

## **Prevalence of non-communicable diseases among women**

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**Background:** The health of women is always linked with reproductive health. Though there is an increased education, employment opportunities, financially sound as well as enhancement in social participation of women, the prevalence of non-communicable diseases (NCDs) among them is also high. It has been one of the principal causes of death in women. Two out of three women are dying due to NCD. Hence the present work has been taken up to assess the prevalence of NCDs and the associated risk factors among women.

**Methodology:** The literature search was carried out using the keywords “non-communicable diseases (NCDs), women’s health, risk factors and lifestyle approaches” in databases such as PubMed, ScienceDirect, Medline, and Web of Science. Based on the set inclusion and exclusion criteria, studies were selected. Inclusion criteria include 1) review papers, observational studies or clinical trials; 2) Studies published from 2000 onwards and 3) working women and homemakers as participants. The exclusion criteria were: 1) outcome not related to NCD; 2) articles not in English; 4) Only abstract available.

**Results:** Among women coronary heart disease, diabetes mellitus, hypertension, chronic respiratory diseases, cancer, obesity and mental health issues are the commonly seen NCDs. The risk factors were non-modifiable like genetics,

gender and modifiable such as overweight/obesity, low physical activity, stress and unhealthy diet. Many studies report mental health of women is neglected which affects their health.

**Conclusion:** Non-communicable diseases pose a significant burden on women. It not only affects her health but indirectly affects her overall family well-being. It will lead to reduced work quality both at home and at the workplace. Women and their family members must be given awareness of the NCDs. Regular health checkups and healthy lifestyle training must be imparted. Women must be provided with the awareness of rights and resources, and the capacity to fight exploitation and injustice.

### **Biography**

Shunmukha Priya S. holds M.Phil. and Ph.D. in Food Science & Nutrition. Her Ph.D. work was under the title Bioavailability of iron and zinc. She has qualified for the University Grants Commission - National Eligibility Test for assistant professor eligibility. She has published eight scientific articles in journals and presented over 15 papers at national and international conferences. She was cited twice and her H-index is 1. She is a speaker and blog writer. Her topics of research interest are micronutrients, lifestyle diseases, community health and non-communicable diseases. She is a Life Member of the Nutrition Society of India and an Associate Life Member of the Indian Dietetic Association. Currently serving as Research Supervisor at the Institute of Nutrition and Fitness Sciences, Pune Maharashtra.

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## **Association of maternal polycystic ovary on daughters' health profile**

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**Background:** Polycystic Ovary (PCOD or PCOS) is an endocrine disorder observed among women of reproductive age (15 to 49 years). A girl or woman is said to have PCOS when they exhibit any two of the three criteria such as irregular menstrual cycles or anovulation, hyperandrogenism and polycystic ovaries. Globally, it affects 4 to 20 per cent of women. PCOS is a heterogeneous syndrome without any clear Mendelian pattern of trait inheritance. Still, maternal PCOS is associated with a higher prevalence of reproductive and metabolic abnormalities among daughters. Hence, the study has been taken up with the objective to ascertain the association between maternal PCOS with daughters' health profiles. **Methodology:** The literature search was performed in the databases PubMed, Web of Science, ScienceDirect and Google Scholar. The keywords used were "Maternal PCOS, menstrual cycles or anovulation, hyperandrogenism and polycystic ovaries, and women's health". All relevant articles published in English were for the study.

**Results:** Studies point strong association between genetics with PCOS. It was observed that there was a familial dysfunction in the beta-cells of the pancreas. This shows association of PCOS and diabetes with increased prevalence of diabetes in PCOS women and their generations. Association between maternal PCOS and risk of developing obesity leads to PCOS among daughters. A higher Waist-Hip-Ratio (>0.87)

was found to be correlated with PCOS, which alters the metabolic and hormonal profile. Maternal PCOS with high BMI translates to the daughter with the risk of developing higher body fat, irregular periods, hyperandrogenism as well as increased hirsutism.

**Conclusion:** The current review highlights the burden of the syndrome on daughters and further female generations. Hence, early diagnosis, creating awareness to mothers and daughters to lead a healthy lifestyle, prevent the onset and manage to delay the complications must be in consideration when dealing with PCOS.

### **Biography**

Praveena is a graduate in biochemistry and post-graduate in bioinformatics with a short stint in the research at Barcelona Biomedical Research Park, where she was involved in development of kinase protein knowledge base and identifying cancer genes and adds a publication on her work. During her tenure as Scientific Associate in GVK Biosciences Pvt Ltd, she was involved in development of extensive chemical and drug databases and knowledge bases of various proteins. Currently, a freelance nutrition coach handling clients for weight management, lifestyle disorders, and in particular with women health issues. At INFS, she works as a full-time faculty member. Contributed to various courses that include Women's Health and Wellness, Kids Nutrition, Pregnancy and Postpartum, and Clinical Nutrition topics. She has also authored a free e-book on "Myths and Facts". She is currently pursuing international certification in Pre and Post Natal Coach.

