

Socio economic survey and chronic diseases

INCIDENCE OF DIABETES AND OTHER CHRONIC DISEASES

Community service Project Submitted to the Dr. V. S. Krishna Govt degree & P.G.
College for the award of the Degree of



BACHELOR OF SCIENCE

by

K. BALU
(Reg No: E20202103)

II – Year, B.Sc, M.S.Cs. (EM)

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Socio economic survey and chronic diseases

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Visakhapatnam

DECLARATION

I declared that this Community Service Project entitled “**INCIDENCE OF DIABETES AND OTHER CHRONIC DISEASES**” has been carried out by me and this work, or part thereof, has not been submitted for the award of any Degree of this Project or any other College.

Place: Visakhapatnam

K. BALU

Date:

II – Year, B.Sc., M.S.Cs. (EM)

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**Dr. V. S. Krishna Govt. Degree & P.G. College(A),
Visakhapatnam
Reaccredited by NAAC with “A” grade(3rd cycle)**

CERTIFICATE

This is to certify that the Community Service project entitled “**INCIDENCE OF DIABETES AND OTHER CHRONIC DISEASES**” is a bonafide record of project work done by **K. BALU (ID. No: E20202103)** in the department of Mathematics, Dr. V.S.Krishna Govt. Degree & P.G. College(A), Visakhapatnam.

Place: Visakhapatnam

Date:

Mentor

S. Ram mohan Rao
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Visakhapatnam

ACKNOWLEDGMENT

The satisfaction that accompanies the successful completion of any work would be incomplete without mentioning the people who made it possible and whose encouragement and guidance has been a source of inspiration throughout the course of the project.

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Socio Economic Survey

Introduction:

A socio- economic survey is regarded as one of the most important sources of statistical data on Households expenditure and income as well as other data on the status of housing. Individual and household characteristics and living conditions. The National Sample Survey Office (NSSO) conducts nationwide sample surveys relating to various socio-economic topics to collect data for planning and policy formulation. The Socio-Economic (SE) Surveys are in the form of Rounds, each Round being normally of one-year duration and occasionally for a period of six months. The first Round of NSS was conducted during 1950-51. The subject coverage of SE inquiries for different Rounds is decided on the basis of a 10 year cycle. In this cycle, 1 year is devoted to Land and Livestock Holdings, Debt and Investment; 1 year to Social Consumption (education, health care, etc.), 2 years to quinquennial surveys on household consumer expenditure, employment & un-employment situation and 4 years to non-agricultural enterprises, namely, manufacturing, trade and services in un-organized sector. The remaining 2 years are for open Rounds in which subjects of current/special interest on the demand of Central Ministries, State Governments and research organizations are covered.

The responsibility of executing the field work for SE surveys rests with the Field Operations Division (FOD) of NSSO for central samples and with respective State Governments/Union Territories except Andaman & Nicobar Islands, Dadra & Nagar Haveli, Chandigarh and Lakshadweep for state samples. Before taking up data collection work, multi-stage training programmes are conducted. All-India Training of Trainers (AITOT) is organized to discuss the sampling design, schedules of enquiry and procedures for data collection. The officers who are trained at All-India Training in turn train the field functionaries in Regional Training Camps (RTCs) held at all the Regional Offices of the FOD.



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Well qualified and trained field officers/investigators of NSSO and the State Governments collect information through interview method, using the uniform methodology and schedules that are specially designed for the survey. Various instruments, for example, inspection, scrutiny, super-scrutiny of filled-in schedules are used to monitor the fieldwork and to ensure the quality of data collected in the field. Collected data is sent for processing to Data Processing Division. Various publicity measures through print advertisement and visual/digital media are taken to increase the awareness about these surveys among the public/respondents.

Purpose of economic survey

It reviews the economic development in india over the past financial year by analyzing and providing detailed statistical data of all the sectors-industrial . agricultural, industrial production, employment, prices,exports,among others.

Importance of socio economic survey

A socio-economic survey is regarded as one of the most important sources of statistical data on household expenditure and income as well as other data on the status of housing, individual and household characteristics and living conditions. Social and economic factors, such as income, education, employment, community safety, and social supports can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more.

Socio economic survey and chronic diseases

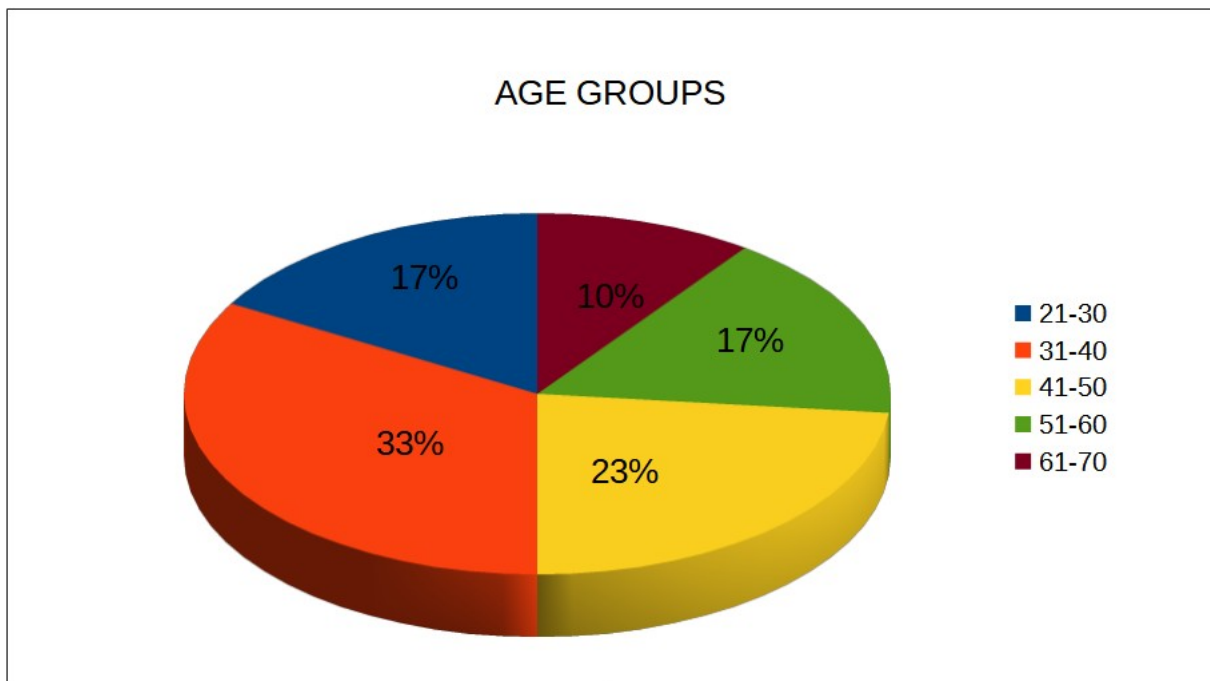
Report on my socio economic survey

AGE:

Socio economic survey conducted for **30 house** holds in **Jeelakaragudem village, Kamavarapukota mandal, west godavari district**. every house hold having different age groups.there are 05 members belongs to age limit between 21-30, 10 members belongs to age group between 31-40, 07 members belongs to age limit between 41-50, 05 members belongs to age group between 51-60, 03 members belongs to age group between 61-70.

