# "A STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE ON MODIFIABLE RISK FACTORS FOR NON COMMUNICABLE DISEASES AND ITS PREVALENCE AMONG ADULTS IN SELECTED URBAN COMMUNITY, JAIPUR RAJASTHAN"

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## ABSTRACT

Adulthood is the most pivotal period of life, yet one of the most vulnerable times for physical ailments. It is a condition of being fully grown or mature which is characterized by age-related changes based on many factors such as molecular and cellular changes, lack of physical exercise and poor diet. Adult is a p e r s o n who has attained the age of majority and is therefore regarded as independent, self-sufficient, and responsible.

According to recent statistics India's population is estimated at 1.35 billion based on the most recent UN data of 2018. Approximately 65.9% percent of the world's population is within the age group of 15-64 years. An overall adult population constitutes nearly 64.3 percent of the total population of India (Population census, 2011). Now the world has a population of about seven billion. In the last few decades, the world has seen a changing pattern of disease profile shifting towards the chronic non- communicable diseases from communicable diseases. WHO has already stated that the non-communicable diseases have emerged as a big threat globally, more in the developing countries. In the recent years, there has been developments in the economic as well as in the demographic patterns which has lead to a shift from diseases caused by poverty

towards life style related, chronic non communicable diseases. So, the developing countries bear an extra burden of non-communicable diseases above the existing burden of communicable, infectious diseases. Non-communicable disease is a chronic condition or disease that does not result from an acute infectious process and hence are not communicable. NCDs can refer to chronic diseases which last for long periods of time and progress with the characteristics Of complex etiology, multiple risk factors, long latency period, non-contagious origin prolonged course of illness, functional impairment or disability. Non-communicable diseases include cardiovascular diseases, renal diseases, arthritis, respiratory diseases like chronic obstructive pulmonary disease (COPD) and asthma, chronic neurologic disorders, musculoskeletal diseases, permanent results of accidents, blindness, cancer, diabetes (type I, II), obesity, mental illness, dental disorders and various metabolic disorders. Among them there are four major types of non- communicable diseases, cardiovascular diseases (hypertension, stroke, coronary heart diseases and rheumatic heart diseases), diabetes (type I, II), chronic obstructive pulmonary diseases (emphysema, asthma, chronic bronchitis) and cancer (lung cancer, cervical cancer and breast cancer), which are grouped by WHO.

## 1. INTRODUCTION

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Non-communicable diseases (NCDs) are one of the major health and development challenges of the 21st century, in terms of human suffering they cause and the harm they inflict on the socio-economic fabric of countries, particularly low and middle-income countries. As the leading cause of death globally, NCDs were responsible for 38 million (68%) of the world's 56 million deaths in 2012. NCDs contributed to an estimated 61% of all deaths in 2014. The increase of NCDs, especially in urban India, is contributing to an epidemiological transition.

World health organization (WHO) has prioritized some specific factors those have been found to be associated with the development of non-communicable diseases. Behavioral risk factors that can be reduced or controlled by intervention like physical inactivity, tobacco use, alcohol use and unhealthy diets like increased fat and sodium, low fruit and vegetable intake as modifiable risk factors, thereby reducing the probability of disease Risk factors that cannot be reduced or controlled by intervention like age, gender, race, and family history are termed as non-modifiable risk factor. Metabolic refers to the biochemical processes involved in the body's normal functioning are termed as metabolic risk factors. Behavioral or modifiable risk factors can lead to metabolic

changes. WHO has prioritized raised blood pressure, raised total cholesterol, elevated glucose, overweight and obesity as the four metabolic risk factors. Out of the 57 million deaths reported globally, 36 million 63% deaths and 44% of disability adjusted life years are attributed to NCDs, principally cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases. India is facing a double burden of both communicable disease and NCD. India experienced the highest loss in potentially productive years, when compared to communicable diseases. Every year roughly 5.8 million Indians die from heart and lung diseases, stroke,

cancer and diabetes. In other words, 1 in 4 Indians risks dying from NCDs before they reach the age of 70. In line with WHO's Global action plan for the prevention and control of NCDs 2013-2020, India is the first country to develop specific national targets and indicators aimed at reducing the number of global premature deaths from NCDs by 25% by 2025.

Chronic non-communicable diseases are assuming increasing importance among the adult population in both developed and developing countries. Cardiovascular diseases and cancer are at present leading causes of death in developed countries (Europe and North America) countries accounting for 70 to 75 per cent of total deaths. The prevalence of chronic disease showing an upward trend in most countries and several reasons, this trend likely to increase All communities of the world, approximately 14.1 million new cases are diagnosed with cancer and more than 8.2 million die of the diseases.

About 65% of all disease loads is caused by non communicable diseases risk factors globally. The future trends of non communicable diseases largely depend on the present exposure level of the population to its risk factors. The risk factors accumulate through the years and give rise to the NCDs in the future. The major factors that influence these outcomes are use of tobacco, unhealthy diet containing low fruits and vegetables, harmful use of alcohol and physical inactivity. Studies have also shown that the long term pattern of mortality resulting from non communicable diseases will be largely influenced the economic growth. Non communicable diseases mainly cardiovascular diseases, chronic respiratory diseases, diabetes and cancer are top killers in the South-East Asia Region, claiming an estimated 8.5 million lives each year. One third of these deaths is premature and occurs before the age of 70 years, thus affecting economically productive individuals.

The four 'major' NCDs are caused to a large extent by four modifiable behavioral risk factors: tobacco use, unhealthy diet, insufficient physical activity and harmful use of alcohol. NCDs disproportionately affect the poor, impoverish families, and place a growing burden on health-care systems. Cost-effective interventions are available to prevent and control non communicable diseases and their risk factors throughout the life course.

Tobacco kills up to half of its users. Tobacco kills nearly 6 million people each year. Annual death could rise to more than 8 million by 2030 by tobacco use. Among smokers, cancer, coronary heart disease, diseases of the lungs, peripheral vascular disease, stroke, fetal complications and stillbirth are the common health effects On the other hand, alcohol consumption is also a major problem worldwide. On average every person in the world aged 15 years or older drinks 6.2 liters of pure alcohol per year and 3.3 million people die from alcohol consumption per year. Long term effects, liver diseases, cancers, hypertension, gastrointestinal disorders, neurological issues, psychiatric issues immediate effect, diminished brain function, loss of body heat, fetal damage, risk for unintentional injuries, risk for violence, coma and death are the conditions due to harmful use of alcohol.

