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Knowledge on behavioural risk factors of lifestyle diseases and its prevalence

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Abstract
The present study was aimed to assess knowledge and practice on behavioural risk factors of lifestyle diseases among people attending outpatient departments (OPD's) in selected health centers at Kottayam district. A quantitative non experimental research approach was used for the study. The study was theoretically supported by Betty Neuman's System Model. People came to OPD's were selected until 350 subjects obtained. The tools used for data collection were socio personal data sheet, structured knowledge questionnaire to assess the knowledge, behavioural risk assessment scale to assess behavioural risk factors, clinical data sheet to obtain data regarding lifestyle diseases and rating scale to assess practice. Result of the study revealed that majority of people had good knowledge and practice on behavioural risk factors of lifestyle diseases. There was significant association between knowledge and practice regarding behavioural risk factors of lifestyle diseases with age, gender, education, economic status and source of information. The prevalence of behavioural risk factors among the people based on behavioural risk assessment revealed that majority of people attending OPD of health centres were leading unhealthy lifestyle.

Keywords: Knowledge, prevalence, lifestyle diseases

1. Introduction

As we all know, our people's way of living over these days and its impacts are the leading causes of the developing lifestyle diseases [1]. Life style diseases refer to diseases that are caused mainly due to the unhealthy behavior and choices people made in their life [2]. According to WHO, people of all age groups, regions and countries are affected by Non communicable diseases. Unhealthy diet and a lack of physical activity may show up in people as raised blood pressure, increased blood glucose, elevated blood lipids and obesity. Modifiable behaviours, such as tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol, all increase the risk of NCDs [3].

Rapid urbanization and industrialization is leading to increased lifestyle risk factors and thus lifestyle diseases. Lifestyle diseases are causing more number of deaths and disability worldwide in recent years. Various studies have shown a higher risk of lifestyle diseases and proved the need for population based program at primary level on lifestyle modification in the prevention of lifestyle diseases [6]. The prevalence of behavioral risk factors of lifestyle diseases in India and Kerala is high. So it is important to know about the behavioral risk factors of lifestyle diseases, its prevalence, knowledge and practices among people with or without lifestyle diseases.

2. Objectives

1. To assess the prevalence of behavioural risk factors of lifestyle diseases among people attending outpatient departments.
2. To find out the association of knowledge of people regarding behavioural risk factors with selected variables.

3. Materials and Methods

A quantitative non experimental approach was considered for the study. Research design was descriptive survey design. Multi-stage random sampling technique was used in this study. In this study sample consisted of 350 people attending outpatient department of selected health

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centers in Kottayam district. The inclusion criteria of the study was people who were attending outpatient departments of health centers, within the age group of 18-65 years, who were willing to participate in the study. Tools and techniques used to collect data in the study were socio personal data sheet, clinical data sheet, structured knowledge questionnaire, rating scale and risk assessment scale. Socio personal data was collected using socio personal data sheet and structured knowledge questionnaire was used to assess the knowledge regarding behavioural risk factors of lifestyle diseases. Prevalence of behavioural risk factors of lifestyle diseases was assessed using behavioural risk assessment scale and clinical data sheet. Practice of people was assessed by using three point rating scale. The data collected from were organized, tabulated and analyzed using descriptive and inferential statistics.

4. Results
4.1 Socio-personal data
From a total of 350 samples 33.4% of people attending outpatient department of health centers belonged to the age group 56-65 years, 26.6% belonged to 36-45 years. Regarding gender 52.9% were females. Majority (37.1%) of people had higher secondary education and 31.1% had high school education and regarding occupation 42.3% were unemployed, where as 31.4% were self-employed. Study findings also revealed that 35.7% of people had family history of lifestyle diseases. Study showed 80% of people received information regarding lifestyle diseases from health workers and 65.4% of people received information from television.

4.5 Risk assessment in terms of odds ratio

4.2 Prevalence of behavioural risk factors of lifestyle diseases
Study revealed that prevalence of behavioural risk among people based on behavioural risk assessment, 72.3% of people had unhealthy lifestyle and 27.7% had healthy lifestyle. Regarding presence of lifestyle diseases 39.4% and 35.1% were known case of hypertension and diabetes mellitus. It is evident from the study that the odds of getting lifestyle diseases were more among people with unhealthy lifestyle.

4.3 Knowledge of people attending outpatient department of health centres regarding behavioural risk factors of lifestyle diseases
Regarding knowledge of people attending outpatient department of health centers, 75.4% of the people had good knowledge regarding behavioural risk factors of lifestyle diseases while 22% had average knowledge.

4.4 Behavioural risk assessment

Table 1: Frequency distribution and percentage of people attending outpatient department of health centers based on prevalence of behavioural risk (n = 350)

Behavioural risk	F	%
Healthy lifestyle (0-5)	97	27.7
Unhealthy lifestyle (6-36)	253	72.3

Table 1 depicts that 72.3% of people had unhealthy lifestyle and 27.7% had healthy life style.

Table 2: Frequency distribution and Odds ratio for risk of obesity on hypertension (n = 350)

Obesity/ Overweight	Hypertensives	Non hypertensives	Odds ratio	95% confidence interval		P value
				Lower limit	Upper limit	
Yes	72	150	2.2	1.41	3.46	0.00
No	66	62				

Table 2 shows that odds of having hypertension for a person who is obese is 2.2 times greater than a person who is not obese. P value is < 0.01 which means the finding was statistically significant.

4.6 Association between knowledge of people attending outpatient department of health centers on behavioural risk factors of lifestyle diseases and selected variables
H_{01}: There is no significant association between knowledge of people regarding behavioural risk factors of lifestyle diseases and selected variables.

Table 3: Frequency distribution, degree of freedom, Chi square value, p value, of knowledge of people attending outpatient departments of health centers regarding behavioural risk factors of lifestyle diseases with age (n = 350)

Age in years	Level of knowledge			DF	χ^2	P
	Good	Average	Poor			
18-35	33	19	0	6	15.18	0.01
36-45	71	17	5			
46-55	63	23	2			
56-65	97	18	2			

Table 3 shows that Chi square value of knowledge of people

with respect to age. The obtained Chi square value was significant at 0.05 level. Hence the null hypothesis was rejected, which shows that there was a significant association between knowledge of people and age.

Discussion
The knowledge of people regarding behavioural risk factors of lifestyle diseases, 75.4% of the people had good knowledge regarding behavioural risk factors of lifestyle diseases while 22% had average knowledge.
The prevalence of behavioural risk among people based on behavioural risk assessment, 72.3% of people had unhealthy lifestyle and 27.7% had healthy lifestyle.
Study showed that knowledge of people attending outpatient department of health centers on behavioural risk factors of lifestyle diseases was significantly associated with socio personal variables such as age, gender, education, economic status and source of information.

Conclusion
The study concluded that majority of people had good knowledge and practice on behavioural risk factors of lifestyle diseases. There was significant association between knowledge and practice regarding behavioural risk factors

of lifestyle diseases with age, gender, education, economic status and source of information. The prevalence of behavioural risk factors among the people based on behavioural risk assessment revealed that majority of people attending outpatient department of health centres were leading unhealthy lifestyle. Study findings throw light to the need for a teaching program and a mass campaign on improving the knowledge regarding lifestyle diseases among people. The enhanced knowledge regarding this aspect would obviously decrease the risk factors of lifestyle diseases which would in turn improve the health status of the community.

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