

PREVALENCE OF LIFESTYLE DISEASES: COMPARISON WITH RESPECT TO GENDER, LOCALE, AGE AND LIFESTYLE

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ABSTRACT

The purpose of the study was to analyse the prevalence of lifestyle disease among people with respect to locale, gender, type of food, physical activity and age group. The participants of the study were between the age of 20 to 94 (N = 200) from various regions of Palakkad district, Kerala during the year 2015. The direct personal interview method was used to collect data from the participants. The demographic and response data were analysed by using frequencies and percentages. The result shows that, incidence of lifestyle disease in rural area was 33.85% and in urban area was 37.14%; among male participants the incidence was 35.87 % and among females it was 31.48 %. In the case of vegetarians the percentage of incidence of lifestyle disease was 28% and among non vegetarians it was 36.67%; among physically active participants the incidence was 9% and among sedentary participants it was 62%. In age wise categorization, in the age group of 20 to 40 years the incidence was 9.76%, in the age of 40 to 60 years it was 38.46%, and in the age of 60 and above it was 72.5%. The study having demonstrated a high prevalence of lifestyle diseases and their risk factor warrants serious consideration for development and implementation of relevant health promotion and intervention programmes that will improve the general health and reduce the risk factors.

Key word: Lifestyle Disease, Physical Activity and Factors.

INTRODUCTION:

In recent years, there has been increasing trends of lifestyle diseases worldwide. Globally, deaths from non-communicable diseases are expected to climb to 49.7 million in 2020, an increase of 77% in absolute numbers and increase in their share of the total from 55% in 1990 to 73% in 2020. According to the World Health Organization (WHO), this cluster of diseases accounted for 36 million (63%) of the 57 million total deaths in 2008 were due to non communicable disease, comprising mainly cardiovascular diseases (48% of non-communicable diseases), cancer (21%), chronic respiratory diseases (12%) and diabetes (3.5%), (Essa & El-Shemy, 2015), (Awosan, Ibrahim, Esseini, Yusuf, and Okolo, 2013)

Today, the health of people is critically linked to the health related behaviours they choose to adopt. The main risk factors that were acknowledged in are known for decades and are similar in almost all countries. Lifestyle diseases are a group of diseases the onset and progress of which are concerned with lifestyle and behaviour factors. All experts agree that health related quality of life can be understood as a multidimensional concept, which comprises physical, emotional, mental, social and behaviour-related components of wellbeing. World Health Organisation (WHO) defines quality of life as, “an individual’s perceptions of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, and concerns” (Essa and El-Shemy, 2015). Primary Health Care (PHC) is an important setting for addressing lifestyle risk factors because of its accessibility, continuity, and comprehensiveness of the care provided.

Estimating the burden of the disease in people will help in setting strategies for prevention and control of the risk factors for lifestyle diseases. Hence, one important area of inquiry is to identify risk factors to help determine which factors are most vulnerable, or which conditions or trigger factors elicit the pathological condition.

METHODOLOGY

The purpose of the study was to analyse the prevalence of lifestyle disease among people with respect to locale, gender, type of food, lifestyle and age group. The sample included two hundred peoples from various regions of Palakkad district, Kerala during the year 2015. The age of the participants ranged from 20 to 94 years. The direct personal interview method was used to collect data from the participants. The demographic and response data were analysed by using frequencies and percentages.

ANALYSIS OF DATA

The demographic and response information are presented in five different categories under (i) Locale, (ii) Gender, (iii) Type of food, (iv) Physical Activity and (v) Age group.