## 2. NEED FOR THE STUDY

In today's world, most deaths are attributable to non-communicable diseases. NCDs account for 52% deaths, 43% disability adjusted life years and 62% of total disease burden in India. It is emerging as major cause of morbidity and mortality worldwide. The prevalence of chronic diseases is showing an upward trend in most countries. The WHO Global Status Report on NCDs 2015 showed that NCDs are biggest cause of death worldwide. More than 38 million people die each year due to non- communicable diseases. Almost three quarters of NCD deaths 28 million occur in low and middle-income countries. Sixteen million NCD deaths occur before the age of 70. Eighty two of these "premature" deaths occurred in low- and middle-income countries in which cardiovascular diseases account for most NCD deaths, or 17.5 million people annually, followed by cancers (8.2 million), respiratory diseases (4 million), and diabetes (1.5 million). These 4 groups of diseases account for 82% of all NCD deaths. Also, tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets all increase the risk of dying from NCD. Modifiable risk factors are those that can easily be changed to reduce the risk of the occurrence of the disease, while non-modifiable risk factors like age and genetic makeup can't be controlled. Age is a powerful cardiovascular risk factor. Most NCD are strongly associated and causally linked with four particular behaviors like tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol. These behaviors lead to four key metabolic/physiological changes, raised blood pressure, overweight/obesity, hyperglycemia and hyper lipidemia. In terms of attributable deaths the leading risk factor associated with NCD, globally, is raised blood pressure (to which 13% of global deaths are attributed), followed by tobacco use (9%), raised blood glucose (6%), physical inactivity (6%), and overweight and obesity (5%). The leading behavioral and metabolic risk factor associated with NCD in India is raised blood pressure (to which 32.5% of deaths are attributed), followed by raised cholesterol 27.1%, physical inactivity 14%, tobacco smoking 13.9%, raised blood glucose 10% and overweight and obesity.

## 3. OBJECTIVE

1. To assess the prevalence of modifiable risk factors for non-communicable diseases among adults.

2. To assess the existing knowledge and attitude on modifiable risk factors for non- communicable diseases among adults.

3. To correlate the knowledge and attitude on modifiable risk factors for non- communicable diseases among adults.

4. To associate the knowledge and attitude on modifiable risk factors for non- communicable diseases with their selected demographic variables among adults.

5. To develop an information booklet regarding modifiable risk factors for non- communicable diseases.

## 4. HYPOTHESIS

H1: There is a significant correlation between knowledge and attitude of male adults on modifiable risk factors for non-communicable diseases.

H2: There is a significant association between knowledge and selected demographic variables of male adults.

H3: There is a significant association between attitude and selected demographic variables of male adults.

## 5. ASSUMPTION

1. The adults may have lack of awareness regarding the modifiable risk factors for non- communicable diseases.

2. The adults may have poor opinion regarding the modifiable risk factors for non- communicable diseases.

3. Information booklet may help male adults to be aware of modifiable risk factors for non-communicable diseases.

## 6. REVIEW OF LITERETURE

A cross-sectional study was conducted to estimate the prevalence of common risk factors for NCDs among the adult population in urban areas of Kabul city, Afghanistan by using WHO STEP wise approach for Surveillance. The sample for the study was 1169 adult respondents aged 40 years and above. Random sampling technique was adopted to collect the data for the duration of 12 weeks. The result of the study shows that the overall prevalence of smoking 5.1% (14.7% men versus 0.3% women) and using mouth snuff was 24.4% in men and 1.3% in women. The prevalence of obesity and hypertension were 19.1% and 45.2 % in men and 37.3% and 46.5% in women. Prevalence of diabetes was 16.1% in men and 12% in women. The overall prevalence of obesity, hypertension and diabetes mellitus was 31.2%, 46% and 13.3%, respectively. On average, subjects consumed 3.37 servings of fruit and 2.96 servings of leafy vegetables per week. Mean walking and sitting hours per week as proxies for physical activity were 19.4 and 20.5, respectively. These results highlight the need for interventions to reduce and prevent risk.

A cross-sectional study was conducted to assess non-communicable diseases risk factor and metabolic syndrome among Kurd people living in Kurdistan, Iran by using WHO's STEP wise approach to NCD surveillance. The sample for the study was 1194 participants aged 25–64 years, 729 from urban areas and 465 were residents of rural area. Multi-stage cluster sampling technique was adopted to collect the data. The result of the study shows that 30.1%, 43.3% of men and 67% and 35.4% of women who had high systolic and diastolic blood pressure had metabolic syndrome. 31.5%, 31.7%, 65% of men and 66.8%, 65.7%, 73.4% of women who had high TG level, low HDL level and high FBS level, had metabolic syndrome respectively. The prevalence of the syndrome is 19.4% for 25-34 years of age group, increased to 40.6% for the oldest age group of 35–44, 45–54, and 55–64. The prevalence was 41.3% among women and 17.1%

among men. The results concluded that there is a statistically significant relationship between the age group and prevalence of the risk factors. It demonstrates that prevalence of non- communicable diseases increases with the increase of age.

A cross-sectional study was conducted to determine NCD risk-factor prevalence in urban, rural and migrant populations in China, Ghana, India, Mexico, Russia and South Africa by using WHO STEP method Study participants were 39,436 adults within the WHO. Risk ratios for each risk factors in which occupational physical activity was lower 0.86, 0.76 while active travel and recreational physical activity were higher for urban groups; 1.05 respectively; for migrant groups: 1.07,1.71 respectively). Overweight, raised waist circumference and diagnosed diabetes were higher in urbangroups1.19,1.24,1.69 respectively. Exceptions to these trends exist obesity indicators were higher in rural Russia; active travel was lower in urban groups in Ghana and India; and in South Africa, urban groups had the highest alcohol consumptions.

A cross-sectional study was conducted in Africa to assess the non communicable risk factors. The sample for the study was 200. Random sampling method was adopted to collect the data with questionnaire and the hospital database. The results of the study shows that the subjects' mean age was 50.4 years, 78% were women and of low education levels and income, and 41.5% had type 2 diabetes, 83.4% hypertension and 69 84.5 mmHg, cholesterol 5.4 mmol/L, BMI 39.3 kg/m2 and waist circumference 117 cm. Only 14% were physically active, mean daily intake of fruit and vegetables 2.2 portions/day was low while added sugar 5 teaspoons and sugar-sweetened beverages 1.3 glasses were high. Usual care patients had a higher smoking prevalence, HbA1c, number of NCD risk factors and refined carbohydrate intake, and a lower fruit and vegetable intake. The result reflects that treatment seekers were typically middle-aged, low income patients with various modifiable and intermediate risk factors for NCDs.

A community based cross sectional survey was conducted among adult males and females were interviewed through a structured questionnaire covering 1210 households in Nurpur Shahan, Pakistan using non-probability sampling technique. The study shows that tobacco use was present in 48.2% household, drug abuse in 13.6% households and alcohol use in 1.8%. Alcohol intake was found to be significantly associated with stroke, oral and dental health problem, committed deliberate self-harm/suicidal ideation. Drug Abuse was found to be significant associated with high blood pressure/Ischemic Heart Disease, oral and dental health problem committed deliberate self-harm/suicidal ideationand Psychiatric illness. The study concludes that the prevalence of Non- Communicable diseases is quite high with a need for Health Awareness and health education strategies regarding Non Communicable diseases and their risk factors.

