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A survey of frequently suffer and causes of health problem period in different age groups in Chhattisgarh

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Abstract
Aim: The main purpose of the study was to analyze the sedentary life style of different age groups and its related diseases in Raipur, Bilaspur, Bhilai, Durg and Raigarh. The study has focused on the linkage between status of health and sedentary life style of the people working in cities.
Method: Survey of the subjects was done in a phased manner through questionnaire, personal interview and telephonic interview depending upon the convenience of the subjects and availability of the time. First of all the subjects (1000) were handed over the questionnaire *to* get their feedback and within a fortnight 790 subject returned their filled questionnaire. Remaining subjects were persuaded to give the feedback in a week. The scholar received 80 more filled questionnaire from the subjects. Remaining 60 subjects expressed their inability to fill the questionnaire due to their hectic schedule or other reason. Later 28 subjects were interviewed telephonically and 32 subjects were interviewed personally at their offices/homes depending upon the appointments given by them.
Statistical Technique: The information obtained from the responses against the questionnaire was carefully and systematically compiled for data analysis. The percentage analysis of frequencies of each statement was calculated for sedentary people.
Results: The percentage analysis in the Age Group A (25 to 35) 3.09% subjects were diagnosed with hypertension, 6.07% from diabetic, 1.90% from cardiac complication, 43.08% from overweight, 8.76% were diagnosed with more than one disease, where as 37.10% were not diagnosed with any of the disease and age group B (36 to 45) 6.88% subjects were diagnosed with hypertension, 13.94% from diabetic, 9.91% from cardiac complication, 36.82% from overweight, 28.39% were diagnosed with more than one disease, where as 4.06% were not diagnosed with any of the disease. Percentage analysis of for Age Group A (25 to 35) reveals that 7.76% subjects considered their ideal life style responsible for health problems, 2.98% faulty diet habit, 4.47% family demand, 7.46% Job Stress /Professional Demand, 4.17% Drinking Alcoholism and 73.13% subjects considered more than one factor responsible for the same and Percentage analysis of for age group B (36 to 45) reveals that 6.38% subjects considered their ideal life style responsible for health problems, 19.15 faulty diet habit, 1.84% family demand, 1.00% Job Stress /Professional Demand, 0.84% Drinking Alcoholism and 70.70% subjects considered more than one factor responsible for the same. Percentage analysis of reveals that in Age Group A (25 to 35) 22.38% subjects categorized themselves as normal in term of diet habit 7.46% as poor diet, 17.91% as over diet and 52.23% as junk eater and Percentage analysis of reveals that in Age Group B (36 to 45) 49.74% subjects categorized themselves as normal in term of diet habit 10.08% as poor diet, 29.24% as over diet and 10.92% as junk eater.

Keywords: Drinking alcoholism, over diet, poor diet

Introduction

Sedentary behavior, an important area of study in health research, is defined as activities that involve energy expenditure ≤1.5 metabolic equivalent units such as sleeping, sitting, lying down, watching TV, and other forms of screen-based entertainment. Given the increasing availability of information and communication technology and labor-saving devices, people currently spend a lot of time on sedentary behaviors around the world. By using data from a representative sample of the National Health and Nutrition Examination Surveys, 2019 found that adults in the United States of America spending time on sedentary behaviors increased from 5.7 h per day in 2007–2008 to 6.4 h per day in 2015–2016. Australian adults sit an average of 8.8 h per day. In addition, a study of four European countries (i.e., the United Kingdom, Portugal, Norway, and Sweden) showed that adults were sedentary for 8.8 h per day, as measured by accelerometers. Sedentary behavior and physical activity are two distinct behaviors and are likely to have independent effects on health indicators. Many adults who achieve the 60 min moderate-to-vigorous physical activity recommended by the World Health Organization may still be at increased risk of ill health effect due to prolonged engagement in sedentary behaviors for the rest of the day. To strengthen the evidence based on sedentary behavior as an adult health risk, a large number of longitudinal studies have been conducted to investigate the association between sedentary behavior and health outcomes among adults, but the findings have been mixed. Some studies have reported that sedentary behavior is associated with health outcomes. showed that prolonged television viewing led to decreased cognitive function for adults aged 18–30 years, and found that computer use was positively associated with mood disorders among 20–24 year old young adults. However, some studies have reported no association. Staiano *et al*., 2018 found no correlation between sedentary time and obesity in adults aged 20 to 35. Carter *et al*., 2020 reported no association between the amount of time that adults (mean age 33.6 years) spent sitting in the workplace and cognitive function Inconsistent

results have indicated that existing studies should be systematically summarized and analyzed to have an improved understanding of the association between sedentary and health outcomes.

