Chapter 11

Health Illiteracy and Blind Trust

Dr. Pratibha Lavania
Professor, Dept. of Pharmacology NIIMS, Jaipur

Introduction: A Nation Medicated in the Dark

In a country as diverse and complex as India, health literacy remains one of the most under-addressed crises. For most patients, medical knowledge begins and ends with what the doctor writes on a piece of paper—or what a local chemist recommends over the counter.

The result is a population that is **highly medicated but poorly informed**. Drugs are consumed without understanding, antibiotics are taken for viral fevers, steroid creams are misused for skin whitening, and injections are preferred over tablets—not for efficacy, but for perceived strength.

This chapter delves into the **culture of blind trust**, **medical ignorance**, and how **patient disempowerment fuels India's pharmaceutical crisis**.

1. What is Health Literacy?

Health literacy is defined by the WHO as "the **degree to which individuals have the capacity to obtain, process, and understand basic health information and services** needed to make appropriate health decisions" [1].

In India, studies show that **less than 25% of adults can correctly interpret a prescription** or understand dosage timing, even in urban settings.

| Table 1: Health Literacy in India – Select Findings (2021–2023) |

Population Group	Can Understand Prescription (%)	Can Name Medications (%)
Urban educated (Delhi)	62%	54%

Semi-urban (Lucknow)	33%	19%
Rural (Odisha)	14%	7%

Source: PHFI Health Literacy Survey, 2023 [2]

2. Over-the-Counter (OTC) Misuse

In the absence of awareness, India's **informal OTC drug market thrives**. Despite regulations, **antibiotics, steroids, and psychotropics are frequently sold without prescriptions**.

| Table 2: Common OTC Drug Misuse (Urban Slums, 2022) |

Drug Class	% Sold Without Prescription
Antibiotics	47%
Painkillers (NSAIDs)	72%
Corticosteroids	38%
Cough syrups (Codeine)	51%

Source: All India Drug Retail Audit – Slum Clusters, 2022 [3]

Chemists, not doctors, often become the **primary advisors—** sometimes out of necessity, other times due to convenience.

"If you tell the chemist your symptoms, he'll give you 2–3 tablets and it usually works. That's all we know." – Patient, Ahmedabad

3. Trust in Quacks and Informal Providers

In rural India, **unqualified medical practitioners ("quacks") serve nearly 60% of all primary healthcare needs**. Their popularity stems from:

- Geographic access
- Familiarity and trust
- Flexible payments
- Rapid symptom relief

These providers frequently prescribe **broad-spectrum antibiotics, painkillers, or steroid injections—** without diagnosis or follow-up.

A study by The Lancet (2019) found that **57% of healthcare providers in India's rural areas had no formal medical training** [4].

"He gives one injection, and the fever goes away. Why go to the hospital?" – Farmer, Jharkhand.

4. Misinterpretation of Dosage and Instructions

Even when patients do see licensed doctors, **instructions are often misunderstood**:

- Once daily becomes once in the morning only
- Take after food is interpreted as with breakfast only
- Instructions like "for 5 days" are ignored after 2 days of symptom relief

In a 2021 study across government hospitals in three states, **42% of patients misused antibiotics due to poor understanding of dosage instructions** [5].

Table 3: Common Prescription Misunderstandings (n=1,800)

Misunderstanding	% of Respondents
Misinterpreted duration	44%
Took multiple doses together	18%
Skipped food instructions	31%
Switched drugs mid-course	15%

5. Cultural Beliefs About Medicine

Cultural norms and misconceptions often override medical advice:

- **Injections are perceived as "stronger"** and preferred even for mild conditions
- **Herbal/home remedies** are mixed with allopathy without informing the doctor
- **Antibiotics are seen as "cold medicines"**
- People believe **taking medicines longer weakens the body**

Such beliefs persist due to **lack of community health education**, **low literacy**, and **mistrust of public health messaging**.

6. Paediatric and Geriatric Risks

Low health literacy significantly endangers:

a) Children

- Syrups are **overdosed or underdosed**
- Parents stop antibiotics once fever subsides
- Prescription drugs are **shared among siblings**

b) Elderly

- Polypharmacy without understanding
- Drug duplication from multiple doctors
- Misinterpretation due to vision or memory issues

A 2022 ICMR audit found that **29% of elderly patients were taking duplicate medications unknowingly** [6].

7. Language Barriers and Prescription Formats

Most prescriptions are:

- **Handwritten in English**
- **Abbreviated with medical Latin**
- Lack pictorial or translated guidance

This poses significant challenges in areas where the population is **non-English speaking**, visually impaired, or elderly.

Some interventions like **color-coded boxes, audio labels, and pictogram-based instructions** have been tested with success, but **not adopted at scale**.

8. Absence of Patient Counselling

Unlike in many Western countries, Indian doctors:

- Spend **<5 minutes per patient on average**
- Rarely explain the purpose of medications
- Don't warn about **side effects or red flags**

Pharmacists also **lack formal training in patient counselling**, except in top-tier hospitals.

The **disconnect between diagnosis and comprehension** results in poor adherence, misuse, and eventual distrust.

"The doctor gave me six medicines. I don't know what they do, so I stopped taking them after three days." – Urban diabetic, Kolkata.

9. Digital Health: Promise and Pitfalls

The rise of **e-prescriptions, telemedicine, and mobile health apps** has potential, but:

- **Most platforms are in English**
- Require **smartphones and internet literacy**
- Often **don't include drug explanations or guidance**

Unless integrated with **vernacular education, speech interfaces, and human follow-up**, digital health tools may **widen the literacy gap**.

10. Reforms for Patient Empowerment

| Table 4: Policy Interventions to Improve Health Literacy |

Proposal	Status/Action Needed
Mandatory pictorial prescriptions	Not implemented
Drug counselling via pharmacists	Pilot in AIIMS, Delhi
Community health awareness drives	Occasional only
Vernacular drug instructions	Advised, not enforced
School-based health literacy modules	Not institutionalized

India can also borrow from models like:

- **Brazil's "Farmacia Popular" program** – includes education with drug dispensing
- **UK's Medicines Use Reviews (MUR)** – pharmacist-led guidance
- **Thailand's pictorial drug charts** in rural health programs.

Conclusion: Health Literacy is Public Health

Medicines do not work in a vacuum. Without understanding—what to take, when to take, why to take—a pill is just a piece of hope. India's pharmaceutical reforms must look beyond manufacturers and regulators.

Empowering patients with **knowledge, confidence, and access to honest guidance** is the most effective antidote to irrational drug use, overmedication, and public health harm.

Until that happens, **the greatest risk in India's pharmaceutical crisis may not be the drug—but the silence around it**.

References

1. WHO. Health literacy: The solid facts. Geneva: World Health Organization; 2013.
2. Public Health Foundation of India. National Health Literacy Survey. PHFI; 2023.
3. All India Drug Retailers' Federation. Slum Area Drug Access Audit. AIDRF; 2022.
4. Das J, et al. Use of unqualified medical providers in rural India. The Lancet. 2019;393(10183):760–769.
5. Indian Public Health Association. Prescription Compliance in Public Hospitals: Multistate Study. IPHA; 2021.
6. ICMR. Geriatric Drug Use Patterns in Urban India. Indian Journal of Pharmacology. 2022;54(6):475–482.