RESEARCH ARTICLE

IJETV Vol. 8, Issue 2, 2022 Print ISSN: 2394–6822 Online ISSN: 2395–4272

Cross-sectional, Observational Survey Research regarding General Health Status among Adults Residing in Punjab

Anupama K.[1*], Priyanka Chaudhary[2], Jaswinder Kaur[3], Agnus[4], Baby R. G[5], Jupneet Singh[6]

[1-4]Agnus Nursing Tutor Akal College of Nursing, Eternal University, Baru Sahib, Himachal Pradesh, India

[5]Sapthagiri college of nursing, Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka, India

[6]Massachusetts Institute of Technology, Cambridge, Massachusetts, United States

Abstract

General health indicators can be used to estimate the likely demand for health care and services at the population level, offering a method for monitoring population health and estimating the likely demand for health care and services. The goal of this study was to gather data to aid in the design of surveys and the interpretation of survey results on the general health of India's population.

A free health camp was held in April 2022, with 50 adults participating in the health service and assessing blood pressure, pulse, weight, and other adult health issues. Under the guidance of the Akal deaddiction centre Cheema, formal approval was gained with the support of local primary health centre healthcare practitioners. For the assessment, experts created and confirmed a basic data profile. With the participants' consent, free iron and calcium supplements, as well as a health talk, was given to all of the participants The average age (SD) was 2.54 (1.215). The average weight was 2.8 (1.21) kg. The mean hypertension score, which represents the average, was 2.6 (0.83), pulse 2.64 (0.66), and pain 2.22 (1.35).

The survey's findings show that, despite their widespread impact, many people suffering from pain and other health problems have never sought medical advice and are unaware of potential complications and preventive measures. These findings point to a significant unmet need for health care among people of average health in the general population.

Keywords: Health status, Survey, Adults

Int J Eth Trauma Victimology (2022). DOI: 10.18099/ijetv.v8i02.02

Introduction

Due to the obvious high costs and difficulty of assessing a population's health, researchers are constantly looking for indicators of health status that can be easily collected from large groups of people with little commitment to resources, money, training, or logistics. Measuring health can be challenging in terms of interviewer time and competence, respondent comprehension, and logistic and analytic complexity. Basic self-reported and objective indicators are very easy and affordable to gather, as opposed to the possibly greater costs and returns of physical health tests or the collection of biomarkers. If these low-cost measures are valid, they could be useful in measuring the total burden of disease and the performance of healthcare systems in the country.[1]

General health measures can be used to determine prevalence at the population level, providing a technique for monitoring population health and estimating the likely demand for health care and services. The purpose of this survey was to provide information to aid in the design of surveys and the interpretation of survey results on India's population's general health.[2]

When reporting their general health, individuals take into account a variety of behaviors, including lifestyle choices,[3] and earlier studies discovered that drinking alcohol and smoking cigarettes were linked to poorer physical and mental health.[4] Additionally, it has been discovered that obesity is a predictor of self-rated health. Additionally, it has been discovered that levels of physical exercise are positively correlated with experiences of general health. One study that found a variety of lifestyle characteristics revealed a link between an unhealthy lifestyle and poor mental and physical health. (Another study looked at whether various risk factors affected self-reported health when the impact of various health issues was also taken into account).[5] The authors of this study investigated how risk factors, including diet, practice, exercise, smoking, alcohol intake, body mass index (BMI), and self-reported health. When these connections were taken into account for health issues, the investigators discovered that they were either diminished or not significant at all. However, these health problem variables were made up of both objective medical diagnoses and subjective

Corresponding Author: Anupama K, Agnus Nursing Tutor Akal College of Nursing, Eternal University, Baru Sahib, Himachal Pradesh, India, e-mail: Anupama20dayanand@gmail.com

How to cite this article: Anupama K, Chaudhary P, Kaur J, Agnus4, Rani GB, Singh J. Cross-sectional, Observational Survey Research regarding General Health Status among Adults Residing in Punjab. Int J Eth Trauma Victimology. 2022;8(2):4-6.

