Hypertension among tribal population health and social care essay

Sociology, Population

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Ischemic Heart Disease is one the major causes of decease in developed states. It is increasing being recognized as a major slayer in developing states like India that are presently undergoing demographic and epidemiological passage. Although IHD has a broad gamut of hazard factors like unhealthy dietetic form, serum cholesterin, age, physical activity, high blood pressure remains a major underpin that accelerates the hazard of future IHD. Hypertension is besides being widely investigated because of our ability to observe and pull off it easy and besides the potency for community degree intercession, sing the non-modifiable nature of other hazard factors and every bit good as the restricted feasibleness for intercession as a public wellness step. India has started the national programme for control of NCDs in maintaining with its committedness to react to emerging wellness jobs during the passage.

In order to better understand the natural history of IHD many epidemiological surveies have been undertaken. In this context tribal populations have been investigated for IHD hazard factors both in western states and India every bit good. Tribal populations provide a particular epidemiological window to take a closer expression at the natural history of

IHDs, based on our given that such populations have a life manner much different from that of modern society which is considered a major determiner of IHD. Tribal people live a hurried life, without the fiscal emphasiss of the modern society, their day-to-day life necessitating moderate to heavy physical activity and their diet forms remain mostly un-penetrated by the high salt, high fat nutrient civilization. This premise holds good as long the tribal people remain unacculturated. The procedure of socialization strips these people of the protective consequence that their traditional ways have provided hitherto.

In India tribal population constitutes about 8 % of the entire population. Majority of them reside in the provinces of Madhya Pradesh, Andhra Pradesh, Orissa, Maharashtra, Chhattisgarh and Jharkhand. Several surveies have been done to gauge the prevalence of high blood pressure in tribal population. Most of these surveies are from the southern parts of the state. It has been by and large accepted that the prevalence of HTN in tribal population is low but recent surveies have found higher prevalence.

We did a systematic reappraisal to place all surveies done in tribal population that estimated HTN prevalence.

Methodology

Two writers independently ran hunts for the cardinal words high blood pressure, tribal, prevalence, India, hazard factors, coronary bosom disease and ischaemic bosom disease. The Boolean operators AND and OR were both used. The databases searched were MEDLINE, INDMED, ScienceCitation

Index andGoogleScholar. Documents of national bureaus like ICMR, NIN and other related organisations were besides searched. The members of the ICMR Expert Group on HTN besides provided suggestions for including certain surveies. Cross mentions of all the articles ab initio obtained were besides searched. Hand hunt was done in BBDL and NML. In instance of merely the abstract being available efforts were made to reach the corresponding writer bespeaking the full text. Articles published till September 2012 were searched. Attempts were made to look for gray literature like unpublished informations, theses and thesiss. Articles published in other linguistic communications were besides searched if they had a elaborate sum-up in English with the indispensable figures. Extras were removed. If more than one article was published from a survey the article that provided the most appropriate informations and/or the most late published was included.

Each article was assessed for quality utilizing standard checklists like CASP/STROBE and information was extracted on predefined spreadsheets. Study features that were considered to hold an impact on the prevalence of HTN were extracted. The inclusion standards were spelled out based on the undermentioned - It should a primary research. A geographically and temporally defined population. Cross-sectional survey or informations, or first stage of a longitudinal survey Defineddiagnosticstandards stated for Hypertension Well defined age group Community based survey Published in English, or with elaborate sum-ups in English Provides prevalence informations with appropriate statistics for computation of consequence

sizes. In instance of discordance between the writers for inclusion, consensus of the 3rd writer was sought. In instance two different writers reported the same survey as different articles, merely the first published article was included.

Consequences

A sum of 16 surveies including two NNMB studies were retrieved ab initio. One article (Mandani et al, 2011) was excluded because it reported the same information as given in another survey (Tiwari RR, 2008) . Two of the articles published by Dash SC et Al (1986, 1994) seemed to be describing on the same information and therefore the most late published article (1994) was included and the 1986 article was excluded. Full text of one of the articles published by Mukhopadhyay B et Al (1996) could non be retrieved and the abstract did non provided sufficient information and hence excluded.

