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Awareness on Non- communicable diseases among college students

[1]Srivatchava. S, [2]V. Vishnu Priya, [3]R. Gayathri

Abstract

Non-communicable diseases (NCDs), also known as chronic diseases, tend to be long-lasting and result from a combination of factors in genetics, physiology, environment and behaviour. Cardiovascular disorders (such as heart attacks and stroke), cancers, chronic respiratory conditions (such as chronic obstructive pulmonary disease and asthma), and diabetes are the major forms of NCDs Most are non-infectious, though there are some non-communicable infectious diseases, such as parasite diseases, in which the life cycle of the parasite does not include direct transmission from host to host. The results obtained were analysed and it was found that NCD's has an effect on one's day to day life.

Keywords— *NCD's, Cardiovascular disorders, parasite diseases*

I. Introduction

A non-communicable disease (NCD) is a illness that is not explicitly transmissible from one person to another.Non-communicable diseases (NCDs), which cause more than two-thirds of all deaths each year and occur mostly in low- and middle-income countries, are finally on the global health and development agenda.[1] Evidence from mental health [2] HIV / AIDS [3] maternal and child health,[4] reproductive health,[5] and more general public health efforts [6] have shown that sustained attention to human rights can improve service delivery, focus on marginalised populations, mobilise resources, improve laws and policies, and enhance equality, equity, inclusiveness, and accountability.Because most of these diseases are preventable diseases, the most common causes for non-communicable diseases (NCDs) include tobacco use (smoking), alcohol abuse, poor diets (high sugar consumption, salt, saturated fats, and trans fatty acids) and physical inactivity.

Clarifying how to include human rights in the NCD response can help guide the implementation of WHO's Global Action Plan. There are four areas where public health and human rights congruence could enhance the response to NCDs. First, policies , laws, strategies, and practices in areas such as the environment; food, tobacco, and pharmaceutical industries; and education can promote healthy diets and lifestyles through the imposition of stringent, evidence-based standards.Examples include the legislation on salt content in foods of the US Food and Drug Administration,[7] the European Charter on Counteracting Obesity,[8] and the adoption and application of the Framework Convention on Tobacco Control.[9] NCD is currently killing 36 million people a year, a number that is expected to rise by 17–24 per

[1] Saveetha Dental College & Hospitals, Saveetha Institute of Medical &Technical Sciences, Saveetha Uni-versity, Chennai – 600 077, India
[2] Department of Biochemistry, Saveetha Dental College & Hospitals, Saveetha Institute of Medical &Technical Sciences, Saveetha Uni-versity, Chennai – 600 077, India
[3] Department of Biochemistry, Saveetha Dental College & Hospitals, Saveetha Institute of Medical &Technical Sciences, Saveetha Uni-versity, Chennai – 600 077, India

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cent in the next decade, according to some estimates[10].It is reported that national economies suffer significant losses due to premature deaths or inability to work due to heart disease , stroke and diabetes.

China, for example, is estimated to lose approximately $558 billion in national income from early deaths between 2005 and 2015.In 2005, heart disease , stroke, and diabetes caused an estimated loss of 9 billion Indian and 3 billion Brazilian national incomes in international dollars. [11] The burden of chronic NCDs including mental health conditions is felt in workplaces around the world , notably due to high levels of absenteeism, or lack of work due to illness and presentism, or loss of productivity due to poor health from staff coming to work and performing under normal standards.For example, in 2006 , the United Kingdom experienced a loss of about 175 million days due to absence from illness among a 37.7 million working population. In the same year, the estimated cost of absences due to illness exceeded 20 billion pounds. [12]

Methods are still still being developed for evaluating the distinct impacts of NCDs on the workplace and other forms of health conditions.Protecting human rights in the identification of predictors of vulnerability to NCDs and in their detection and treatment requires focused attention and support for marginalised populations directly affected by NCDs, including children, people with disabilities, indigenous peoples, elderly people and socially , culturally or economically excluded groups

II. MATERIALS AND METHODS

A self-administered questionnaire based on awareness of Non- communicable disease among college students was distributed.The questionnaire was distributed through an online ‘Survey Planet’ link.The study population included 157 college students.The participants were explained about the purpose of study in detail.The questions were carefully studied and corresponding answers were marked by the participants.The data was collected and statistically analysed.The results were obtained in the form of a pie chart.