The survey was conducted in Dikgale, South Africa to find the prevalence and determinants of chronic non-communicable disease risk factors amongst Adults. The sample for the study was 22,2015. Multistage cluster sampling technique was used with WHO "STEP wise approach. The study shows that the prevalence of current smokers amongst the participants was 13.7%, of which 81.3% were daily smokers. Alcohol was consumed by 16.3% of the participants. The majority of participants (88.6%) had low daily intake of fruit and vegetables and

low physical activity (66.5%). The prevalence of hypertension amongst the participants was 38.2%. People who were older than 40 years, overweight or obese and those who consumed alcohol were more likely to be hypertensive. Smoking was associated significantly with older age, males, never married and divorced people. Alcohol consumption was associat educational status and low income. The study revealed that high levels of risk factors for NCDs among adults in the Dikgale.

## 7. METHODOLOGY

Research methodology is a systematic way to solve the research problems. It is of vital importance which consists of the various steps that are generally adopted by a researcher in studying the problem along with the logic behind them. The methodology of the researcher indicates the general pattern of organizing the procedure for gathering valid and reliable data for the purpose of the study.

This chapter includes research approach, research design, setting of the study, population, sampling technique, sample size, sampling criteria, instruments, validity and reliability, pilot study method of data collection, plan for data analysis and interpretation and ethical implications.

### Research approach

Research approach indicates the basic procedure for the conducting research. The choice of the appropriate approach depends on the purpose of the study. Quantitative research approach was used for this study and it aims to assess the knowledge and attitude on modifiable risk factors for non communicable diseases and its prevalence among adults.

## 8. ANALYSIS AND INTERPRETESION

### PARTI-PROFILE OF THE RESPONDENTS:

### SECTION-A

### (1) AGE WISE DISTRIBUTION OF RESPONDENTS:

#### Table No. 4.1

#### Table showing Age Distribution of samples (CROSS-TAB)

| Age group | Number of patients | | | |
|---|---|---|---|---|
| | Government | | Corporate | |
| | Number | Percent | Number | Percent |
| Below 30 years | 18 | 18% | 21 | 21% |
| 31-60 years | 24 | 24% | 28 | 28% |
| 61 and above | 58 | 58% | 51 | 51% |
| Total | 100 | 100% | 100 | 100% |

Table 4.1 and determine 4.1 show age-sensible distribution of the respondent's elite for this have a look at: belonged

• 18% of the government health facility respondents and 21 of the company hospital respondents belonged to the age- cluster of beneath 30 years.

• 24% of the government hospital respondents and 28 of the business enterprise clinic respondents belonged to the age- cluster of below 31-60 years.

• 58 you appearance after the government. Medical institution respondents and 51 of the enterprise health facility respondents belonged to the age- cluster of fewer than 60 and on top of. General Respondents (N) =200
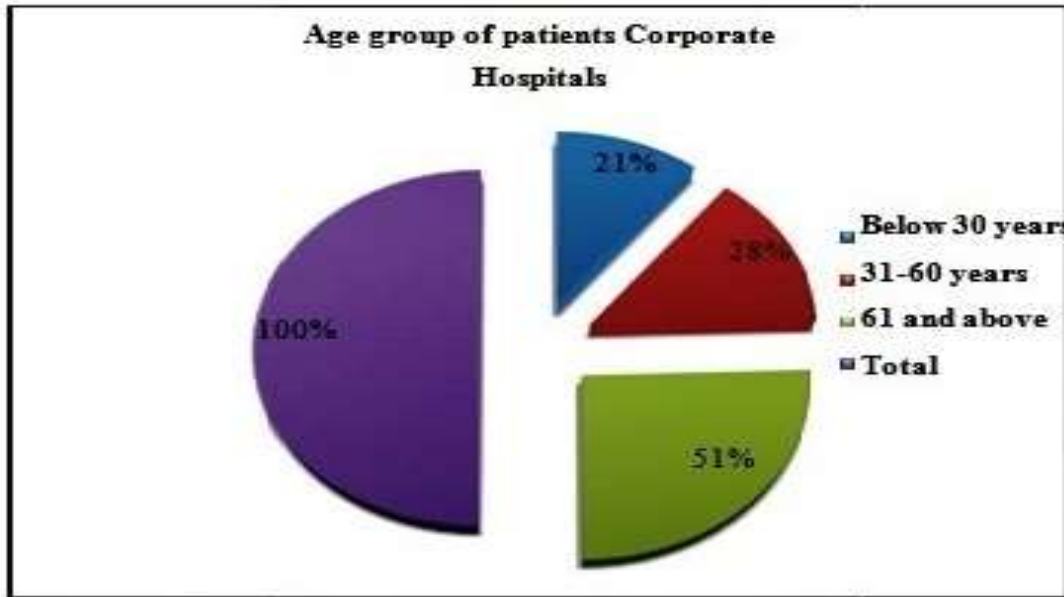
Figure No. 4.1(b) Age group of patients Corporate Hospitals:

Table 4.2 Showing Gender-wise Distribution of samples.

**CROSS-TAB**

| Gender-wise | Number of patients | | | |
|---|---|---|---|---|
| | Government | | Corporate | |
| | Number | Percent | Number | Percent |
| Male | 42 | 42% | 54 | 54% |
| Female | 58 | 58% | 46 | 46% |
| Total | 100 | 100% | 100 | 100% |

**SOURCE: AREA SURVEY.**

Desk 4.2 and discern 4.2 deliver gender-clever distribution of the Respondents distribution of government and company hospitals Respondents selected for field Survey.

•42% of the government clinic respondents and 54 % company clinic respondents had been male.

• 58% of the authority's sanatorium respondents and 46 % corporate health facility

Respondents turned into girl.

General Respondents (N) =200.

**Figure No. 4.2: Gender-wise distribution of Government and corporate hospitals Respondents selected for Field Survey.**

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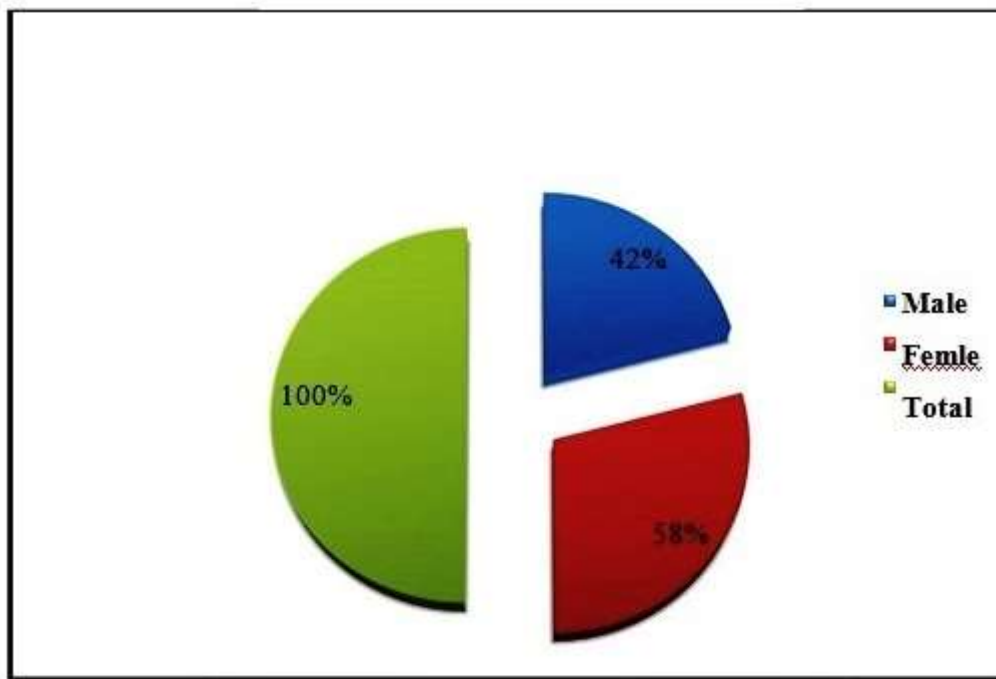
**Gender-wise distribution of patients**