Source of support: Nil

Conflict of interest: None

Received: 11/11/2022; **Received in revised form:** 29/11/2022;
Accepted: 01/12/2022; **Published:** 30/12/2022;

Table 1: General health status of the adults

Variables	*Components*	*F*	*%*
	35–45	13	26
	46–56	11	22
Age	57–66	15	30
	67–76	8	16
	77–86	3	6
	43–53	8	16
	54–63	10	20
Weight in kg	64–73	19	38
	74–83	10	20
	84–94	3	6
	148–90	8	16
	164–97	7	14
BP	133–74	32	64
	195–100	3	6
	59–69	5	10
Pulse	70–79	8	16
	80–99	37	74
Health status	Knee pain body pain, joint pain	25	50
	Anxiety,	5	10
	gastritis,	4	8
	hypertension	16	32
Total		50	100

phenomena, such as symptoms and functional issues, which may overlap the idea of self-reported health. Therefore, the precise relevance of the disorders remained unknown.[6] The current study's objective was to investigate relationships between various lifestyle characteristics and self-reported health as well as the mediating role of disease.[7]

Material and Methods

In April 2022, a free health camp was held, with 50 adults participating in the health service and assessing blood pressure, pulse, weight, and other health issues among adults. Formal permission was obtained with the help of local Primary health centre health experts under the direction of the Akal deaddiction centre Cheema. Experts prepared and validated a basic data profile for the assessment. The participants' consent was obtained, free iron and calcium supplements were supplied, and a health talk to all participants.

Results

The average age of the adults was 57–66 (30.0) years, and their general health condition was 57–66 (30.0) years (Table 1). Adults' weight ranged from 64 to 74 kg (38.0%), blood pressure was 64.0%, and pulse was 74.0%. Additional comorbidities reported by adults included anxiety (10%), gastritis (8%), and hypertension (08 %) (32%), respectively.

Table 2: Mean health status among adults

	Age	*Weight*	*BP*	*Pulse*	*Pain*
Mean	2.54	2.8	2.6	2.64	2.22
S D	1.215713	1.124858	0.832993	0.662709	1.359622

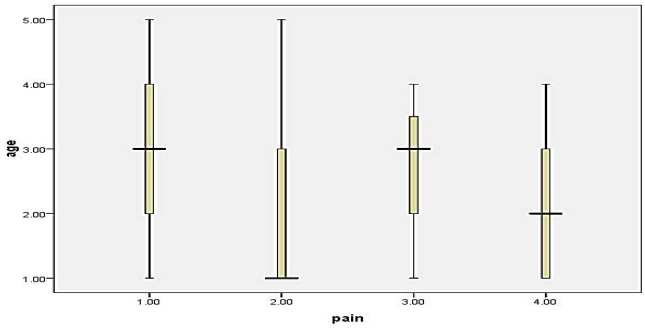

Figure 1: Pain variation according to age

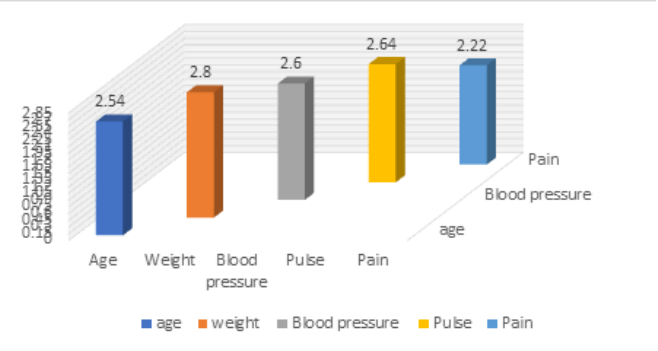

Figure 2: Health status among adults

Pain Variation According to Age

Adults between the ages of 46 and 66 were reported to suffer from a variety of pains, as shown in Figure 1. Pain variation according to age 35–45 years anxiety, gastritis, and HT-related pain Head, knee, and body joints 46–56 years and 77–86 years. anxiety, gastritis, 57–66 anxiety, gastritis.

The average age (SD) was 2.54 (1.215) (Table 2). The average weight was 2.8 (1.21) kg. The mean hypertension score, which represents the average, was 2.6 (0.83), pulse 2.64 (0.66), and pain 2.22 (1.35).

