

# Book Review

**Title:** Building Better Health: A Handbook of Behavioral Change.  
**Author:** C. David Jenkins.  
**Publisher:** Pan American Health Organization, Washington D.C.: PAHO, 2003.

The aim of this book is to provide a comprehensive model of preventative medicine for communities to reduce disease, disability and premature death throughout the life cycle. The author, C. David Jenkins is an internationally recognised researcher, health worker and Professor of Preventative Medicine and Community Health, of Epidemiology and of Psychiatry. The book is thorough, systematic and filled with useful facts and sound advice. It will be an invaluable introductory text to the field of preventative medicine.

However, like most well-intentioned arguments, those represented in this book are deeply flawed. Jenkins introduces his book with a very logical model to promote health and disease prevention in communities and then systematically describes the risks and options pertinent to community health during each stage of the human life cycle. Because he bases his model for change on the naïve assumption that information and education lead automatically to behavioural change, his basic argument is flawed. In essence, Jenkins argues that people should exercise more, eat healthily, not smoke, drink or take drugs and avoid risky behaviour. Noble advice indeed.

However, knowing that smoking causes cancer or that unprotected sex may lead to HIV/AIDS, does not necessarily alter self destructive behaviour. Jenkins' model fails to address the underlying factors that lead to self-defeating behaviour. These may range from psychological motives to broader socio-economic entrapment. Jenkins particularly neglects the ramifications of poverty and its vicissitudes. The most devastating effects of poverty, apart from the obvious physical suffering and deprivation, is that it robs those afflicted from realising their opportunity, autonomy and potential. The cycle of poverty limits access to education, the opportunity to make choices and the capacity to feel in control of one's own destiny. We recognise all too well the passive capitulation of the oppressed woman to the beatings, rape and unprotected sex from her domineering and abusive husband. Educating her about the facts of HIV transmission makes little difference. Similar difficulties are noted in alcohol and substance abuse, obesity or prostitution (more fashionably termed sex work). The idea that

autonomous, conscious and deliberate choices are being made in all of these risk behaviours, needs to be challenged. The subsequent assumption that education will change such risk behaviour is fallacious.

Jenkins also avoids the thorny issue of destructive and oppressive cultural practices in various societies. The low status of women and children in certain societies precludes the idea that they may challenge the destructive influences of their customs, traditions or belief systems. E.g. limiting the education of women, beyond the age of 12 years, compromises the quality of care, education and health available to entire families. Refusing to condone the use of condoms within certain belief systems ensures the spread of HIV/AIDS. Attempts to, 'educate,' those with differing customs, traditions or beliefs, is rarely successful. Instead it is often viewed as being politically incorrect, racist or ethnocentric. Jenkins does not address these issues in his model.

Jenkins rightly criticises the unbalanced distribution of health budgets worldwide, where less than 2% is spent on health care and 98% on disease care. He points out that technological advances have benefited the wealthy few, both within privileged nations and between developed and underdeveloped countries. However, Jenkins does not address the ethics of financial access to health care as a growing trend. Nor does he address the political factors that influence health policy. These may range from frank corruption to idiosyncratic beliefs about disease aetiology.

Access to healthcare is slowly being dictated by business and defined by commerce. Managed healthcare determines the nature, number and quality of investigations, medications and the direction of research in medicine. Healthcare clinicians are no longer in control of the clinical management of their patients, the direction of research in their discipline or the shape of health policies in their communities. Healthcare decisions are politically and economically driven.

Without addressing the powerful socio-economic and political influences that limit the choices of the disadvantaged, control access to healthcare, and shape the practice of medicine and health policy, thorough, well written texts such as this one written by Jenkins, will have limited impact.

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