

SURVEILLANCE OF HEALTH BEHAVIOURS AND PHYSICAL ACTIVITY HABITS AMONG THE PEOPLES OF TIRUNELVELI CORPORATION

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ABSTRACT

The purpose of the study was to survey the health behaviours and conditions among the Peoples of Tirunelveli Corporation. To achieve the purpose of the study, forty five thousand (n=45,000) families were selected from the Tirunelveli Corporation, Tamilnadu, India during the period of year 2009-2011. The selected subjects were randomly assigned into the following groups of such as Age Category, Activity based, Disease category, Age based Disease and Age based Activity.

In Health condition of people in Tirunelveli Corporation limits the result of this survey out of 16015 peoples there are 3357 peoples were reported by various diseases. 21% (n=3357) peoples were reported by the Diseases and Disorders and remaining 79% (n=12658) peoples were not reported by the diseases and disorder. Among the 21%, diabetes and fever related diseases were leading with 6% followed by respiratory disorders with 4%, cardiac reported with 2% and cancer reported with less than 1%. The result of the present study clearly shows that the most of the public were affected by a leading health problem that is diabetes. Hence, the people of Tirunelveli corporation were advised to take physical activity habits regularly to avoid health problems. Most of the diseases are due to physical inactivity.

In Physical activity habits in the result of this survey out of 16015 peoples 6276 peoples were doing physical activity in various stages. Nearly 39% (n=6276) peoples were doing physical activity. Remaining 61% (n=9739) peoples were not doing physical activity. Hence it was concluded more number of peoples are not doing physical activity in Tirunelveli Corporation, less than least number of peoples only can doing physical activity in Tirunelveli Corporation. So this indicates some of the peoples are doing physical activity in the Tirunelveli Corporation.

The findings of the present study were surveillance of health behaviours and conditions in Tirunelveli Regions. Thus the result of this survey Totally 2% of people occurred by cardiac problem, 4% of peoples were occurred by the Respiratory diseases, 6% of peoples was occurred by Diabetics, In Cancer some of the peoples were attacked, 6% of peoples were occurred by the Fever, 3% of peoples were occurred by Any other diseases. In the result 79% of peoples were not attacked by the diseases. So the health status of Tirunelveli Regions Totally 21% of peoples was attacked by the various diseases. Remaining 79% of peoples were having good health in Tirunelveli Regions.

The physical activity habits of Tirunelveli Region Peoples are 7% of peoples were doing physical activity with Occasionally, 5% of peoples were doing physical activity with Doctor advised, In 12% of peoples were doing physical activity Regularly, 15% of people were doing any other physical activity like yoga, Gymnastics and Dance etc. Mostly 61% of people were never doing physical activity in Tirunelveli regions. So thus the results totally 39% of people were doing physical activity in various conditions. Remaining 61% of people were doing physical activity in various conditions.

The results in this report indicate a need to continue to monitor health behaviors, chronic conditions, physical activity habits and use preventive health services at state and local levels. Results from the survey

are used to identify emerging health problems, to support health-related efforts, to develop and evaluate public health and programs and the public physical activity habits in Tirunelveli region peoples.

Key words: *Surveillance, Health behaviors, Physical activity habits, Tirunelveli*

INTRODUCTION

India is the second most populous country of the world and has changing socio-political demographic and morbidity patterns that have been drawing global attention in recent years. Despite several growths orientated policies adopted by the government, the widening economic, regional and gender disparities are posing challenges for the health sector. About 75% of health infrastructure, medical man power and other health resources are concentrated in urban areas where 27% of the populations live. Contagious, infectious and waterborne diseases such as diarrhoea, amoebiasis, typhoid, infectious hepatitis, worm infestations, measles, malaria, tuberculosis, whooping cough, respiratory infections, pneumonia and reproductive tract infections dominate the morbidity pattern, especially in rural areas. However, non-communicable diseases such as cancer, blindness, mental illness, hypertension, diabetes, HIV/AIDS, accidents and injuries are also on the rise. The health status of Indians, is still a cause for grave concern, especially that of the rural population. This is reflected in the life expectancy (63 years), infant mortality rate (80/1000 live births), maternal mortality rate (438/100 000 live births); however, over a period of time some progress has been made. To improve the prevailing situation, the problem of rural health is to be addressed both at macro (national and state) and micro (district and regional) levels. This is to be done in a holistic way, with a genuine effort to bring the poorest of the population to the centre of the fiscal policies. A paradigm shift from the current 'biomedical model' to a 'sociocultural model', which should bridge the gaps and improve quality of rural life, is the current need. A revised National Health Policy addressing the prevailing inequalities, and working towards promoting a long-term perspective plan, mainly for rural health, is imperative. (Ashok vikhe patil., K. V. somasundaram., R. C. Goyal., 2002) [1].