The majority of age limit between 31-40

AGE	NO. OF PEOPLE
21-30	5
31-40	10
41-50	7
51-60	5
61-70	3



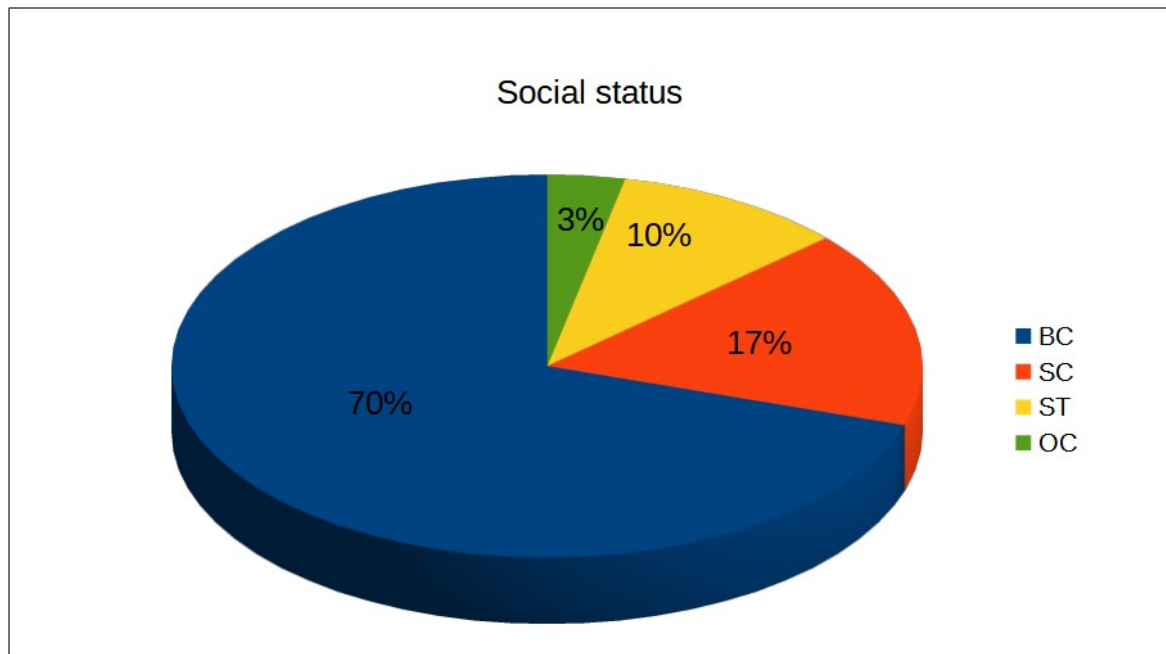
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Social status:

Socio economic survey conducted for 30 houses in **Jeelakaragudem village, Kamavarapukota mandal, west godavari district**. 30 house holds having four different caste profiles. in that 21 houses belongs to **BC** castes, 5 houses belongs to **SC** category, 3 houses belongs to **ST** category and 1 houses belongs to **OC** category.

The majority caste belongs to Bc category of 21 house holds.

CASTE	NO. OF MEMBERS
BC	21
SC	5
ST	3
OC	1



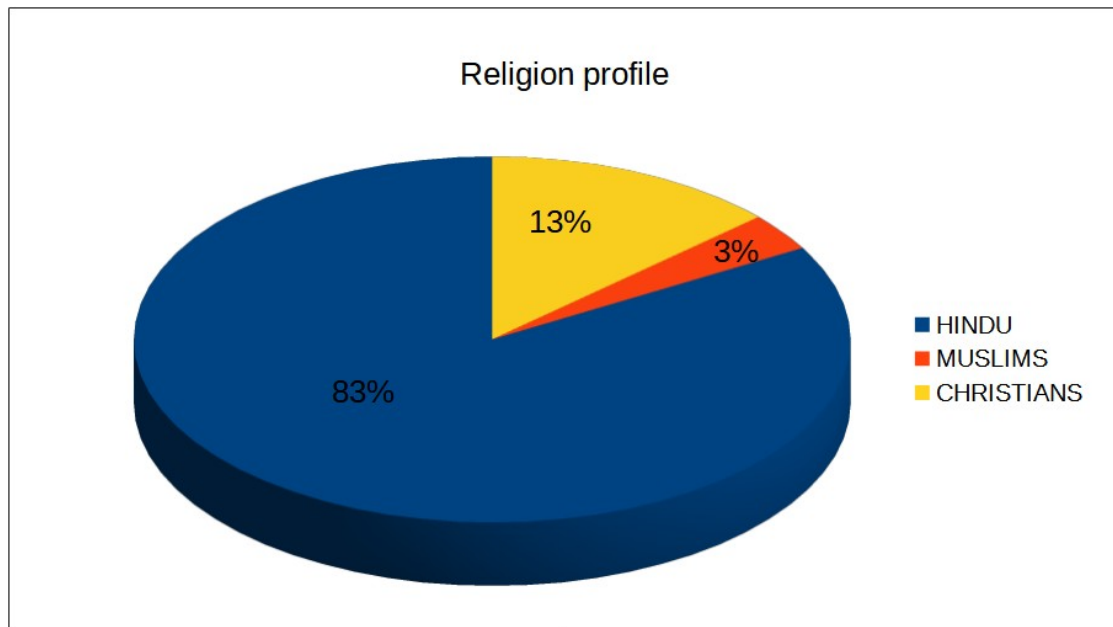
Socio economic survey and chronic diseases

Religion profile:

Socio economic survey conducted for 30 houses in **Jeelakaragudem village, Kamavarapukota mandal, west godavari district**. 30 house holds having only three religion category and that is HINDU, MUSLIMS, and CHRISTIANS. There are 25 Hindu people, 1 muslim people and 4 christian people. So the unanimous majority was the Hindu religion.

The majority religion belongs to Hindu of 25 house holds.

RELIGION	NO. OF PEOPLE
HINDU	25
MUSLIMS	1
CHRISTIANS	4



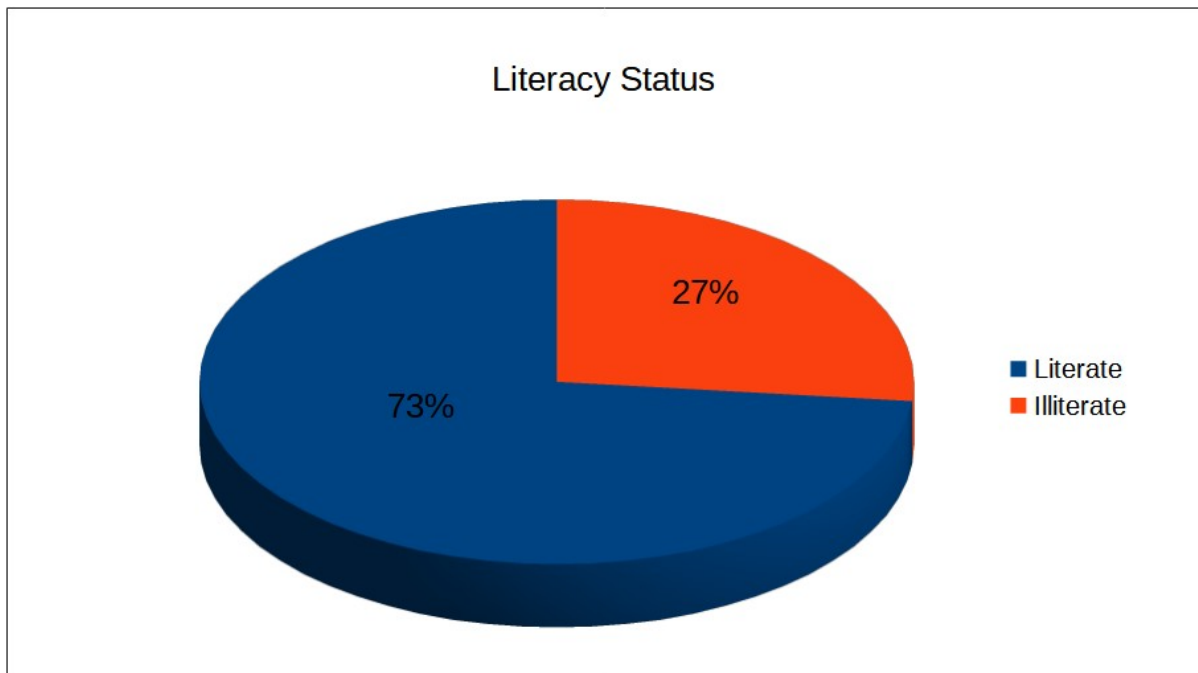
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Literacy Status:

Socio economic survey conducted for 30 houses in **Jeelakaragudem village, Kamavarapukota mandal, west godavari district**. In 30 house holds 22 respondents are educated and 08 respondents are uneducated.

The majority of literacy status is Literate.