The NNMB survey done in 2004-05 published as Technical Report No: 24 (2006) included Scheduled Tribes as one the survey population but provided neither sample size informations nor prevalence informations for this sub-population. Hence this information could non be used.

After all these exclusions, a sum of 12 articles (including one NNMB tribal study) were taken up for farther reappraisal. In entire these articles provided informations on 23 sub-populations.

There was a big grade of heterogeneousness among the surveies in footings of the age groups studied, trying scheme, survey scene, instruments used to mensurate blood force per unit area (quicksilver vs. electronic) , individual

or multiple BP measurings, standard standards used for categorization of high blood pressure, socialization position of the folks and eventually the consequence of clip period over which the surveies were conducted.

The earliest survey found was done in 1981 by Dash SC et Al and the most recent surveies were done in 2009. Merely five surveies were done before the twelvemonth 2000 and the remainder after that. The survey size varied widely between 50 and 47400. Except for two surveies which had used electronic setups, all other surveies have used quicksilver sphygmomanometer (this information was non available for one survey) . Almost all the surveies have used a cut-off of 140/90 for the diagnosing of high blood pressure (JNC VII, ADA or WHO) but two surveies used a cutoff of 160/95 (this information was non available for one survey) . Almost all the surveies used multiple readings of blood force per unit area (two or three) for the concluding diagnosing of high blood pressure (this information was non available for one survey) .

Surveies were non available in all the provinces of the state ; even states known to hold a big proportion of tribal population (like Madhya Pradesh, Chhattisgarh, NE provinces) were left out. Most of the surveies were carried out in southern provinces.

Most of the surveies were done in big population of both sexes aged & gt ; = 16 or 18 or 20 old ages (this information was non available for two surveies) . One peculiar survey entirely included aged population aged & gt ; 60 old ages. Sexual activity wise prevalence was available merely for nine

sub-populations. All the surveies explicitly provided the name and socialization position of the folk studied except for the NNMB study (2009) . The most common sampling scheme adopted by these surveies was simple random trying followed by multistage sampling and non-random sampling. The overall survey quality ranged from just to good. Most of the surveies were of good quality. One survey did non supply adequate information to measure survey quality.

The prevalence of high blood pressure reported in these surveies ranged from 0 % to 50 % (excepting the survey done among aged population) . The prevalence of high blood pressure reported in surveies done before the twelvemonth 2000 ranged from 0 % to 23 % and that reported in surveies done after 2000 ranged from 17 % to 50 % (excepting the survey done among aged population) . The prevalence of high blood pressure in acculturated folks ranged from 0. 25 % to 50 % , whereas in unacculturated folks it ranged from 0 % to 31 % . This shows that socialization might move as a determiner of high blood pressure in tribal population. There is an obviously increasing tendency in the prevalence high blood pressure in tribal population (Fig 1) . This figure was obtained by come ining the maximal prevalence reported by the surveies in a peculiar twelvemonth. The prevalence was higher in certain population subgroups which were deemed have particular features like higher consumption of intoxicant or salt tea, prevailing baccy mastication or toddy imbibing wonts or aged as compared to subgroups which didn't have such particular features.

Decision

The broad scope of prevalence reported in these surveies is unequal to deduce any valid decisions about the prevalence of high blood pressure in tribal population. Surveies with more unvarying methodological analysis should be carried out in a representative sample to obtain a better apprehension of the issue. A good planned follow up survey will turn to the inquiries raised about cogency of the findings reported in this reappraisal. A comparative prevalence survey between acculturated and unacculturated folk is necessary for an in-depth apprehension of the natural history of high blood pressure.

The lowest prevalence was seen in surveies done prior to twelvemonth 2000, in populations with no particular features and among unacculturated folks.

Reasonably high prevalence was seen in surveies done after the twelvemonth 2000 and in acculturated folks.

The highest prevalence was seen in surveies done among population with particular features.