**Government Hospitals**

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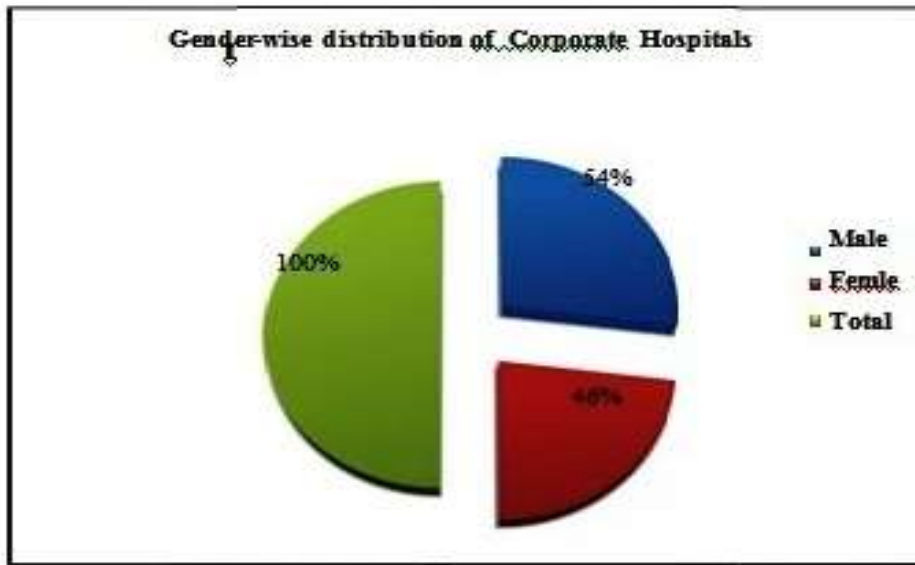**Figure No. 4.2(a) Gender-wise distribution of patient's government hospita**



Gender-wise distribution of Corporate Hospitals

Figure No. 4.2(b) Gender-wise distribution of patients Corporate Hospitals:

(3.) Education wise:

Table 4.3: Showing Education- wise Distribution of samples

CROSS-TAB 4.3

| Education | Number of patients | | | |
|---|---|---|---|---|
| | Government | | Corporate | |
| | Number | Percent | Number | Percent |
| Illiterate | 26 | 26% | 23 | 23% |
| Literate | 74 | 74% | 77 | 77% |
| Total | 100 | 100% | 100 | 100% |

Desk 4.3 and discern 4.3 deliver the distribution of respondents on the basis of their literacy ranges.

•26% of the authority's hospital respondents and 23% of corporate health facility respondents were determined to be illiterate.

• 74% of the government sanatorium respondents and 77 % of corporate sanatorium Respondents had been observed to be literate.
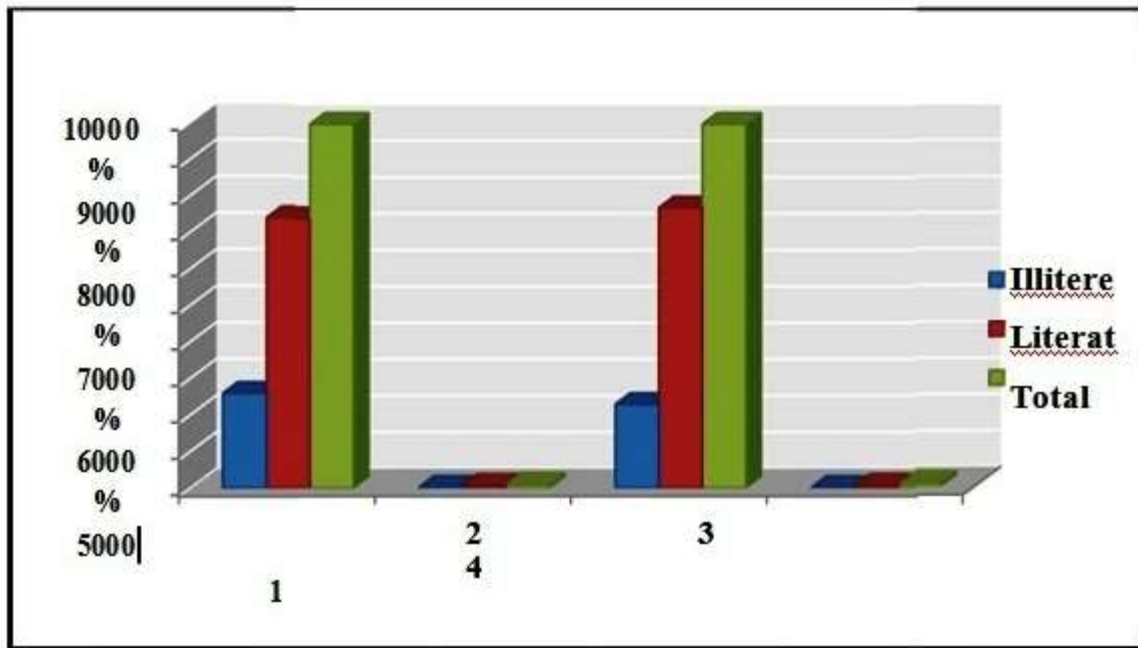
Overall Respondents= 200