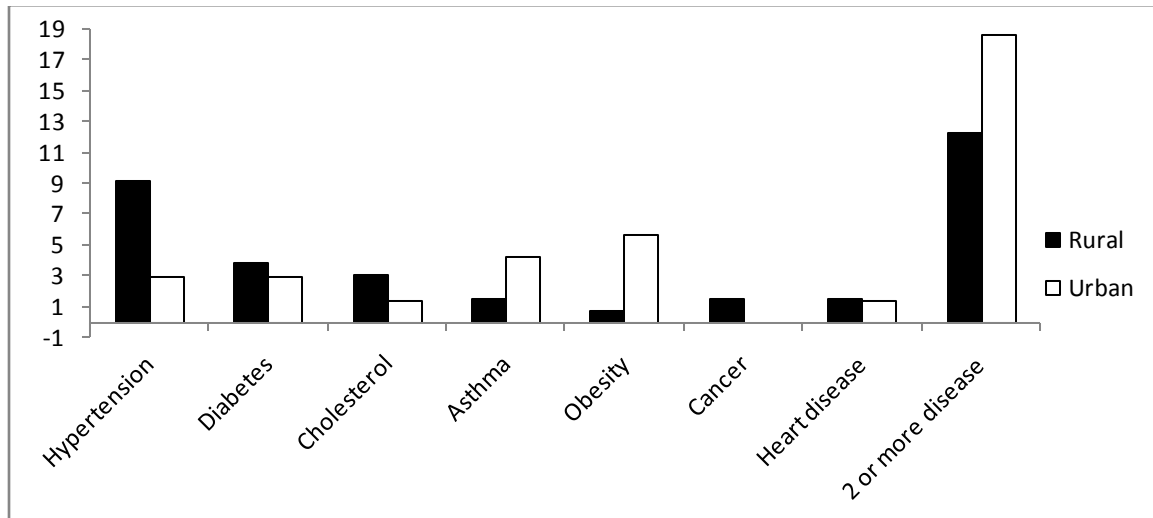
The details regarding the frequencies and percentages of the total sample with respect to locale is shown in table 1.

Table 1: Prevalence of lifestyle diseases with respect to locale

Diseases	Rural		Urban	
	Frequencies	Percentage	Frequencies	Percentage
Hypertension	12	9.2	2	2.9
Diabetes	5	3.8	2	2.9
Cholesterol	4	3.1	1	1.4
Asthma	2	1.5	3	4.3
Obesity	1	.8	4	5.7
Cancer	2	1.5	-	-
Heart disease	2	1.5	1	1.4
2 or more disease	16	12.3	13	18.6
Prevalence of disease	44	33.85	26	37.14
Absence of disease	86	66.2	44	62.9
Total	130	100.0	70	100.0

Table 1 indicates that, in rural area 33.85% of the total sample is suffering from various lifestyle diseases and 66.2% without any lifestyle diseases. In urban area the percentage of the total sample with lifestyle diseases is 37.14% and without lifestyle disease is 62.9%.

Figure 1: Graphical representation of lifestyle diseases with respect to locale



The details regarding the frequencies and percentages of the total sample with respect to gender is shown in table 2.

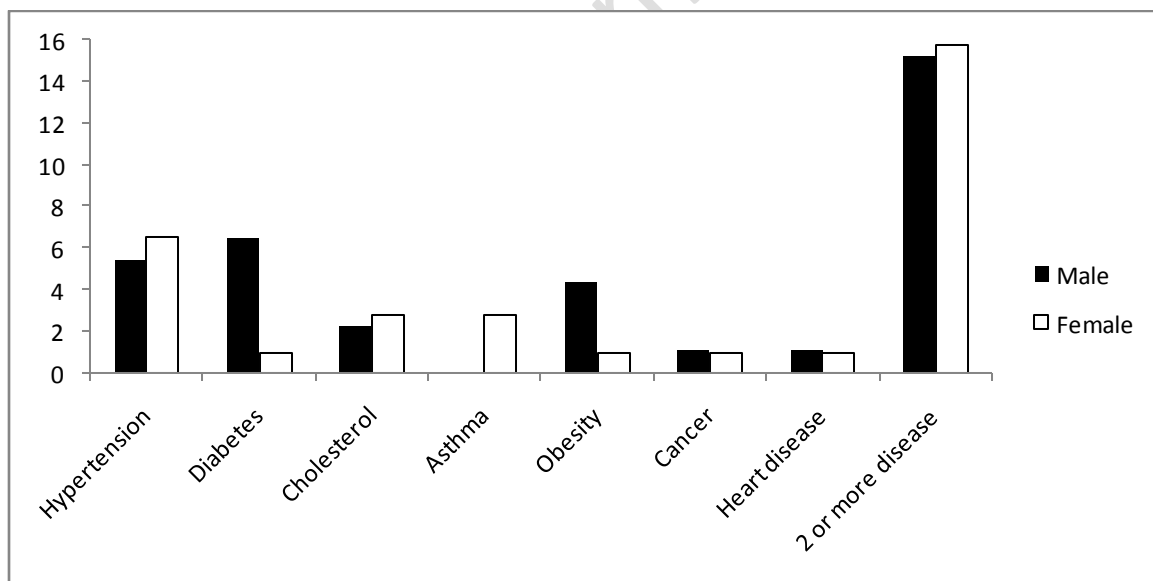
Table 2: Prevalence of lifestyle diseases with respect to gender

