

Editorial

Need of Health Promotion Movement in India

Pooja Kataria¹, Seema Chaudhary²

¹Postgraduate Resident, ²Professor & Head, Department of Community Medicine, Maharaja Agrasen Medical College, Agroha (Hisar), Haryana, India.

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Corresponding Author:

Pooja Kataria, Department of Community Medicine, Maharaja Agrasen Medical College, Agroha (Hisar), Haryana, India.

E-mail Id:

poojakataria16@gmail.com

Orcid Id:

<https://orcid.org/0000-0003-3243-9694>

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E D I T O R I A L

Code of Hammurabi and Mosaic Law provides early references to health promotion. These references focused on disposal of waste, disease prevention, segregation of infectious person. In 5000 BC, Ayurvedic practices in Indian system of medicine focused on personal hygiene, water supply, sanitation and engineering practices that supported health. Chinese Medicine dates back to 2700 BC, which focused on diet, hygiene, massage, hydrotherapy and immunization. The ancient Greeks were the first civilization to emphasize that health is a function of physical and social environments, as well as human behavior. According to Roman philosophy, the state-not the individual-had the greatest influence on health, thereby, they focused on community health measures, including paved streets, street cleaning, transportation of clean water, and sanitary waste disposal.

The Lalonde Report (1974) was the first authoritative policy statement to suggest that health promotion was determined by issues related to lifestyle/ behavior, biology and environment rather than those associated with healthcare system. Within Canada, the Lalonde Report influenced the government to shift public policy from a focus on disease treatment to health promotion. It advocated for viewing health promotion as important as curative and rehabilitative services. Motivated by Canadian Lalonde Report, the United State's Surgeon General developed a comprehensive public health policy with associated 10- year prevention strategies. This policy was called Healthy People (1979-2020) which offers a simple yet powerful strategy, that enables diverse groups to combine their efforts and work as a team. Similarly, in India, we need a road map that can be used by states, communities, professional organizations and all sectors that will facilitate changes in resource allocation for public health interventions and a platform for concerted intersectoral action, thereby enabling policy coherence.

The first international health promotion conference sponsored by the WHO was held in Ottawa, Canada in 1986. According to the Ottawa Charter, Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.

The 9th Global Conference on Health promotion was held in Shanghai, China' 2016. It was an extraordinary milestone because it positioned health promotion within the 2030 agenda. It reaffirms health as a

universal right, an essential resource for everyday living, a shared social goal and a political priority for all countries.

According to WHO, there are 3 key elements of health promotion:

Good Governance for Health

Health promotion requires policy makers across all government departments to make health a central line of government policy. For example, by aligning tax policies on unhealthy or harmful products such as alcohol, tobacco, and food products which are high in salt, sugars and fat with measures to boost trade in other areas. And through legislation that supports healthy urbanization by creating walkable cities, reducing air and water pollution, enforcing the wearing of seat belts and helmets.

Health Literacy

Health literacy means the individual or group capacity to obtain, gain access to, process and understand basic health information and services needed to make appropriate health decisions or use information in ways which promote and maintain good health for themselves, their families and their communities. It is more than simply being able to read pamphlets, make appointments, understand food labels or comply with prescribed actions from a doctor.

Healthy Cities

The global population of adolescents has never been larger than it is now. The 1.2 billion adolescents in the world today represent more than one sixth (18%) of the global population. Most of them go to school where they spend one third of their time. This makes schools a unique setting for preventive interventions, and school years are the important period to establish healthy behaviors that will contribute to a lifetime of health promotion. According to the WHO Global Health Estimates, over 1.7 million children and adolescents aged 5-19 years died in 2016. Most of these deaths occurred due to causes that could either have been treated or prevented (e.g. road injury, drowning, self-harm or diarrheal diseases). At the same time the burden of Noncommunicable Diseases (NCDs), and their risk factors, continues to grow within this population. For example, the prevalence of obesity has grown significantly from less than 1% in 1975 to nearly 6% among all girls (50 million) and 8% among all boys (74 million) globally. Additionally, one quarter of disease burden could be linked with environmental risks such as air pollution, unsafe water, sanitation, inadequate hygiene, chemicals etc. Health promotion messages should begin in early adolescence, as the key risk periods for starting smoking, taking drugs, and taking sexual risks are before age 14. In this early stage, health promotion messages should focus on the “here and now” risk rather than risks in adult life.

WHO and UNESCO are launching a new initiative “Making Every School a Health Promoting School” which have been recognized as a strategic vehicle to promote positive

development and healthy behaviors such as physical activity, physical fitness, recreation and play, balanced nutrition, prevent tobacco use, and preventing being bullied through the development and promotion of Global Standards for Health Promoting Schools. The initiative will serve over 2.3 billion school-age children and will contribute to the WHO’s 13th General Program of Work’ target of achieving “1 billion lives made healthier” by 2023.

A recent guidance by WHO and other UN partners-Global accelerated action for the health of adolescents (AA-HA): guidance to support country implementation-recommended that “every school should be a health promoting school”. In this world trend, Japan’s experience in school health programs can also suggest ways to improve community-based health and public health systems in developing countries at various stages of development. Acting in cooperation with UNESCO in this initiative, the Ministry of Education, Culture, Sports, Science and Technology (MEXT) has been preparing a proposal to the World Food Program (WFP) to apply the school lunch model in developing countries.

An effective school health program can be one of the most cost-effective investments a nation can make to simultaneously improve education and health. There are various surveys (Global youth tobacco survey, Global school-based student health survey) at school level introduced by WHO and should be adopted by our country to take early action on Non- Communicable Disease risk factors.

India is also committed to health promotion movement however, we are still in the beginning of health promotion education and capacity building. While education in health promotion is vital, there needs to be a strong emphasis on strengthening health promotion practice and education, with special focus on using innovative and attractive formats. An important challenge is to link health promotion teaching with national public health goals and local public health problems. Greater integration of health promotion with undergraduate medical and allied health disciplines is needed. Setting based (school, workplace, community, health care) health promotion and community-academic partnerships hold the key for addressing the problem at multiple levels. People working in these settings could be trained strategically in health promotion so as to deliver the needful services and thus contribute effectively.

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