LETTER TO EDITOR

The Cost of Prevention-Need of Hour

Swati Ghonge, Hetal Rathod, Kajal Srivastava

Department of Community Medicine, Dr D Y Patil Medical College Hospital & Research Centre, Dr D Y Patil Vidyapeeth Deemed to be University, Pune

CORRESPONDING AUTHOR

Dr Kajal Srivastava, Department of Community Medicine, Dr D Y Patil Medical College Hospital & Research Centre, Dr D Y Patil Vidyapeeth Deemed to be University, Pune-411018

Email: kajal.shrivastava@dpu.edu.in

CITATION

Ghonge S, Rathod H, Srivastava K. The Cost of Prevention-Need of Hour. Indian J Comm Health. 2026;38(1):220-221. https://doi.org/10.47203/IJCH.2026.v38i01.043

ARTICLE CYCLE

Received: 13/02/2026; Accepted: 23/02/2026; Published: 28/02/2026

According to the World Health Organization, non-communicable diseases like diabetes and cardiovascular disease, which are brought on by a "combination of genetic, physiological, environmental, and behavioral factors", claim the lives of 41 million people annually or 71% of all fatalities. Every year, about 5.8 million people in India pass away from non-communicable diseases (heart and lung diseases, stroke, cancer, and diabetes), which translates to one in four Indians being at risk of passing away from non-communicable diseases before the age of 70 years. It is biologically plausible that chronic disease could be prevented or at least delayed via early detection and management of biomedical and lifestyle risk factors, and there is some evidence that periodic health evaluations can improve the delivery of some recommended preventive services.(1)

The disability-adjusted life years have increased by 6.6%, 4.4%, 2.2%, and 0.9% for cardiovascular disease, chronic respiratory disease, diabetes, and breast cancer, respectively. The primary emphasis of health organizations' efforts to reduce fatalities from non-communicable diseases is cigarette use, physical inactivity, unhealthy food, and problematic alcohol consumption (2). Along with tackling the risk factors, another major step in combating non-communicable diseases is preventive health check-ups.

Preventive health check-ups deal with the identification and minimization of disease risk factors, existing disease course improvement, and early disease detection through screening. This has become crucial since it allows people to know about their health issues well within time (3). Also, early diagnosis of disease in its latent phase aids in prompt intervention, lowering morbidity and death (3,4).

To achieve optimal health for the nation, individuals must be fully engaged in taking care of their health, modifying risk behaviours, and implementing preventative actions to lower future demand for health care. The utility of the services by health programmes like the National Program for Prevention and Control of Non-communicable Disease, the National Programme for Health Care of the Elderly, and the National Tobacco Control Programme by the public is always questionable.

The specific types of preventive health checkups can vary based on factors - such as age, gender, individual health risks, and the healthcare system of a particular country or region. However, here are some common types of preventive health checkups commonly recommended:

1. General Health Checkup: A comprehensive health assessment that includes a physical examination, blood pressure measurement, and various blood tests to assess overall health status and detect common health issues.
2. Annual Physical Examination: A yearly physical examination conducted by a healthcare professional to evaluate general health, assess vital signs, and discuss health concerns.
3. Female Checkup: Specifically designed for women, this checkup may include screenings for breast cancer, cervical cancer (Pap smear), bone density (for osteoporosis), and discussions about reproductive health and contraception.
4. Male Checkup: This checkup may include prostate cancer screenings, testicular cancer screening, and discussions about male-specific health issues.
5. Child Health Checkup: Regular checkups for infants and children to monitor growth, development, and immunizations.
6. Adolescent Health Checkup: Designed for teenagers to address unique health needs and challenges during adolescence.
7. Senior Health Checkup: A comprehensive assessment for older adults to monitor age-related health issues, such as osteoporosis, cognitive function, and chronic conditions.
8. Cardiovascular Health Checkup: Focuses on assessing risk factors for heart disease, such as blood pressure, cholesterol levels, and diabetes screening.
9. Diabetes Checkup: Specifically designed for individuals with diabetes or those at risk of diabetes, this checkup monitors blood sugar levels and assesses diabetes-related complications.
10. Cancer Screenings: Regular screenings for various types of cancer, such as mammograms for breast cancer, colonoscopies for colorectal cancer, and Pap smears for cervical cancer.

11. Bone Health Checkup: Evaluates bone density to assess the risk of osteoporosis and fractures, especially in post-menopausal women and older adults.

In a country like India where mandatory health check-ups are missing or due to the absence of a proficient health system like that of Western countries, the public must push themselves to undergo these health check-ups. Aside from the public advantage, using healthcare services for preventive purposes provides significant individual benefits. Preventative health care gives people confidence and knowledge about their health and the health of those they care for (5).

The result of a systematic review showed that participation in preventive health check-ups was facilitated by attitudes, including the desire to understand one's risk for cardiometabolic disease, a sense of personal accountability, and concerns for one's health. Younger age, smoking, less education, attitudes such as not wanting to worry about the results or being susceptible to them, and a generally unfavourable attitude towards health screenings or prevention were barriers.