Literacy	No.of members
Literate	22
Illiterate	08



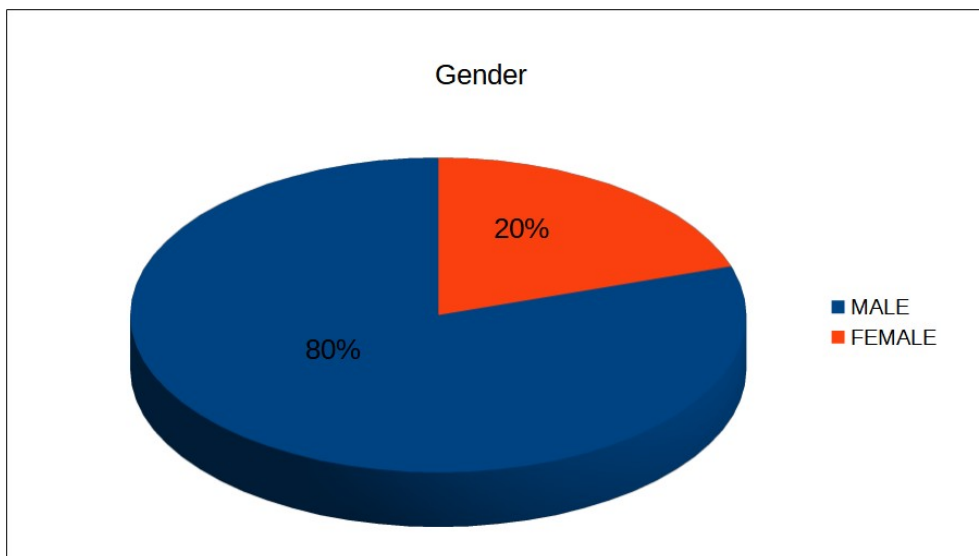
Socio economic survey and chronic diseases

Gender:

Socio economic survey conducted for 30 house holds in **CJeelakaragudem village, Kamavarapukota mandal, west godavari district**. There are 24 males and 06 females.

The majority of gender is male.

GENDER	NO.OF PEOPLE
MALE	24
FEMALE	06

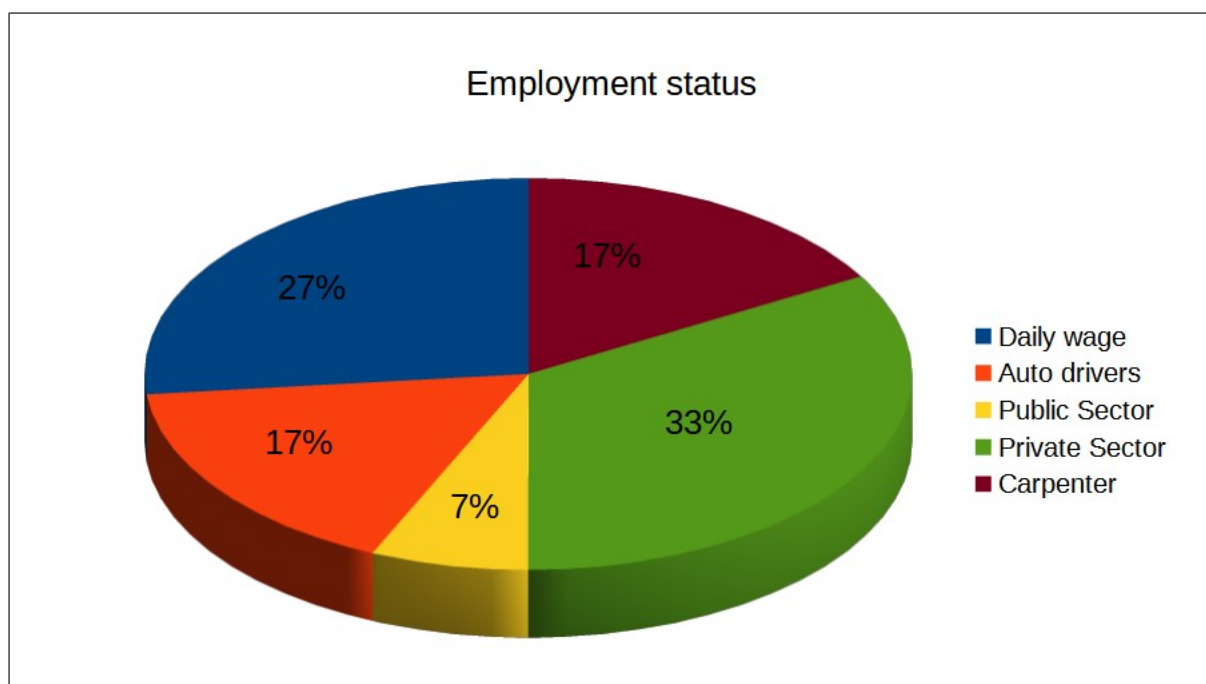


Employment status:

Socio economic survey is conducted for 30 house holds in Literacy Status **Jeelakaragudem village, Kamavarapukota mandal, west godavari district**. In 30 house holds 08 house holds represented as daily wage labours and 5 members are represented as auto drivers, 2 members are represented as Public Sector, 10 house holds are represented as Private Sector, 5 house holds are represented as Carpenter.

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Employment	No.of people
Daily wage	8
Auto drivers	5
Public Sector	2
Private Sector	10
Carpenter	5

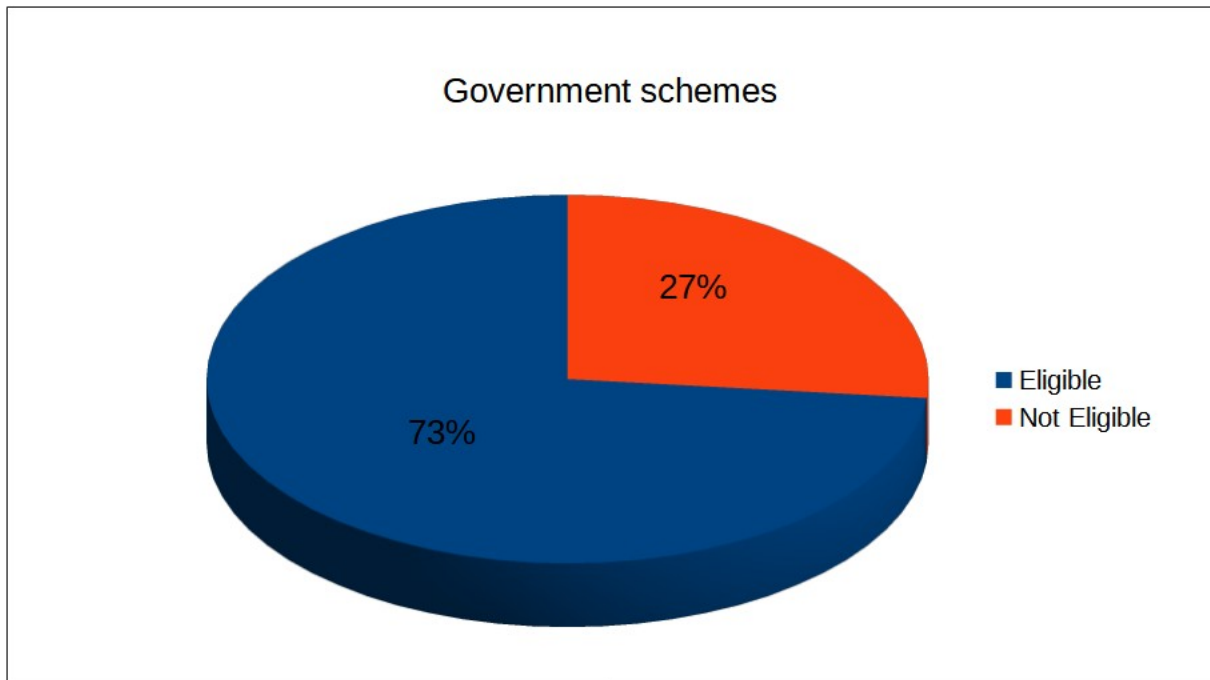


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Government schemes:

Most of the houses are helped with government schemes like amma vadi, jagananna vidhyadeevena, dwakra, pention, ration etc. but there is 08 house getting no schemes from gvmt.