**Figure No. 4.3 Frequency distribution education wise in both hospitals**
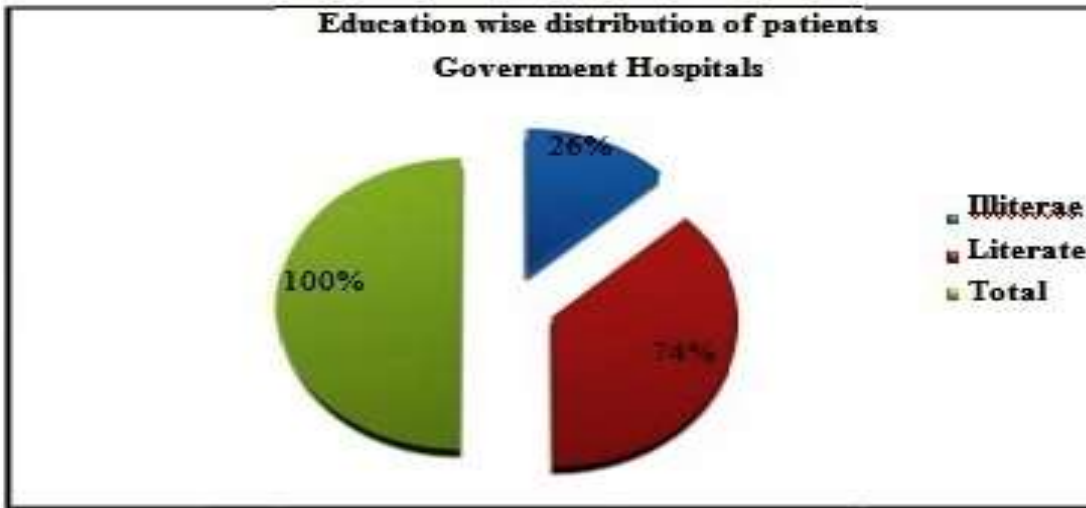
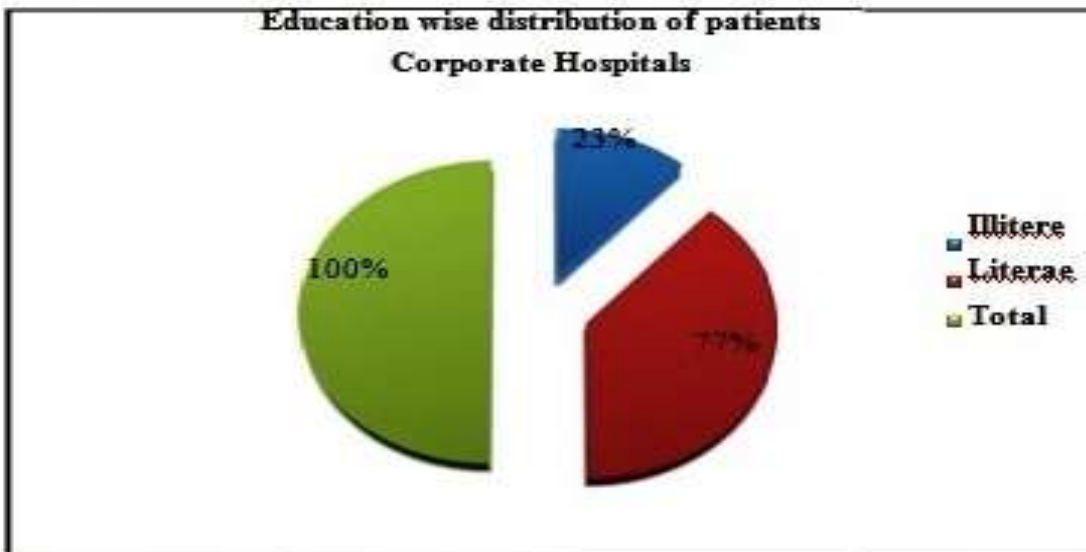Figure No. 4.3(a) Education wise distribution of patients Government Hospitals



Figure No. 4.3(b) Education wise distribution of patients Corporate Hospitals.

The researcher located in hard to procure statistics from illiterate respondents. Again language turned into every other hurdle. In a few instances are help was sought from their attainders' and team of workers participants to make these human beings comfortable in sharing facts and bridging verbal exchange gap to make suitable information's by means of again the language as literate. Its miles studying and understanding issue for respondents and affected person.

## (4.) Monthly income wise:

### Table 4.4: showing Income Distribution of samples

### CROSS-TAB 4.4

| Income group | Number of patients | | | |
|---|---|---|---|---|
| | Government | | Corporate | |
| | Number | Percent | Number | Percent |
| Below 5000 | 24 | 24% | 7 | 7% |
| 5000-10000 | 19 | 19% | 13 | 13% |
| 10000-20000 | 15 | 15% | 24 | 24% |
| 20000 and above | 42 | 42% | 56 | 56% |
| Total | 100 | 100% | 100 | 100% |

Source: Field Survey.

•month-to-month profits approach the common monthly income of all own family participants.

Desk 4.4 and figure 4.4 display monthly income-sensible distribution of the respondents decided on for the existing examine.

•24% of the authority's health facility respondents and 7 % of company health center respondents had an average month-to-month profits from below 5000.

•19% of the government medical institution respondents and 13 % of company medical institution respondents had an average month-to-month earnings from 5000-10000.

•15% of the government hospital respondents and 24% of company medical institution respondents had a median monthly profits from 10000 -20000.

• 42% of the government hospital respondents and 56 % of company sanatorium Respondents had a mean monthly income from 20000 and above.
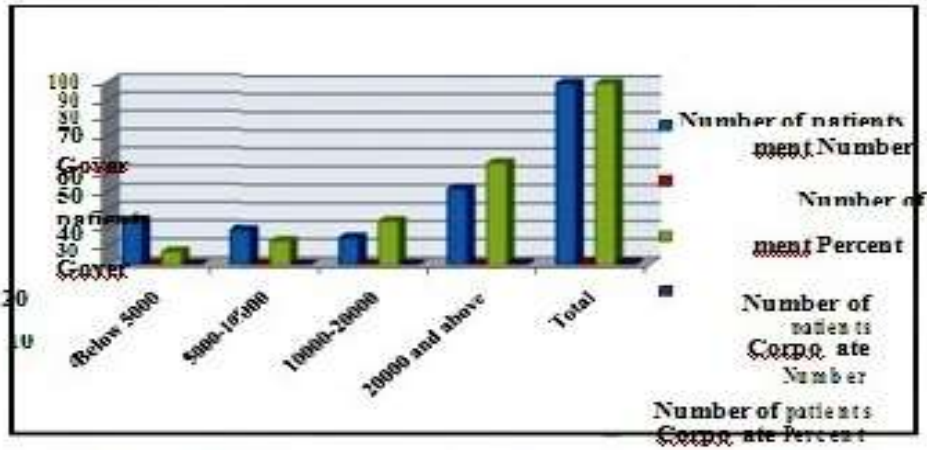
Figure No. 4.4: Monthly income-wise Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.
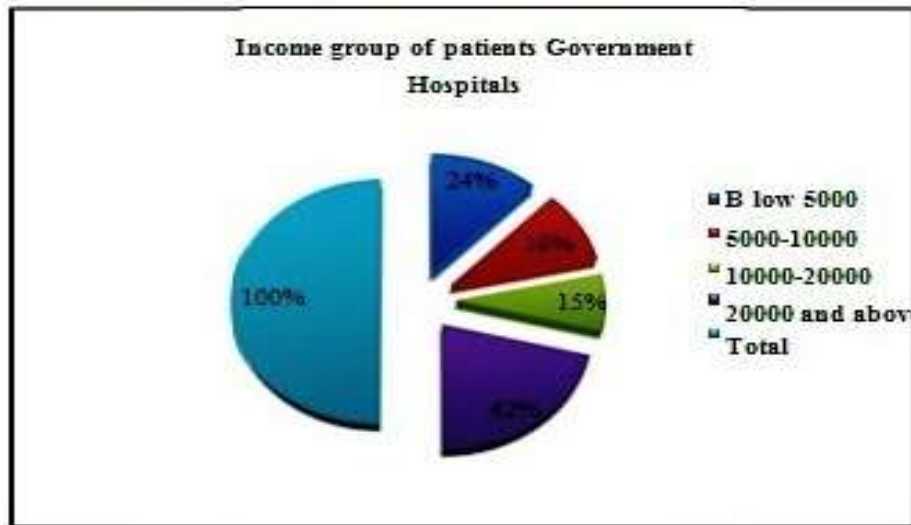


