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A survey of health problem and period of diagnosis of health problem related diseases in different age groups in Chhattisgarh

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Abstract
Aim: The main purpose of the study was to analyze the sedentary lifestyle of different age groups and its related diseases in Raipur, Bilaspur, Bhilai, Durg, and Raigarh. The study focused on the linkage between the health status and sedentary lifestyle of people working in cities.
Method: The survey of the subjects was conducted in a phased manner using questionnaires, personal interviews, and telephonic interviews, depending on the convenience of the subjects and their availability. Initially, 1000 subjects were given the questionnaire, and within a fortnight, 790 subjects returned their filled questionnaires. The remaining subjects were persuaded to provide feedback within a week. The researcher received 80 more completed questionnaires from the subjects. Sixty subjects expressed their inability to fill out the questionnaire due to their hectic schedules or other reasons. Later, 28 subjects were interviewed telephonically, and 32 subjects were interviewed personally at their offices or homes, depending on the appointments given by them.
Statistical Technique: The information obtained from the responses to the questionnaire was carefully and systematically compiled for data analysis. The percentage analysis of frequencies of each statement was calculated for sedentary people.
Results: In the Age Group A (25 to 35), 3.09% of subjects were diagnosed with hypertension, 6.07% with diabetes, 1.90% with cardiac complications, 43.08% were overweight, 8.76% were diagnosed with more than one disease, whereas 37.10% were not diagnosed with any disease. In Age Group B (36 to 45), 6.88% of subjects were diagnosed with hypertension, 13.94% with diabetes, 9.91% with cardiac complications, 36.82% were overweight, 28.39% were diagnosed with more than one disease, whereas 4.06% were not diagnosed with any disease.
For Age Group A (25 to 35), the percentage analysis showed that 82.08% of subjects faced health problems for the last few days, 15.22% for the last few months, and 2.68% for the last few years. For Age Group B (36 to 45), the percentage analysis showed that 77.81% of subjects faced health problems for the last few days, 20.16% for the last few months, and 2.01% for the last few years.
Among Age Group A (25 to 35), 49.3% of subjects were suffering from one type of disease, whereas 50.7% had more than one type of disease. In Age Group B (36 to 45), 31.76% of subjects were suffering from one type of disease, whereas 68.23% had more than one type of disease.

Keywords: Types of Diseases, Health Problems, Diagnosis

Introduction

Obesity, commonly caused by abnormal fat deposition, is primarily measured by an increased body mass index (BMI). This global pandemic has raised concerns irrespective of a country's economic condition. In 2015, about 30% of the world's total population, including 107.7 million children and 603.7 million adults, were found to have obesity. It is predicted that by 2030, the global population of overweight and obese individuals will increase to 2.16 billion and 1.12 billion, respectively.
In India, the National Family Health Survey-4 (NFHS-4) reported that 18.9% of men are overweight, with 26.6% of urban men and 14.3% of rural men falling into this category. Among women, 20.6% were found to be overweight, including 31.3% of urban women and 15.0% of rural women. Furthermore, studies indicate that the rate of increase in obesity is highest in early adulthood.
Obesity-associated health problems, also known as lifestyle diseases, include complex metabolic conditions such as diabetes, cardiovascular diseases, arthritis, and polycystic ovarian syndrome (PCOS), which are intimately linked to obesity. It has become necessary to identify and estimate the factors contributing to increasing comorbidities related to obesity to curb this exponential growth.
Although fat accumulation mostly occurs in subcutaneous adipocytes, deposition has also been found in ectopic sites such as the visceral area, liver, muscle, heart, and pancreas. Increasing age influences the distribution of adipose tissue, shifting it from subcutaneous depots to intra-abdominal and ectopic fat deposition. BMI is considered the most common yardstick to measure obesity worldwide; however, as it cannot differentiate between body fat and muscle mass, it fails to be a reliable predictor of disease risk. Therefore, body composition monitoring is crucial to identify the visceral fat percentage (VF%), which signifies central obesity. In Asian Indians, intra-abdominal VF accumulation causes central obesity rather than generalized obesity.

Methodology

1. Objective of the Study

The main purpose of the study was to analyze health problems and the period of diagnosis of health problem-related diseases in different age groups in Chhattisgarh, specifically in Raipur, Bilaspur, Bhilai, Durg and Raigarh.