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## **To the problem of premature birth in the city perinatal center in Bishkek**

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An analysis of two years of work showed that in 2019 the total number of births was 9553, of which 935 premature births (9.8%), on the contrary, in 2020 the total number of births was 10741 and premature births were 837 (7.8%). 75.6% of the premature group in 2019 and 73.8% in 2020 were admitted to the intensive care unit of newborns, 24.4 ‰ and 26.2 ‰ among full-term newborns, respectively. Early neonatal mortality in 2019 among premature babies was 19.9 ‰ and in 2020 - 16.7 ‰. Analysis by weight categories showed that in the group of premature babies weighing from 500 to 999 grams, the highest early neonatal mortality was 44.8% in 2019, and in 2020 this indicator was 45.4% + 0.6. the lowest early neonatal mortality was in the group of 2500 and more, respectively, 12.6% and 10.9%, and almost equal values were in the weight categories of 1000 grams. until 1499. and from 1500 gr. up to 2499 gr. making up from 20% to 22%. In 2019, early neonatal mortality was only 183, which corresponds to

19.1 ‰, in 2020, 165 -15 ‰. In the structure of early neonatal mortality, the largest percentage among 183 children was occupied by immature newborns, amounting to 59% and in 2020 it was 67.8%, congenital malformations, respectively, 13% and 11.5%, then intrauterine infections 6.5% and 9%. Thus, according to the work of the perinatal center, due to the use of effective perinatal technologies, there is a positive trend in perinatal outcomes in pregnant women..

### **Biography**

Zhyldyz Nasirdinova received her PhD in Medicine at the age of 29 from the I.K. Akhunbaeva. She is an associate professor of the department of obstetrics and gynecology No. 1 at the KSMA. She has over 45 publications, her H-index publication is 2, and she is a consultant at the city perinatal center in Bishkek.

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## **Women’s health through the ages from myths and taboos to awareness and role of community health workers in maternal and neonatal care in urban and rural areas of Pakistan**

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**G**lobally, 2.4 million children died in the first month of life in 2020 – approximately 6,500 neonatal deaths every day 1. National mortality rate in Pakistan in 2020 is still 40.4 deaths per 1000 live births<sup>2</sup>. Pakistan also has a quite high maternal mortality rate of 140 per 100,000 live births<sup>3</sup>. The ratio is also 26pc higher in rural areas - 199 deaths, than urban areas - 158 deaths. <sup>4</sup> Community health workers, especially in rural areas, can play a significant role in decreasing neonatal and maternal mortality<sup>5,6,7</sup>, by educating the people about the causation, as well as ensuring safe birth practices. The objectives of our study are to analyse the level of knowledge, and practices of mothers about neonatal care and to assess the contribution of community health workers in promoting the knowledge and care for neonates. It is an on-going research. A cross-sectional study is being conducted among the mothers of neonates (a child below the age of 28 days) of District Headquarters Hospital, Rawalpindi also among the health workers of tribal districts of Waziristan. We have used USAID Questionnaire Assessment of Community Health Workers to Prevent Neonatal Mortality as the data collection tool. After literature review we came to know that in developing countries like Pakistan, where there are an estimated 0.82 physicians, 0.57 nurses and midwives, and 0.06 community health workers per 1000 population, the health care system

can be improved and neonatal mortality decreased by training and supervising the community health workers. Brazil improved its public health system by focusing on community awareness. According to our research, 70-80% mothers responded that community health workers do not conduct workshops in their districts about breastfeeding practices, about maternal diet and health, about family planning, about basic neonatal care etc. When we will break the taboo to talk openly about maternal health, maternal mortality rate and neonatal mortality rate will decrease significantly. Women’s health has been neglected over the years with the uterus being called from the word “hysteria”, with the woman labelled witches and neglected medical opportunities. It has gone a long way from myths to awareness. But still there is a long way to go to overcome the burdens of the deaths of our mothers and neonates.

### **Biography**

Sumia Fatima is an avid researcher and has presented earlier at conferences of 90th Catholic Medical Association, Orlando, in Paris and Turkey. Currently got her researches accepted for Zurich, Switzerland and Athens, Greece. But she specifically wanted to attend this conference because neonatology is very close to her heart and she wants to make a contribution so every child born in this world is given optimum care and love.

