

AWARENESS ON CHRONIC LIFESTYLE DISEASES AMONG HIGHER EDUCATION STUDENTS IN CUDDALORE DISTRICT

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Abstract: Chronic diseases are the major causes of morbidity and mortality across the globe in developed and developing countries. Chronic diseases – including heart and respiratory diseases, cancer, hypertension, and diabetes – share major risk factors beyond genetics and social inequalities including tobacco use, unhealthy diet, physical inactivity, and lack of access to preventive care (Public Health Reviews 2010). The impact of chronic diseases on the lives of people is serious in terms of loss of life, disablement, family hardship, poverty, and economic losses to the country. It also leads to changes in lifestyle, activities, roles, and relationships. The chronic conditions have been underappreciated by society and by health system in terms of its acute social and economic effects on populations. Even though, the modern medical care is now enabling many with chronic diseases to survive. There is a large gap remain in our knowledge about how to effectively change eating habits and increasing physical activities towards chronic conditions for achievement of sufficient health. Chronic illness and disability emerged as fields of sociological inquiry now a day. Sociological definitions of chronic illness start with the experience of disruptions and impairments. In order to understand the perception of chronic conditions among people, the present study has made an attempt to analyse the awareness and prevention measures on chronic diseases by student community especially in higher educational institutions in Cuddalore District.

Background

The present day world faces a devastating health crisis. The lives of far too many people are being shortened by chronic diseases such as heart diseases, stroke, hypertension, diabetes, cancer and chronic respiratory diseases. This is no longer happening only in high income countries. Four out of five chronic disease deaths today occur in low and middle income countries, with people developing disease at younger ages. Chronic disease now accounts for more than 50% of all premature mortality worldwide. They are largely preventable and they are rooted in behaviors of modern society – specifically smoking, poor diet and lack of exercises.

World Health Organization (WHO) in its report on chronic disease, a vital statistic has stated that chronic diseases are undoubtedly the leading cause of death in the world and their impact is steadily growing. Swan (2005) stated that chronic diseases are the prime cause for death and disability at global level. Demonstrating that this is not just a Western phenomenon, the Chinese national economy is predicted to lose around \$558-billion, the Russian Federation around \$300-billion, and the Indian economy around \$236-billion to chronic diseases over the next decade. Beaglehole (2005) stated that the leading causes of these diseases are unhealthy diets, physical inactivity and tobacco consumption, the more that these factors spread into developing countries, the more the chronic disease rate increases and he estimates that it will account for around 60% of all deaths in the world.

Modern medical care is now enabling many with chronic diseases to survive. The impact of chronic diseases on the lives of people is serious when measured in terms of loss of life, disablement, family hardship, poverty, and economic losses to the country. Developing countries are now warned to take appropriate steps to avoid the epidemics of non-communicable diseases likely to come with socio-economic and health developments.

The impact of chronic conditions has been underappreciated by society and by health systems in terms of its acute social and economic effects on populations. Once associated with rich, industrialized nations, chronic diseases are now the leading causes of death in the developing world, as well. Moreover, as life expectancies rise in most countries due to better and more available healthcare, chronic disease prevalence is increasing in populations that perhaps would have had shorter life expectancy in the past, presenting new demands for struggling health systems to improve the health of the middle-aged and the elderly.

Awareness on Chronic Diseases and Disabilities

A chronic illness has a lengthy duration, uncertain outcome, and unpredictable episodes, often with intrusive symptoms and intermittent or progressive disability. Having a chronic illness poses life problems such as following a medical regimen, managing ordinary responsibilities, and experiencing stigma and discrimination. A disease, in contrast, may remain silent for years without eliciting a diagnosis or causing noticeable symptoms and life disruptions. Very recently a reputed newspaper daily reported that India is the diabetes capital of the world. This shows the intensity of the problem and the challenges posed to India at this juncture. WHO is stressing on prevention and treating of chronic diseases, it says that it is the duty of every country to make a vital investment in protecting their country from the deadly chronic diseases. If plans are not formulated to curtail the chronic diseases, the deaths occurring due to that will steadily increase and will be the major cause of death in the near future. Therefore, there is need to study on the problems of people living with chronic diseases.

