: http://unpan1.un.org/intradoc/ groups/public/documents/apcity/unpan050292.pdf [Last accessed on 2014 Aug 27].
- Central Board of Secondary Education. Together, Towards, a Safer India: An Introduction to Disaster Management for Class 8. Available from: http://cbse.nic.in/Disastermgmt8th.pdf [Last accessed on 2014 Aug 27].

Access this article online Quick Response Code: Website: www.ijcm.org.in DOI: 10.4103/0970-0218.153887