ORIGINAL RESEARCH PAPER

Community Medicine

KNOWLEDGE, ATTITUDE, AND PRACTICES ABOUT LIFESTYLE DISEASES AMONG MEDICAL PROFESSIONALS OF A MEDICAL COLLEGE IN TAMIL NADU

KEY WORDS: Knowledge, Attitude, Practice, lifestyle diseases, medical professionals

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ABSTRACT

Background: Knowing the medical Professionals' knowledge, attitude and practices of nutritional and lifestyle habits helps to enhance the nutrition of the community, which will consequently lead to a healthier society, as they will constitute the main body of future health promoters . Objective: We aimed to evaluate their nutrition knowledge, their eating habits, physical activity and overall perception regarding importance of healthy eating habits and regular physical activity of medical professionals of Sree Mookambika Institute of Medical Sciences, Kulasekharam. **Methodology:** A cross-sectional study included 82 medical professionals between ages 23-30 years from medicals of medical college. A self-reported questionnaire was employed to assess perceived attitude and barriers to healthy practices by the study participants. Results: Among the 82 medical professionals of this study 57.3% (n=47) had good knowledge and 42.7% (n=35) had poor knowledge on lifestyle diseases. 59.8% (n=49) had positive attitude and 40.2% (n=33) had negative attitude towards lifestyle diseases(figure 2).548.8%(n=40) showed good practice and 51.2% (n=42) shows poor practice towards lifestyle diseases. **Conclusion:** Improving nutrition knowledge, attitude and dietary practices through nutritional education and motivation for regular physical exercise may help to prevent many lifestyle diseases.

INTRODUCTION:

Knowledge can influence health-related behaviours when informing attitudes, and beliefs [1]. Whilst it is acknowledged that nutrition forms an important part of health management, it has been reported that nutrition training of medical professionals is inadequate in both quality and quantity [2]. It is often assumed that the medical professionals have a greater knowledge about healthy lifestyle and dietary habits when compared to non-medicals. However there is no evidence to indicate that this knowledge translates into maintaining good health practices [3]. Healthy dietary habits among medical professionals are even more important as they are future health promoters and those who personally ignore adopting healthy lifestyle are more likely to fail to champion health promotion opportunities .Many programs have shown that adoption of new behaviour or modification of the existing behaviour needs much input like knowledge, awareness of the matter, attitude, and perception. Most authors found that whilst behaviour are unlikely to change without an increase in knowledge, knowledge alone is insufficient to bring about significant improvement in preventive behaviour. Knowledge can however, influence health-related behaviour or life styles when mediated by attitudes, belief, self-efficacy, and an effective call to action [1].The metabolic syndrome (MS) is a cluster of risk factors that predisposes an individual to increased risk of Life style diseases like chronic non communicable diseases (NCDs).

OBJECTIVE:

To assess the knowledge, attitude, and practices about lifestyle diseases among medical professionals of a medical college.

METHODOLOGY:

STUDY DESIGN: A cross sectional study
STUDY PERIOD: 2 months From 16/12/2020
STUDY SETTING: Sree Mookambika Institute of Medical Sciences, Kulasekharam, Kanyakumari district, TamilNadu
STUDY PARTICIPANTS: Medical professionals of Sree Mookambika Institute of Medical Sciences
INCLUSION CRITERIA: All medical professionals from Sree Mookambika Institute of Medical Sciences aging from 23 to30.

EXCLUSION CRITERIA: Those who are not willing to participate in the study.

SAMPLE SIZE CALCULATION: Based on the study conducted by EmanMokbel Alissa etal[5] showing a prevalence of 71%, and sample size was calculated . Prevalence-71% Applying in the formula ,
= 4x71x(100-71)/ (10)2
= 82

DATA COLLECTION TOOL: Modified Structured questionnaire[8] including questions on demographic details, dietary habits, physical activity and stress.

DATA COLLECTION PROCEDURE: Questionnaires via email

DATA ENTRY: MS Excel
DATA ANALYSIS: using SPSS TRIAL VERSION 20.2

RESULTS:

A Cross sectional study was conducted in 82 medical professionals of the age group 23-30 years at Sree Mookambika Institute of Medical Sciences. The mean age of the study participants: 26.5 years Among the 82 medical professionals of this study 57.3% (n=47) had good knowledge ,59.8% (n=49) had positive attitude and 54.8%(n=40) showed good practice towards lifestyle diseases

KNOWLEDGE ABOUT LIFESTYLE DISEASES

Out of total medical professionals who were tested (100%)had knowledge on lifestyle diseases, (74.4%) answered correctly about components of lifestyle diseases.(93.9%) students were aware that obesity can be assessed by BMI. Regarding physical inactivity is a major risk factor diabetes (61%) scored 5, (35.4) scored 4, (3.7) scored 3.