Problems of People Living with Chronic Diseases

There is a consistent difference in the severity, symptoms and extent to which chronic diseases impose limitations on people living with it. Some are mild implications requiring lifestyle changes and if the disease responds to regular medication it can be managed. On the other hand, there are some chronic conditions which are life threatening and make life for such individuals unpleasant not to mention the fact that they are unable to work. In all the cases, their functional health is affected, in addition that the ill person should be ready to accept the diagnosis and it's after effects. It causes emotional distress in patients and their families. It makes the person more weak, helpless and uncertain. Moreover it is challenging to live with the chronic conditions. People encounter numerous psychological fears, for example, the fear of keeping their body and self-esteem together, of losing love, relationships, and the approval of others, and of pain and discomfort. Chronic pain can endanger social relationships and leads to isolation and it also leads to changes in lifestyles, activities, roles, and relationships.

Conceptualization of the Problem

A chronic disease is generally one that is hereditary or one that is the result of factors such as poor diet and living conditions, using tobacco or other harmful substances, or a sedentary lifestyle. Such a disease is not typically contracted from another person by contagion, because most chronic illnesses are not caused by infections. The term in its prevalence is high even among educated people also.

Sociological approaches to chronic diseases commonly apply to conditions that can be treated but not necessarily cured. Sociological definitions of chronic illness start with the experience of disruptions and impairments. Social understandings of disability start from the lack of societal accommodation to certain individual needs, thereby disadvantaging them and discriminating against them. Such definitions of disability tend to presuppose that the people have static and visible conditions with predictable and sustained needs. Chronic illness and disability emerged as fields of sociological inquiry now a day.

Literature Review

Few decades ago, there was confusion about causes of chronic diseases. Some said that chronic diseases are caused by some particular infections, and did not mention different factors such as poor or excess diet, alcoholism and substance abuse, lack of physical exercises, and obesity. However, many scholars and researchers gave different information about chronic diseases. The following different reviews give a clear perspective of the overall field of research.

Commission on Chronic illness (1956): Chronic non-communicable diseases are increasing day by day among the adult population in both developed and developing countries. Cardiovascular diseases (CVD) and cancer are at present the leading cause of death in developed countries. The prevalence of chronic diseases is showing an upward direction in most countries, and for several reason the particular trend is likely to increase. For one reason, life expectancy is increasing in many countries and a greater number of people are living to older ages, and are at greater risk to chronic diseases of various kinds. For another, the life styles and behavior patterns of people are changing rapidly, these being favorable to the onset of chronic diseases.

Thackway and Kricker (1997): Diet, Physical activity, and Obesity-these three risk factors are separate but closely intertwined and should therefore be considered both alone and in concert. Taken as a whole, the convergence of a poor diet, an inactive lifestyle, and obesity are a lethal combination to health, increasing the risk of developing a long list of chronic conditions, including CVD, diabetes mellitus, and cancer, as well as metabolic syndrome, gallbladder disease, osteoarthritis, and others. Obesity has reached epidemic proportions in industrialized nations and is rapidly rising in developing countries, especially affecting women more than men.

Ezzati (2006) states that morbidity and mortality through chronic diseases can be greatly decrease by reducing the prevalence of major behavioral risk factors. Tobacco use, unhealthy diet, and lack of physical activities are associated with many chronic conditions, as are specific preventable infections that lead to chronic disease. Because of the shared impact of these risk factors, a concerted effort to modify health behaviors inevitably has positive repercussions on the diseases burden for heart diseases, cancer, diabetes, respiratory diseases, and many other conditions. This strategy of changing health behaviors, together with increasing awareness of chronic conditions, and promoting the timely use of disease-screening practices, should be central to any effective and comprehensive public health strategy to prevent chronic diseases.

Statement of the Problem

Many researches have studied on chronic diseases but it remains today the one of the world, many young and employed people are victims of this problem and suffer from its causes and consequences. Chronic diseases—including heart and respiratory diseases, cancer, stroke, hypertension and diabetes—share major risk factors beyond genetics and social inequalities including tobacco use, alcoholism, unhealthy diet, physical inactivity, and lack of access to preventive care.

On the basis of the above understanding, the study proposes to explore the level of awareness on chronic diseases among students community in Annamalai University and linkages between social, economic and health conditions of people living with Chronic diseases and its implications on their health care in general.

Methodology

A descriptive research study has been conducted at the selected educational institution in Cuddalore District with the following objectives, (i) To know the socio-economic status of the respondents; (ii) To study the awareness of the respondents on chronic lifestyle diseases; (iii) To understand the lifestyle chronic diseases and health care practices of the respondents; and (iv) To explore the preventive measures towards chronic diseases among respondents.

Researcher has conducted the study with special reference to Annamalai University which is located in Annamalainagar special panchayat, Cuddalore District and Tamilnadu State of India. Among the availability of higher education students in the study area, the researcher has randomly selected 50

students (irrespective of their faculty and department) as respondents for the present research with the application of purposive random sampling method.

