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## Care within A Community Context

Currently, the lifestyle of society in Saudi Arabia has transformed enormously. This has led to change of body physical activity, eating habits and behavior of people in Saudi Arabia. This has promoted preference of cardiovascular diseases such as ischemic heart disease commonly referred at as coronary heart disease. Due to this, the state and health institution have adopted techniques and procedures to help reduce the effect of the disease. Among the strategies include the promotion of physical activity of the people, policy development, and free regular checks in the public institution among others. In addition, the health institution and non-governmental organization have adopted techniques such as community capacity building, education on nutrition, stress management and offering free medical and medicines to the affected. They medical care aims at prevention of blood clots, lowering sugar level, pressure and cholesterol in the blood. The strategy of offering medicine aims at ensuring that all the societal members are free from risk factors to coronary artery disease.
Furthermore, the government is placing regulation of industries and companies producing food to ensure that food is less saturated with fats and has more fiber and low cholesterol to products such as cooking fat. Lastly, it has placed rules on alcohol consumption due to its promotion of blood pressure to numerous people in the Saudi Arabia state (KINNEARY, 2008).
Ischemic heart disease is among the cardiovascular diseases. It is characterized by a reduction in supply of blood to the heart. The name “ ischemic” means reduction in blood supply. The disease is among the most dangerous disease killing many people in Saudi Arabia. It occurs mainly due to blockage of coronary artery that supplies blood to the heart muscles. Mostly, the disease is triggered by atherosclerosis. This promotes narrowing of the arteries leading to blockage of the tubes leading to heart attack (MUKATTASH, 2012).
The quality of lifestyle in Saudi Arabia is influenced by the world’s transformation. Transformation has led to the intake of junk foods, unbalanced diets and intake of alcohol. However, the government and non-governmental organization has taken the imitative to promote healthy choices of the people. The government is working on promotion of physical activity and healthy diet among the citizens. The approach is features with education platforms on nutrition, health choices and medication of the affected. In addition, the non-governmental organization are initiating techniques such as free medical care on cardiovascular and lifestyle disease. They are offering outreaches on health checkup; such includes measuring body mass index for adults and children and referring the people at risk to relevant care centre. The government is funding the process fully to ensure its success and sustainability (AL-OMRAN, 2012).
Globally, ischemic heart disease caused over seven million deaths in 2010. This showered on a very disappointing increase in deaths as compared to 1990 which was five point million deaths. The statistics show males are affected more than females, and it progresses with age. The world health organization statistics that ischemic diseases have caused 59% deaths in kingdom of Saudi Arabia and 46 % globally (KAYSER, 2013).
Ischemic heart disease can act as a risk factor to other health problems. For example, the disease may lead to high blood pressure, diabetes and cancer of blood. Narrowing of the blood vessels reduces the space of blood movement increasing the capillary of blood in the tubes. This leads to rising in blood pressure as it forces itself through the narrow tubes. The resulting heath problem is high blood pressure. Similarly, lowering the amount of blood to the heart may lead to heart failure. Heart failure may cause the heart attack and eventually the stroke. Reducing the amount of blood to the heart may also affect the amount of blood supplied to the brain. Low amount of blood in the brain may cause stroke or even death.
Ischemic heart disease has impacted negatively on the patient’s quality of life. The disease may result to blood pressure that may increase the risk of getting breast cancer in both man and women. Poor circulation of blood in the body may promote lowered performance in activities. It leads to blockage and build up sugar in the blood leading to diabetes. Similarly, it promotes gum diseases and disease since the blood is not circulated to the gums. Lastly, the disease may lower the immunity of the individuals affected since the white blood cells are not spread throughout the body. This may make the patient susceptible to another disease. Likewise, the individuals are lazy and big bodied who sweat profusely without doing any hard job. They have sleepless nights, fever and continuous tiredness without doing any task (FELIX, 2008).
All the techniques and strategies applied in Saudi Arabia are very beneficial in addressing the health problem. For example, promotion of physical activity of the people is an approach that plays a major role in lowering the risk of infection by the disease. Massive exercise assists in the reduction of insulin resistance diabetes mellitus. In addition, it assists in maintaining a healthy body weight. These two factors have been a strong contributing factor to acquiring ischemic disease. The approach has been amplified in schools by introduction physical education lessons in classes. This approach has continued to reduce the number of deaths among men and women from the menace of cardiovascular disease ((FELIX, 2008).