TABLE 1: KNOWLEDGE ABOUT LIFESTYLE DISEASES

knowledge			Frequency	percentage
Which of the following are lifestyle diseases	Score	0	21	25.6%
		1	61	74.4%

Obesity can be assessed by an entity called BMI	Score	0 1	4 78	4.9% 95.1%
Abdominal fat is dangerous than overall increase in the distribution of fat in terms of causing increased cardiovascular problems	Score	0 1	4 78	4.9% 95.1%
Obesity is associated with diabetes, heart diseases, such as heart attack, increased blood pressure, increased cholesterol levels, etc.	Score	0 1	5 77	6.1% 93.9%
Excessive consumption of refined foods (bread/biscuits/ momos, etc.) leads to weight gain	Score	0 1	4 78	4.9% 95.1%
Constant mental stress is a major risk factor for hypertension	Score	0 1	6 76	7.3% 92.7%

ATTITUDE ABOUT LIFESTYLE DISEASES

Most (59.8%) of medical professionals had a positive attitude towards healthy eating habits and regular physical activity. About (80.5%) of medicals consider their current weight to be harmful for their health. About (96.3%) of medicals were very confident that they would prefer salads/low calorie snacks.

TABLE 2: ATTITUDE ABOUT LIFESTYLE DISEASES

ATTITUDE		FREQUENCY	PERCENTAGE
Do you think lifestyle diseases impart a major health risk for upcoming generations	Score 0 1	1 81	1.2% 98.8%
I consider my current weight to be harmful for my health	Score 0 1	16 66	19.5% 80.5%
I am confident that I would prefer salads/low calorie snacks to prevent from lifestyle diseases	Score 0 1	3 79	3.7% 96.3%
I am satisfied of my current physical activity level	Score 0 1	5 77	6.1% 93.9%
I am confident that I would do physical activities such as jogging, bicycling, swimming, competitive sports, or any other activity that makes me healthy	Score 0 1	7 75	8.5% 91.5%

PRACTICE ABOUT LIFESTYLE DISEASES:

Most of the medical professionals have good practice about healthy eating habits and are doing regular physical activity. Only few of study population responded that they practice physical exercises .Their statement says that they exercise, but not in regular schedule. Regarding daily use of stairs (i.e., 1 floor counts as 1 time), 25.6% of the study admitted to use them 3-4times, 57.3% used them 5-10times and they were used ≥10times by 15.9%.

TABLE 3: PRACTICE ABOUT LIFESTYLE DISEASES:

PRACTICE	FREQUENCY	PERCENTAGE	
I take sweet dish after meals	SCORE 01	49 33	59.8% 40.2%
I eat in response to stress	SCORE 01	57 25	69.5% 30.5%
I drink sugar sweetened beverages	SCORE 01	11 71	13.4% 86.6%
Apart from the three major meals and two minor meals, how many snacks do you usually consume in a day	SCORE 01	12 70	14.6% 85.4%
I include fruits/salads in my diet	SCORE 01	4 78	4.9% 95.1%
How often do you exercise	SCORE 01	75 7	91.5% 8.5%
How often do you use stairs per day (1 floor counts as 1 time)	SCORE 01	3 79	3.7% 96.3%
statements best applies to you.	SCORE 01	77 5	93.9% 6.1%

DISCUSSION:

Unlike previous results that reported the female medicals achieved better scores than male medicals on nutritional knowledge and attitude [9]. Our study shows both female and male medical professionals achieved equal scores .Some studies have shown that medical professionals are only slightly aware of nutrition issues and their knowledge and attitude are average [10].Lack of health consciousness amongst the general medical population has been observed in other studies where medicos were practicing unhealthy dietary habits and made inappropriate choices [11][12]. There was a large proportion of medical graduates who perceive their lifestyles to be moderately or highly stressful and linked to lack of proper time management [13].

Decreased levels of physical activity and leisure are linked to increases in the prevalence of an overweight condition, obesity and diet related non-communicable diseases among young generations [14].Hence medical professionals are unable to translate knowledge into better practice. However, the use of time as barrier to exercise by young people is disturbing. One possibility is that time is not a true barrier, but rather an excuse for non participation. About 2.4% of the study population reported that they currently exercise regularly and have done so for more than 6 months, 41.5% reported that they currently exercise but not regularly, 45.1% reported that they currently do not exercise and intend to start regular exercise in the next 6 months. Previous studies show that individuals that have basic nutrition knowledge and attitude apply these principles when selecting foods and also indicated that Food faddism is one among many influencing factors on medicals food choices[15]. Our study mainly shows that the medical professionals lack the physical activities and they don't exercise regularly. Most of the study group eat on response to stress level.When comparing with the knowledge and the attitude of the medical professionals the practice regarding that finds to be poor .Hence the practice must be improved for the better living.

CONCLUSION:

Overall most medical graduates were aware of the importance of healthy eating habits yet they were not practicing it adequately in their daily life. Improving nutrition knowledge, attitude and dietary practices through nutritional education may help to prevent many nutrition related diseases.

The results of our study may shed some light on the importance of establishing the evidence-based data for effective curriculum development on healthy eating, regular physical activity, avoiding stress full life, construction of health education materials for the prevention of lifestyle

diseases among young youth, and most of all, for the provision of nutrition education and physical training to the medical professionals for adoption of healthy eating and regular physical activity among the medical professionals.

LIMITATIONS

The study population represents only a small fraction of the medical community.So cannt be generalizable.

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