Our Heritage

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Lifestyle Diseases of Working Women in Kerala with Special Reference to Trivandrum District

Maya Raveendran

PhD Research Scholar, Department of Sociology, Annamalai University, Annamalai Nagar, Chidambaram-608 002, Tamil Nadu, India

Abstract

The present study aims to evaluate the lifestyle diseases of working women in Kerala with special reference to Trivandrum District. This researcher is an effort to describe the prevalence of various lifestyle diseases for factors associated with their causation are measures to improvement of the health status among the working women. The total of 300 working women were included in this study. The researcher using simple random sampling method. Questionnaire method was used more to collect the necessary data. The statistical test used for F-test and t-test. The objective of the study was used to examine the lifestyle diseases in working women based demographic variables. The researcher result shows that respondents differ in their level of lifestyle diseases based on age group. 80% of the urban area working women in the age group 25-45 years were observed to be fat due to the lifestyle and changing food habits. It is concluded that the respondents we can safety that risk factors of lifestyle diseases like to un healthy food habits, physical inactivity, inappropriate body posture and disturbed biological clock should be avoided. Hence it is women are safety and health issues at work need to be addressed and diagnosed at an early stage on priority. Also, we can opt for regular health checkup to necessarily realize the importance of a healthy body and avoid all the risks factors that contribute to the lifestyle diseases.

Keyword: *Lifestyle, diseases, working women.*

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Introduction

The world today is threatened not only by the traditional diseases but also by a host of new lifestyle related disorders like diabetes, obesity, asthma and cardiovascular diseases. Lifestyle diseases are diseases that appear to become ever more widespread as countries become more and more industrialized. These diseases are different from other diseases because they are potentially preventable and can be lowered with a change in diet, lifestyle, environment etc.

The study conducted to the women age group of 20-40 is more to lifestyle diseases. Today has women tend to give the some importance to their careers than own health. Also the work pressures lead them to eat more junk food leads to be obesity and other health related issues. A woman is known to be multi-faced and plays some vital roles in our society. There is always a fight against time for working women, 68 percent of them working women suffer from lifestyle diseases.

The respondents to proper the knowledge, inadequate time, faulty eating habits and smoking are all to blame for lifestyle diseases particularly for household women are neglected the most. This study reveals that it is was carried out the mainly to estimate prevalence of lifestyle diseases the future burden of cardiovascular diseases, etc., Also this study undertaken for preventive measures among the working women in Trivandrum. The data regarding collected for lifestyle diseases in the working women

Lifestyle Diseases

Diseases such as heart diseases, high blood pressure, cancer and diabetes are called modern lifestyle diseases. It is estimated that there are about 1.5 million diabetic subjects in Kerala. These people need lifetime management involving lifestyle modifications, drugs and proper diet. Recent surveys in different categories of subjects in Kerala reveal that one out of three adults in Kerala is hypertensive. Hyper tension leads to heart attacks, stroke and kidney failure and it is a lifelong disease and needs careful and sensible management throughout life. Non-communicable diseases especially cardiovascular diseases, cancer, type 2 diabetics mellitus account for 53% and 43% of all deaths and disability. Similarly, overweight and obesity leads to heart attack, hypertension, breast cancer, diabetes and joint problems (Economic Review, 2011).

Lifestyle Diseases in Kerala

Several population based studies and medical records in Kerala have spotted the prevalence of both non-communicable and lifestyle diseases in the state. Both of these diseases are spreading and causing death in Kerala (Malayala Manorama Daily, 2011b). Though Kerala succeeded to a great extent in reducing the vagaries of major public health diseases like small pox, filaria and malaria, the diseases like respiratory infections, acute diarrhoeal diseases etc are pausing challenges to the society and health sector. Among the chronic illnesses, hypertension, diabetes and cardio vascular diseases

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are emerging as serious health problems. Sedentary lifestyle, lack of physical activity and obesity increase the risk of chronic diseases (Gangadharan, 2007).

The lifestyle of the population changed a lot mostly in the 19th and 20th century. These changes are not always for the good. The unhealthy living condition along with a change from traditional dietary habits, coupled with a sedentary lifestyle has made man vulnerable to lifestyle diseases (Padmakumar, 2007). Lifestyle diseases are increasing both in urban and rural areas. Modern consumption pattern and reduction in physical activities are the reasons behind these problems in Kerala (Johnson, 2012). Lifestyle diseases and obesity are increasing among the police (Malayala Manorama Daily 2010a). Entrance and spread of lifestyle diseases make a major challenge in the health sector of Kerala (Malayala Manorama Daily 2011c). The demographic and health transition in Kerala have been remarkable and follow a pattern similar to the advanced countries. But the transition from traditional illness pattern to modern neo-plastic diseases has substantially increased the public health care burden (Asokan, 2009).