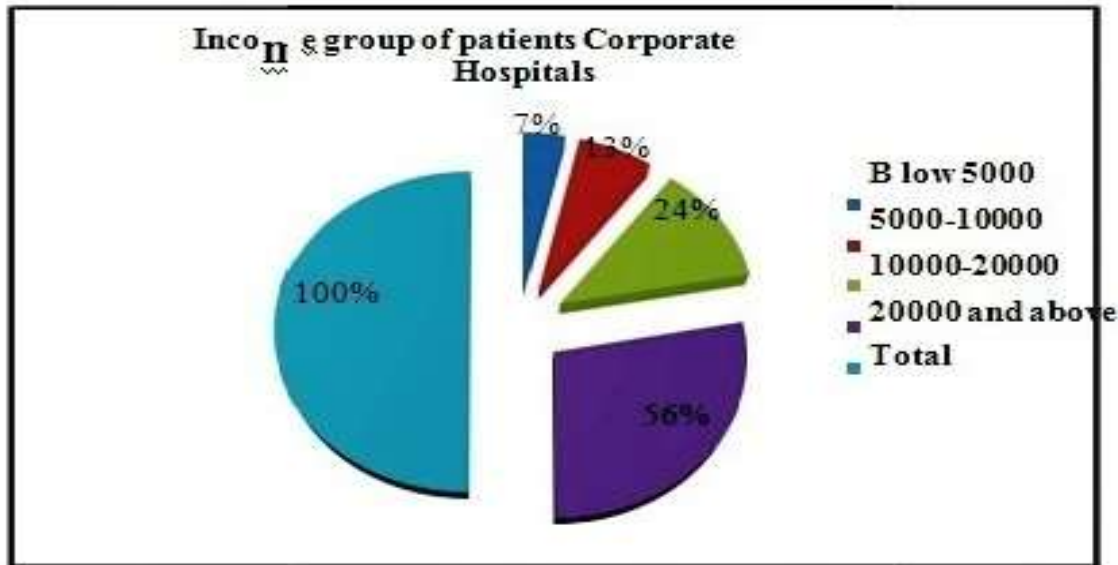Figure No. 4.4 (a) Income group of patients Government Hospitals

Figure No. 4.4(b) Income group of patients Corporate Hospitals.

(5.) Marital- status wise:

Table 4.5: Showing Marital- status Distribution of samples:

CROSS-TAB 4.5

| Marital status | Number of patients | | | |
|---|---|---|---|---|
| | Government | | Corporate | |
| | Number | Percent | Number | Percent |
| Single | 22 | 22% | 26 | 26% |
| Married | 78 | 78% | 74 | 74% |
| Total | 100 | 100% | 100 | 100% |

Source: Field Survey

Table 4.5 and determine 4.5 supply info on marital popularity of the respondents

Selected for the existing examine.

•22% of the government health center respondents and 26% of clinic respondents had been singles. The corporate

• 78% of the authority's health facility respondents and 74% of health facility respondents were married. The company
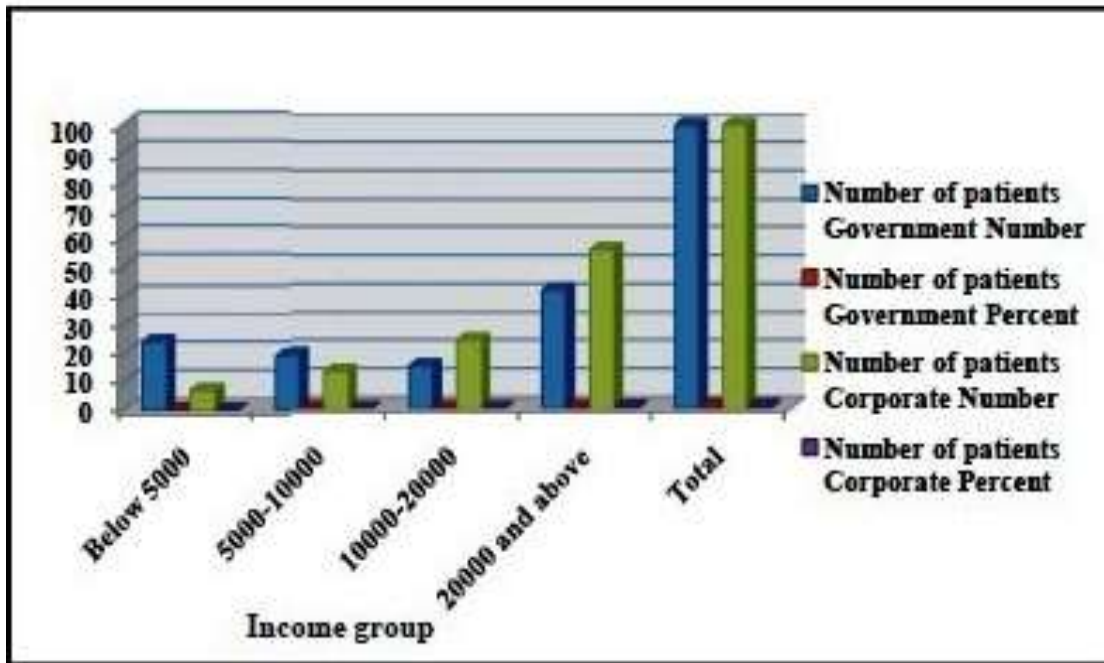
**Total Respondents= 200**

