

Knowledge, attitudes, and behaviour related to Non-Communicable Disease prevention: An intervention-based study in the Padukka MOH area

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Analyses of age-standardized data for 1991-2001 show that mortality due to chronic non-communicable diseases (NCDs) was 20-30% higher in Sri Lanka than in many developed countries, accounting for 71% of all deaths. There has been a shift in disease patterns from Mother and Child Health issues and infectious diseases to NCDs, which account for nearly 90% of Sri Lanka's disease burden. Diverse programmes have been implemented to raise awareness on NCDs. However, these interventions lack behaviour modification strategies to address lifestyle diseases. The objective of this paper is to explore knowledge on NCDs, attitudes about NCDs, and behaviour related to NCDs in a selected community, while identifying appropriate preventive strategies. The analysis is based on an action-oriented research in a Public Health Midwife (PHM) area in the Padukka Medical Officer of Health area. Intervention and qualitative deductive approaches were used in this study. Collaborative interventions were implemented by adopting a bottom-up approach. Participation was voluntary. The PHM was assigned to conduct a monthly health checkup and maintain individual records. Records were reviewed once every three months while empowering and motivating each individual to modify his/her risk-behavioural practices. Fifty in-depth interviews were conducted to review the experience of the participants. Ninety-two percent of the participants were women. Of the sample, 52.4% in the 20-30 age category and 56.2% in the 50-60 age category were pre-obese. Findings reveal that the majority of the participants have sufficient knowledge about NCDs and attempt to modify risk food consumption practices while integrating exercise into their everyday life. Changing some cultural practices remains a challenge. Empowering individuals for self-health management is essential and it requires culture-sensitive, context-specific lifestyle modification strategies. The primary healthcare delivery structure has a greater capacity to incorporate NCD prevention strategies.

Keywords: *lifestyle, behaviour, prevention, empowerment*