2. Subjects

Prospective subjects were identified in offices located in Raipur, Bilaspur, Bhilai, Durg, and Raigarh. The subjects were employees of Central Government, State Government, local governing bodies, BPOs, real estate offices, financial consultancy firms, etc., as they had a higher likelihood of leading a sedentary lifestyle. To systematize the study, subjects were grouped into two age categories:

a. 25 to 35 years
b. 36 to 45 years

3. Administration of Tests

The survey of the subjects was conducted in a phased manner using questionnaires, personal interviews, and telephonic interviews, depending on the convenience of the subjects and their availability. Initially, 1000 subjects were given the questionnaire, and within a fortnight, 790 subjects returned their completed questionnaires. The remaining subjects were persuaded to provide feedback within a week. The researcher received 80 more completed questionnaires. Sixty subjects expressed their inability to fill out the questionnaire due to their hectic schedules or other reasons. Subsequently, 28 subjects were interviewed telephonically, and 32 subjects were interviewed personally at their offices or homes, depending on the appointments given by them.

4. Statistical Analysis

The information obtained from the responses to the questionnaire was carefully and systematically compiled for data analysis. The percentage analysis of frequencies of each statement was calculated for sedentary people.

Results

The percentage analysis of frequencies of each table was calculated for sedentary people.

Table 1: Percentage description of responses age group a (25 to 35) pertaining to information about health problem and diseases

Age Group A (25 to 35) (335 SUBJECTS)						
	Hypertension	**Diabetic**	**Cardiac Complication**	**Overweight**	**More than One**	**None**
No.	10	20	6	144	29	126
%	3.09	6.07	1.9	43.08	8.76	37.1

The percentage analysis of Table No.1 reveals that in Age Group A (25 to 35) 3.09% subjects were diagnosed with hypertension, 6.07% from diabetic, 1.90% from cardiac complication, 43.08% from overweight, 8.76% were diagnosed with more than one disease, where as 37.10% were not diagnosed with any of the disease.

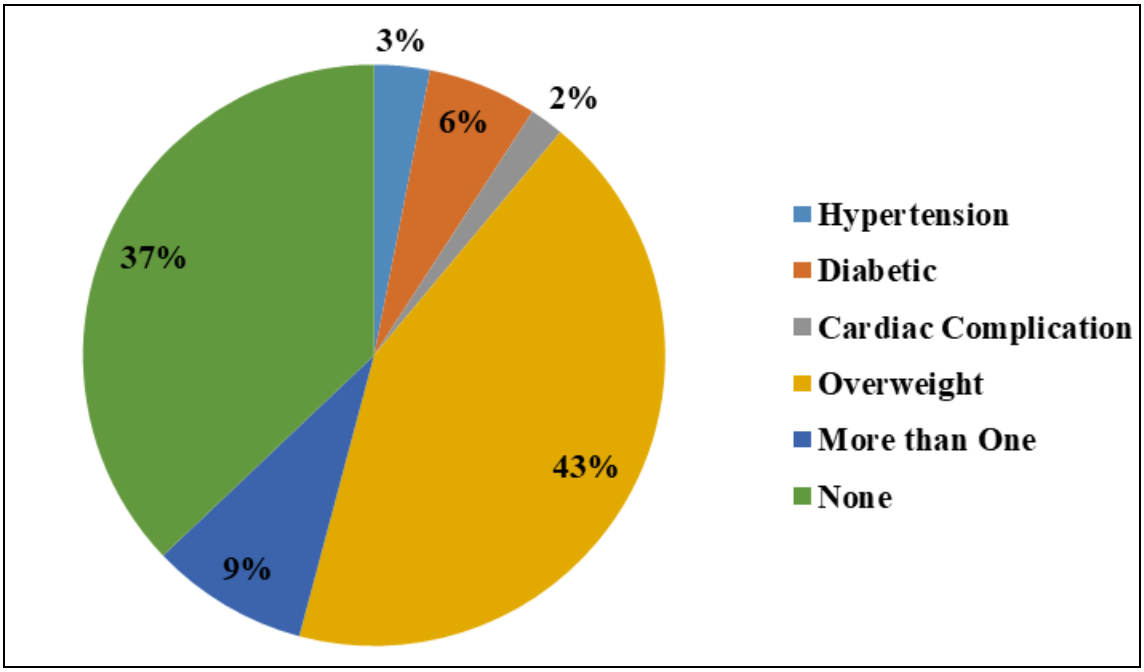

Fig 1: Percentage description of responsesage group a (25 to 35) pertaining to information about health problem and diseases

Table 2: Percentage description of responses age group b (36 to 45) pertaining to information about health problem and diseases

Age Group B (36 to 45) (595 SUBJECTS)						
	Hypertension	**Diabetic**	**Cardiac Complication**	**Overweight**	**More than One**	**None**
No.	41	83	59	219	169	24
%	6.88	13.94	9.91	36.82	28.39	4.06

The percentage analysis of Table No.2 reveals that in age group B (36 to 45) 6.88% subjects were diagnosed with hypertension, 13.94% from diabetic, 9.91% from cardiac complication, 36.82% from overweight, 28.39% were diagnosed with more than one disease, where as 4.06% were not diagnosed with any of the disease.