Additionally, practical concerns like information and accessibility to appointments may have an impact on participation (6,7). So, this study was done to assess the motivators and barriers of the public in carrying out preventive health check-ups. The objective of our study is to estimate the proportion of people who have availed of preventive health check-ups and to determine the motivators and barriers to health check-ups among adults (age group – 30 to 60 years).

Out-of-pocket (OOP) payment is the major health financing mechanisms across most of Asia and other developing countries (O'Donnell et al. 2005; O'Donnell 2008; Leive et al. 2008; Jogelkar 2008), often posing an enormous burden on underprivileged households (Sun et al. 2007; Fun et al. 2005; Garg 1998). The costs are frequently high enough so that households are unable to recuperate them from existing resources, and, hence, ultimately slip deeper into poverty. Numerous studies (Narayanan et al. 2000; Peters et al. 2002; Pradhan 2002) have indicated that the poor in India become utterly vulnerable when they seek medical intervention for major ailments. Results from a study also indicated that, every year, about one quarter of the hospitalized people slip into poverty due catastrophic payment for availing such care (Peters et al 2002).

A study of Anirudha Krishna (2006) has mentioned that the debt for health care have robust associations with poverty creation and the interaction of these factors is very significantly implicated with the analysis of households' descent into poverty.

Universal Health Coverage (UHC), the centre piece of the United Nations' sustainable development goals on health (SDG-3), aims to ensure that everyone has access to quality healthcare without facing financial hardships (WHO, 2021a). SDG-3 focuses on a broad gamut of health-related issues pertinent to the global community as well as developing countries such as India (United Nations Development Programme (UNDP), 2022). India is experiencing a triple burden of diseases, i.e. increasing non-communicable diseases (NCDs), an unfinished agenda of infectious diseases, and a rising incidence of injuries (Bloom et al., 2014). Between 1990 and 2016, the proportion of all deaths in India due to NCDs increased from 37.9% to 61.8%, and the contribution of NCDs to total disability-adjusted life years increased from 30.5% to 55.4% (Indian Council of Medical Research, Public Health Foundation of India, and Institute for Health Metrics and Evaluation (ICMR, PFHI, and IHME), 2017). Various studies reveal that in India more than 80 percent of health care financing is mainly in the form of out-of-pocket (OOP) often posing an enormous burden on underprivileged households. The costs are frequently high enough so that households are unable to recuperate them from existing resources.(9)

Communicable diseases too, such as diarrhoea, tuberculosis, lower respiratory infections, and vector-borne diseases (for instance, dengue, malaria, and chikungunya), continue to pose substantial challenges in India (Indian Council of Medical Research, Public Health Foundation of India, and Institute for Health Metrics and Evaluation (ICMR, PFHI, and IHME), 2017).

How far the poor are protected against the financial consequences of ill health brought out by screening tests? An economic analysis of personal health maintenance is important. Data may help in establishing how periodic health checkups can be effective in significantly lowering mortality from potentially postponable disease. Data on these aspects of preventive medicine is not much found in Indian scenario. Studies may be undertaken that help in bringing out the economic perspectives & social burden of prevention as a whole.

Declaration of Generative AI and AI Assisted Technologies in the Writing Process

The authors haven't used any generative AI/AI assisted technologies in the writing process.

References

1. Prinja S, Jeet G, Verma R, Kumar D, Bahuguna P, et al. (2014) Economic Analysis of Delivering Primary Health Care Services through Community Health Workers in 3 North Indian States.PLoS ONE 9(3): e91781.
2. WHO. Preventing noncommunicable diseases. (2023). Accessed: Feb 2, 2026: https://www.who.int/activities/preventing-noncommunicable-diseases.
3. Ramesh R, Yuri Gagarin P, SenthilMurugan R, Rizwan SA, Joena MV, Aravind A: A study on the utility of preventive health check-up in early detection of disease states. Int J Res Med Sci. 2016, 4:4022-5.
4. Lee S, Huang H, Zelen M: Early detection of disease and scheduling of screening examinations . Stat Methods Med Res. 2004, 13:443-56.
5. Sabates R, Feinstein L: The role of education in the uptake of preventative health care: the case of cervical screening in Britain. SocSci Med. 2006, 62:2998-3010.
6. de Waard AM, Wändell PE, Holzmann MJ, et al.: Barriers and facilitators to participation in a health check for cardiometabolic diseases in primary care: a systematic review. Eur J PrevCardiol. 2018, 25:1326-40.
7. Leaven L, Ahmmad K, Peebles D: Inventory management applications for healthcare supply chains .Int J Supply Chain Manag. 2017, 6:1-7.
8. Shet N, Butt IN, Sharma P, Qadri GJ, Kanali G. A study to assess the economic burden faced by rural households due to Out-of-pocket expenditure on healthcare in Uttar Kannada and Udupi districts of Karnataka. J Family Med Prim Care 2021;10:4573-7
9. Varshini A, Rani SL, Brundha MP: Awareness of annual doctor checkups among general population . Drug Invent Today. 2020, 14:274.