GOVERNMENT SCHEMES	No. of. people
Eligible	22
Not Eligible	08



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Gallery



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Model Survey Forms

2022/17/24

Dr.V.S.Krishna Govt. Degree & P.G. College (A) Visakhapatnam
DEPARTMENT OF MATHEMATICS - SOCIO ECONOMIC SURVEY

Name of the Mentor: _____

Name of the Respondent: Buranchu Nagamani
Age: 42 Gender: M/F Village/Area: Jeelakarsagudem Date: 11/06/2022

I. Social Status of Study Village/Area

a) Geographical and Administrative location of the village: 2nd ward, Jeelakarsagudem, west gadavari

b) Caste Profile: BC-A

c) Religion Profile: Hindu

d) Education Profile: Nil

e) Occupational profile: farmer

f) Natural Resources: NO

g) Lives stock resources: NO

h) Health profile: Good

i) Infrastructural Facilities: 1) Market available 2) Health facilities available
3) Post Office available 4) Drinking water available 5) Connectivity and Transport available

II. Economic Status of Study Village/Area

a) Source of Income: Through farming

b) Type of House Building: Own/Rental

c) Availability of Agricultural land: Yes/~~No~~, If Yes 1 acres

d) Agricultural land used for — crops

e) Type of cooking fuel used: LPG/Kerosene/Electricity/Wood/others specify LPG

f) Do you have vehicle: Two wheeler/ Auto/Car/Any other vehicle Two wheeler

g) Name of the Govt. Schemes received: ✓
(Jagananna Vidhya Deevana /Jagananna Vasathi Deevana/Raitu Bharosa/Anyother)

III. Specific Issues

1) Is there anyone in the family suffering from chronic diseases? NO
What type of diseases suffering from —

2) Tell about family health history : How many are suffering from the specific disease —

3) From how many days suffering from the specific disease —

4) Any other problems faced in the village: —

Socio economic survey and chronic diseases

2022/7/24/17

Dr.V.S.Krishna Govt. Degree & P.G. College (A) Visakhapatnam
DEPARTMENT OF MATHEMATICS - SOCIO ECONOMIC SURVEY

Name of the Mentor: _____

Name of the Respondent: Brancho Krishna
Age: 45 Gender: M/F Village/Area: Jeelakanagudem Date: 11/06/2022

I. Social Status of Study Village/Area

a) Geographical and Administrative location of the village: 2nd ward, Jeelakanagudem west godavari.

b) Caste Profile: BC-A

c) Religion Profile: Hindu

d) Education Profile: Nil

e) Occupational profile: Farmers

f) Natural Resources: NO

g) Lives stock resources: NO

h) Health profile: Good

i) Infrastructural Facilities: 1) Market available 2) Health facilities available
3) Post Office available 4) Drinking water available 5) Connectivity and Transport available

II. Economic Status of Study Village/Area

a) Source of Income: Through farming

b) Type of House Building: Own/Rental

c) Availability of Agricultural land: Yes/No, If Yes 1 acres

d) Agricultural land used for _____ crops

e) Type of cooking fuel used: LPG/Kerosene/Electricity/Wood/others specify LPG

f) Do you have vehicle: Two wheeler/ Auto/Car/Any other vehicle _____

g) Name of the Govt. Schemes received: _____
(Jagananna Vidhya Deevana / Jagananna Vasathi Deevana/Raithu Bharosa/Any other)

III. Specific Issues

1) Is there anyone in the family suffering from chronic diseases? NO
What type of diseases suffering from _____

2) Tell about family health history : How many are suffering from the specific disease _____

3) From how many days suffering from the specific disease _____

4) Any other problems faced in the village: _____

INCIDENCE OF DIABETES AND OTHER CHRONIC DISEASES

Introduction

Overview:

Diabetes is a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces. Insulin is a hormone that regulates blood sugar. Hyperglycaemia, or raised blood sugar, is a common effect of uncontrolled diabetes and over time leads to serious damage to many of the body's systems, especially the nerves and blood vessels.

In 2014, 8.5% of adults aged 18 years and older had diabetes. In 2019, diabetes was the direct cause of 1.5 million deaths and 48% of all deaths due to diabetes occurred before the age of 70 years.

Between 2000 and 2016, there was a 5% increase in premature mortality rates (i.e. before the age of 70) from diabetes. In high-income countries the premature mortality rate due to diabetes decreased from 2000 to 2010 but then increased in 2010-2016. In lower-middle-income countries, the premature mortality rate due to diabetes increased across both periods.

By contrast, the probability of dying from any one of the four main noncommunicable diseases (cardiovascular diseases, cancer, chronic respiratory diseases or diabetes) between the ages of 30 and 70 decreased by 18% globally between 2000 and 2016.

Type 2 diabetes

Type 2 diabetes (formerly called non-insulin-dependent, or adult-onset) results from the body's ineffective use of insulin. More than 95% of people with diabetes have type 2 diabetes. This type of diabetes is largely the result of excess body weight and physical inactivity.

Symptoms may be similar to those of type 1 diabetes but are often less marked. As a result, the disease may be diagnosed several years after onset, after complications have already arisen.

Until recently, this type of diabetes was seen only in adults but it is now also occurring increasingly frequently in children.

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Type 1 diabetes

Type 1 diabetes (previously known as insulin-dependent, juvenile or childhood-onset) is characterized by deficient insulin production and requires daily administration of insulin. In 2017 there were 9 million people with type 1 diabetes; the majority of them live in high-income countries. Neither its cause nor the means to prevent it are known.

Symptoms include excessive excretion of urine (polyuria), thirst (polydipsia), constant hunger, weight loss, vision changes, and fatigue. These symptoms may occur suddenly.

Gestational diabetes

Gestational diabetes is hyperglycaemia with blood glucose values above normal but below those diagnostic of diabetes. Gestational diabetes occurs during pregnancy. Women with gestational diabetes are at an increased risk of complications during pregnancy and at delivery. These women and possibly their children are also at increased risk of type 2 diabetes in the future.

Gestational diabetes is diagnosed through prenatal screening, rather than through reported symptoms.

Impaired glucose tolerance and impaired fasting glycaemia

Impaired glucose tolerance (IGT) and impaired fasting glycaemia (IFG) are intermediate conditions in the transition between normality and diabetes. People with IGT or IFG are at high risk of progressing to type 2 diabetes, although this is not inevitable.

Health impact

Over time, diabetes can damage the heart, blood vessels, eyes, kidneys, and nerves.

- Adults with diabetes have a two- to three-fold increased risk of heart attacks and strokes(1).
- Combined with reduced blood flow, neuropathy (nerve damage) in the feet increases the chance of foot ulcers, infection and eventual need for limb amputation.
- Diabetic retinopathy is an important cause of blindness, and occurs as a result of long-term accumulated damage to the small blood vessels in the retina. Close to 1 million people are blind due to diabetes(2).
- Diabetes is among the leading causes of kidney failure(3).

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Prevention

Simple lifestyle measures have been shown to be effective in preventing or delaying the onset of type 2 diabetes. To help prevent type 2 diabetes and its complications, people should:

- achieve and maintain a healthy body weight;
- be physically active – doing at least 30 minutes of regular, moderate-intensity activity on most days. More activity is required for weight control;
- eat a healthy diet, avoiding sugar and saturated fats; and
- avoid tobacco use – smoking increases the risk of diabetes and cardiovascular disease.

Diagnosis and treatment

Early diagnosis can be accomplished through relatively inexpensive testing of blood sugar.

Treatment of diabetes involves diet and physical activity along with lowering of blood glucose and the levels of other known risk factors that damage blood vessels. Tobacco use cessation is also important to avoid complications.

Interventions that are both cost-saving and feasible in low- and middle-income countries include:

- blood glucose control, particularly in type 1 diabetes. People with type 1 diabetes require insulin, people with type 2 diabetes can be treated with oral medication, but may also require insulin;
- blood pressure control; and
- foot care (patient self-care by maintaining foot hygiene; wearing appropriate footwear; seeking professional care for ulcer management; and regular examination of feet by health professionals).