**Figure No. 4.6: Area of Residence-wise Respondents distribution of Government and Corporate hospitals Respondents selected for Field Survey.**
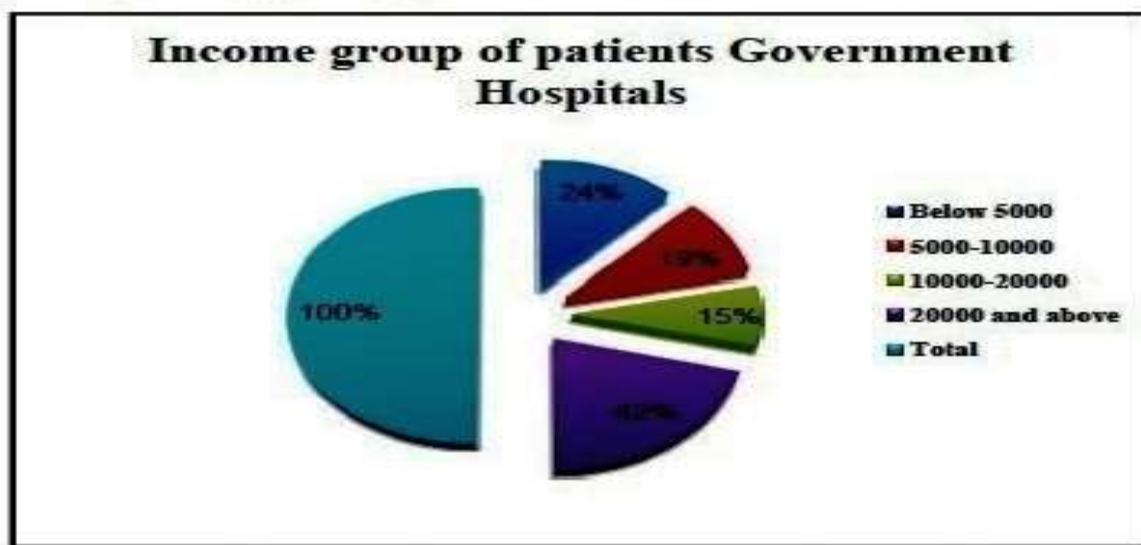


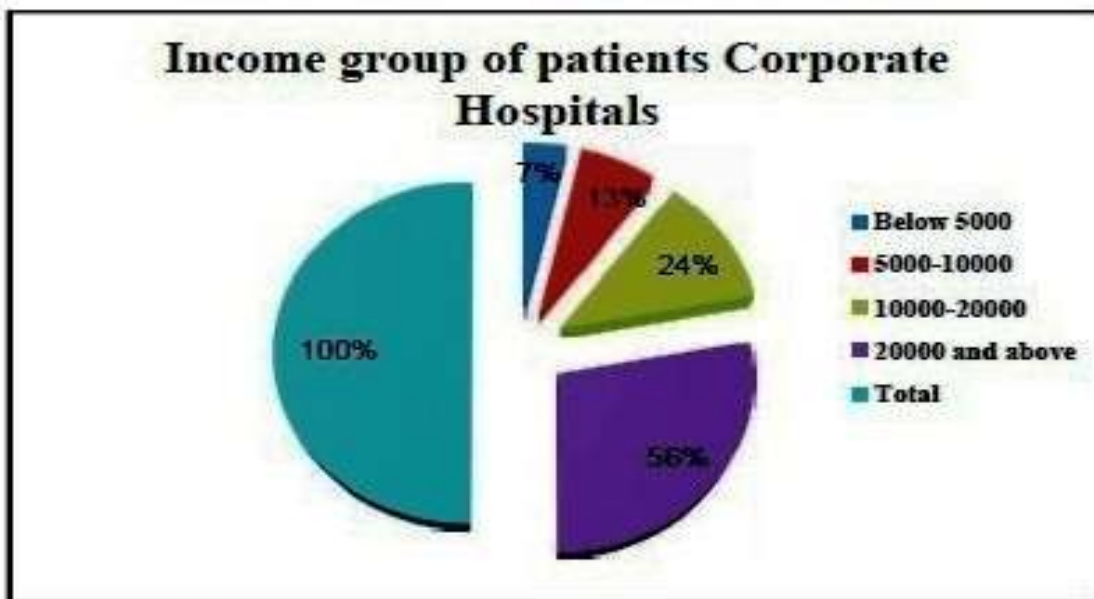**Figure No. 4.6(a): Area of residence of patients Government Hospitals**

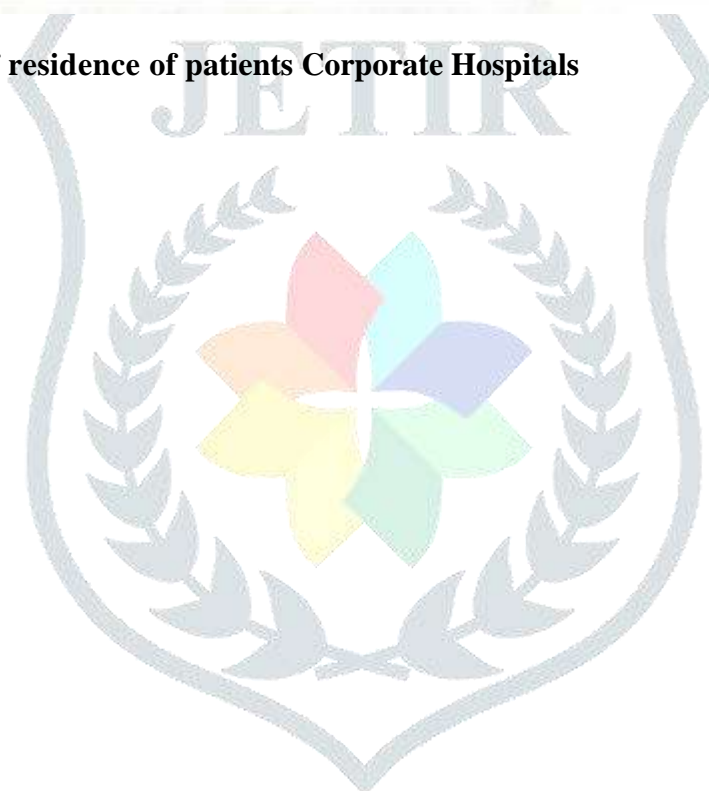**Figure No. 4.6(b): Area of residence of patients Corporate Hospitals**

**Table4.6: Showing Area of Residence of visitors Distribution of samples**

**CROSS-TAB 4.6**

| Marital status | Number of patients | | | |
|---|---|---|---|---|
| | Government | | Corporate | |
| | Number | Percent | Number | Percent |
| Single | 22 | 22% | 26 | 26% |
| Married | 78 | 78% | 74 | 74% |
| Total | 100 | 100% | 100 | 100% |

## 9. MAJOR FINDING OF THE STUDY

Evaluation of the responses of the respondents that location unit divided half of I profile of the respondent's 1/2 II reaction of the respondent's health care centers government and employer health center in the location of Sawai madhopur.

**(1) AGE WISE DISTRIBUTION OF RESPONDENTS**: Frequency distribution show age clever thirty years patients under eighteen governments and 21st enterprise. 31-60 years beneath sufferers 24 karat gold government and twenty eighth business enterprise right here patient inspire to corporation pattern because of centers modify than expenditure but basically centers available here in any case.

These elegance dwellers stay all essential additional other than. 61 and on top of 58 sufferers in government and fifty one company this purpose issue as a result of this age bracket prefer to go unfastened fitness care centers and take profit legislative rights. Samples region unit taken two hundred.

