

RESEARCH ARTICLE

Prevalence of Non Communicable Diseases in Some Regions of North India

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Received 11 May 2016; Revised 09 Aug 2016; Accepted 20 Aug 2016

ABSTRACT

Non communicable diseases are fast becoming a major cause of deaths in the world due to being asymptomatic. They cause a huge burden on micro and macro economics hence, its detection, prevention and cure are prioritized in the twelfth five year plan.

Aims: This study was carried out to analyse the existence of various chronic and noncommunicable diseases amongst males and females of some regions over North India.

Material and methods: This paper deals with the survey based analysis of 839 males and 937 females across various regions of North India ranging from age groups 18-60 years.

Results: This study reveals that hypertension remains the major cause of chronic diseases followed by diabetes.

Conclusion: Unhealthy lifestyles, lack of exercise and absence of regular monitoring of various body parameters related to economic status leads to occurrence of various diseases amongst the population.

Key words: non communicable diseases, national health policy, immunization.

INTRODUCTION:

Noncommunicable diseases are those diseases which are chronic and persist in milder form over a long period of time with a slow progression rate. They are detected late as most of them are asymptomatic but ultimately lead to the death of a person. NCDs are currently responsible for over 60% of global deaths and 53% in India. It causes lot of economic burden on the countries due to a prolonged course of cure. NCD are on the increases due to lifestyle changes so a proper screening of the population is required to control it. To reduce economic and social losses due to NCDs options exist for actions that policy-makers can take today for health programmes aimed at prevention, early detection, treatment and care.

When thinking of how to direct India's spending on health, the prevention and control of NCDs is the best possible way. An important aspect would be collaboration among the public sector, private sector and civil society to combat NCDs. The following methods will be effective in controlling NCDs which are efficient mechanisms for data collection, data sharing and knowledge transfer

with consistent monitoring and evaluation. Despite their growing economic burden the treatment and prevention of NCDs is largely underfunded and are not given their due importance. Recognizing the growing threat of NCDs, the United Nations General Assembly (UNGA) convened the 2011 High-Level Meeting (HLM) on the Prevention and Control of Non-Communicable Diseases in which India recognized NCDs as a development issue and announced two programmes to address this challenge: the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), and the National Programme for Health Care of the Elderly (NPHCE) (UN, 2011). Both were introduced as pilot programmes and on World Health Day 2013, the Government of India announced plans to expand the NPCDCS to cover all districts as part of the 12th Five Year Plan (2012-2017) (Ministry of Health and Family Welfare, 2013). It has been estimated that \$4.58 trillion would be lost in India before 2030 due to NCDs and mental disorders. The constitution of India makes health in India the responsibility of state governments rather than

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that of Central Government. It makes every state responsible for "raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002. The National Health Policy is being worked upon further in 2017 and a draft for public consultation has been released.

Poor sanitation, lack of cleanliness, illiteracy, lack of immunization, no access to clean toilets, lack of awareness about importance of hand washing, no clean and safe drinking water, lack of postpartum maternal care, etc. are the major causes of communicable and non communicable diseases in our country.

Substantial expansion and strengthening of public sector health care system and making world class treatment affordable to all classes are the objectives of the twelfth five year plan. Health sector expenditure by central government and state government was increased from 0.94 per cent of GDP in tenth plan to 1.04 per cent in eleventh plan. The expenditure on health is expected to increase to 2.5 per cent of GDP by the end of Twelfth Five Year Plan.

Public health sector is not in good shape in India. The worst off are community health centres. If ideally speaking we should have one for every 100,00 rural population, we need atleast 7,415 CHCs but we have less than half of the current requirement. Primary health centres at present are 22,842 where as the requirement is upto 24,717 as per one per 20,000- 30,000. And its sub centres as per one per 3,000-5,000 are 137,311 but the requirement is upto 148,303 according to the ninth five year plan 1997-2002.

METHODOLOGY

A survey was done based on questionnaire related to different noncommunicable diseases present amongst males and females in areas ranging from Kharar, Zirakpur, Mohali (Punjab), Haryana, Jammu, Chandigarh, Shimla, Baddi (District Solan, Himachal Pradesh) to Deradun and Leh Ladakh in North India. A total of 839 Males and 937 Females were surveyed. The variables related to 16 different NCDs included malaria, measles, mumps, tuberculosis, intestinal worms, hepatitis A, hepatitis B, cholera, dengue, dysentery, hypertension, diabetes, scabies, herpes, goiter and urinary tract infection. We considered those individuals who confirmed affirmative to any one

of these diseases but they could be affected by more than one chronic disease too. The individuals ranged from age group 18-60 years.

RESULTS

S. No	Disease	Males	% Age Affected	Females	% Age Affected
1	Malaria	60	7.1%	43	4.5%
2	Measles	20	2.3%	33	3.5%
3	Mumps	23	2.7%	39	4.1%
4	Tuberculosis	15	1.7%	12	1.2%
5	Dengue	18	2.14%	29	3.09%
6	Dysentery	78	9.2%	78	8.3%
7	Intestinal Worms	26	3.1%	18	1.9%
8	Hepatitis A	05	0.6%	08	0.85%
9	Hepatitis B	07	0.83%	06	0.64%
10	Cholera	25	2.97%	22	2.34%
11	Scabies	25	2.97%	35	3.7%
12	Herpes	15	1.7%	22	2.3%
13	Goiter	05	0.6%	07	0.74%
14	UTI	24	2.8%	82	8.7%
15	Diabetes	112	13.3%	105	11.2%
16	Hypertension	195	23.2%	298	31.8%

CONCLUSION

The above data shows that males were marginally more affected by malaria, tuberculosis, dysentery, intestinal worms, hepatitis B, cholera and diabetes. Whereas women were found to be more affected by measles, mumps, dengue, hepatitis A, scabies, herpes, goiter, urinary tract infections and hypertension. This was a sample survey based findings and did not apply generally. The most prevalent disease was found to be hypertension followed by diabetes applicable to both sexes.

ACKNOWLEDGEMENT

We sincerely thank the data collected by the survey done by M.Sc class students of Postgraduate Government College for Girls, Sector-42, Chandigarh, India.

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