Discussion

The adults ranged in age from 57 to 66 (30.0) years and were in generally good health (Table 1). Blood pressure was 64.0%, pulse was 74.0%, and adult weight varied from 64 to 74 kgs (38.0%). In addition to these comorbidities, anxiety (10%), gastritis (8%), and hypertension (8%) were also mentioned by adults (32%), respectively. Figure 2 displays the range of pains that were reported in adults between the ages of 46 and 66. 35–45 years = discomfort from HT, gastritis, and anxiety knee, body, and head joints equal 46–56 and 77–86 years, respectively. 57–66 = anxiety, gastritis, and anxiety. The median age was 2.54 (SD) (1.215) (Table 2). There were 2.8 (1.21) kg on average. Indicated by the mean hypertension

score, which is the average, were 2.6 (0.83), 2.64 (0.66), and 2.22 for discomfort (1.35). The results of the poll revealed that, despite their broad effects, many people who experience pain and other health issues have never sought medical counsel and are unaware of potential side effects and preventive measures. These data suggest that the general community's average-health population has a substantial unmet need for healthcare.

Randi Jepsen *et al.* identified the importance of self-reported health information for healthcare practitioners and used a cross-sectional epidemiological design to explore relationships between lifestyle characteristics and self-reported health. A physical examination included measurements of height and weight. A self-administered questionnaire was used to gather data on socio-demographic parameters, self-reported health, disease (heart attack, apoplexy, angina pectoris, and diabetes), and lifestyle factors. An unrestricted question was used to gauge self-reported health. Multiple logistic regression models with adjustments for disease and sociodemographic factors were used to derive odds ratios for fair or poor self-reported health. Respondents who reported unhealthy lifestyle choices, such as excessive alcohol consumption (or 3.3, p 0.001), smoking (or 1.2), obesity (or 1.7, p 0.001) or excessive intake of alcohol (or 3.3, $p < 0.001$)) showed an increased risk of poor self-reported health. Furthermore, a moderate intake of wine (or 0.6, $p < 0.001$) or strenuous physical activity (or 0.5, $p < 0.001$) decreased the risk of poor health. The disease did not mediate the effect.[8]

Conclusions

The survey's findings show that, despite their widespread impact, many people suffering from pain and other health problems have never sought medical advice and are unaware of potential complications and preventive measures. These findings point to a significant unmet need for health care among people of average health in the general population.

References

1. Kuhn R, Rahman O, Menken J. Survey Measures of Health: How Well Do Self-Reported and Observed Indicators Measure Health and Predict Mortality? In: National Research Council (US) Committee on Population; Cohen B, Menken J, editors. Ageing in Sub-Saharan Africa: Recommendation for Furthering Research. Washington (DC): National Academies Press (US); 2006. 10. Available from: https://www.ncbi.nlm.nih.gov/books/NBK20307
2. Professor Howard Meltzer, Social Survey Division, General Measures of Health for use in Health Interview Surveys and Censuses: the UK experience, United Kingdom.
3. Manderbacka K, Lundberg O, Martikainen P. Do risk factors and health behaviours contribute to self-ratings of health? *Social Science and Medicine.* 1999;48:1713–1720. doi: 10.1016/S0277-9536(99)00068-4.
4. Jylha M. What is self-rated health and why does it predict mortality? Towards a unified conceptual model. *Social Science and Medicine.* 2009; 69:307–316. doi: 10.1016/j.socscimed.2009.05.013.
5. Riise T, Moen BE, Nortvedt MW. Occupation, lifestyle factors and health-related quality of life: the Hordaland Health Study. *Journal of Occupational and Environmental Medicine.* 2003;45:324–332.
6. Malmberg J, Miilunpalo S, Pasanen M, Vuori I, Oja P. Characteristics of leisure time physical activity associated with risk of decline in perceived health—a 10-year follow-up of middle-aged and elderly men and women. *Preventive Medicine.*
7. Manderbacka K, Lundberg O, Martikainen P. Do risk factors and health behaviours contribute to self-ratings of health? *Social Science and Medicine.* 1999;48:1713–1720
8. Jepsen R, Dogisso TW, Dysvik E, Andersen JR, Natvig GK. A cross-sectional study of self-reported general health, lifestyle factors, and disease: the Hordaland Health Study. 2014 Oct 2;2:e609. doi: 10.7717/peerj.609. PMID: 25289193; PMCID: PMC4185289.