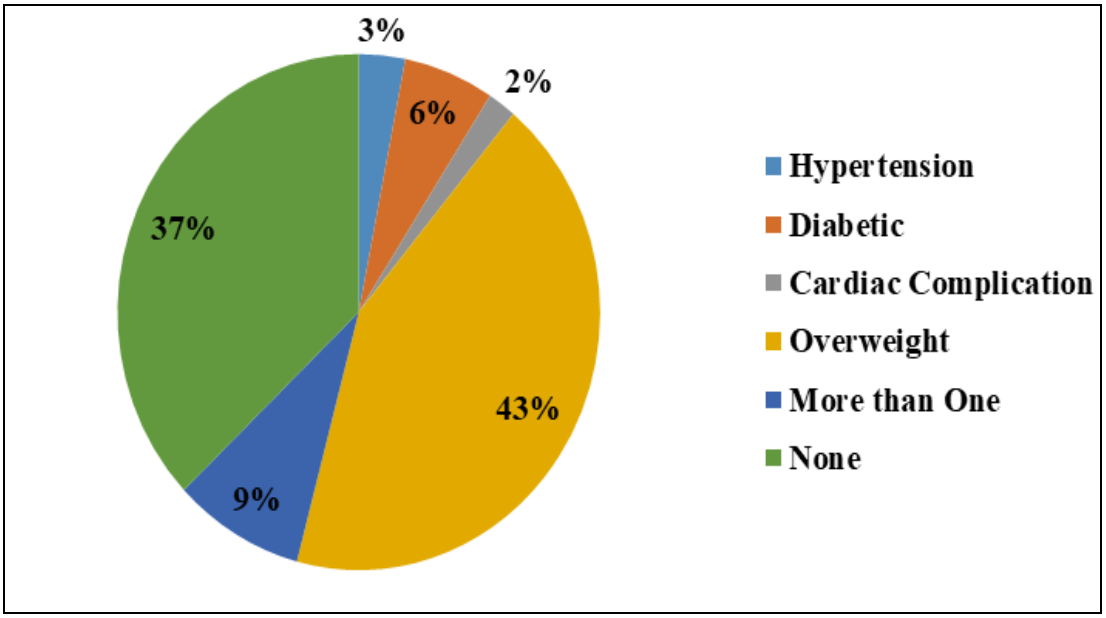

Fig 2: Percentage description of responses age group b (36 to 45) pertaining to information about health problem and diseases

Table 3: How long have you been ailing with the health problems age group a (25 to 35) analysis period of diagnosis of health problem

Age Group A (25 to 35) (335 SUBJECTS)			
	Few Days	**Since Few Months**	**Since a Year**
No.	275	51	9
%	82.08	15.22	2.68

Age Group A (25 to 35) percentage analysis of Table no. 3 reveals that 82.08% subjects were facing the health problems for last few days 15.22% for last few month and 2.68% for last few years.

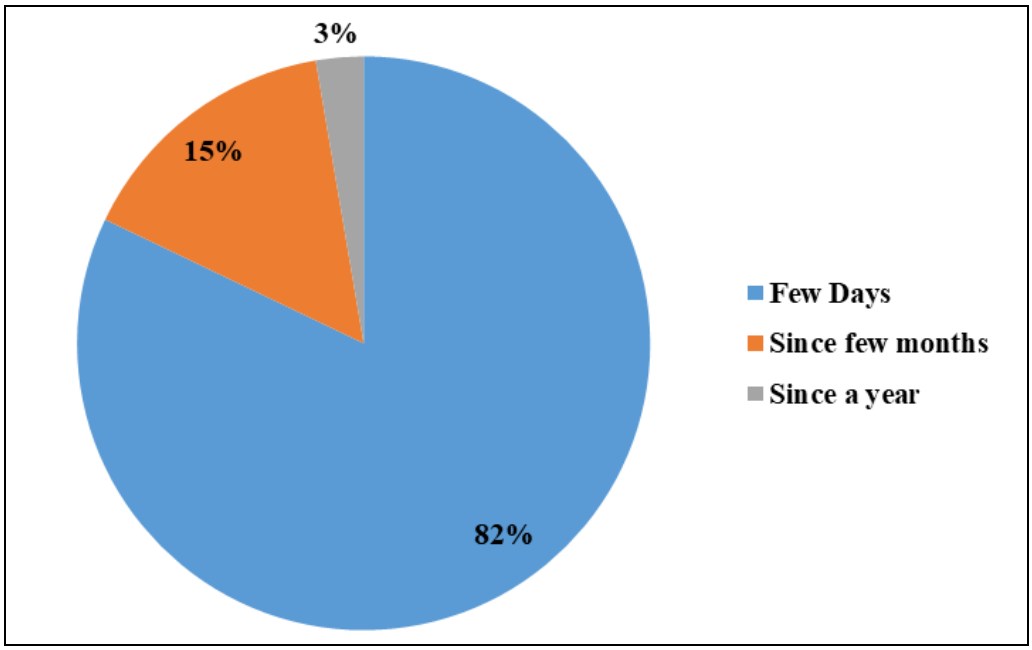

Fig 3: Percentage description of responsesage group a (25 to 35) pertaining to duration of health problem