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. Adoor Prakash, Minister for Health, declared that lifestyle diseases clinics would be held every week at the primary health centres and services of specialists would be made available once in a month. Medicines would be supplied free of charge to those with high blood pressure and diabetes (The Hindu Daily, 2012).

Review of Literature

Mukesh Sharma (2009) made a study on occupational lifestyle diseases. An emerging issue. Lifestyle diseases characterize those diseases whose occurrence is primarily based on the daily habits of people and are a result of an inappropriate relationship of people with their environment. These factors are responsible for allergy, respiratory and hearing problems, and heat or cold shock. So, A healthy lifestyle must be adopted to combat these diseases with a proper balanced diet, physical activity and by giving due respect to biological clock. Kids spending too much time slouched in front of the TV or PCs, should be encourage to find a physical sport or activity they enjoy. Fun exercises should be encouraged into family outings. To decrease the ailments caused by occupational postures, one should avoid long sitting hours and should take frequent breaks for stretching or for other works involving physical movements.

Tabish (2017) conducted a study on lifestyle diseases in consequences, causes and control. Lifestyle diseases are ailments that are primarily based on the day to day habits of people. Habits that detract people from activity and push them towards a sedentary routine can cause a number of health issues that can lead to chronic non-

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communicable diseases that can have near life-threatening consequences. The world population has gained more than a decade of life expectancy since 1980, rising to 69.0 years in men and 74.8 years in women in 2015. The rate of people dying from cardiovascular disease and cancers has also fallen, although at a slower pace. An estimated 17.5 million people died from cardiovascular diseases in 2012, representing 31 percent of all global deaths. This number is expected to increase to more than 23 million by 2030. Innovative approaches and effective and evidence based interventions are required for the prevention, control and treatment of cardiovascular diseases to reduce the burden and save lives. There is need to develop broad and sustainable strategy for cardiovascular research and prevention. Such a strategy should recognize the unique societal influences, regional cultural diversity and the changing lifestyles as rates of urbanization continue to increase dramatically. The involvement of the medical community in prevention efforts is important. Strong methods to control the use of and exposure to tobacco, coupled with promotion of healthy lifestyles, such as increased physical activity and decreased fat and carbohydrate consumption, should be an integral part of any national program. A comprehensive strategy should be designed so that all stages of the life cycle are targeted. Reducing demand for tobacco products and content of salt in foods can help millions of people avoid unnecessary death and suffering from cardiovascular disease.

Methodology

Objectives

1. To access the lifestyle diseases of working women based on age group.
2. To find out the level of lifestyle diseases of working women based on locality.

Hypothesis

1. There is no significant difference between lifestyle diseases of working women based on age group.

2. There is no significant difference between level of lifestyle diseases of working women based on rural and urban.

Method of Data collection

To collect the primary data standard questionnaires were used. The tool were circulated among the selected respondents and interview method also adopted.

Samples Size

300 samples were selected from lifestyle diseases of working women in Trivandrum district. The study using simple random sampling method.

Statistical tool used

The following statistical tools were used to analyze the data . They were

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- Descriptive analysis (Mean and Standard Deviation),

The means, standard deviations of the entire sample are computed, In order to test the significance F-test and t-test were used.

Result and Dicussion

Table: 1 Respondents level of lifestyle diseases of working women based on locality.

Locality	Mean	S.D	t-value	P-value
Rural	22.69	8.52	17.8	0.001 Significant
Urban	34.78	9.47		

Result shows that the table 1 reveals the details of Mean, S.D. and t-value for respondents level of lifestyles diseases of working women based on locality. It is inferred from the obtained t-value there is a significant difference in respondent's level of lifestyles diseases of working women based on locality. Since the calculated t-value (17.8) which is significant at 0.001 level. Therefore the stated null hypothesis is rejected and alternate hypothesis is accepted. Therefore it is concluded that respondents differ in their level of lifestyles diseases of working women based on locality. So, the urban area respondents have high level lifestyle diseases in the working women.

