

The Invisible Epidemic of Globalization : Non Communicable Diseases

Abstract

This article outlines the relationship between globalization and the risk factors of NCD as well as the expanding levels of NCD in developing countries. It warns of a worrying gap between the rate at which the levels of these diseases are growing and the low priority given to the issue by international and national health policy makers. Like climate change, the relentless world wide spread of NCD is a major global challenge that threatens health and economies alike. An emerging epidemic of non communicable diseases is in many cases due to lengthening of life expectancy in developed and many developing countries, profound and frequently unhealthy changes in lifestyles and adverse physical and social environment. Non-communicable diseases, including heart disease, stroke, cancer, diabetes and chronic lung disease are collectively responsible for almost 70% of all deaths globally. Most chronic non-communicable diseases cannot be easily cured and thus force many people into, poverty due to exorbitant expenditures for treatment. Thus an integrated approach which is feasible and cost effective, should be provided for the prevention and clinical management of non-communicable diseases at individual, community and national level.

Keywords: Globalization, Non Communicable Disease, Life Style.

Introduction

Non-communicable disease (NCD) is a medical condition or disease that is non-infectious or non-transmissible. NCDs can refer to chronic diseases which last for long periods of time and progress slowly. NCDs are intricately linked to globalization, urbanization and demographic and lifestyle transitions-all ubiquitous forces. Increasingly, such diseases are also linked to poverty and socioeconomic disparity and are no longer "diseases of affluence." There are also complex but measurable associations between early life circumstances (e.g. maternal and childhood nutrition) and the risk of NCDs in adulthood: hence, many developing countries now find themselves at a stage of epidemiologic and behavioral transition in which they face a growing burden of NCDs on top of the ongoing hazards of under nutrition and communicable disease. The 4 main types of NCD are.

1. Cardiovascular diseases (like heart attacks and stroke; accounts for 17.5 million deaths annually)
2. Cancers (accounts for 8.2 million deaths annually)
3. Chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma; accounts for 4 million deaths annually)
4. Diabetes (accounts for 1.5 million death annually)
5. Mental health had only recently been included by the WHO as NCD.

(WHO, 2015)

Historically, many NCDs were associated with economic development and were so-called a "disease of the rich." Today referred to as a "lifestyle" disease, because the majority of these diseases are preventable illnesses, the most common causes for NCD include tobacco use, alcohol abuse, poor diets and physical inactivity. NCD kills 36 million people a year, a number that by some estimates is expected to rise by 17-24% within the next decade.¹ The burden of NCDs in developing countries has increased. New WHO report: deaths from NCDs on the rise, with developing world hit hardest. If present growth trends are maintained, by 2020, NCDs will attribute to 7 out of every 10 deaths in developing countries. Killing 52 million people annually worldwide by 2030.² With statistics such as these, it comes as no surprise that international entities such as the WHO and World Bank Human Development Network have identified the prevention and control of NCDs as an increasingly important discussion item on the global health agenda. In LMICs, poverty exposes



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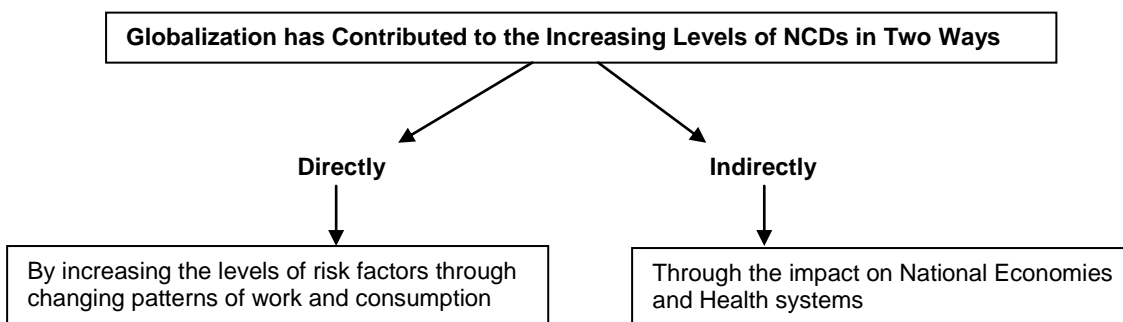
people to behavioral risk factors for NCDs and in turn resulting NCDs become an important driver for poverty.⁽³⁾ Because of their multiple interacting causes and complications, as well as their lifelong nature, NCDs challenge current paradigms of health care organization and delivery. Confronted by the ever-increasing threat of such diseases, high, middle and low-income countries alike are struggling to find solutions at the levels of policy, health care delivery, health communication and education.⁴ But this

common set of challenges also offers opportunities for global cooperation.

