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Review Article

Life styles and Health of Various Age and Sex Groups, Professionals, Farmers Etc: A Review

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ABSTRACT:
Health is a pre-requisite for human growth and is basically concerned with the welfare of the common man. Health is not only related to medical attention but a cohesive development of complete human society. Morbid community may be a deterrent for the holistic development of any society. Disease observation is the keystone of pursuing evolution of the trends of disease conditions and risk factors in populations. It is desirable to monitor conventional diseases as well as emerging diseases and risk factors. Over the last 26 years, the country's disease patterns have changed: mortality due to communicable, maternal, neonatal, and nutritional diseases, has weakened significantly and India's population is living longer, meaning that non-communicable diseases are increasing. Numerous people are still in shadow of being ignorant for not having knowledge about several diseases, health awareness in general and their right to a healthier quality of life. It is beneficial to recognize the changes in people's exposure to health risk factors that have taken place over time in diverse parts of the country in order to set priorities for interventions and modify appropriate policy responses.
Key words: health, urbanization, non-communicable diseases, morbidity.

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INTRODUCTION

Health is a pre-requisite for human development and is fundamentally concerned with the welfare of the common man. Health is not only connected to medical care but an integrated development of an entire human society. Healthy community is very vital because it can set the destiny of the any society or country. [1] World health organization in 1946 defined Health as "A state of complete, mental and social well-being and not merely the absence of disease or infirmity."[2] Like this, unhealthy community may be a hinderance for the holistic development of any society. Poor health status of any community may separate that community from the national mainstream.[1]

Social factors in critical illness:

Sociologist frequently highlights many social factors that play a role in creating illness**.** The Acheson Report suggest, a full range of factors that need to

be recognized in understanding the main determinants of health. They range through:

- The broadest features of the society – low income and high – income societies are expected to have different disease patterns.
- Specific living situations such as work and housing: deprived work conditions and housing can be exceedingly correlated with poor health.
- Social and community networks of support: Segregation and lack of support can generate or exacerbate health problems.
- Individual lifestyle aspects, such as drinking alcohol profoundly or smoking may be linked to health disruption.
- Age, sex and constitutional issues.[2]

The life experiences and viewpoints of young people in the 21st century vary greatly. About 87 per cent of young women and men living in developing countries face difficulties brought about by inadequate and unequal access to resources, healthcare, education, training, and employment as well as economic, social and political prospects.[1] In rural settings, gender inequality had been observed with women usually receiving less attention than men. Inferior access to medical services is aggravated by social, cultural and economic factors including gender inequality in access to food, by burden of work and by lack of special dietary requirements such as, iron supplements.[3] Poor quality education is more common among deprived segments of societies, with education being poorly adapted to the cultural and linguistic backgrounds of particular groups. Equally important, poor quality education and training refute employment opportunities as well as the subsequent earnings and improved quality of life for younger generation. Eventually, poor quality education risks strengthening inequalities and supporting inter-generational poverty and marginalization.[4] Farmers and agricultural workers are supposed to be healthier and have lesser morbidity and mortality rates than non-farming rural and urban populations.[5] This fact has been described attributable to a healthier lifestyle, particularly with respect to drinking and smoking habits, more rigorous physical activity and a healthier diet followed by farmers compared to non-farming populations.[6] But agricultural workers are prone to a wide range of occupational threats, such as ergonomic stress, sunlight, viruses, inorganic dust, pesticides and other chemicals.[7] In the last few decades, studies have shown that individual factors such as smoking, alcohol use, obesity and fatigue as well as sleep disorders and poor health status are related with rates of occupational injury. The influence of job demands and individual factors in altering injury rates may differ between various age groups. [8] Quality of life is a holistic approach that not only stresses on individual's physical, psychological, and spiritual functioning but also their influences with their environments; and opportunities for maintaining and enhancing skills. Ageing, along with the functional weakening, economic dependence, and social cut off, self-sufficiency of young generation, compromises quality of life. [9]

DISCUSSION

Urbanization is evolving as the most challenging and grave concern facing our country Today. Urban population has increased from 18 per cent in 1955 to 33 per cent in 2015. There are some negative costs of urbanization such as the increased population density, slums and un-notified settlements, pollution, health problems, unemployment etc.[10] All over the world the consequences of an industrial approach to improve the crops along with the farming predicament have deprived many small farmers of their self-sufficiency and urge them into desolation, thus increasing the reported mood disorders. It has been mentioned that social support and sense of belonging are shielding factors for psychological disorders in farmers. [11] Over the last 26 years, the country's disease outlines have shifted where mortality due to communicable, maternal, neonatal, and nutritional diseases, has deteriorated substantially and India's population is living longer, meaning that non-communicable diseases and injuries are gradually contributing to overall disease burden. India's health system consequently faces a twofold challenge. [12] As more Indians live into adulthood and old age, they are gradually expected to experience poor health from disabling conditions. This has significant implications for the country's health system, which will have to care for a increasing number of patients, many of them suffering from chronic conditions. [12] Child and maternal malnutrition were India's foremost risk issue for health loss in 2016, which was due to the fact that malnutrition contributes to the high-burden conditions such as neonatal disorders and nutritional deficiencies as well as diarrhoea, lower respiratory infections, and additional common infections. [12] Although urban India has a comparatively very sound and strong healthcare infrastructure with public as well as private organization, but there is noticeable disparity of distribution of service availability, and consumption of resources within the regions between rich and poor. [10] About 56,000 women die each year in childbirth, which is around 19 per cent of the world. On the one side India show financial progress but on the other side, the country still faces the substantial burden of maternal deaths. According National health policy (2011), the Maternal mortality rate for India was 212/100,000 live births. 44.4 per cent of urban poor women have access to institutional deliveries against the 67.5 per cent of urban non-poor women.[10] It is beneficial to understand the changes in people's exposure to

health risk factors that have taken place over time in diverse parts of the country in order to set priorities for interventions and modify appropriate policy responses. Males tend to face a comparatively higher burden from risk factors related to Non-communicable diseases, with a greater proportion of their health loss instigated by dietary risks and high blood pressure, blood sugar, and cholesterol as compared with females. Alcohol and drug use and tobacco use were also much greater contributors to disease burden among males, signifying a need for more embattled preventive measures for these risks. [12] Disease surveillance is the foundation for tracking evolution of the inclination of disease conditions and risk factors in populations. It is desirable to monitor established diseases as well as developing diseases and risk factors. A satisfactory health system response to both acute and chronic diseases is usually not possible lacking an adequate disease surveillance system including disease registries. What is needed as one of the peak priorities in health in India currently is development of a scientifically comprehensive surveillance system covering all disease conditions and risk factors of interest, as well as a essentially feasible implementation plan supported by financial and human resources. The triumph of this seems likely only if planning for this is done for every state of the country, considering into account the specific disease and risk factor profile and context of each state. [12]

CONCLUSION

In India, However, due to vast development the situation has improved. Rural people are also now getting aware of the health check-ups, proper sanitation etc. life expectancy has increased in the country with a greater number of geriatric populations. Females also now have increased access to medical facilities due to various initiatives taken by the government. On the other hand, due to increasing urbanization, the citizens are now more westernized in their eating habits leading to obesity, cardiovascular issues along with that high amount of stress tangled in professional jobs has led to more depression and incapacity to maintain a good quality of life. Many people are still in shadow of being oblivious for having knowledge about various diseases, health awareness in general and their right to a better quality of life.

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