Methodology

1. Objective of the Study

The main purpose of the study was to frequently suffer and causes of health problem period related diseases in different age groups in chhattisgarh in Raipur, Bilaspur, Bhilai, Durg and Raigarh.

2. Subjects

Prospective subjects were identified in the offices of Raipur, Bilaspur, Bhilai, Durg and Raigarh. The subjects were employees of Central Govt., State Govt., Local Governing bodies, BPO's, Real Estate offices, Financial Consultant etc as they had greater chances of leading the sedentary life style. To systematize the study, subjects were grouped in two age categories as under

a. 25 to 35 years
b. 36 to 45 years

3. Administration of Tests

Survey of the subjects was done in a phased manner through questionnaire, personal interview and telephonic interview depending upon the convenience of the subjects and availability of the time. First of all the subjects (1000) were handed over the questionnaire *to* get their feedback and within a fortnight 790 subject returned their filled questionnaire. Remaining subjects were persuaded to give the feedback in a week. The scholar received 80 more filled questionnaire from the subjects. Remaining 60 subjects expressed their inability to fill the questionnaire due to their hectic schedule or other reason. Later 28 subjects were interviewed telephonically and 32 subjects were interviewed personally at their offices/homes depending upon the appointments given by them.

4. Statistical Analysis

The information obtained from the responses against the questionnaire was carefully and systematically compiled for data analysis. The percentage analysis of frequencies of each statement was calculated for sedentary people.

Result

The percentage analysis of frequencies of each Table was calculated for sedentary people.

Table 1: Percentage description of responses age group a (25 to 35) pertaining to information about do you frequently suffer of health problem

Age Group A (25 to 35) (335 SUBJECTS)		
	One	**More than one**
No.	165	170
%	49.3	50.7

Percentage analysis of Table -1 reveals that amongst Age Group A (25 to 35) 49.3% subjects were suffering from any one type of disease where as 50.7% subjects were having more than one type of disease.

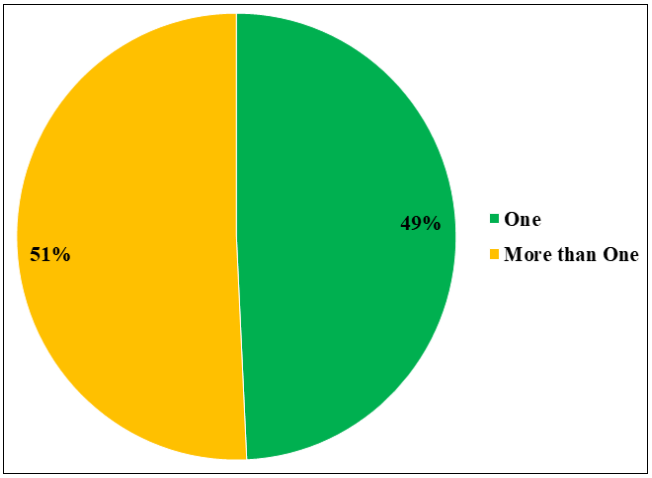

Fig 1: Percentage description of responses age group a (25 to 35) pertaining to information about do you frequently suffer of health problem

Table 2: Percentage description of responses age group b (36to 45) pertaining to information about do you frequently suffer of health problem

Age Group B (36 to 45) (595 Subjects)		
	One	**More than one**
No.	189	406
%	31.76	68.23

Percentage analysis of Table - 2 reveals that amongst age group B (36 to 45) 31.76% subjects were suffering from any one type of disease where as 68.23% subjects were having more than one type of disease.

