COMPARATIVE ANALYSIS OF HEALTH RELETED FITNESS AND RISK FACTOR OF DISEASE AMONG RURAL AND URBAN CHILDERNS OF MADHYA PRADESH

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Abstract:*-The systemic and metabolic diseases are more common and complicated problems in modern health due to rapid disease development in people and poor health management. The systemic, metabolic diseases like diabetes mellitus, hypertension, HIV/AIDS, rheumatoid arthritis, SLE (systemic lupus erythematous) and endocrine diseases, parathyroid, hypothyroid, hyperthyroid, Disease Among Rural And Urban growth hormone deficiency and others etc. These diseases progress more due to rapid life style modifications in rural and urban population. The study was mainly conducted on urban population which was affected by systemic, metabolic and Disease Among Rural And Urban than rural population.*

Keywords: *Physical Education, Comparative Analysis, Rural And Urban*

1.INTRODUCTION:- In urban population, health/life is very fast and complicated compared to rural population health/life. The rural people have simple, stress free and relaxed life compared to the life of urban people. Rural people depend mainly upon physical activities like agricultural etc., but in urban population, physical activity is very less than in rural; they depend on machinery [1]. Urban areas have rapid devolvement, less physical activities it leads to increases the diseases like cancers. Among men of age 50 and older, for example, some 92% of rural residents and 97% of urban residents have had a prostate exam. Also, half of urban residents aged 50 and older have had a blood stool test for colon-rectal cancer, compared to 72% of rural residents of age 80 and older [2]. Out of 56 million deaths which occurred in 2012 globally, 38 million were due to non-communicable disease (NCDs) principally diabetes, cardiovascular disease (CVS), cancer and chronic respiratory diseases. These four major non-communicable diseases (NCDs) were responsible for 82% of NCDs deaths. The systemic noncommunicable deaths have increased the most in the WHO South-East Asian Region from 6.7 million in 2000 to 8.5 million in 2012 [3]. The OMIM stated that the study which consists of recorded data, it reveals that 200 hereditary and endocrine diseases are recorded. The result of REMD (Rare Endocrine-Metabolic Diseases)

has increased [4]. In urban population below poverty, low income and high-income people's life/health is worse compared to rural population

2.AIMS AND OBJECTIVES:- The main objectives of this study are to differentiate prevalence of life style disorders and diseases like endocrine and metabolic diseases in rural and urban populations

2.1MATERIALS AND METHODS STUDY DESIGN:- It is a cross-sectional observational study. The mobile medical camp was conducted on every Saturday of February, March and April in year of 2018. It was conducted by the pharma-D students and Vijaya Krishna multispecialty hospital in tikamgarh district. The data was collected from recorded data of OPD of hospital. For the purpose of the study, prevalence of diseases in rural and urban areas, data was obtained from the camp conducted at two rural villages (naya khera and nichoni) and one urban town (tikamgarh). In period of February–April in 2018

3.DISCUSSION AND RESULTS:- The study was conducted on three months, the total recorded patients were 3000; in that 2642 were adults (Age more than 20 years) and 358 were children (Age is less than 20 years). In this study, there were two villages; one was naya khera and another was nichoni and one was an urban town tikamgarh.

4.OBSERVATION RELATED WITH SOME OF THE LIFE STYLE DISEASES AND DISORDERS: - In nichoni (village), 150 people were affected with obesity out of 595 patients; in that 60 were males and 90 females. In nichoni (village), 160 people were affected with obesity out of 707 patients; in that 89 were males and 71 females. In tikamgarh (urban), 500 people were affected with obesity out of 1340 patients; in that 291 were males and 209 females.

4.1.DIABETES:- The nichoni village), 250 people were affected with diabetes out of 595 patients; in that 173 were males and 77 were females. In nichoni (village), 290 patients were affected with diabetes out of 707 patients; in that 163 were males and 123 were females. In tikamgarh (urban), 420 patients were affected with diabetes out of 1340 patients; in that 300 were males and 120 were females.

1. **HYPOTHESIS :-** It will hypothesized that there will be significant difference among pre-test and post-test means of two different group that is (experimental group and control group.) in relation to speed.
2. It will hypothesized that there will be significant difference among pre-test and post-test means of two different group that is (experimental group and control group.) in relation to agility
3. It will hypothesized that there will be significant difference among pre-test and post-test means of two different group that is (experimental group and control group.) in relation to coordination.
4. It will hypothesized that there will be significant difference among pre-test and post-test means of two different group that is (experimental group and control group.) in relation to balance.

4.2 HYPERTHYROIDISM:- The nichoni (village), 100 female patients were affected out of 595 patients with hyperthyroidism. In nichoni (village), 120 female patients were affected out of 707 patients with hyperthyroidism. In tikamgarh (urban), 190 female patients were affected out of 1340 patients with hyperthyroidism