Table 4: How long have you been ailing with the health problems age group b (36 to 45) analysis period of diagnosis of health problem

Age Group B (36 to 45) (595 SUBJECTS)			
	Few Days	**Since Few Months**	**Since a Year**
No.	463	120	12
%	77.81	20.16	2.01

Age group B(36 to 45) percentage analysis of Table no. 4 reveals that 77.81% subjects were facing the health problems for last few days 20.16% for last few month and 2.01% for last few years.

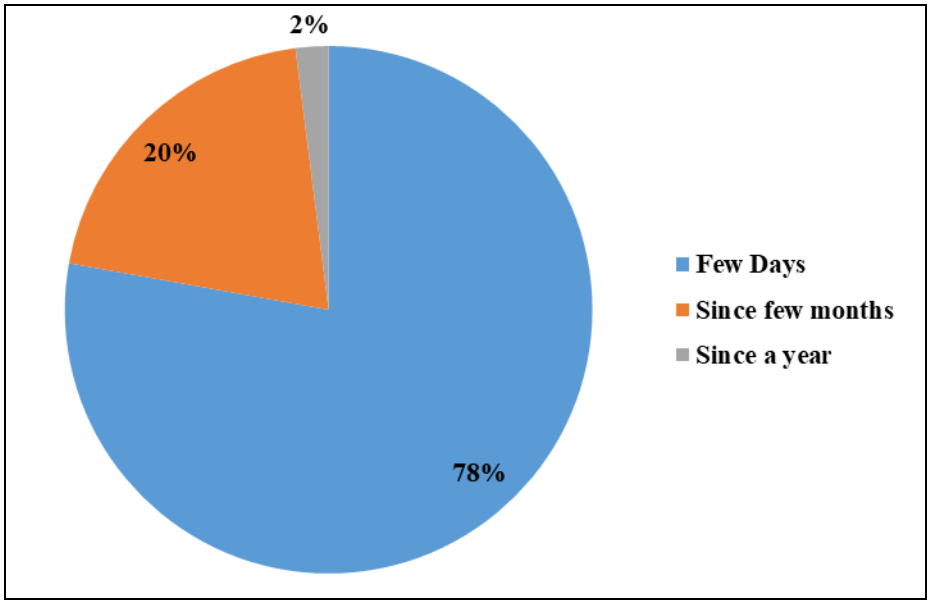

Fig 4: Percentage description of responsesage group b (36 to 45) pertaining to duration of health problem

Discussions

The main purpose of the study was health problem and period of diagnosis of health problem related diseases in different age groups i.e. i.e 25 to 35 years and 36 to 45 years Chhattisgarh in Raipur, Bilaspur, Bhilai, Durg and Raigarh. The study has focused on the linkage between status of health and sedentary life style of the people working in cities.

The variables analyses are as follows

1. The percentage analysis in the Age Group A (25 to 35) 3.09% subjects were diagnosed with hypertension, 6.07% from diabetic, 1.90% from cardiac complication, 43.08% from overweight, 8.76% were diagnosed with more than one disease, where as 37.10% were not diagnosed with any of the disease and age group B (36 to 45) 6.88% subjects were diagnosed with hypertension, 13.94% from diabetic, 9.91% from cardiac complication, 36.82% from overweight, 28.39% were diagnosed with more than one disease, where as 4.06% were not diagnosed with any of the disease.
2. Age Group A (25 to 35) percentage analysis of that 82.08% subjects were facing the health problems for last few days 15.22% for last few month and 2.68% for last few years and Age group B(36 to 45) percentage analysis of that 77.81% subjects were facing the health problems for last few days 20.16% for last few month and 2.01% for last few years.

Conclusions

On the basis of research findings, text books depiction, scientific facts available and research scholars own understanding of this research investigation following discussion on were made:

1. First and foremost observation of this study was an overwhelming majority of subjects of the study were sedentary because of their nature of job. The extended duty hour, arm chair or desktop job and significant absence of physical movement were regular features in their daily life. This might have made their living sedentary.
2. The highlight of the findings was that among both the age group subjects, life style diseases like, depression,.insomnia, diabetes, arthritis, backache, digestive disorder, blood pressure, were highly prevalent and obesity was found to be highly endemic feature in both the group.
3. This finding clearly implies that with aging health complexity, venerability and suffering multiplicity significantly increases among sedentary population.

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