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Perceptions of mosquito borne diseases

We report our findings from a community based study on Knowledge Attitude Practice of community on various vector (mosquito) borne diseases, conducted in 1998. The respondents (n=850) in a sample (systematic random) were chosen from the population of 10 000 of an urban locality in India. Knowledge of mosquito being the vector for dengue was very low (0.5%), as compared with malaria (61.1%). Concerning knowledge of breeding grounds for malaria mosquitoes; most identified chemi-
cals (42.9%) while other respondents men-
tioned variety of measures like environmental hygiene, de-weeding, emptying containers, etc. The overwhelming majority of respondents (56.8%) were of the attitude that mosquito control was the government’s responsibility, very few (8%) said that it was the responsibility of the people themselves. Widely used personal protection methods against mosqui-
toes were; repellents (64%) and bed nets (8.7%). Very few of the respondents (1.1%) suggested mosquito proof screen/mesh for windows and doors of house.

Aedes aegypti mosquito (vector for dengue) breed in small artificial collections of water like unused tyres, flower pot bases, broken bottles, etc. It is disappointing that more than 99% of respondents in our study did not know the mode of transmission for dengue, when in fact, community participation is the only effective way to prevent dengue outbreaks in the community. Behavioural theory suggests that people will be willing to put more effort into avoiding dengue if the consequences for not controlling mosquitoes seemed greater.1

Anophelines species of mosquitoes (vector for malaria) breed mainly in clean water in contrast with the most widely held perception that they breed in drains or dirty water. Some of these misperceptions have been important hurdles affecting community participation in malaria control.

Our findings highlight the importance and need for intensification of health education for vector control, particularly in tropical countries, with emphasis on community par-
ticipation to control vector borne diseases.

R Kumar, S K Krishnan, N Rajashree, R R Patil, T J Cauverappa, V Maiya
Community Health Cell, no 367, Sreenivasa Nilaya, Jakkasandra 1st Main, 1st Block, Koramangala, Bangalore-560034, India

Correspondence to: Dr R Patil; rajanpatil@yahoo.com

Reference

The health of nations: why inequality is harmful to your health?


It was only six years ago that Richard G Wilkinson published his path-breaking book Unhealthy societies. The afflicting of inequality, in which he argued that among developed coun-
tries it is not the richest societies that have the best health, but those that have the smallest income differences between rich and poor. Wilkinson’s pioneering ideas on the social and health consequences of inequality have clearly inspired the work of many health scientists and social policy analysts around the world ever since, including the work of Kawachi and Kennedy and their recent book, The health of nations.

In a skillfully crafted volume, the writers demonstrate how growing inequalities in the United States and elsewhere threaten various, highly valued freedoms that economic develop-
ment and prosperity are supposed to bring about. Using examples mainly from the USA, the authors show chapter by chapter, the enor-
mous social costs of growing economic in-
equalities and social injustices that continue to deny good health and adequate health care for many. Furthermore, inequalities continue to persist as obstacles to exercise democratic choice, undermine community and family life, and inspire those who are unable to attain the community standard of living to commit crime.

The health of the nations is an excellent book that deserves to be read by a broad readership and the authors are to be congratulated. The volume will hopefully serve as an important contribution to the ongoing public debate about the value of economic development that is unable to bring about social and distributive justice. The health of the nations is an essential and eye opening reading for everyone, espe-
cially for those, who still wrongly believe that inequality is the engine for growth, ensuring that the benefits automatically will trickle down to those at the bottom.