Other cost saving interventions include:

- screening and treatment for retinopathy (which causes blindness);
- blood lipid control (to regulate cholesterol levels);
- screening for early signs of diabetes-related kidney disease and treatment.

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WHO response

WHO aims to stimulate and support the adoption of effective measures for the surveillance, prevention and control of diabetes and its complications, particularly in low- and middle-income countries. To this end, WHO:

- provides scientific guidelines for the prevention of major noncommunicable diseases including diabetes;
- develops norms and standards for diabetes diagnosis and care;
- builds awareness on the global epidemic of diabetes, marking World Diabetes Day (14 November); and
- conducts surveillance of diabetes and its risk factors.

The WHO [Global report on diabetes](#) provides an overview of the diabetes burden, interventions available to prevent and manage diabetes, and recommendations for governments, individuals, the civil society and the private sector.

The [WHO module on diagnosis and management of type 2 diabetes](#) brings together guidance on diagnosis, classification and management of type 2 diabetes in one document. The module is for policy-makers who plan service delivery of diabetes care, national programme managers responsible for training, planning and monitoring service delivery, and facility managers and primary care staff involved in clinical care and monitoring processes and outcomes of diabetes care.

In April 2021 WHO launched the Global Diabetes Compact, a global initiative aiming for sustained improvements in diabetes prevention and care, with a particular focus on supporting low- and middle-income countries. The Compact is bringing together national governments, UN organizations, nongovernmental organizations, private sector entities, academic institutions, and philanthropic foundations, people living with diabetes, and international donors to work on a shared vision of reducing the risk of diabetes and ensuring that all people who are diagnosed with diabetes have access to equitable, comprehensive, affordable and quality treatment and care.

In May 2021, the World Health Assembly agreed a Resolution on strengthening prevention and control of diabetes. It recommends action in areas including increasing access to insulin; promoting convergence and harmonization of regulatory requirements for insulin and other medicines and health products for the treatment of diabetes; and assessing the feasibility and potential value of establishing a web-based tool to share information relevant to the transparency of markets for diabetes medicines and health products.

BRIEF REPORT ON CHRONIC DISEASES :-

Chronic Diseases including cardiovascular diseases, cancer, chronic respiratory diseases and diabetes – kill 41 million people every year. Prevention and investment in chronic diseases are important.

Investing in better management of chronic diseases is critical. Management of chronic diseases includes detecting, screening and treating these diseases and providing access to palliative care for people in need. High impact essential chronic diseases interventions can be delivered through a primary health care approach to strengthening early detection and timely treatment.

There is mounting evidence that nutrition plays an important role in the aetiology and management of chronic diseases. Nutrition counselling provides a strategy for not only reducing patient suffering but also for reducing the health care costs associated with these illnesses. Therefore Dietitians should be consulted for nutrition counselling most-especially in nutrition-related chronic diseases.

Evidence shows such interventions are excellent economic investments because, if provided early to patients, they can reduce the need for the more expensive treatment.

Chronic diseases management interventions are essential for achieving the global target of a 25% relative reduction in the risk of premature mortality from chronic diseases by 2025, and the sustainable development goals (SDGs) target of a one-third reduction in premature deaths from CDs by 2030. WHO, in their publication titled "Integrating the response to mental disorders and other chronic diseases in health care systems", describes three governing principles for an integrated response to mental disorders and other chronic diseases in health systems.

A genuinely public health approach is needed. This includes a focus on disease prevention and health promotion over the life course, as well as the provision of accessible, comprehensive, and coordinated services to those with identified needs.

Any chronic condition can trigger depression, but the risk increases if the illness is more severe and causes more disruption in the patient's life. Depression caused by chronic illness can aggravate the illness, causing a vicious cycle to develop. Depression is especially likely to occur when the illness causes pain, disability or social isolation. Depression in turn can intensify pain, fatigue, and the self-doubt that can lead the person to avoid other people.

The rates for depression that occurs with other medical illnesses is quite high:
1. Heart attack: 40% to 65%.

Socio economic survey and chronic diseases

2. Coronary artery disease (without heart attack): 18% to 20%.
3. Parkinson's disease: 40%.
4. Multiple sclerosis: 40%.
5. Stroke: 10% to 27%.
6. Cancer: 25%.
7. Diabetes: 25%.

Depression, disability, and chronic illness form a vicious circle. Chronic illness can bring on bouts of depression, which, in turn, can lead to a rundown physical condition that interferes with successful treatment of the chronic condition.

The following are some tips to help you better cope with a chronic illness:

1. Learn how to live with the physical effects of the illness.
2. Learn how to deal with the treatments.
3. Make sure there is clear communication with your doctors.
4. Try to maintain emotional balance to cope with negative feelings.
5. Try to maintain confidence and a positive self-image.
6. Get help as soon as symptoms of depression appear.

A community service project conducted for 50 households in my area. The data for this survey were derived from my local area Arilova colony(sri kanaka mahalaxmi nagar, Jai bheem nagar).

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Report on Incidence of Diabetes and other Chronic Diseases

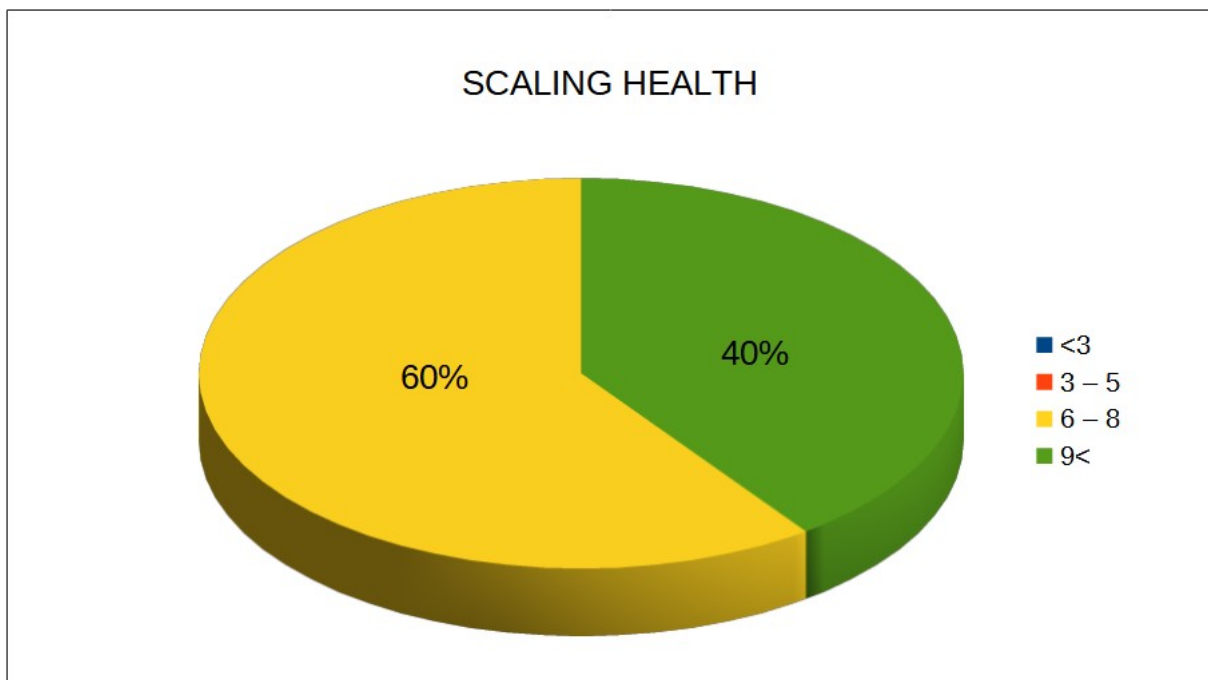
(A Study on My Project)

SCALING HEALTH :-

A community service project conducted for 30 individual households. According to survey the respondents scaling their health, below 3 belongs to 0, 3-5 belongs to 0, 6-8 belongs to 18, 9 and above 9 belongs to 12.