Diseases	Male		Female	
	Frequencies	Percentage	Frequencies	Percentage
Hypertension	5	5.4	7	6.5
Diabetes	6	6.5	1	.9
Cholesterol	2	2.2	3	2.8
Asthma	-	-	3	2.8
Obesity	4	4.3	1	.9
Cancer	1	1.1	1	.9
Heart disease	1	1.1	1	.9
2 or more disease	14	15.2	17	15.7

Prevalence of disease	33	35.87	34	31.48
Absence of disease	59	64.1	74	68.5
Total	92	100.0	108	100.0

Table 2 indicates that out of 92 male samples, 35.87% had incidence of various lifestyle diseases and 64.1% were without lifestyle diseases. Out of 108 female samples, 31.48% had incidence of lifestyle diseases and 68.5% were without lifestyle diseases.

Figure 2: Graphical representation of lifestyle diseases with respect to gender



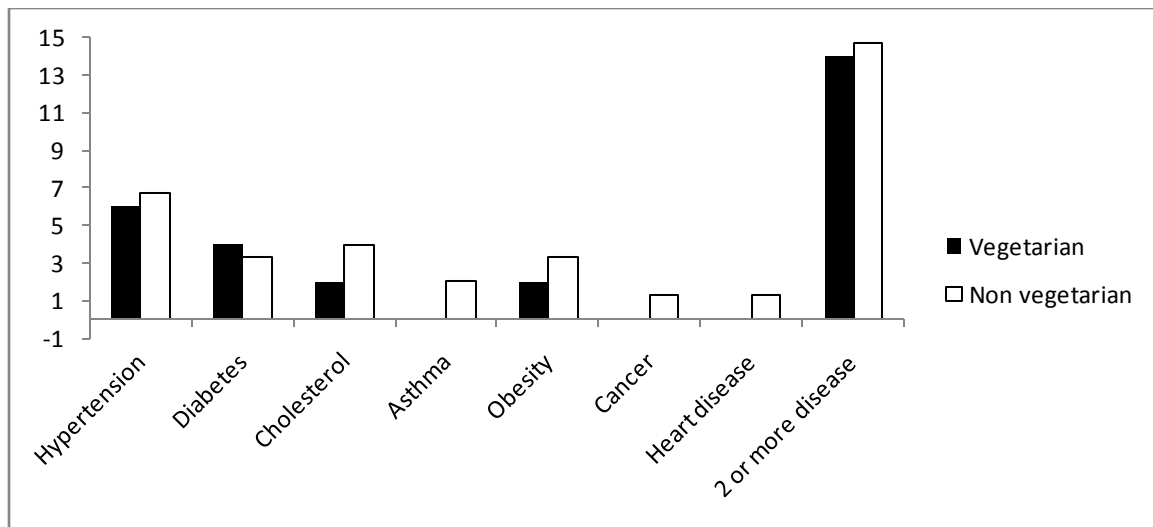
The details regarding the frequencies and percentages of the total sample with respect to type of food is shown in table 3.

Table 3: Prevalence of lifestyle diseases with respect to type of food

Diseases	Vegetarian		Non Vegetarian	
	Frequencies	Percentage	Frequencies	Percentage
Hypertension	3	6.0	10	6.7
Diabetes	2	4.0	5	3.3
Cholesterol	1	2.0	6	4.0
Asthma	-	-	3	2.0
Obesity	1	2.0	5	3.3
Cancer	-	-	2	1.3
Heart disease	-	-	2	1.3
2 or more disease	7	14.0	22	14.7
Prevalence of disease	14	28	55	36.67
Absence of diseases	36	72.0	95	63.3
Total	50	100.0	150	100.0

Table 3 indicates that out of 50 vegetarian samples 28% had incidence of various lifestyle diseases and 72% were without lifestyle diseases. Out of 150 non vegetarian samples, 36.67% had incidence of lifestyle diseases and 63.3% were without lifestyle diseases.

