

EDITORIAL:

LIFE-STYLES AND HEALTH-RELATED BEHAVIOUR

It is estimated that the average American can add 11 years to his life merely by adjusting his life-style and health-related behaviour, namely, by ceasing to smoke, watching his diet, avoiding obesity, undertaking regular physical exercise, and avoiding alcohol or drinking only in moderation. Yet it is amazing that these simple measures, which can be carried out by every individual without the need for high medical technology or sophisticated medical skills, are largely ignored by the bulk of people.

Without a doubt, life-styles and health-related behaviour play critical roles in either promoting health or in promoting disease. What is so surprising is that so little is known about many of these factors and even less is known about how they should be managed in order to "add years to life".

Studies have shown that stressful life events such as death of a spouse or parent, divorce, loss of employment, desertion, etc., often precipitate physical as well as emotional ill-health. For example, the death rates of widows and widowers during the first year of bereavement is ten times that of others of similar age. People with depression and with schizophrenia have been shown to have experienced more stressful events in the months immediately preceding the illness than did a control group followed for the same period. Mismanaged bereavement has been found to be a cause of depressive illness, somatic disorders, suicide, and death from other causes. Crisis intervention can effectively forestall illness in the bereaved. However, even more important is the fact that traditional customs for dealing with major life events, such as marriage, births and

deaths are socially institutionalised and can effectively prevent illness. Many societies have beneficial customs in support of bereaved members or those that face critical events that commonly occur in life, thereby supporting them against the ill-effects of such events. The value of these useful rituals should be recognised, studied, and where appropriate preserved. With the rapid social changes that are occurring in Malaysia, particularly as a result of rural-urban migration, many of these useful and yet unrecognized health-promoting behaviours may be permanently lost to society, perhaps to be replaced by life-styles that are disease-promoting.

Another effect of rapid social changes is that often described as social disorganization in which the social structure of a group has lost cohesion and consequently its values are in confusion. Such groups exhibit high rates of delinquency, divorce, illegitimacy, crime, mental illness, drug addiction and suicide. Socially deviant behaviour is also associated with estrangement and frustration and with conflicting values, for example of those experienced by young rural women employed as factory workers in urban areas such as Kuala Lumpur, Penang, Johor Bahru and Singapore, in which the traditional "good girl" values of rural life are in stark contrast to the bright lights of city life. The psychosocial health of these migrant workers, unfortunately, has received insufficient attention and studies into the effects of social disorganization as a major predisposing factor of disease promoting behaviour is urgently required particularly as much of the studies up to now have been concerned with the biophysical aspects of health. For example, it is

well established that at all ages, cardiovascular death rates among persons of foreign birth are above those of the local born, hypertension is more common in tribal peoples who move into an industrial society, while factory workers from rural areas are more likely to be absent from work than urbanized workers. Yet little is known about how life-styles and human behaviour of migrant workers and their families can be exploited to "add years to life".

The practice of breast-feeding, which until the turn of the century was universal, has increasingly been eroded to the point that the majority of urban mothers no longer breast-feed their infants. With each passing year more children succumb to the temptations of junk food and over-eating. It is an established fact that the proportion of sugar and refined flour used in foods increase with every increase in the Gross National Product, to the point that both obesity and dental decay are threatening to become major health problems among urban children. However, if we are to effectively reverse the current trends in life-styles, much more needs to be known about both health-damaging life-styles and health-promoting behaviour as well as the mechanisms whereby human behaviour can be effectively converted to health-promoting life-styles.

If we have largely been unsuccessful in manipulating the individual's life-style so as to "add years to life", our understanding of shared group behaviour or culture has been even less impressive. Yet the importance of cultural notions of disease, its causation, transmission and management are critical to effective disease control. For example, it is well established that the main victims of indigenous malaria in Peninsular Malaysia are the Orang Asli and members of the Armed Forces. The close contact of both with the jungle as well as their "migratory" movements together with their reluctance to take regular chemoprophylaxis are examples of human behaviour that promote the transmission and endemicity of malaria in Peninsular Malaysia. The reluctance of people to allow DDT spraymen to spray the walls of

their homes is another human behavioural factor that contributes to the continued presence of malaria in Sabah where each year some 30,000 cases are reported.

The social stigmatization of leprosy victims is another example of human behaviour that promotes the delay in seeking medical care among those who suspect that they have leprosy. Among the Chinese the common but untrue belief that leprosy is the result of sexual contact with prostitutes or is genetically transmitted only serves to aggravate the social stigma associated with leprosy. It is estimated that for every leprosy patient on our register, two remain undiagnosed principally for fear that they will be outcasts of society and condemned to a living death if the diagnosis is confirmed. Yet the social stigmatization of diseases such as leprosy, elephantiasis, mental illness and AIDS is man-made and only serves to drive the victim into hiding thereby increasing the likelihood of further spread. Health related behaviour in regard to many communicable diseases need urgently to be studied and understood if mankind is to be rid of these diseases or at least to keep them under control.

It is therefore timely that Malaysia will host in June 1986 the regional seminar on "Social and Economic Research in Tropical Diseases in South-East Asia with special reference to its application for effective disease control". This seminar is jointly co-sponsored by the SEAMEO-TROPMED project, the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, the Faculty of Medicine, University of Malaya and the Ministry of Health, Malaysia. It aims to examine the economic and human behavioural aspects of four important diseases namely, malaria, filariasis, schistosomiasis and leprosy. It will form a small but significant contribution to much that remains to be researched and applied in the field of health-related behaviour.

PAUL C.Y. CHEN