

must be aware of the need to create social conditions which promote and facilitate healthy living by and for everyone.

As Director of the Pan American Health Organization, I urge all the people of the Americas to help us to improve the health of the hemisphere. As we observe World Health Day 1986, and in the years ahead, let us commit ourselves to taking action that will win health for all through individual self-reliance and community responsibility in a favorable social environment. "Healthy Living" truly makes "Everyone a Winner."

HEALTHY LIVING: EVERYONE'S DECISION

The disease patterns found in affluent countries are now appearing in the Third World, as fast food—with its risks of too much fat and "empty calories"—and sweetened soft drinks become increasingly universal. Cigarette billboards beckon everywhere. Alcohol production is rising fast, and per capita beer consumption in many developing countries may soon rival or exceed the traditionally high levels found in certain European countries.

The Paradox:

Longer Lives and More Sickness

Advances in public health are being countered by our disregard for healthy living. In Singapore 40 years ago, life expectancy was less than 50 years and the leading causes of death were tuberculosis and other infectious diseases. Today the average Singaporean can hope to reach age 71, but deaths from heart disease have doubled.

Cardiovascular diseases are responsible for almost half of all deaths in Ghana, and 13% of the population suffers from high blood pressure. In Sri Lanka, a significant number of people surveyed in one community had high blood pressure, diabetes, and angina—and were unaware of their conditions. A study of 1,100 Sri Lankan young men found that 70% were smokers.

Even worse for the industrialized countries, there is a nasty sting in the tail of the good news about increased life expectancy. Although a newborn child will likely live to at least age 70, life expectancy at the age of 45 is actually going down for those individuals who persist in lifestyle habits involving a bad diet, smoking, abuse of alcohol, and insufficient exercise.

Responsibilities and Choices

Individual choice and responsibility play key roles in maintaining health. Research in industrialized countries has shown that only 15 to 20% of all sickness is cured by treatment in hospitals; the remainder is managed by individuals. This fact often goes unrecognized, because people tend to view modern medicine as a system of crisis management rather than of prevention through steady self-care. People's own instincts, wisdom, and customs are being ignored.

One way to counteract this is by adopting lifestyles that promote health and prevent disease. Such action depends on two factors: personal choices and the ability of national policies and health strategies to break new ground.

A good example is "Fitness for Life," a village-level health program in the Indian state of Kerala that uses children to promote healthy living. Each child participating in the project gets 10 other children under five immunized, organizes kitchen gardens for five homes, teaches dental hygiene to 10 families, and supports healthy lifestyles.

As this suggests, while the developing world has major problems, opportunities also await. For example, breast-feeding and other healthy traditional practices need not suffer from an erosion of interest when properly promoted. Instead, they can become enriched with a new sense of value and pride.

In fractured families, or in ones where the parents are poor or unemployed, healthy habits may be harder to sustain. Still, much can be done to introduce children to wholesome food and good hygiene; to the idea of scheduling a good balance of time for study, leisure, and sleep; and to developing a feeling for the way the body can work and function best.

Worldwide, but especially in the United States and other industrialized societies, individuals are being held increasingly accountable for the social costs of their lifestyles. For example, hospitals discourage extended use of their facilities, and many health insurance programs offer lower rates and other incentives to policyholders who exercise, do not drink alcohol, and stay well.

All this points up the fact that we no longer have the luxury of considering wellness simply an option or alternative to the unsound—but popular—habits that prevail. Healthy living must become the norm if we are to win the race for health.

Poisonous Smoke

About a quarter of all cigarette smokers are killed before their time by tobacco. Most would have lived another five to 30 years, the average being an extra 10 to 15 years.

Government policies can strengthen individual choice and inhibit the popularization of smoking. Restrictions on both cigarette advertising and promotion of cigarettes reduce the incentive to smoke; raising the cost of cigarettes lowers consumption; and health educa-

tion promotes a way of life free from smoking. All this is especially necessary in developing countries, where present controls on the promotion and sale of cigarettes are generally minimal, and where the countries involved can ill afford the enormous burden that tobacco-related illness places upon health resources that are already overstretched. The losses in cigarette tax revenue and tobacco-related jobs in farming and industry are a minor price to pay compared to the other consequences—expensive, long-term medical care, incapacitation, human suffering, and premature death.

Alcohol Abuse

Industrialized nations are also witnessing major alcohol-related strains on their health services. In some European countries every third hospital bed is occupied by a patient with an alcohol-related disease. In most industrialized countries, drinking in company is a reflex action. Alcohol is part of the currency of social communication; it is both accepted and expected. But few people reflect on its damaging effects.