The Health Problems of greatest significance today are the chronic diseases. The extent of chronic diseases, various disabling conditions, and the economic burden that they impose have been thoroughly documented. Health education and health educators will be expected to contribute to the reduction of the negative impact of such major health problems as heart disease, cancer, dental disease, mental illness and other neurological disturbances, obesity, accidents, and the adjustments necessary to a productive old age. The new and unique role of health in helping to meet these problems can perhaps be clarified through a review of some of the differences between procedures that have been successful in solving the problems of the acute communicable diseases and those that are available for coping with today's problems. (Mayhew Derry berry, March 2004) [2].

Health is a major part of our national economy. It generates a significant proportion of economic activity and employs over 7.3 per cent of our working population. Health also underpins our economy. A healthy workforce is a productive workforce; every employer has an interest in keeping their employees safe and well. (A Healthier future for all Australians, June 2009) [3].

Despite incredible improvements in health since 1950, there are still a number of challenges, which should have been easy to solve. Consider the following of One billion people lack access to health care systems. 36 million deaths each year are caused by non communicable diseases, such as cardiovascular disease, cancer, diabetes and chronic lung diseases. This is almost two-thirds of the estimated 56 million deaths each year worldwide. A quarter of these take place before the age of 60. Cardiovascular diseases (CVDs) are the number one group of conditions causing death globally. An estimated 17.5 million people died from CVDs in 2005, representing 30% of all global deaths. Over 80% of CVD deaths occur in low- and middle-income countries. Over 7.5 million children under the age of 5 die from malnutrition and mostly preventable diseases, each year. In 2008, some 6.7 million people died of infectious diseases alone, far more than the number killed in the natural or man-made catastrophes that make headlines. AIDS/HIV has spread rapidly. UNAIDS estimates for 2008 that there are roughly, 33.4 million living with HIV. 2.7 million New infections of HIV, 2 million deaths from AIDS. Tuberculosis kills 1.7 million people each year, with 9.4 million new cases a year. 1.6 million People still die from pneumococcal diseases every year, making it the number one vaccine-preventable cause of death worldwide. More than half of the victims are children. The pneumococcus is a bacterium that causes serious infections like meningitis, pneumonia and sepsis. In developing countries, even half of those children who receive medical treatment will die. Every second surviving child will have some kind of disability. Malaria causes some 225 million acute illnesses and over 780,000 deaths, annually. 164,000 people, mostly children under 5, died from measles in 2008 even though effective immunization costs less than 1 US dollars and has been available for more than 40 years. These and other diseases kill more people each year than conflict alone (Anup Shah, 2011) [4].

PURPOSE OF THE STUDY

The purpose of the study is to survey the health behaviours and conditions among the Peoples of Tirunelveli Corporation.

SELECTION OF SUBJECTS

The purpose of the study was to survey the health behaviours and conditions among the Peoples of Tirunelveli Corporation. To achieve the purpose of the study, forty five thousand (n=45,000) families were selected from the Tirunelveli Corporation, Tamilnadu, India during the period of year 2009-2011.

The selected subjects were randomly assigned into the following groups of such as Age Category, Activity based, Disease category, Age based Disease and Age based Activity.

