



PREVALENCE OF NCDs IN HEALTH STATUS OF HOUSEHOLDS AND ITS CORRELATION AMONG POPULATION OF KAMOTHE VILLAGE, TALUKA PANVEL – A CROSS-SECTIONAL COMMUNITY BASED STUDY.

Dr. Mangala Wange*

Professor & HOD, Department of Swasthavritta & Yoga, School of Ayurveda D.Y.Patil Deemed to be University Nerul, Navi Mumbai. * Corresponding Author

ABSTRACT

Background- Non communicable diseases NCDs include cardiovascular diseases, Hypertension, Diabetes, Obesity, stroke and Cancers. Main four risk factors responsible are tobacco, unhealthy diet, physical inactivity and harmful use of alcohol

AIM- This study aimed to assess the Health status of Kamothé village household population and prevalence of NCDs and their correlation with various factors present among adult population.

Methodology- The data was collected by interviewing the respondents with the help of an interview schedule containing structured questions.

Result- Among total subjects 125(35.41%) are males and 228(64.58%) are females. The overall prevalence of Diabetes was 30 (8%) among males were 17 (13.6%) and females were 23 (10%) About 223(63%) households reported to have visited allopath system of medicine at the time of their illness and only 17% preferred Indian system (Ayurved)

Conclusion- In Present study the overall prevalence of Diabetes was 30 (8.49%), The prevalence of hypertension was 28 (7.9%). About 223(63%) households reported to have visited allopath system of medicine at the time of their illness and only 17% preferred Indian system (Ayurved).

The focus must be on patients, family education and to modify lifestyle such as increasing physical activity and adopting recommended dietary changes like intake of minimum fruits and vegetables per day.

KEYWORDS : prevalence of NCDs, risk factors, health care utilization.

INTRODUCTION

India has made significant progress in improving health care, but there are huge challenges in extending basic services to the population. Health care indicators vary widely across states, but the consistent trend is that indicators are much worse in rural areas than in urban areas. The first and foremost problem is one of access to health care.

Health is inequality in health status among different socio-economic groups defined in terms of income, education, land ownership and housing. Therefore research studies are needed not only to examine the relation between health and development but also the question arises about differentials in health status and health care utilization across socio-economic groups in all areas.

Non communicable diseases NCDs include cardiovascular diseases, Hypertension, Diabetes, Obesity, stroke and Cancers. Experts are concerned about the increasing burden because of changing life style and factors like pollution.¹

Main four risk factors responsible are tobacco, unhealthy diet, physical inactivity and harmful use of alcohol.² In this view, this is an attempt to examine health status, choice of health care system, and prevalence of NCDs of Kamothé village, in Raigada district.

AIM AND OBJECTIVES OF THE STUDY

This study is aimed to assess the Health status of Kamothé village household population and prevalence of NCDs and their correlation with various factors present among adult population.

Methodology –

The present study is both descriptive and analytical based on primary as well as secondary sources of data. The secondary data has been obtained from various published and unpublished records; books and journals.^{3,4,5,7}

The primary data has been collected through interview schedule. Ethical approval was obtained from Ethics Committee of D.Y. Patil Deemed to be University School of Ayurveda, Nerul, Navi Mumbai. A Structural Questionnaire was designed.

All research assistants were trained in proper techniques for administration of Questionnaire. An Investigator was present all time during data collection. Actual data Participants were explained about the purpose of study

Selection of the Study Area - Kamothé sector 14 ward of Panvel Taluka, in Raigada District has been selected as the study area. Total population of ward number 12 is 26,154. It contains ten sectors.

This Kamothé sector 14 consists of approximate 3000 population, and approximate 750 households. This Block is covering more rural areas and migrated from other states from Uttar Pradesh, Bihar.

Period of Study

The data has been collected by interviewing the respondents with the help of an interview schedule containing structured questions. Actual collection of data has been done during 9th & 10th October 2018

Sampling Procedure

In the present study Kamothé villages Households were taken for the survey. The survey method was adopted to collect the data from the target sample. By using proportionate random sampling method, total 353 households are selected from kamothé village.

Total households were interviewed. Based on the survey, the following results are conceived.

Percentage analysis used for the primary data.

RESULTS AND DISCUSSIONS

This study was conducted to document the baseline household, Health care utilization and prevalence of risk factors for NCDs among adult population of Kamothé village.

Demographic Profile

At household level information has been collected like the main source of drinking water, type of toilet facility, source of lighting, type of cooking fuel, religion and education of household head and ownership of house etc.

Kamothé is electrified and supplied with protected drinking water. Proper swage drainage system was available. Most of the households use Gas fuel for cooking. Most of the houses 87.53% are in pucca houses, 10% are semi pucca houses and only 2% are kutchha houses.

Most of the 60% waste collection was door step and 40% was collected on common point.

