



COMMUNITY BASED NEED ASSESSMENT OF NCD RELATED SERVICES AT UPHC SERVED COMMUNITIES IN AHMEDABAD

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ABSTRACT

The prevalence of long-term (chronic) non-communicable diseases (NCDs) is increasing globally due to an ageing global population, urbanization, changes in lifestyles, and inequitable access to healthcare.

Primary health care (PHC) services are a vital component in the prevention and control of long-term NCDs. The aim of this study is to analyze need of beneficiaries for NCD related services at Primary Care Setting. It is a questionnaire based cross-sectional observational study conducted on 100 participants randomly selected from the communities served by 7 selected UPHCs from various zones of Ahmedabad Municipal Corporation. 1/3rd of the beneficiaries irrespective of their educational status feel that screening of themselves and their family members for NCDs is NOT required, so this misconception must be corrected. 2/3rd of the beneficiaries could name a few NCDs whereas knowledge about risk factors was quite poor across all age, gender and educational groups. Those who had NCDs diagnosed and undergoing treatment at the time of interview also had poor knowledge about risk factors of NCDs. Though most respondents agreed that basic understanding of NCDs must be imparted to them. Almost half of the 30+ age population was found to be having one or the other NCDs. Creating awareness about the condition, its risk factors, and preventive measures as well as supporting lifestyle modifications must be addressed at Primary Care Settings.

KEYWORDS : Need, Awareness, Non-Communicable Diseases, Screening

INTRODUCTION

The prevalence of long-term (chronic) non-communicable diseases (NCDs) is increasing globally due to an ageing global population, urbanization, changes in lifestyles, and inequitable access to healthcare.

Primary health care (PHC) services are a vital component in the prevention and control of long-term NCDs^[1]. Numbers of extended range of NCD related services such as screening, treatment, regular follow-ups and referral services are proposed to be delivered from UPHCs under Health and Wellness Centre, Ayushman Bharat.

AIM

to assess need of NCD related services as perceived by the community.

OBJECTIVES

- To assess the knowledge of beneficiaries for NCD related services at Primary Care Setting.
- To assess attitude of beneficiaries for NCD related services at Primary Care Setting.
- To analyse felt need of beneficiaries for NCD related services at Primary Care Setting.
- To correlate various epidemiological factors with beneficiaries' knowledge related to NCDs.

METHOD

It is a Cross-sectional observational study conducted on 100 participants randomly selected from the communities served by 7 selected UPHCs from various zones of Ahmedabad Municipal Corporation. A pre-validated semi-structured questionnaire^[2-3] was used for data collection. Data was analyzed using M.S.excel, 2019.

OBSERVATIONS

Among the 100 participants that were selected from the community, there were 56 females and 44 males. Out of which 39 were known cases of NCDs whereas 61 were healthy individuals. Out of 39 diseased individuals, 20 were suffering from Hypertension, 11 were suffering from Diabetes Mellitus, 5 were suffering from both Diabetes Mellitus and Hypertension and out of the remaining 3 individuals, each was suffering from Asthma, Breast cancer and Epilepsy respectively.

Table 1: Association of knowledge score with different epidemiological factors

Category	Class	NCD knowledge scores			p value
		Bad Score (<8)	Good Score (>8)	Total	
Age	>50 years	29 (72.5%)	11	40	0.01 df = 1
	<50 years	28	32 (53.33%)	60	
	Total	57	43	100	
History of NCD	No	28	33 (54.09%)	61	0.005 df = 1
	Yes	29 (74.35%)	10	39	
	Total	57	43	100	
Education class	Illiterate/Primary	45 (60%)	30	75 (75%)	0.29 df = 1
	Secondary/Higher secondary/graduate	12	13	25	
	Total	57	43	100	

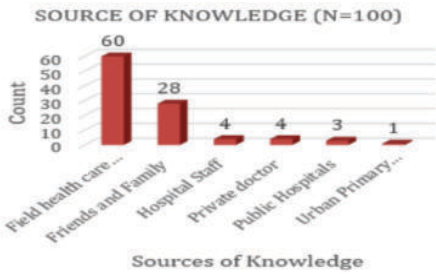
*Chi-square test was applied at 95% CI

Table 1 shows significant association between knowledge score and age groups. Although as we can see, out of 40 older (>50 years old) participants 29 (72.5%) had poor knowledge related to NCDs, and out of 60 younger (<50 years old) participants 32 (53.33%) had good knowledge score.

Similarly, a significant association was observed between knowledge score and history of NCDs, but out of 39 participants with positive history of NCD, 29 individuals (74.35%) had poor knowledge related to NCDs.

No significant association was observed between knowledge score and educational class, showing no impact of educational class upon knowledge score (p value = 0.29).

No significant associations were observed between knowledge score and gender class (p value = 0.7), between knowledge score and occupational class (p value = 0.599).

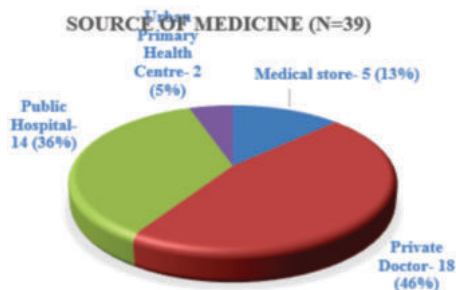


Graph 1: Source of Knowledge of beneficiaries towards NCD related services

On analyzing participants about their attitude towards NCD screening of own-self and own family members, 85 (85%) of beneficiaries agreed for own-self screening and 15 (15%) refused for their own screening, whereas 74 (74%) agreed for their family members' screening and 26 (26%) participants refused for screening of their family members.

On analyzing participants' attitude towards necessity of knowledge required related to NCDs, 95 (95%) of them agreed for requirement of NCD related knowledge, whereas only 5 (5%) of them refused for requirement of any such knowledge.

On analyzing participants' attitude towards need for the service related to NCD, 97 (97%) of the participants agreed for the same, whereas 3 (3%) of them refused for requirement of any services related to NCDs.



Graph 2a: Attitude of beneficiaries towards NCD related services



Graph 2b: Attitude of beneficiaries towards NCD related services

CONCLUSIONS & RECOMMENDATIONS

In the present study, older participants (>50 years), who are generally at higher risk of suffering from NCDs, have poorer knowledge compared to their younger counterparts (<50 years old). It was also found that those who are already diagnosed with NCDs (n=39) have poorer knowledge about their own condition and their risk factors, compared to other participants who did not report to have NCDs at the time of the study. Majority were not aware that these needs can be fulfilled at UPHC. Many were found to be availing services from private sectors.

It is recommended through this study that activities should be carried out by UPHC and higher functionaries of health department to increase awareness among communities that these services are available at UPHCs.

Limitations

No examinations were carried out, all non-diseased individuals were considered as healthy based on the history given by them.

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