The majority of respondents scaling their health between 6-8 is 18.

Scaling Health	No. of. people
<3	0
3 – 5	0
6 – 8	18
9<	12



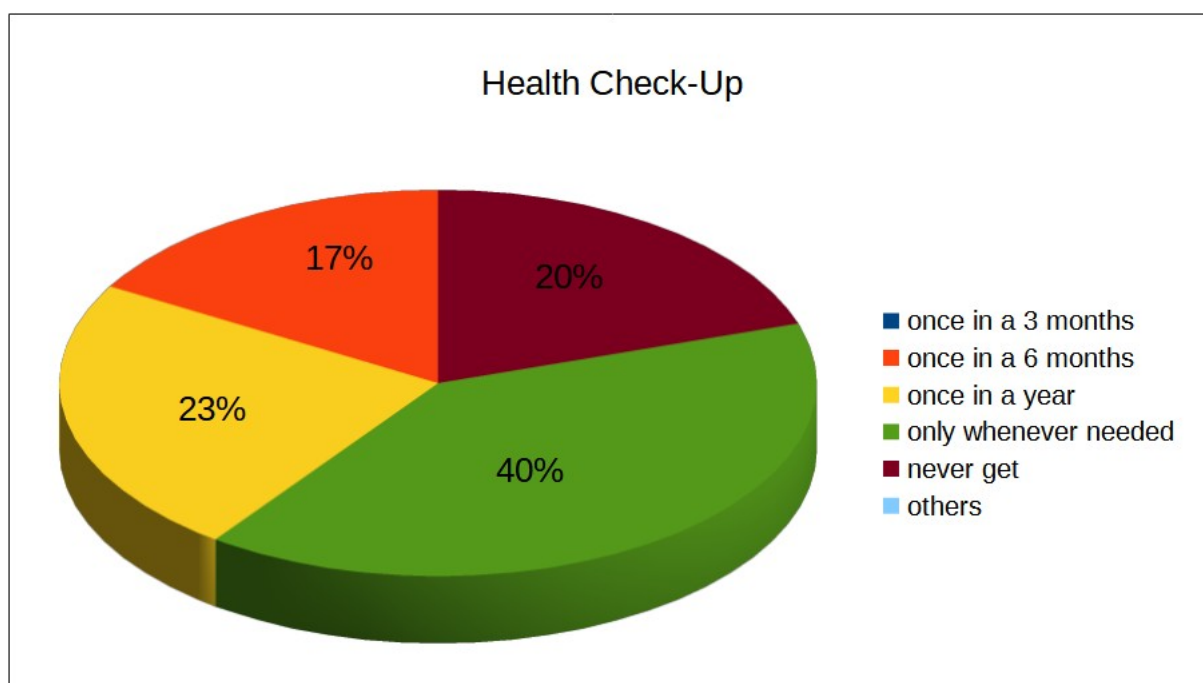
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HEALTH CHECK-UP :-

A Community service project conducted for 30 individual households. According to the survey the respondents they check their health is as follows, once in a 3 months is 0, Once in a 6 months is 5, once in a year is 7, only whenever needed is 12, never get it done is 6, and others is 0.

The majority of respondents the check their health only whenever they needed is 12.

Health Check-Up	No. of. people
once in a 3 months	0
once in a 6 months	5
once in a year	7
only whenever needed	12
never get	6
others	0



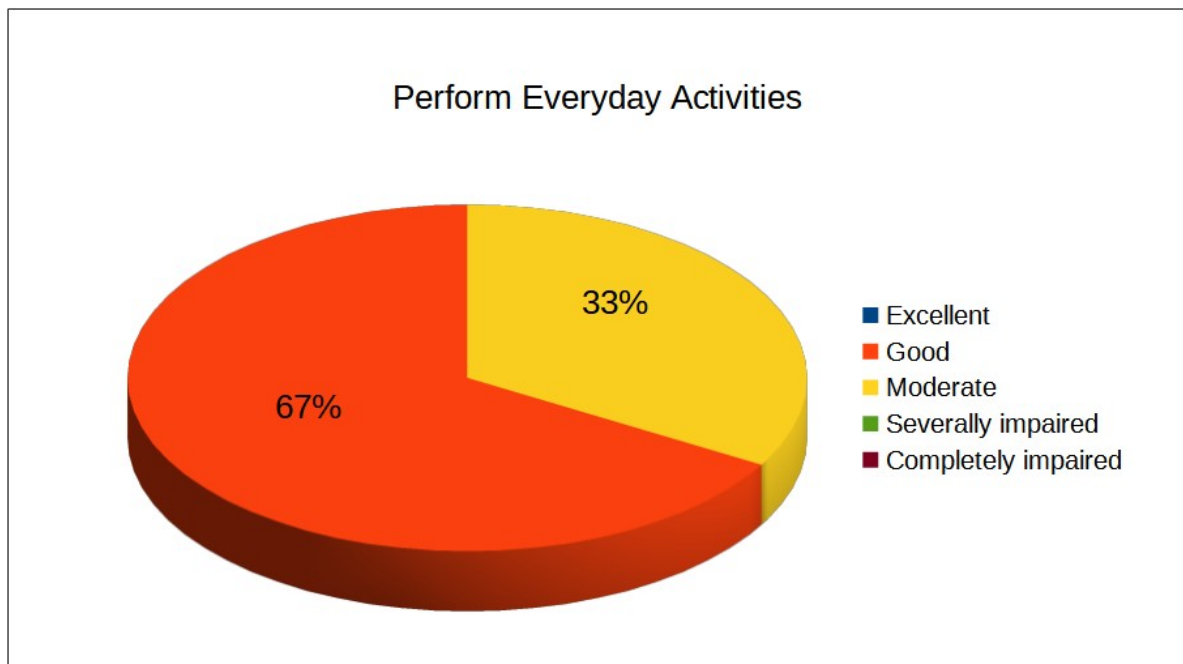
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PERFORM EVERYDAY ACTIVITIES :-

A community service project conducted for 30 individual households. According to survey the respondents perform their everyday activities is as follows, excellent belongs to 0, good belongs to 20, moderate belongs to 10, severally impaired and completely impaired belongs to 0.

The majority of respondents perform their everyday activities belongs to good is 20.

Perform Everyday Activities	No. of. people
Excellent	0
Good	20
Moderate	10
Severally impaired	0
Completely impaired	0



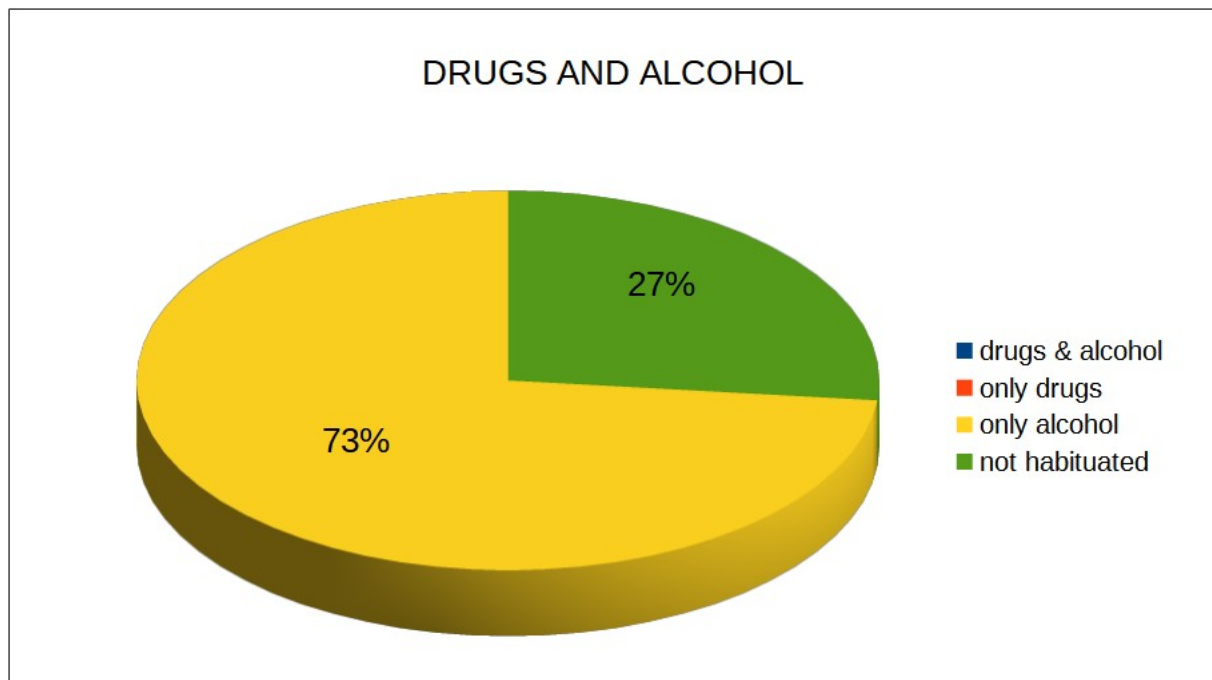
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DRUGS AND ALCOHOL :-

