Awareness on Osteoporosis Disease among the Women in Chidambaram Taluk

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Abstract

This study aims to create awareness among the females about the disease "Osteoporosis"which is commonly affected the female when they are crossed the age of 40. The study discusses about when the problem started, frequency of pain occurrence, and how to overcome the problem, what type of medical treatment following to recover, what are the preventive measure have been taken by the respondents against the disease. This study may help the policy maker to take necessary steps towards the creation of awareness among the public in general

Keywords

Osteoporosis, Awareness, Preventive measure, Bone fracture, Calcium deficiency.

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INTRODUCTION

Osteoporosis disease characterized by the thinning of bones with a consequent tendency to sustain fracture from minor stresses. The disorder is most common in women over the age of 50 and results from disturbances of mineral metabolism and nutrition. Persons affected with Osteoporosis, the tiny rigid plated forming the honey combed matrixes within bone gradually become thinner and rodlike, and the spaces between them grow larger. The bone thus become more porous, less dense and less strong. Those lighter and more fragile boners tend to fracture from minor traumoar and otresses that ordinary would have no ill effects. Over time the minute crush fractures that occur in the vertebrae of the spine cause the back to curve, resulting in the humped back and bend posture that can be observed in many elderly people affected with osteoporosis. The boner of the hip and forearm are also especially vulnerable to fractures. The other symptoms of osteoporosis are loss of weight and back pain.

In persons with osteoporosis, the rate of the bone formation is normal but bone resorption is accelerated, leading to a net loss of bone mass. Bone mass in the body reacher its peak during young adulthood. After a period of stability, there is a slow but steady loss of bone beginning about age 40. This bone loss occur because of people is age, their bodies become less efficient in absorbing the calcium that is present in their diet. The lack of calcium leads to increased bone resorption. Women are subject to several additional causes of osteoporosis. Women are subject to an accelerated rate of bone loss after they reach menopause owing to the body's lack of estrogen and other sex hormones. The other common causes of osteoporosis are a simple dietary deficiency of calcium, marably decreased physical activity, and a dietary imbalance between the amount of calcium and phosphorus ingested. Osteoporosis in later life can best be prevented by ensuring and adequate dietary intake of calcium and by supplementing one's calcium intake if necessary. Moderate physical exercise is also useful. For women aged 40 or older, estrogen given with progesterone can act to slow the rate of bone loss though it is not clear whether their therapy is advisable or necessary for all menopausal women evidence is emerging that a treatment using sodium fluoride and calcium can halt bone loss and actually stimulate the formation of new vertebral bone is osteoporosis patients.

OBJECTIVES

The basic aim of the study is to find out the presence of disease 'osteoporosis' in Chidambaram taluk and create awareness among the public regarding the disease.

The objectives of the study are as follows:

I. To know age, Educational level, Religion, Nativity, Community, Nature of family and occupation wise distribution of respondents.

II. To find respondents' opinion on knee ache problem including the age when the problem started, Nature of frequency of pain occurrence, and their consultation with physician

III. To know the respondents' opinion on type of medicine and treatment followed to get recovery.

IV. To find out the respondents' opinion on recovery from knee pain

V. To know the respondents' opinion on bone density test and preventive measures taken by them.

METHODOLOGY AND DATA COLLECTION

The sample were taken from the population of chidamamber taluk, Cuddalore district. The data were collected with the use of questionnaire which is designed in order to achieve the objectives as stated above. Due to time and cost constrain 200 questionnaires were distributed to the respondents living in Chidambaram taluk and filled in questionnaires were received back.

Table 1:Age wise Distribution of Respondents

S.No	Age (in years)	No. Of Respondents	Percentage
1.	20-30	31	15.5
2.	30-40	55	27.5
3.	40-50	44	22.0
4.	50-60	34	17.0
5.	Above 60	30	15.0
	Total	200	100

Table-1 Shows that age wise distribution of respondents. Out of 200 total respondents, nearly 50 percentage of the respondents are belong to the age group of 30-40 and it is followed by 40-50 Years.

