SCOPE OF FUTURE RESEARCH WORK
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1. Genetic factor is an important non modifiable risk factor leading to chronic diseases. Our study did not look at this variable due to limited information. Future research work should include this important non modifiable risk factor while analysing chronic diseases.

2. In our analysis, we found no significant relationships between cancer and diet related variables which is perhaps contrary to the available literature. Individual dietary data is not included in our database. The collection and analysis of additional data on individual dietary component provide possible avenues for future research work to validate our findings on dietary association with cancer.

3. We found weakly significant association between tobacco smoking and cancer. Similar result has been obtained in case of tobacco smoking and heart disease. This is perhaps due to the fact that tobacco chewing is not considered in our study. Moreover passive smoking has impact on chronic diseases. “Passive smoking has several subtle as well as overt pulmonary effects. It is an established risk factor for lung cancer in non smoking persons. It is a significant risk factor for the respiratory symptoms and asthma in children. It is associated with an increased morbidity from asthma in adults, which is difficult to control. Passive smoking can also lead to a poor lung function, small airway dysfunction, and increased bronchial hyper-responsiveness in asymptomatic non-smokers” (Gupta et al., 2003). Both passive smoking and tobacco chewing are not considered in our study. Further investigation should lay emphasis on tobacco chewing and passive smoking while analysing chronic disease risk factors.

4. We found heart disease and BMI are not associated. This calls for further investigation to find whether waist to hip ratio is a better predictor of heart disease in India.

5. We have found education related variables to be significantly associated with heart disease and diabetes. Prevalence of the diseases increases as education level increases thus pointing to the fact that conventional education does not play any role to create awareness about the detrimental effect of risk factors
which rise chronic disease prevalence. Hence further investigations are required whether health education can play a better role in this regard.

6. Our analysis is based on leading chronic diseases in India. But multiple chronic disease concepts are ignored in our study. Multiple chronic conditions occurring in the same Indian adult need to be studied. Current chronic diseases guidelines focus on individual conditions, and mostly do-not take into account multiple co-morbidities (Wyatt et al., 2014). Study conducted by Joshi et al. (2015) estimated prevalence and spectrum of multiple chronic conditions in an Indian outpatient setting. To the best of our knowledge, no study conducted in India is based on multiple chronic conditions over a large database. Hence future research work should take a step in this direction.

7. The mystery of mysterious cancer is not revealed in our study as only a few risk factors have been identified. This calls for further research on cancer.

8. According to our study, females have high BP, consume more diet and are overweight. So, females should be given importance in respect of modifiable risk factor prevention policies in future research work.