TABLE I
DETAILS OF SUBJECTS AGE WISE

Age Group	Total
Below 15 years	2829
15 - 20 years	1525
20 - 25 years	1561
25 - 30 years	1477
30 - 35 years	1340
35 - 40 years	1426
40 - 45 years	1233
45 - 50 years	1132
50 - 55 years	923
55 - 60 years	1228
above60 years	1341
Total	16015

SELECTION OF VARIABLES

As per the availability literature of and the personal knowledge of the investigator following variables were be choose and for the present study.

Health Behaviors:

- Cardiac Problem
- Respiratory Problem
- Diabetics
- Cancer
- Fever
- Any other

Conditions of Physical Activity:

- Occasionally
- Doctor Advice
- Regular
- Never
- Any other

ANALYSIS OF DATA

The summary of subjects based on their age and health behaviours were presented in table II.

TABLE II
SUMMARY TABLE FOR HEALTH CONDITIONS IN TIRUNELVELI CORPORATION

Age Group	Cardiac	Respiratory	Diabetics	Cancer	Fever	Any other	Nil	Total
Below 15 years	3	23	11	1	126	26	2639	2829
15 - 20 years	4	36	3	1	81	13	1387	1525
20 - 25 years	1	38	8	0	93	21	1400	1561
25 - 30 years	15	35	14	0	84	38	1291	1477
30 - 35 years	7	34	25	2	95	30	1147	1340
35 - 40 years	18	42	84	16	75	33	1158	1426
40 - 45 years	36	45	96	1	80	45	930	1233
45 - 50 years	37	36	144	6	72	37	800	1132
50 - 55 years	51	60	130	3	52	31	596	923
55 - 60 years	60	290	231	2	37	53	555	1228

above60 years	111	60	230	13	81	91	755	1341
Total	343	699	976	45	876	418	12658	16015

The Table II showed that the summary table for health condition of people in Tirunelveli Corporation limits. In the result of this survey out of 16015 peoples there are 3357 peoples were reported by various diseases. 21% (n=3357) peoples were reported by the Diseases and Disorders and remaining 79% (n=12658) peoples were not reported by the diseases and disorder.

Among the 21%, diabetes and fever related diseases were leading with 6% followed by respiratory disorders with 4%, cardiac reported with 2% and cancer reported with less than 1%. The results of the present study clearly shows that the most of the public were affected by a leading health problem that is diabetes.

Hence, people of Tirunelveli corporation were advised to take physical activity habits regularly to avoid health problems. Most of the diseases are due to physical inactivity.

The summary tables for health condition in Tirunelveli region peoples were graphically represented in Figure I.

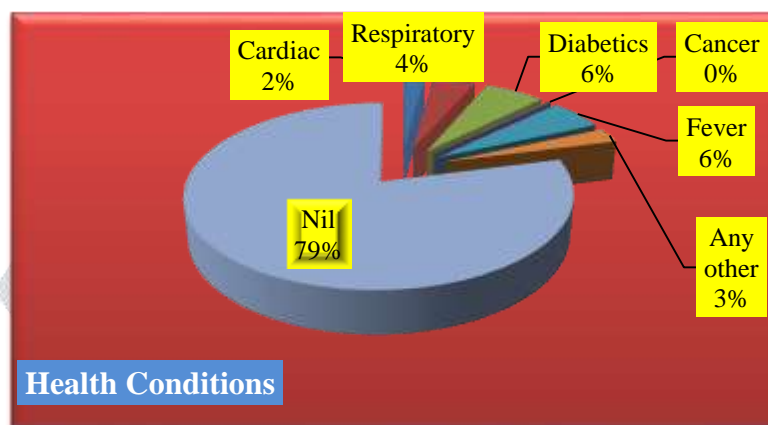


FIGURE I: SUMMARY OF HEALTH CONDITIONS IN TIRUNELVELI REGION PEOPLES.