A structured questionnaire has been administered by the researcher to collect the primary data. The tool has been constructed keeping in view of objectives of the study. The questionnaire has been consisted close-ended questions which have divided into four major parts such as, socio-economic profile, awareness on chronic diseases, health care practices against the lifestyle diseases and preventive measures for chronic lifestyle illness. A two point rating scale has only been used to measure their opinion about chronic diseases. After the data collection, the data have classified and tabulated in terms of simple percentage calculations. Based on this, the data have interpreted in a simplified manner to know more about the results of the study. Further, the researcher has encountered with some limitations while collect the data for study and they are, (i) the sample size was only 50 respondents, because of minimum time and finance; and (ii) the researcher has faced limitation to meet all the respondents in the campus because they have scattered across many departments.

Major Findings

The gathered primary data has interpreted by way of systematic procedure to know the awareness on chronic lifestyle diseases among students community in Cuddalore District.

I. Socio-Economic Status of the Respondents

Table-1: Distribution of the Respondents by their Socio-Economic Status

N= 50

Variable	Sub Group	Frequency	Percentage (%)
Sex	Male	26	52
	Female	24	48
Age Group	Below 20	03	06
	20-25	24	48
	25-30	16	32
	Above 30	07	14
Marital Status	Unmarried	44	88
	Married	06	12
Educational Status	UG	12	24
	PG	23	46
	PG (Integrated)	15	30
Accommodation	Hostel	21	42
	Rented	13	26
	Day Scholar	16	32
Family Income (in Rs.)	Below 10000	06	12
	10000-20000	27	54
	Above 20000	17	34

Based on the field survey, the table-1 is observed that the half (52%) of the respondents are male and the other half (48%) of them are female students in the study. In terms of age category, the majority (80%) of the students belong to the age group of 20-30 years. Regarding the marital status, most (88%) of the respondents are unmarried. In respect of educational status, the three-fourth (76%) of the students study in post graduation courses (including two-years and five-years integrated courses also) in the university campus and in addition that the half (52%) of the respondents stay in the university hostels for their accommodation. Further, the family income wise distribution of the respondents, nearly two-third (66%) of them family income is between Rs.20,000-40,000 per month for survival.

II. Awareness on Chronic Diseases

Table-2: Distribution of the Respondents by their Opinion on Chronic Illness

N=50

Variable	Sub Group	Frequency	Percentage (%)
Knowledge on Chronic Diseases	Yes	42	84
	No	08	16
Knowledge on Healthy Diet	Yes	26	52
	No	24	48
Determining Proper Diet	Yes	19	38
	No	31	62
Most Affected Category	Children	11	22
	Adults	14	28
	Old age people	25	50
Causes for Chronic Diseases	Unwanted habits	04	08
	Lack of physical exercise	21	42
	Improper diet	25	50
Poor Hygienic practices lead Chronic Diseases	Yes	44	88
	No	06	12
Problems by Chronic Diseases	Loss of weight	14	28
	Death	20	40
	Obesity	12	24
	Stress	04	08

From the field investigation, the table-2 is inferred that the majority (84%) of the respondents in the study area have more aware and knowledge on chronic diseases. Regarding the healthy diet, the half (52%) of the students community have enough knowledge on good and healthy diet aspects and the rest (48%) of them are unaware about knowledge on healthy diet. Even though, it is continued that most (62%) of the respondents do not have appropriate knowledge to determining proper healthy diet components. In terms of most affected category, the half (50%) of the students opined that the old age people have badly suffered by chronic illness everywhere in addition that the remaining half of them answered adults (28%) and children (22%) respectively.

In respect of causes of chronic diseases, the half (50%) of the respondents in the university campus opined that the improper diet practice is the major cause for chronic illness and 42 per cent of them felt that the lack of physical exercises are the prime reason for it and in addition that the majority (88%) of the students said that the poor hygienic practices are very significant cause for such kind of illness. Regarding the problems by chronic diseases, the significant strength of the respondents are aware at enough level on problems due to chronic illness such as death (40%); loss of weight (28%); and obesity (24%) respectively.

Table-3: Distribution of the Respondents by their Opinion on Factors of Chronic Illness

N=50

Variable	Sub Group	Frequency	Percentage (%)
Internal Factors	Heredity	25	50
	Environment	14	28
	Both	11	22
External Factors	Air pollution	12	24
	Water pollution	14	28
	Soil pollution	11	22
	Radiation	13	26

On the basis of field data, the table-3 is noted that the half (50%) of the respondents opined that heredity nature of internal factors lead to chronic illness to an individual and 28 per cent of them responded that environmental factors (life style practices) are the major cause for it. In respect of external factors, most of the respondents believed that the particular external factors are the prime responsible for

inducing chronic illness among the people such as water pollution (28%); radiation (26%); air pollution (24%); and soil pollution (22%) respectively.