Table 2: Distribution of Respondents according to their Educational level

S.No.	Educational Qualification	No. Of Respondents	percentage
1.	Illiterate	37	18.5
2.	Primary	38	19.0
3.	Secondary	50	25.0
4.	Higher Secondary	40	20.0
5.	Collegiate education (UG/PG)	35	17.5
	Total	200	100

Table-2 Shows that distribution of respondents according to their educational level. Out of 200 Respondents, 25 percentage of them have studied secondary education, 20 percentage of them Higher secondary, 19 percentage of them finished primary education only. 18.5 percentage of them belong to illiterate group, 17.5 percentage of them completed their collegiate education. It is detected from the table that 45 percentage of respondents have studied secondary and Higher secondary education.

Table 3: Distribution of respondents according to their Religion

S.No.	Religion	No. Of Respondents	percentage
1.	Hindu	125	62.5
2.	Christian	40	20.0
3.	Muslim	35	17.5
	Total	200	100

Table-3 shows that distribution of respondents according to their religion. Out of 200 total respondents of the study, majority 62.5 percentage of them belong to Hindu religion 20 percentage of them belong to Christian and remaining 17.5 percentage of them belong to Muslim Religion.

Table 4:Distribution of respondents according to their Nativity

S.No.	Nativity	No. Of Respondents	Percentage
1.	Rural	120	60
2.	Urban	80	40
	Total	200	100

The data presented in the table 4 shows nativity of the respondents. Among the 200 sample respondents, 60 percentage of them lived in the rural area and remaining 40 percentage them in urban area.

Table 5:Distribution of respondents according to their community /caste

S.No	Community/Caste	No. Of Respondents	percentage
1.	BC	60	30
2.	MBC	55	27.5
3.	SC	45	22.5
4.	OC	40	20.0
	Total	200	100

Table5 Shows community of the sample respondents. Out of 200 total respondents, nearly one- third of them belong to backward community, 27.5 percentage of them most backward community, 22.5 percentage of them SC and 20 percentage of them belong to other community.

Table 6:Distribution of respondents according to their family type

S.No	Type of family	No. Of Respondents	Percentage
1.	Joint	75	37.5
2.	Nuclear	125	62.5
	Total	200	100

From the table 6, it is observed that majority of them are leading nuclear type of family

Table 7: Distribution of respondents according to their occupation

S.No	Occupation	No. Of Respondents	percentage
1.	Agriculture	61	30.5
2.	Business	24	12.0
3.	Professional	48	24.0
4.	House Wife	69	34.5
	Total	200	100

Table-7 shows occupation of the sample respondents. Out of 200 total respondents of the study, majority 34.5 percentage of them belong to House wife, 30 percentage of them doing Agriculture, 24 percentage of them belongs to professional group and remaining 12 percentage of them are in Business

Table 8:Distribution of respondents according to their opinion of knee ache problem

S.No	Opinion	No. Of Respondents	Percentage
1.	Yes	125	62.5
2.	No	75	37.5
	Total	200	100

Table -8 Shows respondents' opinion on their knee ache problem. Out of 200 total respondents, 62.5 percentage of them says that they are affected with knee ache problem whereas remaining 37.5 percentage of them says as 'No'

Table 9:Distribution of respondents according to their opinion on age when the problem started

S.No	Problem started the age	No. Of Respondents	Percentage
1.	20-30 years	22	17.6
2.	30-40 years	33	26.4
3.	40-50 years	24	19.2
4.	50-60 years	22	17.6
5.	Above 60	24	19.2
	Total	125	100

Table- 9 shows the opinion of respondents' about the age when the problems started. It is observed that majority of the respondents' feel affected during the age of 30-40 years.