Figure 3: Graphical representation of lifestyle diseases with respect to type of food



The details regarding the frequencies and percentages of the total sample with respect to type of food is shown in table 4

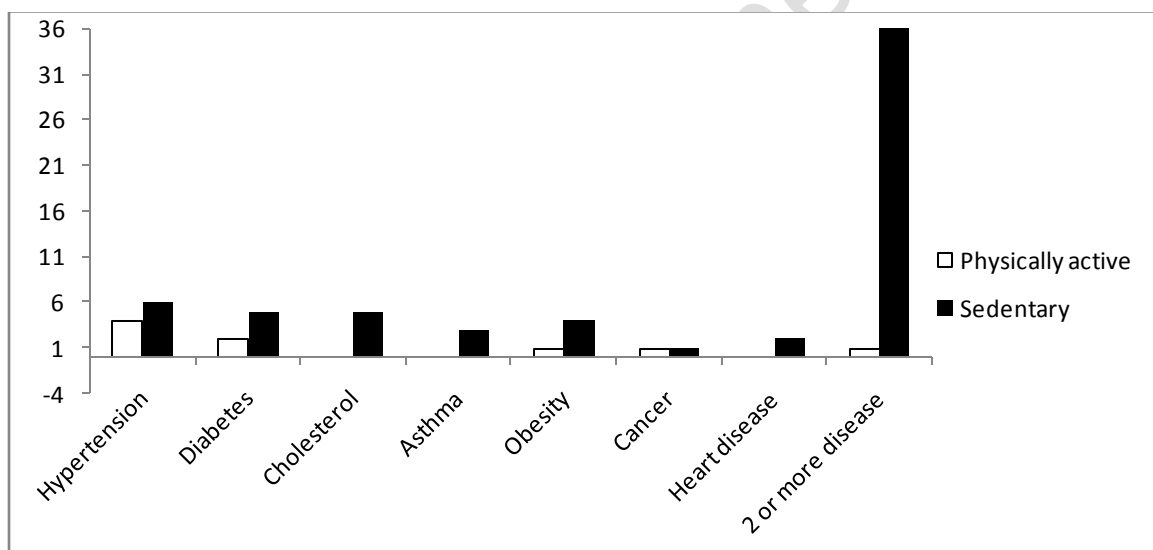
Table 4: Prevalence of lifestyle diseases with respect to physical activity

Diseases	Physically Active		Sedentary	
	Frequencies	Percentage	Frequencies	Percentage
Hypertension	4	4.0	6	6.0
Diabetes	2	2.0	5	5.0
Cholesterol	-	-	5	5.0
Asthma	-	-	3	3.0
Obesity	1	1.0	4	4.0
Cancer	1	1.0	1	1.0
Heart disease	-	-	2	2.0
2 or more disease	1	1.0	36	36.0

Prevalence of disease	9	9	62	62
Absence of disease	91	91.0	38	38.0
Total	100	100.0	100	100.0

Table 4 indicates that out of 100 physically active samples, 9% had incidence of various lifestyle diseases and 91% were without lifestyle diseases. Out of 100 sedentary samples, 62% had incidence of lifestyle diseases and 38% were without lifestyle diseases.

Figure 4: Graphical representation of lifestyle diseases with respect to physical activity

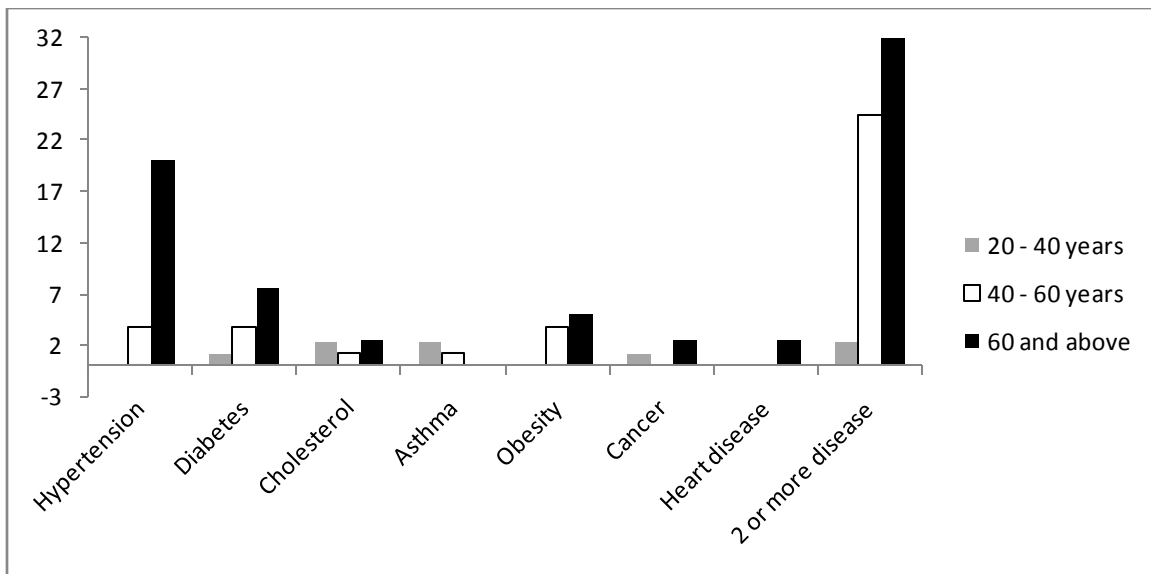


The details regarding the frequencies and percentages of the total sample with respect to age group is shown in table 5