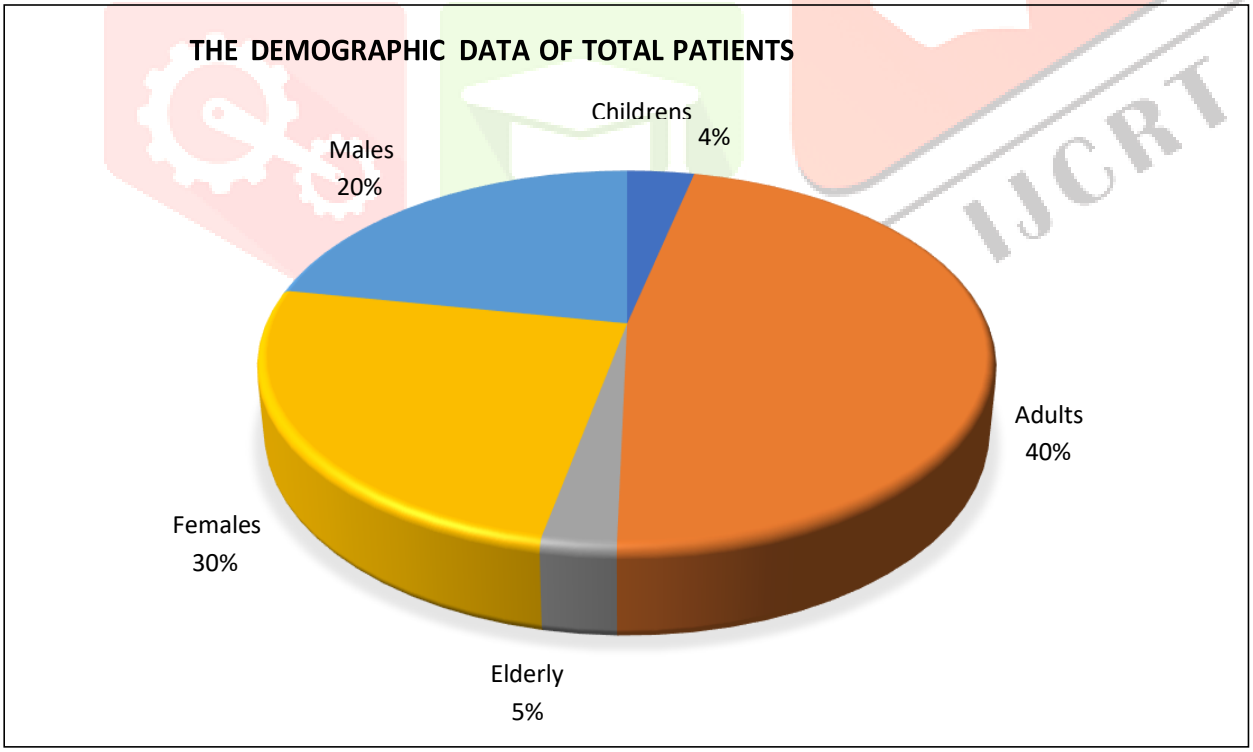

Fig. 1: *The Demographic Data of Total Patients.*

4.3 SYSTEMIC DISEASES

The systemic diseases were very less compared to other diseases in nichoni (villages) 20 patients were affected out of 595 patients.
In naya khera (village), 37 patients were affected with systemic diseases out of 707 patients

In tikamgarh (urban), 50 patients were affected with systemic diseases out of 1340 patients.
Figure 1 shows demographic details of total patients who were in the part of study.
Figure 2 shows the disease pattern in nichoni village.

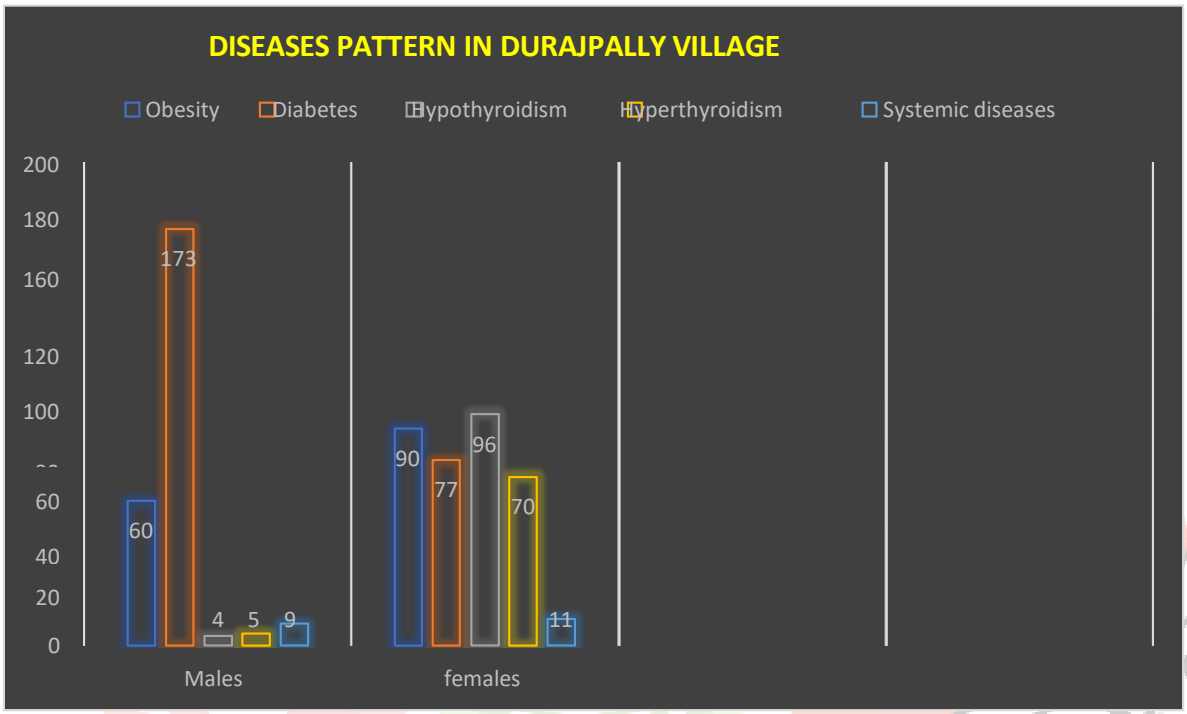

Fig. 2: *Disease Pattern in nichoni Village.*

5.CONCLUSION:- The study reveals that systemic and metabolic diseases are more in urban population than in the rural population, but communicable and infectious diseases are vice versa more in rural population than the urban population. Rural population has more physical activities than the urban people; which is one of the factors which lead to systemic and metabolic diseases being more in urban population.

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