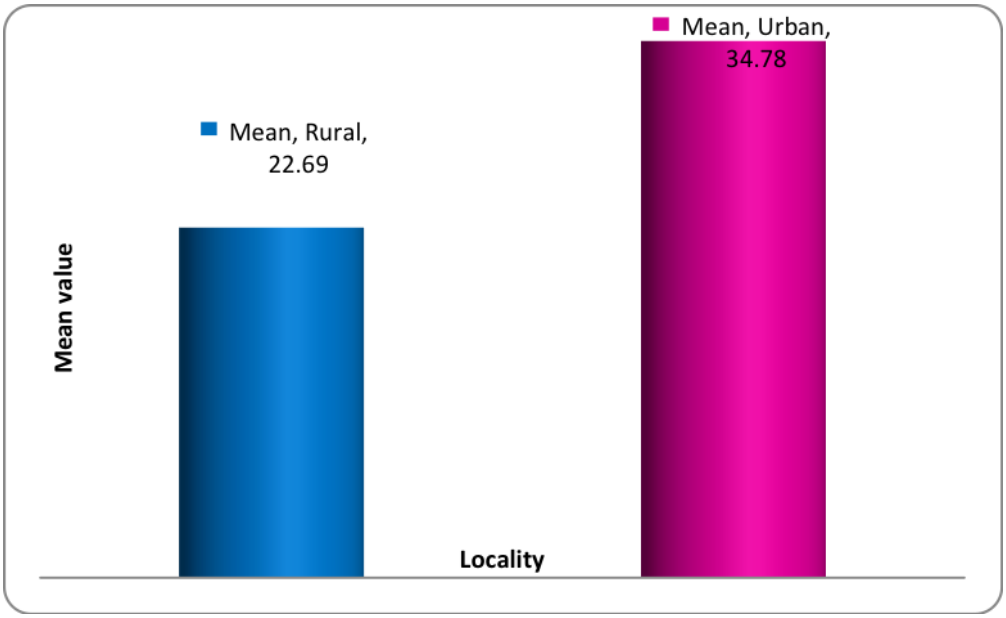

Table: 2 Respondents level of lifestyle diseases of working women based on age.

Age	Mean	S.D	F-value	P-value
Below 30	15.2	7.45		

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31 to 40	23.9	12.4	11.9	0.001 Significant
Above 40	10.7	3.69		

It is inferred from the table 2 reveals the details of Mean, S.D. and F-value for respondents level lifestyle diseases of working women based on age. It is observed from the obtained F-value there is a significant difference in respondent's level of lifestyle diseases of working women based on age. Since the calculated F-value (11.9) which is significant at 0.001 level. Therefore, the stated null hypothesis is rejected and alternate hypothesis is accepted. Therefore, it is concluded that respondents differ in their level of lifestyle diseases of working women based on age. Also, the majority of them 31to 40 years age group have high lifestyle diseases in the working women.

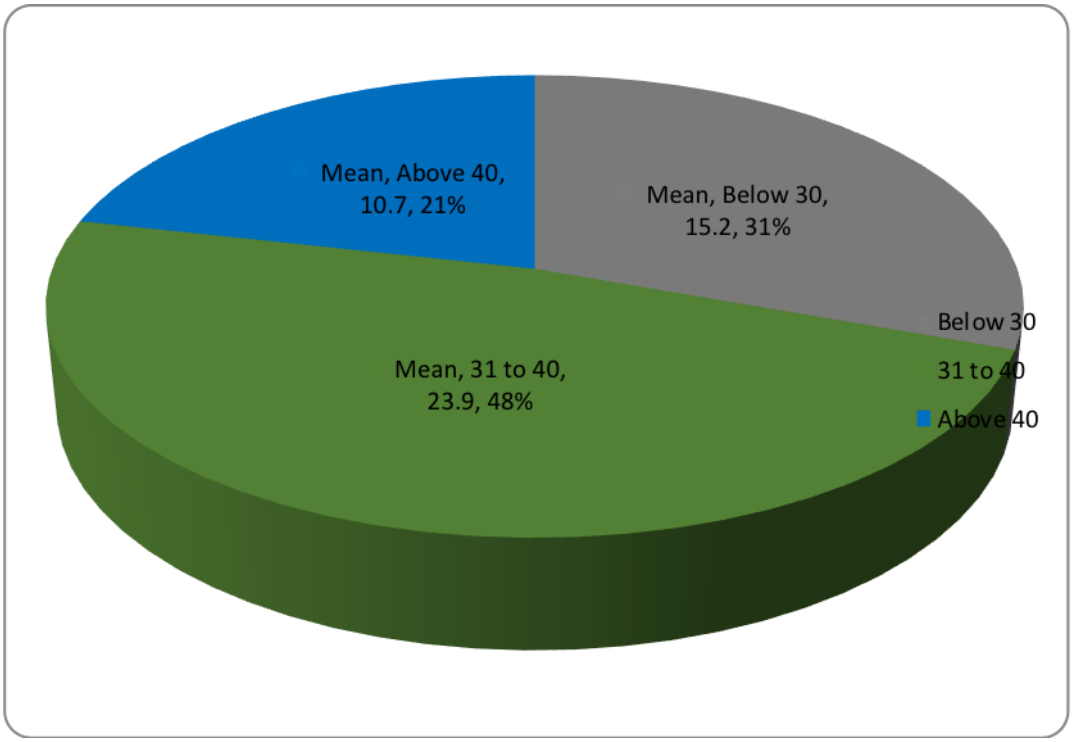

Table: 3 Respondents level of lifestyle diseases of working women issues

Opinion	Mean	S.D	F-value	P-value
Obesity	23.4	8.71	10.5	0.001 Significant
Depression/General anxiety disorder	10.7	5.60		
Chronic Backache	3.69	1.18		
Infertility	5.42	2.30		
Diabetes	6.18	2.49		