The state in the kingdom of Saudi Arabia has placed policies in placing in the fight against cardiovascular diseases. The policies are aiming at lowering the risk factors to the cardiovascular diseases. It has placed regulation on cigarette smoking; smokers should not do it in public, and they should not be sold to the underage. Since about 65% of the Saudi Arabian population lives in urban areas ensures that the population is not affected by the smokers. Similarly, the control lowers the number of smokers since the smoking zones are few and segregated from the urban areas.
Similarly, the government has placed a policy on physical activity to its citizens by establishment of physical education in its institutional curriculum. Establishment of this policy has benefitted man as the children and young adults are safe from infection by the diseases. In addition, there are policies guarding consumption of alcohol; alcohol is said to increase blood pressure that influences the risk of attack by cardiovascular diseases. The policies state that alcohol should be drunk in moderation and failure to comply with this would lead to fines. Lastly, the government has placed the rules and regulation to the food production industries ((FELIX, 2008). The businesses are supposed to ensure health combination of the ingredients and to lower the fat contents to ensure the fight against cholesterol. The policy has played a great role in ensuring weight and fat contents in the citizen food. Likewise, the policy ensures good food for its citizens.
Furthermore, non-governmental organization has ventured in the fight against this disease. They have incorporated an aspect of community capacity building. The capacity building process involves enlightening community on pros and cons of certain behaviors. It also offers rehabilitation for alcohol and cigarette smoking to help them quit the habits. The nongovernmental organization is campaigning against excessive intake of alcohol. Similarly, they are offering medical care, medical outreaches with Saudi Arabia kingdom screening for cardiovascular disease. Variously, they are involved in teaching the community in good food practices, promoting physical activity. Lastly, the non-governmental organizations have funded health care services and outsourcing machinery and medical practitioners from India to help in reducing the disease preference.
Another policy that has been adopted in Saudi Arabia is collaboration between the public and private health sector. The collaboration approach has made it apply combined effort in fighting the disease. Similarly, this approach has promoted properly and accountability in use of resources pertaining the healthcare system. The government of Saudi Arabia has also adopted and approach collaborating with community in funding the health system in funding the health care system in the fight against cardiovascular diseases such as ischemic disease. The strategy is called the 10/20 strategy where the community contributes ten percent of the total amount of funds required in the treatment against the cardiovascular diseases. Doing so has led to a strong health care system in Saudi promoting lowering of cardiovascular diseases.
Both the state and civil organizations have adopted methods of promoting stress management strategies and tools to the societal members. This is because fighting stress plays a major role in maintaining physical and emotional health. The health care company through the state have established community care nurses who provide relation therapy teaching to caregivers and family members to help reduce the amplification of cardiovascular disease in the whole nation.
Lastly, the health care system in Saudi Arabia is promoting medical and non-medical methods in reducing the ischemic disease to the affected. For instance, most hospitals are applying a strategy known as Angioplasty. This is the nonsurgical approach that assists in unblocking coronary arteries. This helps in restoring the health nature of an individual. The techniques and procedures has played important roles in reducing of cardiovascular diseases and mostly the coronary heart disease.
In comparison between the Saudi Arabia approaches with national and international approaches the approaches are workable and very efficient. International approaches applied includes funding health care systems which are also applied in Saudi Arabia at a national level. In additional, the approach on incorporating collaboration between public and private health care systems into the fight against cardiovascular diseases is applied in Saudi Arabia though is small quantities. Institution and systems at international levels are ensuring community participation in elimination or reduction of cardiovascular diseases (CRAMER, 2008). In Saudi Arabia, they have adopted the approach through the civil business though practiced at smaller scale. They do not stress community participation in the struggle against the diseases as it is made at international levels. Mostly, at most international levels, insurance covers have helped in financing individual financial needs in the health care. Although, in Saudi Arabia, the issue is not stressed as made by other countries globally. Lastly, as other countries do, Saudi Arabia is also relying on grants and donor funds in implementing fight against the growing disaster of cardiovascular diseases (BAHAMMAM, 2012).