TABLE II
SUMMARY TABLE FOR PHYSICAL ACTIVITY HABITS AMONG THE PEOPLES IN TIRUNELVELI CORPORATION

Age Group	Occasionally	Doctor advised	Regular	Never	Any other	Total
Below 15 years	144	17	118	2164	332	2775
15 - 20 years	82	3	199	917	276	1477
20 - 25 years	118	22	168	931	279	1518
25 - 30 years	102	30	136	990	229	1487
30 - 35 years	114	39	158	857	219	1387
35 - 40 years	97	98	157	849	255	1456
40 - 45 years	81	103	176	695	226	1281
45 - 50 years	60	103	166	584	218	1131
50 - 55 years	57	127	197	531	142	1054
55 - 60 years	96	116	153	466	106	937
above 60 years	113	198	267	755	179	1512
Total	1064	856	1895	9739	2461	16015

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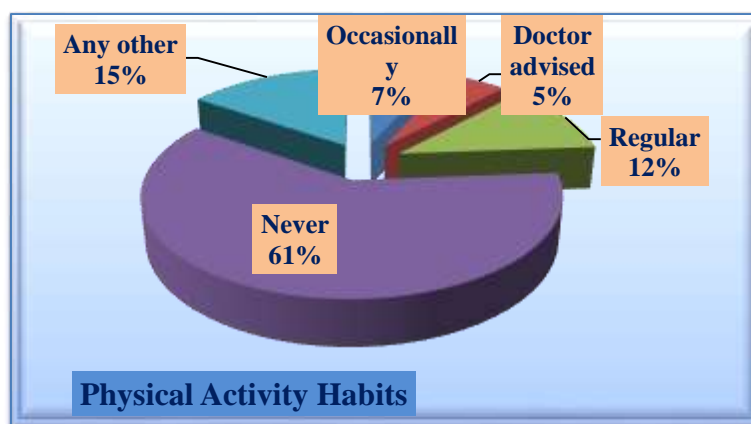


FIGURE II: SUMMARY OF PHYSICAL ACTIVITY HABITS IN TIRUNELVELI REGION PEOPLES

DISCUSSIONS ON FINDINGS

The findings of the present study were surveillance of health behaviours and conditions in Tirunelveli Regions. Thus the result of this survey Totally 2% of people occurred by cardiac problem, 4% of peoples were occurred by the Respiratory diseases, 6% of peoples was occurred by Diabetics, In Cancer some of the peoples were attacked, 6% of peoples were occurred by the Fever, 3% of peoples were occurred by Any other diseases. In the result 79% of peoples were not attacked by the diseases. So the health status of Tirunelveli Regions Totally 21% of peoples was attacked by the various diseases. Remaining 79% of peoples were having good health in Tirunelveli Regions.

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CONCLUSIONS

The results in this report indicate a need to continue to monitor health behaviors, chronic conditions, physical activity habits and use preventive health services at state and local levels. Results from the survey are used to identify emerging health problems, to support health-related efforts, to develop and evaluate public health and programs and the public physical activity habits in Tirunelveli region peoples.

This study utilized a multi-domain theoretical framework to identify and contextualize the predictors of known Health status and physical activity habits among the Tirunelveli Corporation Peoples. In doing so, this study attempted to clarify the relationship between individual and social conditions, and specific health behaviors and conditions. In general, findings suggested that health factors of all at and beyond the individual level exerted influence on health behaviors and physical activity levels.

In this study explained the health status of Tirunelveli Corporation, mostly Diabetics and fever were occurred. In least of disease cancer was occurred in Tirunelveli Region. In physical activity habits most of the peoples doing physical activity by yoga, Gymnastics and Dance etc. less amount of people were doing physical activity with the advice of doctor.

It is hoped that this chapter will stimulate action to build on existing experienced knowledge in health behaviours and physical activity programming in order to ensure the physical, mental, emotional and social health and overall well-being of the people. Health professionals can contribute to the nurturing environment that should be provided by parents, community leaders and others who bear responsibility for the health of peoples.

This study identified increasing age, low socio- economic status, and poor hygiene as the main risk indicators for periodontal disease, whereas low socioeconomic status, urban residence, multi-parity as the main risk indicators for any health loss.

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BIOGRAPHIES

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