Aim of the Study

1. To make people aware about expanding levels of NCDs.
2. To study the relationship between NCDs and Globalization.
3. To improve peoples awareness of their own health status and risks.
4. To promote healthier habits among people.

Non communicable Diseases and Globalization



Risk Factors and Globalization

Risk factors such as a person’s background: lifestyle and environment are known to increase the likelihood of certain NCDs. They include age, gender, genetics, exposure to air pollution, and behaviors such as smoking, unhealthy diet and physical inactivity which can lead to hypertension and obesity, in turn leading to increased risk of many NCDs.⁵

Referred to as a “lifestyle” disease, because the majority of these diseases are preventable illnesses, the most common causes for NCDs include-

1. Tobacco use (smoking)
2. Alcohol abuse.
3. Poor diets (high consumption of sugar, salt, saturated fats and trans fatty acids).
4. Physical inactivity.

NCDs are driven by forces that include ageing rapid unplanned urbanization and the globalization of unhealthy lifestyles. These include:

1. Modern processes of production and globalization are key components of economic development worldwide that have brought about many improvements in health, yet the negative effects of globalization (including increased incidence of NCDs) contribute to poverty and widening disparities.
2. Current political and economic incentives favor industry and other interest groups at the expense of health: the subsidies paid for mass-produced processed foods, the tobacco revenue generated in countries with a government owned tobacco industry, industrial growth in the face of environmental pollution.⁴
3. Spread of the sedentary auto mobile and television culture that discourage physical activity.
4. Changes to people’s patterns of nutrition and energy expenditure have been influenced by the systematic marketing of unhealthy foods, due to global trade and marketing developments the

greater use of oils, salt and sugar in food products.

5. Globalization of unhealthy diet in combination with tobacco use and little physical activity, leads to raised blood pressure, increased blood glucose, elevated blood lipids and obesity. These are called intermediate risk factors which can lead to cardiovascular disease a NCD.
6. Adoption of the ‘Western diet’ due to urbanization is supplemented by marketing strategies used in the media to promote consumption of high energy dense foods and fast food outlets with large portion sizes.
7. Environmental factors in urban areas that might act as a barrier to engage in physical activity are: a lack of parks, proper sidewalks, exercise facilities, and the presence of violence.
8. Online marketing by major tobacco manufacturers has increased.⁶ One company, R.J. Reynolds, began marketing its new brand, Eclipse, only through the internet (Yach and Bialous, 2001).
9. Rapid travel, mass migration and the globalization of culture are also increasing the incidence of NCDs.

Key Diseases

According to WHO, almost half of all deaths in Asia are now attributable to NCDs accounting for 47% of global burden of disease.⁷ Over 80% of cardiovascular and diabetes deaths, 90% of COPD deaths and two thirds of all cancer deaths occur in developing countries.⁸ The probability of an Indian between the ages of 30-70 years dying from the four main NCDs-diabetes, cancer, stroke and respiratory diseases was 26 percent at present (WHO 2015)

Cancer

For the vast majority of cancers, risk factors are environmental or lifestyle-related, thus cancers are mostly preventable NCD.⁹ Greater than 30% of cancer is preventable via avoiding risk factors including: tobacco, being overweight or obesity, low

fruit and vegetable intake, physical inactivity, alcohol, sexually transmitted infections, and air pollution.¹⁰ Nearly 56% of the estimated deaths from cancer occur in the developing world.¹¹

Cardiovascular Disease

Ischemic heart disease (IHD) is the leading cause of death in economically developed countries and is rapidly assuming serious dimensions in developing countries. In the early 2000s, numerous studies have revealed a link between fast food and an increase in heart disease. According to the WHO, an estimated 17 million people died from CVD in 2005 comprising 30% of all global deaths and of these nearly 80% of deaths took place in low and middle income countries like India.¹² The increase in CHD in India is largely an urban phenomenon.

Diabetes

India is currently experiencing an epidemic of Type 2 diabetes mellitus and has the largest number of diabetic patients. It is often referred to as the diabetes capital of the world.¹³ Health problems like smoking, elevated cholesterol levels, obesity, high blood pressure, and lack of regular exercise.

Respiratory Diseases

It is estimated that there are more than 12 million adults with COPD in India with prevalence rates varying depending upon the population studied and the methodology used. The prevalence amongst women is consistently lower than in men.¹⁴

Conclusion

NCDs are diseases that are “communicated” by means of the global promotion of products and lifestyles undermining the health and wealth of nations. Globalization is creating an interdependence that affects both the risks of disease and their potential solutions. NCDs are a barrier to development. The socioeconomic impacts of NCDs are also affecting progress towards the Millennium Development Goals with serious implications for poverty reduction and economic development.

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