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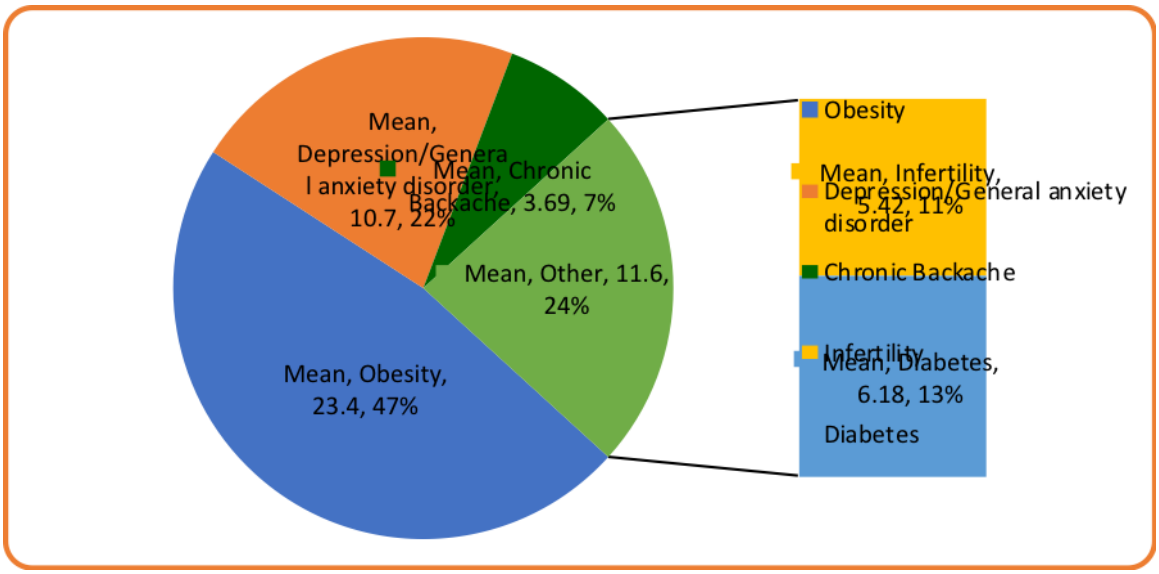
It is inferred from the table 3 reveals the details of Mean, S.D. and F-value for respondents level lifestyle diseases of working women issues. It is observed from the obtained F-value there is a significant difference in respondent's level of lifestyle diseases of working women issues. Since the calculated F-value (10.5) which is significant at 0.001 level. Therefore the stated null hypothesis is rejected and alternate hypothesis is accepted. Therefore it is concluded that respondents differ in their level of lifestyle diseases of working women issues. Further most of them working women respondents' obesity issues of the lifestyle diseases.



Findings

- ✓ Analysis proved that respondents differ in their level of lifestyles diseases of working women based on locality. So, the urban area respondents have high level lifestyle diseases in the working women.
- ✓ The statistical result exhibits that respondents differ in their level of lifestyle diseases of working women based on age. Also the majority of them 31to 40 years age group have high lifestyle diseases in the working women.
- ✓ Survey exhibits that respondents differ in their level of lifestyle diseases of working women issues. Further most of them working women respondents' obesity issues of the lifestyle diseases

Conclusion

The present study aims to evaluate the lifestyle diseases of working women in Kerala with special reference to Trivandrum District. The total of 300 working women were included in this study. The researcher using simple random sampling method. Questionnaire method was used more to collect the necessary data. The statistical test used for F-test and t-test. The objective of the study was used to examine the lifestyle

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diseases in working women based demographic variables. The researcher result shows that respondents differ in their level of lifestyle diseases based on age group. 80% of the urban area working women in the age group 25-45 years were observed to be fat due to the lifestyle and changing food habits. It is concluded that the respondents we can safety that risk factors of lifestyle diseases like to un healthy food habits, physical inactivity, inappropriate body posture and disturbed biological clock should be avoided. Hence it is women are safety and health issues at work need to be addressed and diagnosed at an early stage on priority. So, the urban area respondents have high level lifestyle diseases in the working women. The statistical result exhibits that respondents differ in their level of lifestyle diseases of working women based on age. Also the majority of them 31to 40 years age group have high lifestyle diseases in the working women.

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Bio-Sketch of the Author

Maya Reveendran has submitted her doctoral dissertation at Department of Sociology and Social Work, Annamalai University, Tamil Nadu. She has presented more than twenty-five scholarly papers in National and International Conferences. She has published more than Nine articles. She is member of Indian Sociological Society and Association for Cultural and Scientific Research. She specialized in understanding how women's empowerment can lead to social change.