In conclusion, ischemic heart disease is influenced by various factors such as lack of physical activity, smoking, intake of alcohol and too much deposition of fats in the body. Inability to manage these risk factors has promoted and influence attack by the disease. In addition, lack of funds and knowledge on the ways of controlling or reducing the disease has also led to its multiplication. From that perceptive, Saudi Arabia has started strategies and techniques to help reduce or eliminate the disease in the kingdom. In addition to the strategy, they should include chances for adults to participate in physical activity as they have only considered children in schools. At national level, the state should also stress on the policies on alcohol and smoking as they are major causes increase in blood pressure. Similarly, the state should ensure legislative initiatives in connection with community education to help promote active lifestyles and disappoint sedentary live. Lastly, the government should ensure maximum community participation in the reduction issues as they are the ones affected by the effects of cardiovascular diseases with specificity of ischemic heart disease.

## References

(2010). Report on the first international symposium, Metabolic Disorders and Cardiac Consequences : Supplement 2. 21, S1-S8.
CRAMER, J. A., BENEDICT, A., MUSZBEK, N., KESKINASLAN, A., & KHAN, Z. M. (2008). The significance of compliance and persistence in the treatment hypertension and dyslipidemia: a review. International Journal of Clinical Practice. 62, 76-87
KINNEARY, J. J. (2008). Observations on Terrestrial Feeding Behavior and Growth in Diamondback Terrapin ( Malaclemys ) and Snapping Turtle ( Chelydra ) Hatchlings. Chelonian Conservation and Biology. 7, 118-119.
MUKATTASH, T. L., SHARA, M., JARAB, A. S., AL-AZZAM, S. I., ALMAAYTAH, A., & AL HAMARNEH, Y. N. (2012). Public knowledge and awareness of cardiovascular disease and its risk factors: a cross-sectional study of 1000 Jordanians. International Journal of Pharmacy Practice. 20, 367-376.
AL-OMRAN M, & AL-OMRAN, MOHAMMED. (2012). Atherosclerotic disease and risk factor modification in Saudi Arabia: a call to action. Dove Press. http://www. dovepress. com/getfile. php? fileID= 12831.
AL-OMRAN M. (2012). Atherosclerotic disease and risk factor modification in Saudi Arabia: a call to action. Vascular Health and Risk Management. 8, 349-55.
ABDEL-MEGEID FY, ABDELKAREM HM, & EL-FETOUH AM. (2011). Unhealthy nutritional habits in university students are a risk factor for cardiovascular diseases. Saudi Medical Journal. 32, 621-7.
ELSHARAWY MA, AL-ELQ AH, ALKHADRA AH, MOGHAZY KM, & ELSAID AS. (2011). Screening for asymptomatic cardiovascular disease in Arab patients with diabetes. International Angiology : a Journal of the International Union of Angiology. 30, 52-7.
(2008). Abstracts, in program order. Bulletin, Southern California Academy of Sciences. 107, 99-143.
FELIX, Z., WANG, Y., CZECH, H., & SCHWEITZER, C. J. (2008). Abundance of Juvenile Eastern Box Turtles Relative to Canopy Cover in Managed Forest Stands in Alabama. Chelonian Conservation and Biology. 7, 128-130.
KAYSER, B., & VERGES, S. (2013). Hypoxia, energy balance and obesity: from pathophysiological mechanisms to new treatment strategies. Obesity Reviews. 14, 579-592.
BAHAMMAM, A. S., & AL-JAWDER, S. E. (2012). Managing acute respiratory decompensation in the morbidly obese. Respirology. 17, 759-771.
ENGELGAU, M. M., & NARAYAN, K. M. V. (2010). The Evidence to Screen for Type 2 Diabetes. 111-134.
SHARMA, M. (2007). Behavioural interventions for preventing and treating obesity in adults. Obesity Reviews. 8, 441-449.
AL-OMRAN M. (2007). Knowledge and attitude of physicians. Vascular Health and Risk Management. 3, 1019-27.