A heavy drinker may be fat and undernourished because alcohol is high in calories but low in nutrients. Virtually all the body's vital organs are damaged by excessive drinking. Alcohol raises the blood pressure, causes psychiatric disorders, and has many other serious repercussions. Families suffer, violence flares, and serious accidents become more frequent, both at work and on the road.

Not allowing this to happen depends on personal decisions. The ability to make such decisions should be developed in early life, so that when children grow into adulthood the choice about when or whether to drink can be made wisely.

WHO surveys show that between 1969 and 1976 the percentage of boys having their first drink before they turned 18 rose from 36 to 52%, while the percentage of girls almost doubled, rising from 24 to 47%. The implications of this trend for the Third World are especially unsettling. Not only do many developing countries have predominantly youthful populations, but rates of alcohol consumption are currently rising most sharply in countries of Latin America, Africa, and Oceania.

Fitness

We have come a long way in the past decade toward understanding the link between diet and disease prevention. Now it is time to recognize the complementary role played by fitness and exercise.

The growth of marathons and other mass participation sports is a sign of new public awareness of this role. Yet we still tend to associate the achievement of fitness with youth, athletics, and the muscle-bound figure, when it actually should be an integral part of everyone's daily routine. The most basic of human activities, walking, can form the bedrock of fitness, and so prevent overweight.

By keeping up a moderate exercise plan, the elderly may reduce the likelihood of immobility and so retain their independence. The disabled also have techniques well suited to them. Office workers can do isometrics, five-minute yoga, aerobics, or Tae Kwando—alone or in a group. Women everywhere, who still have the most to do with the way a family grows, can play a major role in developing fitness and good habits. Rich and poor alike can enjoy the benefits of exercise.

The plague of the industrialized countries is life's sedentary nature. In the Third World, physical work and plenty of walking give many an edge on fitness. The danger there is being unable to ensure an adequate diet, particularly for growing children; and when the diet is poor, too much exercise may reduce stamina and increase the risk of infection and disease. Exercise helps to maintain a steady body temperature and to regulate appetite, and it may provide protection against heart disease, asthma, hypertension, and muscular and rheumatic diseases. A personal plan of fitness can also help to counteract work-related stress and other of life's daily pressures.

Moreover, the desire for exercise and fitness is a psychological weapon against the use of tobacco and alcohol. Exercise produces a mental "high"; its psychological benefits on the physical body are no more than a modern statement of *mens sana in corpore sano*, the healthy mind in the healthy body. We have rediscovered the past; and our future may depend upon how well we can put this ancient wisdom into practice.

Nutrition

Lessons in nutrition are not only for the Third World. Too many people in industrialized countries have not learned how to enjoy life without overdoing it. The overfed person does not necessarily eat well.

A cursory look at world nutrition tables is most revealing. Europeans and North Americans seem to be way out in front on the "fat list." Thirty per cent of what the average European eats consists of fat. In the United States, two out of five women and one out of three men between the ages of 40 and 50 are obese. In the United Kingdom, more than half the adult population is overweight. It all adds up to a recipe promoting illness and disease.

The sweet attraction of sugar can lead to overweight, high blood pressure, heart attacks, and strokes. High levels of saturated fat in food predispose to heart disease. To encourage good health, we should eat less saturated fat (by choosing leaner meats and low-fat dairy products, using less salad oil and dressings, and preparing foods by broiling, baking, or steaming rather than by frying).

We should also eat green leafy vegetables and fruits daily, because these supply essential vitamins and minerals and provide a good source of fiber. Whole-grain breads and cereals, foods also rich in fiber and other nutrients, should be eaten regularly. Fresh

or minimally processed foods should be preferred over pickled, cured, or traditionally smoked products. Alcoholic beverages should be used moderately, if at all.

While obesity is a problem for people in industrialized countries, millions of poor children elsewhere suffer from malnutrition due less to the absence of food than to the presence of infection and disease. Their diseased bodies' ability to efficiently use the nutrients available from foods is impaired; and, when insufficient calories are consumed, protein ordinarily used for growth and repair must instead be burned for fuel—thereby increasing the body's vulnerability to new bouts of illness.

WHO Director-General Halfdan Mahler has described this situation as a “vicious circle of poverty, malnutrition, disease, and desperation.” Health education and health policy can do much to ensure that people in the Third World make the most nutritious choices concerning their diet and health. There was a time when breast-feeding, traditional weaning, and traditional dietary practices that safeguard health had been discouraged or abandoned in the interests of modernity. Now they are being promoted as methods of choice.

Source: Pan American Health Organization, *Healthy Living: Everyone a Winner*, Washington, D.C., 1986.