



KNOWLEDGE ABOUT LIFE STYLE DISEASE, AWARENESS AND UTILIZATION OF NPCDCS AMONG ELIGIBLE MEMBERS OF KALADY GRAM PANCHAYAT

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ABSTRACT

Life style diseases are emerging as a leading cause of death worldwide as well as in India. Nearly 80% of NCD deaths occur in low and middle income countries. Govt. of India launched NPCDCS in 2010 to control and prevent lifestyle diseases. Even after implementation of NPCDCS, the prevalence of lifestyle diseases is going up. The objectives of the present study were to assess the knowledge about life style diseases, assess the awareness and utilization of NPCDCS, and find out the relationship of utilization of NPCDCS with its awareness and knowledge about life style diseases. A cross sectional descriptive survey was conducted among 240 eligible members in Kalady Gram panchayat. Stratified random sampling technique was used to select the sample from four subcentres under Kalady PHC. Structured questionnaires and utilization checklist were used to collect data from. The findings revealed that majority had poor (53%) or average (45%), knowledge 80.83% of the people were unaware about NPCDCS and 86.67% of them reported poor utilization of NPCDCS. The present study pointed out that there was positive correlation between awareness of NPCDCS and its utilization ($p=0.000$) as well as utilization of NPCDCS and knowledge about life style diseases ($p=0.000$). Knowledge about life style diseases and awareness and utilization of NPCDCS in India, particularly in villages, is poor. This underscores the need for conducting large-scale NPCDCS awareness and educational programs.

KEYWORDS : Life style diseases; knowledge; awareness; utilization; NPCDCS

Background of the study

Life style diseases, also called Non-Communicable Diseases (NCDs) are a growing public health concern globally. WHO defines life style as a way of living based on identifiable patterns of behaviour, which are determined by the interplay between an individual's personal characteristics, social interaction, socioeconomic and environmental living condition. NCDs kill more than 36 million people each year. Nearly 80% of deaths due to life style diseases -29 million- occur in low and middle income countries. More than nine million of all deaths attributed to NCDs occur before the age of 60. Cardiovascular diseases account for most NCD deaths, followed by cancers, respiratory diseases, and diabetes. These four groups of diseases account for around 80% of all NCD deaths. They share four risk factors: tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets.

In India -account for over 42% of all deaths caused by non-communicable diseases.

Statement of the problem

A study to assess the knowledge about lifestyle diseases, awareness and utilization of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) among eligible members of Kalady Gram panchayat.

Objectives

- Assess the level of knowledge regarding the lifestyle diseases.
- Assess the awareness of people regarding NPCDCS.
- Assess the extent of utilization of NPCDCS.
- Find out the relationship between awareness and utilization of NPCDCS.
- Find out the relationship between the utilization of NPCDCS and knowledge regarding the lifestyle diseases.
- Find out the association between extent of utilization of NPCDCS and selected demographic variable.

Hypotheses

All the hypotheses are tested at 0.05 level of significance

H₁: There is a significant relationship between the awareness regarding NPCDCS and its utilization

H₂: There is a significant relationship between the utilization of

NPCDCS and knowledge about life style diseases.

H₃: There is a significant association between utilization of NPCDCS and selected demographic variables

Research Approach: Quantitative approach.

Research design: A Cross sectional descriptive survey design. Variables

Baseline variables: Age, gender, education, occupation, religion, economic bench mark, type of family and area of residence.

Study variables: Knowledge about lifestyle diseases, awareness and utilization of NPCDCS.

Setting of the study

The people residing in Kalady Gram panchayat receive health care services delivered through Kalady CHC. The study was conducted in the wards receiving health care delivery through Kalady PHC which has four sub centers; Piraroor, Kalady, Thottakam and Manickamangalam.

Population: All members eligible for NPCDCS.

Sample: Eligible members from the randomly selected families, who satisfied the inclusion criteria.

Sample size: Two hundred and forty eligible members, one from each of the selected families.