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## **Addressing impacts of Covid-19 pandemic on women's mental and emotional health-Key areas of intervention**

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The Covid-19 pandemic has devastated health, social and economic well-being globally, with women at the centre. This health crisis has exposed women to a greater risk of infection. First and foremost, women are also shouldering much of the burden at home in view of lockdowns and quarantine measures. At the same time, Covid-19 pandemic has significant impacts on women's physical health (and well-being). Yet the mental toll of the pandemic (which is less quantifiable) is equally alarming. At this juncture, it is pertinent to note that as the pandemic has stretched from weeks to months and to over two years, research data from the regions of the globe have emerged indicating the toll it has had on women's mental (including emotional) health. The mental health consequences of the pandemic disproportionately affect women, both (a) at work, and (b) at home. Women face increased stresses due to their dual responsibilities at work place and at home. Over and above, as they take on more responsibilities of home-schooling and everyday parenting, they (and mothers in particular) are experiencing the effects of the pandemic to a higher degree. This situation calls for health care providers and other involved stakeholders to prioritize the agenda to adequately and effectively take measures to reach out to women impacted by mental health consequences of the Covid-19 pandemic.

This research paper primarily aims to provide an insight into key areas in which strategic interventions are required for the purpose of addressing mental and emotional health concerns of women in Covid-19 pandemic era. Largely qualitative data (secondary in nature) have been used in the work. Method of data analysis is descriptive. This paper briefly concludes that policy responses must be immediate, and they must account for women's mental health concerns.

### **Biography**

Santosh Kumar Mishra retired on June 30, 2020 from the Population Education Resource Centre, department of lifelong learning and extension, SNTD Women's University, Mumbai, India. He acquired MA (Economics), post-master's diploma in Adult and Continuing Education, diploma in human resource development and certificate course in hospital and health care management. Also, he underwent training in demography and acquired PhD degree. His areas of interest include demography, sustainable development, gender issues and allied subject areas. Mishra has authored (some co-authored) 5 booklets, 4 books, 23 book chapters, 75 journal articles, and 49 papers for conferences some with bursary for presenting research papers at international events held in Sweden, Australia, Tajikistan, USA, Tanzania, Philippines, Ireland, etc. Also, he has contributed to 170 e-discussions. Dr. Mishra has reviewed: (a) nearly 325 proposals for 23 international conferences (b) 160 manuscripts for 81 journals.

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## **Preserving maternal health: Responses required**

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**P**reserving maternal health is of paramount significance in order to achieve SDG (sustainable development goal-3: to ensure healthy lives and promote well-being for all at all ages. According to data published by the World Health Organization (WHO) in 2022, nearly 140 million births take place annually. The term “maternal health” refers to the health of women during pregnancy, childbirth and the postnatal period. The author of this research argues that each stage in maternal health should be a positive experience, ensuring that women and their babies reach their full potential for health and well-being. Despite the fact that significance progress has been made in the last two decades, countless number of women die during and following pregnancy and childbirth, especially in countries with (a) comparatively lower literacy rates among women, and (b) poor health infrastructure. Analysis of research data on maternal mortality is indicative of the fact that most common direct causes of maternal injury and death are: (a) excessive blood loss, (b) infection, (c) high blood pressure, and (d) unsafe abortion. Indirect causes, on the other hand, include: (a) anemia, (b) malaria, and (c) heart disease. It is pertinent to note that post maternal of the deaths are preventable with timely management by a skilled health professional working in a supportive environment. It is for this reason that ending preventable maternal death remain priority health agenda in many countries. This research paper aims to investigate into interventions

required for further preserving maternal health. Secondary data (largely ‘quantitative’ in nature) have been used and method of data analysis is descriptive, involving “desk-based research” approach. The paper briefly concludes that there is need to make good progress in improving maternal health and health systems need to respond by prioritizing strategic interventions.

**Keywords:** Maternal Health, Pregnancy, Responses, Sustainable Development Goals, and Childbirth

### **Biography**

Santosh Kumar Mishra retired on June 30, 2020 from the Population Education Resource Centre, department of lifelong learning and extension, SNTD Women's University, Mumbai, India. He acquired MA (Economics), post-master's diploma in Adult and Continuing Education, diploma in human resource development and certificate course in hospital and health care management. Also, he underwent training in demography and acquired PhD degree. His areas of interest include demography, sustainable development, gender issues and allied subject areas. Mishra has authored (some co-authored) 5 booklets, 4 books, 23 book chapters, 75 journal articles, and 49 papers for conferences some with bursary for presenting research papers at international events held in Sweden, Australia, Tajikistan, USA, Tanzania, Philippines, Ireland, etc. Also, he has contributed to 170 e-discussions. Dr. Mishra has reviewed: (a) nearly 325 proposals for 23 international conferences (b) 160 manuscripts for 81 journals.

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