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PREVALENCE OF SOME SPECIFIC DISEASES IN THE URBAN AND SUB-URBAN POPULATION OF KARIMGANJ DISTRICT, ASSAM

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ABSTRACT
Pathogens are always blamed for diseases. But habits and lifestyles are also equally responsible for affecting the normal functioning of our organ system. Diseases have a direct impact on the socio-economic condition of families and prosperity of families broadly depends on the wellbeing of the members. Lifestyle disorders are quite rampant in today's society and to check their ill effects detailed study and mass awareness are the only means. In the present study total 1458 persons took part in the survey and most of them were found to suffer from common lifestyle disorders like diabetes, hyper- & hypo-tension and thyroid disorders. It is interestingly noted that food habit is directly linked to the disorders. A certain level of sex-dependant variation was also observed.

KEYWORDS: Lifestyle, disorder, diabetes, hypertension, hyperthyroidism.

INTRODUCTION
Disease is a manifestation of abnormality prevailing in the body and mind. Sometime functioning of more organ system is adversely affected and thereby causing the disturbances of health. Developing countries bear a disproportionately large burden of infectious diseases in the world. In 1996, they accounted for over 90% of all cases of infectious diseases reported worldwide. In the same year, these diseases were the leading cause of mortality in Asia, accounting for roughly 50% of all deaths. Although the broad impact of infectious disease on economic development and prosperity in developing countries has been widely recognized and the mechanisms by which epidemic transmission of diseases occurs are well understood, there are many gaps in our understanding of the socioeconomic determinants of disease occurrence and transmission.

A large body of economics literature focuses on the determinants of individual and household morbidity (e.g., Behrman and Deolalikar 1988; Strauss and Thomas 1995). However, there are hardly any studies in the social sciences that have looked at the socioeconomic and demographic factors that promote or inhibit the spread of diseases among individuals within a household or a community. One study that used data from Jakarta, Indonesia, found an association between socioeconomic, behavioral and community-level variables and the incidence of diarrhea; it concluded that the lack of defensive behavior such as boiling water and washing hands frequently were significant predictors of diarrhea (Alberini *et al.* 1995).

Drastic changes in our diet; food intake and energy expenditure increased the level of metabolic diseases such as diabetes and obesity leading to cardiovascular diseases (Gluckman and Hanson, 2006). Chronic diseases such as heart diseases, stroke, cancer, diabetes, and chronic respiratory diseases are responsible for more than 60% of death globally and are projected to account for 47 million deaths annually in the next 25 years (Akhil, 2004).

India faces a double burden on the health front. Communicable diseases (CDs) such as tuberculosis and malaria are still rampant. Meanwhile, chronic lifestyle related or non-communicable diseases (NCDs) have emerged as an even bigger hazard (Mohan, 2008). Migration for business, globalization of culture and civilization, processed food consuming habits, semi-cooked and unsuitable food system etc. cause the occurrence of lifestyle diseases (Rajan M, 2012).

Report of the Indian Council for Medical Science and Technology (2010) revealed that the percentage of diabetes, hypertension, overweight and cholesterol among the population of Kerala are 16.2%, 32.7%, 30.8% and 56.8% respectively. High prevalence of lifestyle diseases forced the government of Kerala to implement some measures to control these diseases.

On the above context the present survey was undertaken to study the prevalent diseases in the urban and semi-urban population of Karimganj, Assam in which different aspect like family size, age groups, occupation, educational qualification, disease prevalence etc. are taken into account which are as per with the policies and programs adopted by national government and NGOs in developing countries. This survey report may serve as a basis for any further investigation in these aspects.

MATERIALS AND METHODS

Data collection areas

For the survey of "some prevalent disease in the urban and semi urban areas of Karimganj town", the whole urban and semi urban area is divided into five separate zones. From each zone 60 families was selected by random sampling method, covering a total no. of 300 families from the whole area.

Survey Period

During this total survey period (10 Aug. 2015 – 05 Oct. 2015), the survey work was done for complete 25 days. In each day 10-12 families were surveyed thoroughly for data collection.

Methods of data collection

The present work is exclusively based on field study as relevant data are not available. A personal interview method was adopted as a tool to collect all the relevant information and the interview was taken in the form of questionnaire method and by door to door survey.

Questionnaire and its content

Preparation of scientific questionnaire needs lots of attention and care. Efforts were made to simplify the questionnaire so that these become easily understandable to the respondents and it was also been taken into consideration that the length of schedule and the number of questions to be asked are more precise and value added.

