

drivers (p value 0.004) less than 0.05. It also shows that prevalence of back pain increases with long distance driving (p value 0.001). Other factors such as BMI >25 is also associated with increased risk of back pain in professional drivers. The study shows that smoking, marital status and psychological factors (yellow flags) have no relation with increased risk of back pain.

To investigate if type of vehicle will increase the risk of back pain, the study showed that, prevalence of back pain differs between the different types of drivers. The number of taxi drivers participating in this study were 231 drivers, 65 disclose back pain in the previous 12 month giving the percentage of 28.1%. For Bus, drivers the participant were 189 out of these 49 disclose back pain in previous 12 month giving the percentage of 25.9%. On the other hand heavy vehicle drivers participant were 52, those disclose back pain in previous 12 month, were 27 drivers giving percentage of 51.9%. If we compare the 3 types of the drivers we will notice that heavy vehicle drivers have high percentage of back pain compare to others. It means that heavy vehicle increase the risk of back pain compared to taxi and bus.

The study show that, pain location in different types of drivers is differ according to the vehicle.

- Heavy vehicle drivers feel pain in their lower back were 63% compared to those felt pain in upper back including shoulder and neck, which were 33%. (11.1%+22.2%)
- While bus drivers who feel pain in lower back were 40.8% compared to those felt it in the upper back, shoulder and neck, which were 26.5%. (6.1%+14.3%+6.1%)
- In Taxi drivers those who feel pain in lower back were 27.7% while those feel pain in upper back, shoulder and neck were 67.6%. (21.5%+21.5%+24.6%)

If we compare the pain location in the 3 types of the drivers (taxi, bus, heavy vehicle) we will notice that taxi drivers feel pain more in upper back, shoulder and neck, while bus and heavy vehicle drivers feel pain more in their lower bac.

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OCCUPATIONAL HEALTH IN INDIA: PRESENT SCENARIO, CHALLENGES AND WAY FORWARD

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Introduction Health, safety and well-being of the employees is important for country's development. Of country's 500 million workers only less than 10% of are covered by some health and safety legislation. Epidemiologists have estimated an annual 36,700 fatalities, 1,83,00,000 injuries and 18,50,000 diseases related to occupational hazard.

Methods Extensive literature review suggests access to occupational health services (OHS) is non-existent for a majority (85%) of Indian workers in unorganised sector. Of the global 1.9 million cases (17%) are contributed by India. The adverse occupational factors cost 2%–14% of the gross national product (GNP). Heavy burden and poor concern for OH disease is reflected in high attack rates foreg: Silicosis, 4.1%–54.6% among miners and Byssinosis, 28%–47% in textile workers.

Result India has a huge abundance and variability among different occupations. Therefore a standard policy framework regulating OHS is redundant. Additionally there is no formal regulating body and lack of competence-based training and specialist registration. Except few public and private industries occupational safety is usually ignored. Occupational research remains neglected despite the ever growing need for e.g: child labour, vast informal sector; industrial hygiene and OH surveillance.

Discussion Its highly pertinent to increases awareness on OSH through appropriate partnerships. The need for best OHS practices, coordinated research and optimal resource allocation to be highlighted through activism and advocacy. Setting up of national task force and a central regulating body is the need of hour.

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A NON-COMMUNICABLE DISEASES AND RISK FACTORS AMONG POLICE PERSONNEL IN JODHPUR, INDIA

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Introduction Non-communicable diseases (NCDs) are on the rise among vulnerable occupations like: Law enforcement. These NCDs share common behavioural risk factors, namely, tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity etc.

Methods A cross-sectional study was conducted among policemen for 2 months (August–September 2016). A total 5 camps were conducted to cover 280 study participants from all 23 stations/posts. The standard WHO-STEP wise approach for NCD surveillance was incorporated as data collection strategy. Data collection included: An interview, physical and biochemical measurements and health promotion session. Multivariate logistic regression analysis done to test significant risk association.

Result Participants had mean age of 39.09 years, most 266 (95.0%) were men and more than half 162 (57.8%) were college educated. Risk assessment revealed high burden of: Tobacco 83 (29.6%) and Alcohol 94 (33.6%) intake, inadequate fruit-vegetable intake 243 (86.8%) and high salt intake 29 (10.4%), inadequately physically activity 212 (75.8%) and obesity 116 (44.3%) and past history of disease i.e. CVDs 21 (7.5%), Hypertension 82 (14.64%), Hypercholesterolemia 16 (21.62%) and Diabetes 29 (10.59%). The mean BP reading was 115.8±11.5 mmHg (Systolic) and 80.4±4.9 mmHg (Diastolic). Screening suggested 82 (29.28%) and 213 (76.1%) had Hypertension and Pre-Hypertension respectively. Hypertension was significantly associated with tobacco (OR: 3.7, p=0.045) and alcohol (5.2, 0.023), obesity/overweight (5.2, 0.022), lower education (3.9, 0.041) and diabetes (5.9, 0.014).

Discussion Present study reflects a heavy burden of Hypertension and risk factors among the law enforcement personnel coupled with poor awareness and lifestyle and treatment seeking behaviour. Study participants had poor knowledge and health behaviour in respect to NCDs and risk factors. Poor awareness and practices hamper primary and secondary prevention strategies for averting NCDs.