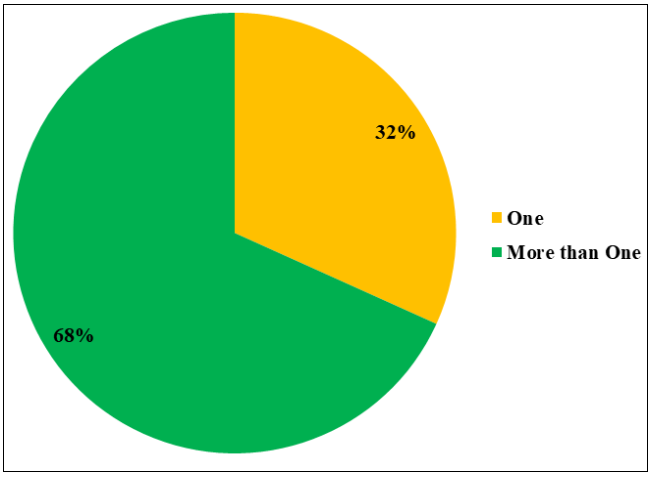

Fig 2: Percentage description of responses age group b (36 to 45) pertaining to information about do you frequently suffer of health problem

Table 3: Percentage description of responses age group a (25 to 35) pertaining to causes of health problem

Age Group A (25 to 35) (335 SUBJECTS)						
	Ideal Life Style	**Faulty Diet Habit**	**Family Demand**	**Job Stress/Professional Demand**	**Drinking Alcoholism**	**More than One**
No.	26	10	15	25	14	245
%	7.76	2.98	4.47	7.46	4.17	73.13

Percentage analysis of Table-3 for Age Group A (25 to 35) reveals that 7.76% subjects considered their ideal life style responsible for health problems, 2.98% faulty diet habit, 4.47% family demand, 7.46% Job Stress /Professional Demand, 4.17% Drinking Alcoholism and 73.13% subjects considered more than one factor responsible for the same.

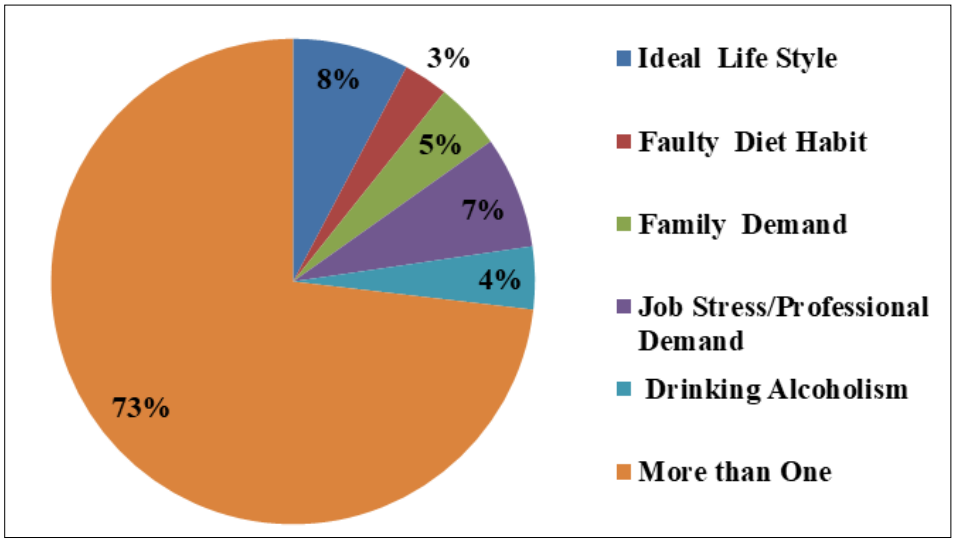

Fig 3: Percentage description of responses age group a (25 to 35) pertaining to causes of health problem

Table 4: Percentage description of responses age group b (36 to 45) pertaining to causes of health problem

Age Group B (36 to 45) (595 SUBJECTS)						
	Ideal Life Style	**Faulty Diet Habit**	**Family Demand**	**Job Stress/Professional Demand**	**Drinking Alcoholism**	**More than One**
No.	38	114	11	6	5	421
%	6.38	19.15	1.84	1.00	0.84	70.7

Percentage analysis of Table-4 for age group B (36 to 45) reveals that 6.38% subjects considered their ideal life style responsible for health problems, 19.15 faulty diet habit, 1.84% family demand, 1.00% Job Stress /Professional Demand, 0.84% Drinking Alcoholism and 70.70% subjects considered more than one factor responsible for the same.