A community service project conducted for 30 households. According to survey the respondents response is as follows, drugs & alcohol is 0, only drugs is 0, only alcohol is 22 and they not habituated is 08.

The majority of respondents response is they only alcohol is 22.

Habituated to	No. Of Households
drugs & alcohol	0
only drugs	0
only alcohol	22
not habituated	08



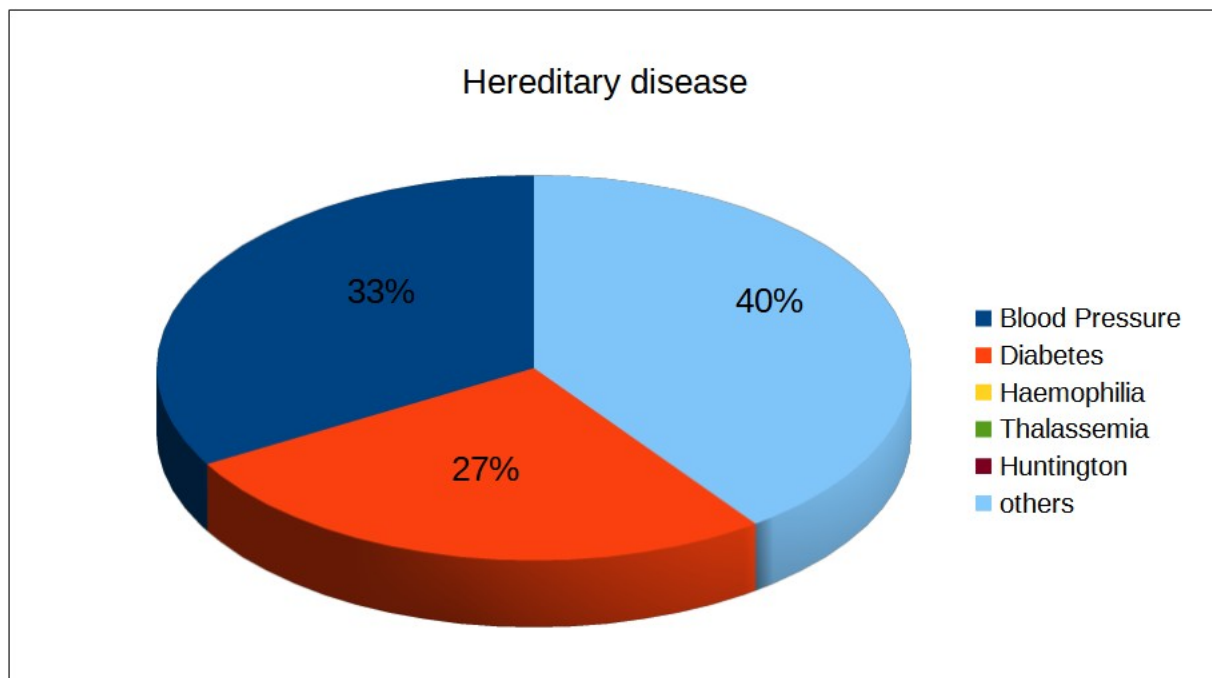
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HEREDITARY DISEASES :-

A community service project conducted for 30 individual households. According to survey the respondents response of their Hereditary diseases is as follows, high blood pressure is 10, Diabetes is 08, Haemophilia is 0,thalassemia is 0,Huntington is 0,Others is 12 and no one has hereditary diseases is 0.

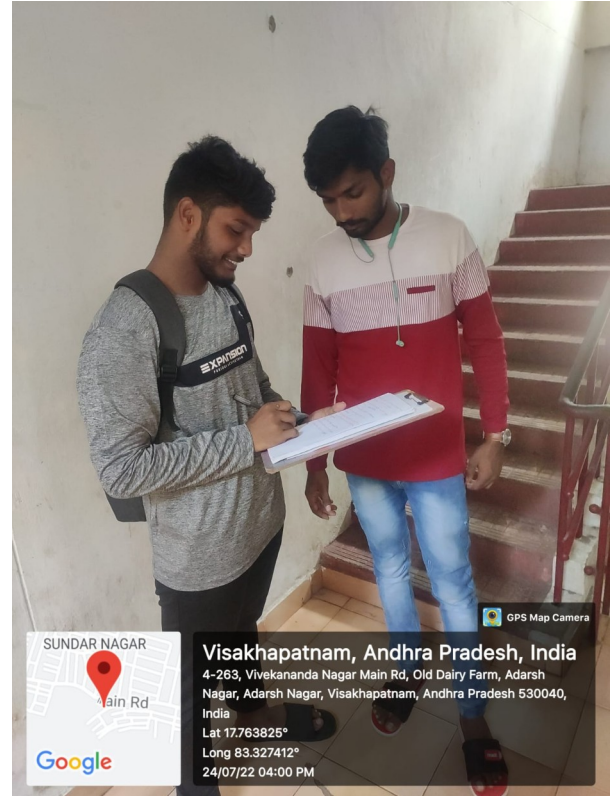
The majority of respondents response of their hereditary conditions is others is 12

Hereditary disease	No. of house holds
Blood Pressure	10
Diabetes	08
Haemophilia	0
Thalassemia	0
Huntington	0
others	12



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GALLERY



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Model Survey Forms

Dr. V.S. Krishna Govt. Degree & P.G. College (A) Visakhapatnam
DEPARTMENT OF MATHEMATICS
Data Collection for the CSP
"Incidence of diabetes and other chronic diseases"

Name of the Respondent: K. Lakshmi
Age: 40 Gender: M/F Village/Area: Ravindranagar, vskp Date: 24/06/2021

1. On a scale of 1 to 10, how healthy do you consider yourself? 9

2. Do you currently suffer from any chronic diseases? 1. Yes 2. No

3. Do you have any hereditary conditions/diseases? NO

1. High blood pressure 2. Diabetes 3. Haemophilia
4. Thalassemia 5. Huntington 6. Other (Please specify)

4. Are you habituated to drugs and alcohol?

1. Yes to both 2. Only to drugs 3. Only to alcohol 4. I am not habituated to either

5. How many medicines are you taking for your condition(s)? —

6. How many doctors do you see to manage your condition? —

7. Tell us about your care team. Please check all that apply. —

1. I understand and agree with my diagnosis and treatment plan.
2. My doctors explain test results and new drugs well so that I understand the goals of my treatment (ex: reducing pain, getting better sleep, having better mobility)
3. My doctor and I work together as a team.
4. I have the final say on whether or not I start a new drug or make a significant change in my treatment plan.

8. Now I want to ask about how your family relationships have been affected by your illness. Please check all that apply and add more comments at the end if I've missed anything. NO

1. My family is sensational. I couldn't get through this without them. Only to drugs
2. Some days I shake my head in disbelief, but generally they're pretty helpful
3. Dealing with them is almost as bad as the illness itself.