III. Results and Discussion

The results were obtained and analysed. From fig 1, it was evident that 80.4% were aware of side effects following Non-communicable disease and the rest 19.6% were not aware of side effects following Non-communicable disease. From fig 2, it was evident that 60% go for a medical checkup once in a year, 31.7% go 6 months once for a medical checkup, 8.3% go for a medical checkup once in a month. From fig 3 it was evident that 76.7% of participants family members does not suffer from genetic disorders and rest 23.3% family members suffer from genetic disorders. Fig 4 showed that 68.7% were aware of the impact of NCD and the rest 31.3% were not aware of the impact of NCD.

From fig 5 it was evident that 63.1% consider obesity as a NCD. From fig 6 it was evident that 68.2% consider asthma as a chronic NCD and rest 31.8% does not consider asthma a chronic NCD. From fig 7 it was evident that 73.5% are aware of risk factors of NCD and rest 26.5% are unaware of risk factors of NCD. From fig 8 it was evident that 71.8% were aware of lifestyle modifications for NCD and the rest 28.2% are unaware of lifestyle modification for NCD. From fig 9 it was evident that 80.4% were aware that intake of alcohol/ tobacco caused NCD and the rest 19.6% were not aware that intake of alcohol/ tobacco causes NCD.

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From fig 10 it was evident that 72.8% were aware of nutrition related NCD. From fig 11, 41.2% agreed that our country followed the global strategy to prevent NCD's. From fig 12 it was evident that 74.8 % agreed that diet helped in preventing NCD's and the rest 25.2% disagreed that diet has any role in preventing NCD. From fig 13 it was evident that international alliance on NCD's is good for society, 33.1% agreed that it may be good or may be bad for the society.

fig 16

fig 17

fig 18

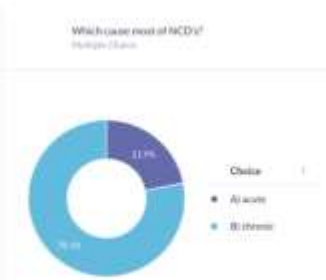

fig 19

fig 20

From fig 14 it was evident that 57.3% that diabetes was the most common NCD, while 13.3% agreed it was cardiovascular disease, 19.3% thinks it is cancer and the rest 7.3% thinks that it is chronic respiratory disease. From fig 15 it was evident that 39.6% thinks forty percent unsaturated oil helps in reducing heart diseases, while 35.6% thinks fifty percent of unsaturated oil helps in reducing heart diseases and the rest 24.8% thinks sixty percent unsaturated oil helps in reducing heart diseases. From fig 16 43.3% think that highest number of diseases have occurred from communicable disease, 56.7% think that the highest number of diseases have occurred from non- communicable disease.

From fig 17 it was evident that 76.3% thinks pollutions play a role in causing a NCD and the rest 23.7% agreed pollution don't play a role in causing a NCD. From fig 18 it is evident that 61.5% thinks that sunlight is the best way to treat skin cancer and the rest 38.5% thinks chemotherapy is the best way to treat skin cancer. From fig 19 it is evident that 78.1% thinks that acute type cause most of NCD's and the rest 21.9% thinks that chronic type cause most of NCD's. From fig 20 it is evident that 42.8 % think NCD's are preventable, while 48% thinks that it can be cured if informed on right stage and the rest 9.2% thinks it's highly dangerous.

IV. Conclusion

Awareness on the risk factors associated with these diseases is an effective way to manage NCDs. More awareness camps may be conducted to enlighten the society about the complications of NCDs and methods for prevention.

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