The findings of the sample households presented in the following table

and analysed. The Socio demographic details of the participants are depicted in Table-1

Table1.Sociodemographic details of the participants:

Variable/ Characteristics	Frequency	Percentage %
Gender	Male	125 35.41
	Female	228 64.58
Marital Status	Single	32 9
	Married	321 9.93
occupation	Laborer	24 6.7
	Service	64 18.13
	Own business	87 24.64
	Other	54 15.29
	house wife's	124 51.27
Residence	Own House	87 24.64
	Rented	266 75.35
Education Status	Illiterate	47 13.31
	Primary	102 28.89
	Secondary	122 34.56
	High School	61 17.28
Religion	Graduate and above	21 5.94
	Hindu	337 95.46
	Muslim	13 3.6
	Others	3 0.84

The study included total 353 houses surveys to obtain the required sample. Among total 125(35.41%) are males and 228(64.58%) are females. The participants interview were pre dominantly female, this gender bias in innerving nature could be due to survey conducted on afternoon and most of the females were not paid workers, they were homemakers. Majority of respondents were 25 to 45years age group. Out of total 321(91%) were married.

Considering Education Status- Among total participants 34.56 % are Secondary education, 28.89 % are Primary education, 13.31 % are Illiterate and only 5.94% are Graduate.

Most of the 75.35% respondent stays on rent, only 24.64 % have their own house.

Among total People 24.64% are engaged in Own business, 6.7 % in construction industries as a labours, 18.13 in private services and about 51% females were homemakers.

Among total 353 respondent, 337 (95.46%) of Hindu religion, 13 (3.6) % Muslims & 2 (0.2%) Others.

The main risk factors were lack of physical activity, eating unhealthy diet, various addiction and life style changes.

Table 2 : Risk factors of the participants:

Variable/ Characteristics	Frequency	Percentage %
No of respondents smokes	29	8.21
No of respondents addict to Tobacco	48	13.59
Number of respondents consume alcohol	54	15.29
Number of respondents exercise daily	132	37.39
Number of respondents not exercise daily	221	62.60
Walking	97	27.47
Yoga & Meditation	22	6.23
Gym	13	3.68
House hold work	96	27.19
Number of respondents eat leafy vegetables 2-3 times a week	223	63.17
Number of respondents eat fruits 2-3 times a week	150	42.49
Prevalence of Diabetes	30	8.49
Prevalence of Hypertension	28	7.9
Prevalence of Heart diseases	5	1.41
Prevalence of Thyroid problems	6	1.69

From table-2, The major risk factor is Tobacco consumption. In present study male 26 (20%) and female 22 (9.6%) use tobacco, men had

higher level than compared with women.

Other risk factor smoke out of 29 male (19%) had use higher smoke compared with women (2%).

Alcohol consumption in the study sample was 54 (15.29%) and among male were 50 (40%) and few were females 4 (1.7%).

In present study 132 (37. 39%) individuals engaged in adequate physical activity out of that 27 % women were engaged in house hold work, 27% were walking, & 6% performed Yoga.

Dietary History –

In Present study 91 % participants were consuming mixed diet and only 6 % were vegetarian.

Among total subjects 88% individual consume Breakfast daily, 66 % were take occasional Fast Food.

Out of total family households 63 % respondents consume Vegetables 2-3 times in a week and 31 % were consummated Fruits in 2-3 times in a week . Vegetable and Fruit consumption were low in both men and women.

Standard WHO definitions used to define low physical activity (< 150 minutes of moderate-intensity activity per week, or equivalent), adequate fruit and vegetable consumption (5 servings of fruit and/or vegetables on average per day).⁵

Subjects suffering from Diabetes was 30 (8%) among males were 17 (13. 6 %), and females were 23 (10%) also reported ever receiving medical treatment.

A subject suffering from hypertension, including those on medication was 28 (7.9%), Very few are suffering from other NCDs. Like Heart diseases was 5 (1.41%), Thyroid problems 6 (1.69%) and Diabetes along with Hypertension patients were 5(1.41%).

Table 3: Health Care Utilization of the Participants

Variable/ Characteristics	Frequency	Percentage %
Health care utilization	Allopath	223 63.17
	Ayurved	17 4.81
	Homeopath	09 2.54
	Others	04 1.1

From table-3, Majority of sample households are having low income level. Data collected from 353 households with at least one member who fell ill during the last six months and availed medical care service for treatment were selected. About 223(63%) households reported to have visited allopath system of medicine at the time of their illness and only 17% preferred Indian system (Ayurved) .The reasons given by these users were mainly that it had known and easy available.

CONCLUSION

In Present study the overall prevalence of Diabetes was 30 (8. 49 %), the prevalence of hypertension was 28 (7.9%). It may be due to unhealthy diet, physical inactivity, tobacco consumption, and harmful use of alcohol. About 223(63%) households reported to have visited allopath system of medicine at the time of their illness and only 17% preferred Indian system (Ayurved).

NCD risk factors, Diabetes, Hypertension are immediate health threat among Kamothe village. The focus must be on patients, family education and to modify lifestyle such as incising physical activity and adopting recommended dietary changes like intake of minimum fruits and vegetables per day.

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