III. Health Care Practices

Table-4: Distribution of the Respondents by their Accessibility to Health Care

Sl.No	Variable	Number of Respondents		Total (%)
		Yes (%)	No (%)	
1.	Accessibility to quality of food	25 (50%)	25 (50%)	50 (100%)
2.	Accessibility to modern medicine	48 (96%)	02 (04%)	50 (100%)
3.	Practice of diet control	07 (14%)	43 (86%)	50 (100%)
4.	Practice of physical exercises	29 (58%)	21 (42%)	50 (100%)

Based on the field data, the table-4 is explained that the half (50%) of the respondents are able to access the quality of food regularly and the remaining half (50%) of them are unable to acquire the needy food. It is continued that the notable strength (96%) of the students in the university campus are able to access modern medicines for their health. In terms of diet control, it is heartening to note that the majority (86%) of the respondents are unable to practice the proper diet control regularly due to certain inability situation. In respect of physical exercises, nearly two-fourth (58%) of the students community have practiced physical exercises regularly for maintaining their health conditions and the remaining 42 per cent of them are unable to practice physical exercises regularly due to lack of time (50%); lack of motivation (42%); and health problems (08%) respectively.

Table-5: Distribution of the Respondents by their Health Care Practices

N=50

Variable	Sub Group	Frequency	Percentage (%)
Intake of Fruits per Week	Once	11	22
	Two to Four times	25	50
	Everyday	09	18
	Never	05	10
Intake of Vegetables per Week	Once	07	14
	Two to Four times	23	46
	Everyday	20	40
Time for Play per Week	Once	14	28
	Two to Four times	20	40
	Never	16	32
Time for Relaxation	Yes	30	60
	No	20	40
Time for Meditation	Yes	32	64
	No	18	36

From the field investigation, the table-5 is denoted that the two-fourth (50%) of the respondents have taken fruits at two to four times per week and 22 per cent of them have used fruits once a week only. Regarding intake of vegetables, nearly two-fourth (46%) of the students have consumed vegetables at two to four times per week, in addition that 40 per cent of them have used vegetables everyday for their health. In terms of time for play, most (40%) of the respondents have spend their time for playing at two to four times per week and it is sadly to note that 32 per cent of them have never used their time for playing per week. In respect of relaxation and meditation, the majority (60% and 64%) of the respondents have used their valuable time for relaxation (both mental and physical) and meditation respectively for maintaining health conditions.

IV. Preventive Measures for Chronic Diseases

Table-6: Distribution of the Respondents by their Opinion on Preventive Measures for Chronic Diseases

N=50			
Variable	Sub Group	Frequency	Percentage (%)
Preventive Measures for Chronic Diseases	Maintaining proper diet control	16	32
	Maintaining physical exercises	15	30
	Avoiding unwanted habits	10	20
	Proper sleep	09	18
Reactive Behaviour while Violate the Food Norms	Taking additional nutrients	09	18
	Taking medicines	23	46
	Doing physical exercises	18	36

On the basis of field survey, the table-6 is inferred that the significant strength of the respondents are very much aware about the prevention measures for chronic illness such as maintaining proper diet control practice (32%); maintaining proper physical exercises (30%); avoiding unwanted habits (20%); and taking proper sleep (18%) respectively. It is continued that most (46% and 36%) of the respondents do the reactive behaviour of taking appropriate medicines and necessary extra physical exercises while violate the proper food norms respectively.

Conclusions

The research work has been done on “Awareness on Chronic Lifestyle Diseases among Students Community: A study in Annamalai University”. It has revealed from the study that most of the students in Annamalai University are aware about chronic diseases. The data analysis proved that they already know the causes, types and preventive measures of chronic diseases. Though majority of the respondents have knowledge on chronic diseases, possibilities, facilities and accessibility to good nutrition, intake of food control, modern medicine, etc., it is an unfortunate that they do not take it into consideration. Even though, they are exposed to the consequences of chronic diseases, fault of ignoring the importance of regular physical exercises, poor and excess nutrition, and other factors such as alcoholism and drug consumption, they may not have enough knowledge on them. Moreover, they have realized the importance of good diet intake, fruits, vegetables, playing, physical exercises, relaxation, and meditation for maintaining good and healthy both physical and mental conditions of the people.

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