Inclusion criteria

An eligible member,

- An adult of either sex, aged above 30 years
- Who was present at the time of data collection
- Who was willing to participate in the study

Exclusion criteria

- Any family where an eligible member was absent

Sampling technique: In this study stratified random sampling technique was adopted.

Tools and techniques

Tool 1: Demographic proforma

Tool 2: Knowledge questionnaire

Tool 3: Awareness questionnaire

Tool 4: Utilization checklist**Description of tool**

Demographic Proforma: It included age, sex, education, occupation, type of family, economic benchmark, religion and area of residence.

Knowledge questionnaire:

Knowledge questionnaire consists of 18 items from the areas of cancer, diabetes, CVDs and stroke. It helped to assess the knowledge regarding life style diseases. Based on the total score obtained, knowledge of the people was categorized into three levels such as poor: 1-7 (0% -40%), average: 8-13 (41%-70%) and good: 14-18 (71%-100%).

Awareness questionnaire

Awareness questionnaire consisted of 7 items which focused on the awareness of the people regarding NPCDCS. On the basis of total score of the questionnaire, awareness of the people was classified into two levels; unaware: 1-4(0%-60%) and aware: 5-7 (61%-100%)

Utilization checklist

Utilization checklist consisted of 44 items from four areas of NPCDCS. The subjects were instructed to mark 'yes' if they have utilized the particular services, 'no' for no utilization and 'NA' for those items that were not applicable. The total score of each individual was calculated by adding the scores of all applicable items. The percentage of obtained scores was considered as the utilization score. The obtained utilization score were categorized into three levels such as poor 0-17 (0% -40%), average 18-31(41%-70%) and good 32-44 (71%-100%).

Content validity

In order to obtain content validity of the data collection tool, the prepared instruments were sent to 7 experts. There was 100 % agreement for all items in demographic proforma, awareness questionnaire and utilization checklist. Three items which were not relevant in the knowledge questionnaire were removed. Malayalam tool was used for the data collection.

Reliability

Reliability of the tool was established by administering the tool to 14 subjects in Manjapra Gram panchayat. The coefficient of internal consistency was computed for structured knowledge questionnaire and awareness questionnaire, using split half technique. The reliability of the tool was found out using Karl Pearson product moment correlation formula and were found to be 0.8 and 0.86 respectively. Reliability of the Utilization checklist was done by test retest method and it was found to be 0.78. It indicates that all three tools were reliable.

Pilot study: It was conducted in Thuravoor Gram panchayat.

Data collection process: It was done at Kalady Gram panchayat.

Result**Section I: Description of demographic variable.**

- Most of the subjects (40.4%) belonged to the age group of 30-40 years.
- More than half (52%) of them were females.
- More than half (60.8%) of the subjects had high school level education,
- Most of them (40%) were unemployed.
- More than half (52.5%) of the subjects were from nuclear family.
- Majority (65%) of the subjects were Christians.
- More than half (53.3%) of them belonged to APL category.
- Majority (55%) of the families were residing in semi urban area.

Section II: Description of knowledge of the people about lifestyle disease.

- Majority (53.3%) of subjects had poor knowledge regarding prevention of life style diseases, others 43.83% had average knowledge regarding prevention of life style diseases and only a few (0.83%) subjects had good knowledge regarding prevention life style diseases.
- Majority of the subjects had poor or average knowledge in all subcenters. Only in Thottakam subcentre a few members (2.4%) had good knowledge about life style diseases.
- Mean knowledge was 7.6 with the standard deviation of 2.9.

Section III: Description of awareness regarding NPCDCS.

- Majority of the people were unaware (80.83%) about NPCDCS whereas only 19.17% of the subjects were aware about NPCDCS.
- Majority of the people were unaware about the programme in all subcenters. The percentage of unaware subjects was higher (95%) in Praroor subcentre compared to all other subcentres. The highest percentage (31%) of those who were aware of NPCDCS was in Thottakam subcentre.
- The mean value of awareness score was 3.03with the standard deviation of 1.746.