9. Do family members give you unsolicited advice about managing your condition? NO

10. If you are employed, what are the issues at work that you find challenging (related to your illness)? Please check all that apply. NO

1. Unsympathetic co-workers/boss
2. Not enough paid sick leave
3. I feel I need to hide my symptoms if I'm having a bad day (feeling ill).
4. Inflexible schedule

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11. How often do you get a health check-up?
1. Once in 3 months 2. Once in 6 months 3. Once a year
 4. Only when needed 5. Never get it done 6. Others
12. Overall, how do you rate the local hospitals in your area?
1. Excellent 2. Above average 3. Average 4. Below average 5. Very poor
13. How would you evaluate your overall health? Would you say you are:
 1. In good physical health (No illness or disabilities).
2. Mildly physically impaired. (Minor illness or disabilities)
3. Moderately physically impaired. (Requires substantial treatment)
4. Severely physically impaired. (Requires extensive treatment)
5. Totally physically impaired. (Confined to bed)
14. In your opinion, at what capacity can you perform everyday activities?
 1. Excellent capacity
2. Good capacity
3. Moderate capacity
4. Severely impaired capacity
5. Completely impaired capacity
15. In the past 24 hours, what different kinds of medications have you taken?
16. How many medications have been prescribed by your physician that you have taken in the last 24 hours?
1. 1 2. 2 3. 3 4. 4 5. 5 6. More than 5 7. None
17. In the last 24 hours, how did you take your medicine? **NO**
1. Without help (in the right dosage and right time)
2. With some help (someone prepares the medicine or reminds you to take it)
3. Completely unable to take it
4. Other
- Now think back to when you FIRST became sick with this sort of illness to the point that it had an ongoing and substantial negative impact on your life
- This could have been when you first got sick with the illness at all. Or it could be a time when mild or sporadic health problems got a lot worse.
18. What year did this occur?
19. Where were you living at the time? **NO**
1. City 2. Town 3. Village
20. At the time of your illness onset, were you at home or were you on a trip somewhere else? **NO**
1. At home 2. On a trip 3. Not Sure

H. Bala
Signature of the student

Signature of the respondent

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2022/7/24 17:22

Dr. V.S. Krishna Govt. Degree & P.G. College (A) Visakhapatnam
DEPARTMENT OF MATHEMATICS
Data Collection for the CSP
"Incidence of diabetes and other chronic diseases"

Name of the Respondent: K. Rajeshu Date: 24/06/2022
Age: 19 Gender: M/F Village/Area: Ravindra Nagar, VCTP

1. On a scale of 1 to 10, how healthy do you consider yourself? 9
2. Do you currently suffer from any chronic diseases? 1. Yes 2. No
3. Do you have any hereditary conditions/diseases?
 1. High blood pressure
 2. Diabetes
 3. Haemophilia
 4. Thalassemia
 5. Huntington
 6. Other (Please specify)
4. Are you habituated to drugs and alcohol?
 1. Yes to both
 2. Only to drugs
 3. Only to alcohol
 4. I am not habituated to either
5. How many medicines are you taking for your condition(s)? 1
6. How many doctors do you see to manage your condition? 1
7. Tell us about your care team. Please check all that apply.
 1. I understand and agree with my diagnosis and treatment plan.
 2. My doctors explain test results and new drugs well so that I understand the goals of my treatment (ex: reducing pain, getting better sleep, having better mobility)
 3. My doctor and I work together as a team.
 4. I have the final say on whether or not I start a new drug or make a significant change in my treatment plan.
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K. Kale.
Signature of the student

Signature of the respondent

Conclusion

CONCLUSION :-

The student was involved to do the community service project. It was an integrated approach where cross-sectional analysis was done. The data for this study were derived from my local village Arilova colony (Sri kanka mahalaxmi nagar, Jai bheem nagar). The surveys pertaining to household socio economy were carried out through 50 individual households during June 3 , 2022 to June 10 , 2022 by means of structured questionnaire about "Incidence of diabetes and other chronic diseases". The questionnaire has been made in such a way that both close- and open-ended questions can be incorporated. The respondents responds were household head and housewives. The total time to finish one questionnaire requires nearly 30–40 min per household.

Community services can be a step towards building a better and healthy society. In conclusion I strongly admired up unpaid community service to be a part of Higher Education. I can say that I have definitely learn how to be more patient and be more understanding.

CHRONIC DISEASE :-

A disease or condition that usually lasts for 3 months or longer and may get worse over time. Chronic diseases tend to occur in older adults and can usually be controlled but not cured. The most common types of chronic disease are cancer, heart disease, stroke, diabetes, and arthritis.

Chronic diseases are already the major cause of death in almost all countries, and the threat to people's lives, Chronic diseases are the leading cause of death. Chronic disease is attributable to at least three key factors: the persistent high prevalence of risk factors, including lifestyle and other behaviours; 29,30 social and environmental factors that promote or adversely effect of health; and an increase in life expectancy leading to greater numbers of older people with one or more chronic conditions and related disabilities.

According to my survey I observed that the maximum number of people scaling their health between 6 to 8. And many number of people suffering from knee pains and minimum people suffering from chronic diseases like high blood pressure diabetes and many number of people they check the health only whenever they needed and some peoples they check their health only once in a 6 months and maximum number of people says that they not habituated to each other and

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maximum number of people tell that they do the excellent job to perform their everyday activities and some people tell that they do the good job to perform the everyday activities.

SYMPTOMS OF CHRONIC DISEASE :-

Chronic illnesses have disease-specific symptoms, but may also bring invisible symptoms like pain, fatigue and mood disorders. Pain and fatigue may become a frequent part of your day. Along with your illness, you probably have certain things you have to do take care of yourself, like take medicine or do exercises.

According to my survey, people who are suffering from chronic diseases, they tell about experience their pains is as follows,

People may experience:

Pain areas: in the back, joints, mouth and face, muscles and bones, or neck

Pain types: can be caused by psychological factors

Sensory: pins and needles or sensitivity to pain

Psychological: depression or fear

Also common: anxiety, fatigue, headache, or sleep deprivation

PREVENTION OF CHRONIC DISEASES :-

Many chronic diseases are caused by key risk behaviors. By making healthy choices, you can reduce your likelihood of getting a chronic disease and improve your quality of life.

See also Top 4 Tips to Prevent Chronic Diseases.

Quit Smoking :-

Stopping smoking (or never starting) lowers the risk of serious health problems, such as heart disease, cancer, type 2 diabetes, and lung disease, as well as premature death—even for longtime smokers. Take the first step and call 1-800-QUIT-NOW for FREE support.

Eat Healthy :-

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Eating healthy helps prevent, delay, and manage heart disease, type 2 diabetes, and other chronic diseases. A balanced, healthy dietary pattern includes a variety of fruits, vegetables, whole grains, lean protein, and low-fat dairy products and limits added sugars, saturated fats, and sodium. Healthy eating can work for everyone's tastes, traditions, culture, and budget. If you are overweight, losing 5% to 7% of your starting weight can help prevent or delay type 2.

Regular Physical Activity :-

Regular physical activity can help you prevent, delay, or manage chronic diseases. Aim for moderate intensity physical activity (like brisk walking or gardening) for at least 150 minutes a week, with muscle-strengthening activities 2 day week.

Avoid Drinking Too Much Alcohol :-

Over time, excessive drinking can lead to high blood pressure, various cancers, heart disease, stroke, and liver disease. By not drinking too much, you can reduce these health.

Get Enough Sleep :-

Insufficient sleep has been linked to the development and poor management of diabetes, heart disease, obesity, and depression. Adults should get at least 7 hours of sleep daily.

Know Your Family History :-

If you have a family history of a chronic disease, like cancer, heart disease, diabetes, or osteoporosis, you may be more likely to develop that disease yourself. Share your family health history with your doctor, who can help you take steps to prevent these conditions or catch them early.

Make Healthy Choices in School, at Work, and in the Community :-

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By making healthy behaviors part of your daily life, you can prevent conditions such as high blood pressure or obesity, which raise your risk of developing the most common and serious chronic diseases. Learn more about healthy actions you or your loved ones can take.

Reference sources

1. Google chrome
2. Textbooks
3. Suggestions from class teachers.