Survey Questionnaire

1. Total number of family members:
2. Age-groups:
   0-10 years ☐ 11-20 years ☐
   21-50 years ☐ Above 50 years ☐
3. Educational qualification of family member: Primary level / Middle school / H.S. / Graduate / Post-graduate / Others
4. Occupation: Service / Business / Others (Day-labour and farmers)
5. Food habit of the diseased person: Veg/Non-veg
6. Prevailing diseases: Hypotension/Hypertension/ Diabetes/Hypothyroidism/Hyperthyroidism
7. Treatment of the disease: Allopathy/Homeopathy /Ayurvedic
8. Special care taken for the disease, if any.

Features of the study area

Karimganj district occupies an area of 1,809 square kilometers (698 sq mi). It is bounded on the northeast by Cachar District, on the east by Hailakandi District, on the south by Mizoram state, on the southwest by Tripura state and on the west and northwest by Bangladesh.

According to the 2011 census Karimganj district has a population of 1,217,002. The district has a population density of 673 inhabitants per square kilometer (1,740/sq mi). Its population growth rate over the decade 2001-2011 was 20.74%. Karimganj has a sex ratio of 961 females for every 1000 males and a literacy rate of 79.72%.

Religion wise Muslim community (52.3 percent) dominates the population of the district followed by the Hindu community (46.7 percent). About 13 percent population in the district belongs to scheduled caste community.

RESULT

Table I: Total number of families surveyed and their educational qualification.

AGE-GROUP (in years)				EDUCATIONAL QUALIFICATION				
0-10	*11-20*	*21-50*	*Above 50*	*Primary level*	*Middle School*	*H.S.*	*Graduate*	*P.G.*
112	393	650	303	115	400	487	400	56

Table II: Occupation and food habit of the surveyed population.

OCCUPATION			FOOD HABIT	
Service	*Business*	*Others*	*Vegetarian*	*Non-vegetarian*
559	202	697	665	793

Table III: Sex-wise affected individuals & their food habit.

DISEASE	MALE			FEMALE		
	Vegetarian	*Non-vegetarian*	***Total***	*Vegetarian*	*Non-vegetarian*	***Total***
Hypothyroidism	07	14	**21**	09	17	**26**
Hyperthyroidism	19	06	**25**	18	13	**31**
Diabetes	70	15	**85**	49	18	**67**
Hypertension	19	45	**64**	09	28	**37**
Hypotension	09	29	**38**	18	31	**49**

Table IV: Preferred mode of treatment.

TREATMENT TYPE	NO. OF INDIVIDUALS
Allopathy	292
Homeopathy	108
Ayurveda	43

DISCUSSION

Health is a prime concern for removal of diseased condition from our society. Health or lack of health was once merely attributed to biological or natural condition. But socio-economic studies revealed that health is heavily influenced by educational qualification, income, age, sex and diet. Disparities in health were also found between people in different communities. There is indeed a positive correlation between socio-economic inequalities and illness. Despite the overall improvement of world health, there still has not been any decrease in the health gap between the affluent and the impoverished.

The present investigation "prevalence of some specific diseases in the urban and semi-urban population of Karimganj district" has been undertaken to analyze the health status of people and how different parameters like socio-economic condition, educational qualification etc. has influenced the diseased condition of our society. There is a great deal of data supporting the conclusion that these above said parameters affect health more significantly than other factors.

Out of the total surveyed population, the number of reproductive and adolescence group is greater than the post-reproductive and childhood group, this indicates that the surveyed population is of growing type (Table I). It has been found from the study that the surveyed area is moderately literate as maximum number of individual are educated up to H.S. level (Table I). But economically, not all are well-placed. A good number of people are labours, unemployed or farmers (Table II).

Specific dietary habit and lifestyle has considerable effect on diseased condition with maximum number of surveyed individual belonging to non-vegetarian category (Table II). Thus it is a determinant of major chronic diseases like hypothyroidism, hypertension, and hypotension in the surveyed areas. From the survey it is clear that hyperthyroidism and diabetes is found to be more prevalent in vegetarian category (Table II).

From the study it is clear that in the surveyed population diabetes and hypertension is more prevalent among males as compared to female whereas female suffer more from hypo-thyroidism, hyper-thyroidism and hypotension (Table III). One of the major causes for this might be the differences in the level of anxiety and stress which is different among the two gender group. Along with that, the intake of alcohol and smoking has also affected the diseased condition.

Another interesting information that we gathered during the survey is that though allopathic treatment is preferred by most of the diseased people, a good number of people are satisfied with the alternative mode of treatment *i.e.*, homeopathic and ayurvedic (Table IV).

So, it has been concluded that for a disease-free condition and to maintain proper health it is a must for the society to uplift itself which can be achieved through proper education & awareness, better economic condition, dietary mode and lifestyle.

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