**2) GENDER WISE DISTRIBUTION OF SAMPLES:** government hospitals region unit common health care patients are not safe whereas in accordance people. They require wanting some defend at the hours of darkness and for emergency quantity. These factors location unit chargeable for susceptible government health care facilities Therefore 40 second male patient desires to require Medicare/health care facility; however 54 people

need to require facility of organization health center. 58% female patient like government fitness care facility and 46 like employer. there's some security 24 hours force and every affected person is recorded via worker employees and nursing people is processed their treatment female to feminine otherwise male docs with female workers 0.5 and 0.5 facilities area unit obtainable at operation theatre, ICU, ICCU, OPD, IPD and so forth. And wards region unit divided in male and feminine. These days fitness care facility is freed from value in government hospitals.

## 3) EDUCATION-

Wise Distribution of samples: schooling wise distribution as choose to government and corporation hospitals proportion 26 and 23 the rationale behind this of feat electricity. 26th illiterate affected person wants to result in government fitness care facility. They apprehend the importance of presidency health care facility. It offers free and less expenditure facility. They apprehend completely for facility that is supplied by means of authority's subject matter.23% feelings with enterprise hospitals. Literate individual, don't take serious interest to waste coins but they require physiological nation care facility.

77 want to tour for enterprise facility and seventy 4 like government facility coins is a smaller quantity vital for them than health. They want high facility of fitness care and fitness care. Of records evaluation of facts collection Presentation gear discussion: there are numerous samples of presidency and organization facility unnecessary intervention and vital facts which have known as to appear at our health healthcare delivery structures. A few wealthy and bad people link to health care is typically steady by way of low or prime first-rate that transports fee lengthy waiting times and inconvenient whole hours. Matters on fine of fitness facilities are generated latterly because of ascending awareness amongst sufferers to well known every of them. Now the comparative pleasant of health care facilities and selected aim of health care agency facilities in hospitals area unit a technique non stop improvement that lets in medical institution demonstrating commitment to first rate health care. It raises self belief of the network, the services provided by way of the hospital.

It conjointly presents chance to at least one fitness care a unit with the simplest manner. The sufferers being the most vital worthwhile of centers the opinion of the patient's accretive completely exceptional standards of services is fairly important. Delight survey is one in all of the chief responsibilities of the hospital to record the volume of pleasure and check to searching for out the device for rising patient delight. Affected person's delight is a formidable device for assessing the same old of offerings offered through hospitals.

The info has been accumulated from hundred respondents from seven hospitals throughout their keep in affected person ward admission. Pattern authorities and organization hospitals Universe those education clever distribution samples are taken two hundred.

**(4) MONTH TO MONTH FINANCIAL GAIN SMART DISTRIBUTION OF SAMPLE:** monthly economic gain indicates that the standard monthly economic gain of all family members numerous economic benefit sources pure gold patients need to require facility of government hospitals and 7 want to require facilities of company whose monthly monetary gain below 5000.

This monetary advantage but their earning lives simply so they like and try unfastened facilities as government. patients and member of affected person whose financial gain is under 5000-ten thousand rupees in a very month 19 of the foremost need to travel authorities facility and 13 need to require company health care facility earning ordinary and status of economic advantage ties affected person to require government medical institution facility.

The families whose month-to-month financial benefit is 10000- 20000 rupees. V-J Day affected person authorities and 24-karat gold patient's area unit in organization hospitals. That they want gotten over fees and keep away from wasting coins inside the destiny. They like physiological nation to set off the instant facility of fitness care and fitness care their selection is employer hospitals.

Affected person whose monetary advantage is Rupees 20000 and on top of monthly economic gain need to require sanitary fitness care facilities that area unit available in employer clinic, therefore fifty six patient concerned enterprise health center and 402 dopt to authority's health center health care facility. This variance shows financial gain elements to obtaining fitness care centers. General samples are taken hundred.

**(5.) MARITALSTATUS DISTRIBUTION OF SAMPLES:** Marital man or woman coupled member of the family any type, they take a few facilitate from any family member. Consequently is also fell sick thanks to any germs, bacteria, virus, contamination and genetic or non genetic courting. those factors finish the reason of un wellness consequently unmarried individual will keep away from factors of contamination even though he ill, were given by any un wellbeing he would love to tour to 206 of them with employer clinic and twenty second with government.

His monetary benefit is large for single and out there centers location unit spare for him. Married character desires government clinic for treatment is seventy eight for it and 74 for organization health facility. The primary cause is economic benefit resources that region unit divided in several additives as expenditure and there would love monetary benefit and increase, average is consequently centers vicinity unit less. He desires to set off unfastened health care facility that it is observed in government hospitals. This status has been taken from hundred samples.

**(6.) SPACE OF HOUSE OF VACATIONERS DISTRIBUTION OF SAMPLES:** Sawai madhopur place belongs with rural and urban region; rural vicinity's sufferers choose to cross authority's health facility as an alternative employer clinic. Their monetary advantage is commonly less. They like most unfastened and

available authorities facilities whose share is 73 and thirty seventh of them are not satisfied with their existence regular. Urban dwellers in large part favor to excessive everyday of life. They want largely practice and better process web page. They maintain regular of existence and decide to save lives. Their average cash financial gain is high, consequently the urban character wants to avoid wasting time and fitness for this they need to excessive level remedy and remedy directly off. They need everyday centers but authority's hospitals have terrible commonplace facilities just so they don't like these. 63 choose to cross corporation hospitals and 27th choose to move authorities hospitals. Those samples are taken from hundred.

## 10. CONCLUSION

Profiles of the respondents Age sensible distribution of respondents month-to-month monetary advantage smart Gender smart Marital- status clever area of house accomplishment smart Order of go to selecting samples Admit for essential illness Expenditure incurred for offerings availed long ready time the problem facing statement of sufferers take a look and test reviews lodging and physical centers attitude and conduct of the doctor Time spent by means of the medical doctors for consultation sufficient privacy at some point of tested and dealt with carrier deliver by the hospital is good enough. The physician people listens to the issues enough privacy at some point of treatment Get centers keep in hospital handy waiting place Discharge from scientific resource accurate drug distribution Politeness of medical doctors and employees really diagnosable the employees via their uniforms Take very own facilitate medicine high quality service distribution fee and advantages distribution the brilliant Infrastructure centers distribution certification distribution aspect over distribution.

## 11. LIMITATIONS OF THE STUDY:

A few boundaries manipulate drastically the take a look at of assessment of the government and company hospitals as following factors:

1.) Length of samples: that region unit pick for the examine carries solely satiny low section has divided 100 to a hundred quite %by means of 100.

2.) The look at is said to comparison of government and corporation hospitals positioned on the tonk There vicinity unit government and corporation hospitals anywhere I even have studied comparative health care centers each hospitals.

3.) The have a look at performed government and corporation hospitals located in tonk Rajasthan.

4.) The observe typically unearths all informed institutions of the tonk vicinity locating inside the commercial space of the govt and company hospitals in Bharat. The all scientist twenty four completely medium, sizes generally hospitals for my study and every one consequence associated with government and organization hospitals.

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