Table 5: Prevalence of lifestyle diseases with respect to age group

Diseases	20 – 40 Years		40 – 60 years		60 + years	
	Frequencies	Percentage	Frequencies	Percentage	Frequencies	Percentage
Hypertension	-	-	3	3.8	8	20.0
Diabetes	1	1.2	3	3.8	3	7.5
Cholesterol	2	2.4	1	1.3	1	2.5
Asthma	2	2.4	1	1.3	-	-
Obesity	-	-	3	3.8	2	5.0
Cancer	1	1.2	-	-	1	2.5
Heart diseases	-	-	-	-	1	2.5
2 or more disease	2	2.4	19	24.4	13	32.5
Prevalence of disease	8	9.76	30	38.46	29	72.5
Absence of diseases	74	90.24	48	61.53	11	27.5
Total	82	100.0	78	100.0	40	100.0

Table 5 indicates that 9.76% of the 82 sample under the age range of 20 to 40 years is with lifestyle diseases and 90.24% without lifestyle diseases. 38.46% of the 78 sample under the age range of 40 to 60 years is with lifestyle diseases and 61.53% without lifestyle diseases. 72.5% of the 40 sample under the age range of 60 and above are with lifestyle diseases and 27.5% without lifestyle diseases.

Figure 5: Graphical representation of lifestyle diseases with respect to age group


DISCUSSION

Gender, locale, age and lifestyle have significance impact on incidence of lifestyle diseases. The present study analysed the prevalence of lifestyle disease among people with respect to gender, locale, age, type of food, and physical activity among two hundred people from various regions of Palakkad district in Kerala. The percentage of lifestyle diseases were comparatively less in people who are living in rural area. It may be because of the healthy environmental factors. The percentage of lifestyle diseases was higher in males than females. It may possibly because the male participants of this study follow unhealthy lifestyle pattern including consumption of intoxicated items than female participants. The harmful use of alcohol is a particularly grave threat to men. Globally, 6.2% of all male deaths are attributed to alcohol, compared to 1.1% of female deaths. Men also have far greater rates of total burden attributed to alcohol than women – 7.4% for men compared to 1.4% for women (WHO, 2011b), (Awosan et al., 2013). The percentages of lifestyle diseases in vegetarians are less when compared to non vegetarians as various studies (Craig, 2009) concluded that vegetarian food helps to reduce the risk of lifestyle diseases. The lifestyle diseases are very less in those who are physically active when compared to sedentary people. A sedentary lifestyle increases the propensity to lifestyle

disease and premature death. The lifestyle diseases are very less in the age group of 20 to 40 years when compared to other age groups. And the lifestyle diseases are also less in the age group of 40-60 when compared to the age group of 60 and above. "Inactivity may diminish life expectancy not only by predisposing to aging-related diseases but also because it may influence the aging process itself," researchers report in the January 29, 2008 issue of *Archives of Internal Medicine*.

CONCLUSION

Based on the results of the study the following conclusions were drawn.

- 1) Incidence of lifestyle disease in rural area was 33.85% and in urban area was 37.14%.
- 2) Incidence of lifestyle disease among male participants was 35.87% and among females it was 31.48%.
- 3) In case of vegetarians the percentage incidence of lifestyle disease was 28% and among non vegetarians it was 36.67%.
- 4) In physically active participants the incidence of lifestyle disease was 9% and among sedentary participants it was 62%.
- 5) In age wise categorization, in the age group of 20 to 40 years the incidence of lifestyle disease was 9.76%, in the age of 40 to 60 years it was 38.46%, and in the age of 60 and above it was 72.5%.

RECOMMENDATIONS

The study having demonstrated a high prevalence of lifestyle diseases and their risk factor warrants serious consideration for development and implementation of relevant health promotion and intervention programmes that will improve the general health and reduce the risk factors.

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