Section IV: Description of extent of the utilization of NPCDCS.

- Majority of the subjects (86.67%) reported poor utilization of NPCDCS, others (11.25%) of the subjects reported average utilization of NPCDCS and only 2.08% of the subjects reported good utilization of NPCDCS.
- Majority of the subjects in all subcenters reported poor utilization of NPCDCS. In the Kalady (3%), Praroor (3%) and Thottakam (2%) subcenters a few subjects reported good utilization
- The mean score of utilization was 6.92 with standard deviation of 8.98.

Section V: Correlation between the awareness and utilization of NPCDCS.

The correlation coefficient computed between the awareness and utilization of NPCDCS was 0.300 and obtained p value was 0.000. This shows that the p value is less than the significant level of 0.05. It indicates that there is significant positive correlation between awareness and utilization of NPCDCS. Hence the null hypothesis is rejected.

Section VI: Correlation between the utilization of NPCDCS and knowledge about life style diseases.

The correlation coefficient computed between the utilization of NPCDCS and knowledge about lifestyle diseases was 0.256 and obtained p value was 0.000. This shows that the p value is less than the significant level of 0.05; it indicates that there is significant positive correlation between utilization of NPCDCS and knowledge about lifestyle diseases. Hence the null hypothesis is rejected.

Section VII: Association between the utilization of NPCDCS and selected demographic variables.

The Chi-square values computed between the utilization and the religion, age, occupation and education. The p value corresponding to all demographic variables are greater than the significance level 0.05. Hence null hypothesis failed to be rejected. Hence it is inferred that there is no significant association between utilization of NPCDCS and selected demographic variables like religion, age, occupation and education.

The Fisher's exact p value corresponding to gender (0.876),

economic bench mark (0.849), area of residence (0.070) and type of family (0.701) were greater than the significance level 0.05. Hence null hypotheses failed to be rejected. It indicates that there is no significant association of demographic variable like gender, economic bench mark, type of family and area of residence with utilization of NPCDCS.

DISCUSSION

As per the study objectives, the present study revealed that more than half of the subjects (53.3%) had poor knowledge regarding life style diseases. It also pointed out that majority of the subjects (80.83%) were unaware about the programme. It was found that majority of subjects (86.67%) had poor utilization of NPCDCS. In order to find out the relationship between knowledge, awareness and utilization, the researcher tested the hypotheses stated in the study. It showed that there was a positive correlation (p value=0.000) between awareness of NPCDCS and utilization of NPCDCS. It also showed that there was a positive correlation (p value=0.000) between utilization of NPCDCS and knowledge about life style diseases.

Findings of the present study showed that there were no significant association between the utilization of NPCDCS and demographic variables such as, age, gender, education, occupation, economic benchmark, type of family, area of residence and religion.

CONCLUSION

The study indicated that majority of the subjects were from nuclear family (52.5%), regarding the economic bench mark most of them (53.3%) were from APL families, 55% were the subject from semi urban area and 65% of subject were from Christian families. 53.3% had poor knowledge regarding life style diseases, 80.83% subject were unaware about the programme. It also pointed that 86.67% reported poor utilization of NPCDCS. The study showed that there was significant relationship between awareness of NPCDCS and utilization of NPCDCS (p value =0.000) and there was significant association between utilization of NPCDCS and knowledge about life style diseases (p value =0.000). There was no significant association between the utilization of NPCDCS and selected demographic variable such as age, gender, occupation, education, type of family, areas of residence, religion and economic benchmark.

Limitation

- The study was confined to a specific geographical area which limits the generalization of the findings.
- Structured questionnaire used for data collection restricts the amount of information from the respondents.
- No attempt was made to follow up the participants to measure any change in utilization.

Recommendation

- The study could be conducted on a large scale, in different districts.
- A comparative study can be conducted in rural and urban settings
- An interventional study can be conducted to raise awareness about NPCDCS.
- An exploratory study can be conducted to assess the barriers for the utilization of NPCDCS.

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