Chapter 11: Epidemiological Description of the Total Sample

Epidemiology is based on the belief that diseases do not occur randomly and opportunities for disease prevention may be provided by identifying potential etiologic agents. There are certain risk factors that differentiate same groups of people with a disease from those within the same population. (Senie, 2014)

In my research I have 3 sets of populations or 3 categories of respondents. We take the first category to be adolescent who constitute the most vulnerable group. The main risk factors especially for unmarried adolescents are unsafe sex, lack of awareness and perception regarding health issues especially sexual health. The risk factors for spontaneous abortion are wrong methods of abortion, unsafe sex, societal pressure, shame, embarrassment, lack of perception and awareness and nutritional deficiency. The main risk factors for low birth weight are iron deficiency, lack of awareness and perception, maternal infectious disease and nutritional deficiency. (Locke, 2003)

For the non-adolescent pregnancy cases (second category of respondents) the main risk factor for low spacing are unsafe sex, lack of awareness and perception, and the inability to take own decisions.

The risk factors for low birth weight babies are iron deficiency, nutritional deficiency, over burdened with works, certain addictions

The risk factor for spontaneous abortion are neuropsychiatric disorders, nutritional deficiency, smoking and other addictions. The risk factors for congenital birth defects are mainly genetic. Other factors include maternal smoking, over burdened with work, iron deficiency, environmental factors (toxins etc), maternal infectious diseases, neurological diseases and tobacco smoking. (Locke, 2003)
For the third category of respondents or the women who have been admitted to the hospital other than pregnancy we can find that the main risk factors are negligence of primary rights, lack of decision making and low socio economic status and lack of awareness. If we study the health history of these respondents we can understand that certain chronic diseases could have been avoided if they were aware about preventive healthcare and not only curative healthcare. The basic principles of hygiene are not followed by them and visit the Doctor when there is emergency. The importance of early detection and lifestyle changes are important steps for prevention.

Early detection has been very important in preventing certain gynaecological disorders. The prevalence of diseases can also be estimated from the case studies which reflects the total number of affected women at any point of time including newly diagnosed cases and those with longer history of the disease (Senie, 2014)

Senie (pg.16-17) argued that the major goal of public health education is to prevent disease through promotion of healthy lifestyles and avoidance of adverse environmental exposures. There are three levels of prevention, primary prevention, secondary prevention and tertiary prevention. Avoiding onset of a disease or condition is the goal of primary prevention. For example vaccines provide such protection. Secondary prevention procedures do not protect against disease development but screening to identify some diseases or conditions at early stages is often referred to as “prevention”. By altering the natural history through early detection followed by appropriate treatment risk of death may be reduced or prevented. Screening mammogram for preventing and detecting breast cancer is an example of secondary prevention. The third type of prevention is called tertiary prevention. The goals of tertiary prevention include
prolonging survival and reducing symptoms to improve the quality of life. After a condition is diagnosed and appropriate therapy has been received. For example, self-care guidelines for women with diabetes help lower the risk of blindness or kidney damage by daily monitoring and administration of insulin, which may slow the natural cause of disease (2014).

In this particular study, the level of primary prevention is moderate. Most of the vaccinations and medicines have been provided during the prenatal care. For non-pregnancy cases, also the women had taken vaccinations. But the diseases were diagnosed at a later stage when there was no scope for any preventive care. It was noticed that the preventive care was much more for the pregnant women (both adolescent and adults) compared to the women who were admitted for causes other than pregnancy. The secondary prevention is lowest among all the category of prevention. Tests like mammogram, Pap Smear, blood tests were not done for majority of the women. It was found that the women who had cervical cancer or endometriosis did not have a Pap Smear test in their entire life. The tertiary prevention is more common in the third category of respondents where the survival rate of cancer is increased by providing chemotherapy and medicines. Women of all the categories who have blood sugar and high blood pressure problems are also given medicines after proper diagnosis but lack of awareness, negligence and economic factors are responsible for discontinuance of medicines in many respects. Women’s health are never prioritised in many families compared to men’s health. So their needs and preferences are given less importance as a result their healthcare is often low prioritised. However, the tertiary level of prevention has been found common mostly in the third category of respondents.