Table 10: Distribution of respondents according to their opinion on frequency of pain occurrence

S.No	Frequency of pain occurrence	No. Of Respondents	percentage
1.	Regular	58	46.40
2.	Occasionally	67	53.60
	Total	125	100

Table-10 shows the frequency of pain occurrence by the respondents. Out of 125 total respondents 46.4 percentage of them stated that they are affected with knee pain regularly and 53.6 percentage of them say as 'occasionally'.

Table 11: Distribution of respondents according to their opinion on consultation with general physician and specialist

S.No	Opinion on consultation	No. Of Respondents	percentage
1.	Yes	77	61.6
2.	No	48	38.4
	Total	125	100

Table-11 shows the respondent's opinion on consultation with general physician and specialist.

Out of 125 respondents, 61.6 percentage of them stated that they are consulted with physician and taking medicine and remaining 38.4 percentage of them not consulted with physician. They are taking some pain killer medicine as suggested by pharmacist.

Table 12: Distribution of respondents according to their opinion on medicine and treatment followed

S.No	Type of medicine followed	No. Of respondent	percentage
1.	Allopathy	52	41.6
2.	Homeopathy	15	12.0
3.	Siddha	25	20.0
4.	Ayurvedha	23	18.4
5.	Unani	10	8.0
	Total	125	100

Table 12 shows that the respondents' opinion on following of medicine and treatment for their knee pain. According to the collected data, majority 41.6 percentage of them following Allopathic medicine, next 20 percentage of them Siddha medicine, 18.4 percentage of them Aurvedha medicine, 12 percentage of them Homeopathy medicine and remaining 8 percentage of them only following Unanic medicine for the knee pain

Table 13:Distribution of respondents according to their opinion on recovery from knee pain after treatment

S.No	Opinion on recovery	No. Of respondents	percentage
1.	Yes	86	68.8
2.	No	39	31.2
	Total	125	100

Table-13 shows that respondents opinion on recovery from knee pain after treatment. Out of 125 respondents 68.8% of them felt recovery from the knee pain after taking the medicine and treatment.

Table 14:Distribution of respondents according to their opinion on taking of bone density test

S.No	Opinion on bone density test	No. Of respondents	percentage
1.	Yes	67	53.6
2.	No	58	46.4
	Total	125	100

Table-14 shows that respondent's opinion on taking of bone density test. Out of 125 total respondents' 53.6 percentage of them have taken bone density test, and the remaining 46.4 percentage of them say as 'No'

Table 15: Distribution of respondents according to their opinion on preventive measure taken

S.No	Opinion on preventive measure	Food with vitamin and Minerals (Calcium)	Regular exercise
1.	Yes	64(51.2%)	66(52.8%)
2.	No	61(48.8%)	59(47.2%)
	Total	125(100%)	125(100%)

Table 15 shows that respondent's opinion on taking preventive measure against osteoporosis. Out of125 total respondents 51.2 percentage of them taking food with vitamin and minerals,(calcium) 52.8 percentage of them doing regular exercise as a preventive measure taken against osteoporosis

SUGGESTION AND CONCLUSION

Osteoporosis is often called a silent disease because you can't feel your bones getting weaker. Breaking a bone in often the first sign that you have osteoporosis or you may notice that you are getting shorter or your upper back is curving forward. If you are experiencing height loss or your spine is curving, be sure to consult your doctor or another healthcare professional right away as the disease may be already advanced. The present study shows that out of 200 sample population, nearly 65 percent of the respondents suffered with this disease and also more or less the same percent of respondents were consulted with physician. Regarding to preventive measures taken by the respondents shows that 50-55 percent of them having awareness about it. By observing this result of the study some of the suggestions were made. i.e., Government should create awareness among the people regarding prevention and treatment for osteoporosis disease. Information regarding the treatment of osteoporosis should be given to people through effective media such as radio and TV. Social organization such as Rotary Club and Lions Club should come forward to provide information as well as medical campaign to identify and treating for the disease.

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