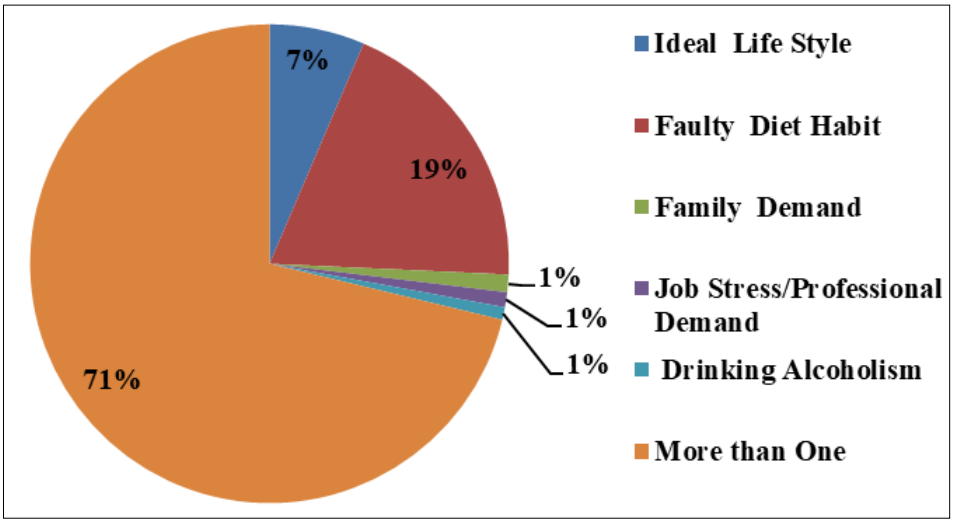

Fig 4: Percentage description of responses age group b (36 to 45) pertaining to causes of health problem

Discussions

The main purpose of the study was health problem and period of diagnosis of health problem related diseases in different age groups i.e. i.e 25 to 35 years and 36 to 45 years chhattisgarh in Raipur, Bilaspur, Bhilai, Durg and Raigarh. The study has focused on the linkage between status of health and sedentary life style of the people working in cities. The variables analyses are as follows:

1. Percentage analysis of that amongst Age Group A (25 to 35) 49.3% subjects were suffering from any one type of disease where as 50.7% subjects were having more than one type of disease and Percentage analysis of Table - 6 reveals that amongst age group B (36 to 45) 31.76% subjects were suffering from any one type of disease where as 68.23% subjects were having more than one type of disease.
2. Percentage analysis of for Age Group A (25 to 35) reveals that 7.76% subjects considered their ideal life style responsible for health problems, 2.98% faulty diet habit, 4.47% family demand, 7.46% Job Stress /Professional Demand, 4.17% Drinking Alcoholism and 73.13% subjects considered more than one factor

responsible for the same and Percentage analysis of for age group B (36 to 45) reveals that 6.38% subjects considered their ideal life style responsible for health problems, 19.15 faulty diet habit, 1.84% family demand, 1.00% Job Stress /Professional Demand, 0.84% Drinking Alcoholism and 70.70% subjects considered more than one factor responsible for the same.

Conclusions

On the basis of research findings, text books depiction, scientific facts available and research scholars own understanding of this research investigation following discussion on were made:

1. Interesting facts have been revealed form the survey, pertaining to attribution of health problems to possible causes. An overwhelming majority of subjects from both the group attributed their health problems to idle life style, job stress, faulty diet habit, drinking alcohol and family demand.
2. This shows so far health problems regions are concern almost majority were aware about it. This also signifies their understanding about their health problems and possible remedy.
3. A significant percentage of subjects from both the age group opined that their working efficiency have been effected due to health problems. Further it was also revealed that a good percentage of income is spent on treatment and medications.

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