Original Research Article

To assess knowledge, attitude and practice of lifestyle diseases and their risk factors among women in the urban field practice area

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ABSTRACT

Background: The number of people suffering from lifestyle diseases is increasing over the world, causing significant morbidity and mortality, particularly in developing countries. Changes in behaviour and the adoption of healthy lifestyle practises can help prevent or reduce the progression of lifestyle diseases. Many patients, however, lacked the knowledge, attitude, and practise of healthy lifestyles.
Methods: A cross-sectional study was conducted among the 329 participants in the urban field practice area of the department of community medicine, JSS medical college, Mysore, with study duration of 6 months. A house-to-house survey was performed to recruit study participants using convenient sampling. participants will be interviewed by using the pre-designed, pre-tested and structured questionnaire which includes socio-demographic profile, dietary patterns, physical activity, type of personality, history of stress, history of tobacco and alcohol consumption, family history of lifestyle diseases like HT, DM etc.
Results: Among 329 study participants 306 (93%) have practice of doing physical exercise, 328 (99.7%) decreased salt/oil intake, 329 (100%) stopped smoking/alcohol consumption, 329 (100%) check BP regular, 327 (99.4%) check blood sugar regularly, 328 (99.7%) stopped eating junk food/cool drinks, 329 (100%) take medications
Conclusions: Healthy practices need to be subsidized with the aid of using the dependent periodic medical exam. There need to be an emphasis on incorporating bodily workout within side the day by day routine, consumption of healthful diet, and decrease/cessation of alcohol and tobacco consumption.

Keywords: Life style diseases, Life style risk factors, Knowledge, Attitude, Practice

INTRODUCTION

Manaevam manushayanam kdranam bandha mokshayoh" (a man's mental state decides whether he is enslaved or free). As a result, whether he is healthy or unwell is a personal choice. People say that a woman's health is her capital, and that illness is caused not just by our actions, but also by our thoughts.) Women's health should always be a priority, but it isn't always.[1] For working women, maintaining a healthy work-life balance is a race against time. However, there are times when this balance is disrupted. This is the time when all of the lifestyle diseases start to show up.[2] Because to the demographic and epidemiological changes in preceding decades, noncommunicable diseases (NCDs) have become the leading source of disease burden in India. NCDs are thought to be responsible for 85 percent of all illness, disability, and premature death.[3-5]

The world health organization's (WHO) global status report on NCDs published in 2014 stresses the need for action in the prevention and control of NCDs. One in

every four Indians is at risk of dying from a noncommunicable disease before reaching the age of 70, resulting in the loss of millions of productive people and jeopardizing social and economic growth.[6,7] As the first country to adopt the global monitoring framework on NCDs, India need additional research to prevent and control the growing burden of NCDs in the country.

Objectives

Objective of current study is to assess knowledge of lifestyle diseases and their risk factors among women in the urban field practice area.

METHODS

Study design, location and duration

The present study was a cross-sectional community-based study conducted in the urban field practice area, department of community Medicine JSS medical college, Mysore, for duration of 6 months.

Sample size

Considering the prevalence from previous study by 10.44% using the formula;

$$n = Z2\, 1 - \alpha/2\, (1 - P)\, / \sum 2P$$

Where; n is the sample size, 1-α is the confidence level, Z (1-α/2) represents the number of standard errors from the mean (Z 1-α/2 is the function of confidence level), p is the anticipated population proportion and ε is the Relating precision. At 95% CI with 80% power; the sample size was calculated 329.

Sampling technique and study population

Convenient sampling technique was used, house to house survey was done. Where ever the lifestyle diseases are there that women will be included in the urban field practice area

Study setting and method of data collection

Line listing of subjects with lifestyle diseases was done. All of the participants were interviewed using a pre-designed, pre-tested, and structured questionnaire. The questionnaire asks about sociodemographic characteristics, dietary habits, physical activity, personality type, stress history, cigarette and alcohol usage history, and family history of lifestyle diseases such as HT and DM. Various physical measurements were taken, including height, weight, BMI, and clinical size, such as blood pressure. Oil, salt, and sugar intake in gm/day/person was determined based on overall consumption of the contents by the complete family either weekly/monthly/as needed, and then translated to daily intake in gm/day/person and then divided by total family members in the dietary habit.

Data analysis

The data will be entered into MS excel, and then SPSS version 22 will be used to analyse it (licensed to JSSAHER). Age, gender, literacy, and other demographic variables will be represented using arithmetic mean, standard deviation, and percentages. Bar diagrams and pie diagrams will also be utilised if needed. Percentages will also be used to show the prevalence of lifestyle risk factors and diseases. The factors linked to lifestyle diseases was determined using Chi-Square test/Fischer's exact test. The unadjusted/adjusted Odd's ratios will be displayed, respectively, using simple logistic regression and multiple logistic regression, p<0.05 was considered statistically significant.

RESULTS

Socio-demographic features among 329 study participants shows 115 (35.0%) were in the age group between 51-60 years, 230 (69.9%) has a BMI of 18.5-25.5, 267 (81.2%), 267 (81.2%) were housewife, 151 (45.9%) were illiterates, 320 (97.3%) were married and 122 (37.0%) were lower middle in their socio-economic status (Table 1). In the study 329 (100%) knows that smoking affects health 257 (78.1%) had a knowledge that chewing tobacco affects health 287 (87.2%) knows alcohol affects health (Table 2). Among the study participants 327 (99.4%) agree that HTN is important to have BP checked, 294 (89.4%) check monthly BP, 275 (83.6%) agree heart attack can be prevented, 246 (74.8%) agree that high bp are more likely to stroke, 190 (57.8%) agree that by improving diet reduces the chance of getting diabetes and 329 (100%) agree that unhealthy food habits causes obesity (Table 3). Among 329 study participants 306 (93%) have practice of doing physical exercise, 328 (99.7%) decreased salt/oil intake, 329 (100%) stopped smoking/alcohol consumption, 329 (100%) check BP regular, 327 (99.4%) check blood sugar regularly, 328 (99.7%) stopped eating junk food/cool drinks, 329 (100%) take medications (Table 4).

DISCUSSION

In the present study, 329 (100%) are having knowledge about the smoking affect health, and among them, 42 (12.8%) participants know that smoking can cause hypertension,14 (4.3%), diabetes, 49 (14.9%), stroke, 109 (33.1%) and also learnt that smoking can cause cancer and 75 (22.8%) participants know that smoking can cause Hypertension, diabetes, stroke, cancer and a study by Asia Pacific journal says that the majority (66%) of the participants has a moderate mean knowledge.[8]

In this study, 327 (99.4%) agree that HTN is essential to have BP checked, 294 (89.4%) check monthly BP, 275 (83.6%) agree heart attack can be prevented, 246 (74.8%)

agree that high BP are more likely to stroke, 190 (57.8%) agree that by improving diet reduces the chance of getting diabetes, and 329 (100%) agree that unhealthy food habits cause obesity and as the study by Asia Pacific journal about 20% were unwilling to reduce salt and sugar consumption, citing changes in food flavour as a reason; 25% were unwilling to change their present diet and lifestyle patterns despite being aware of the risks associated with their current behaviours.

Table 1: Socio-demographic characteristics (n=329).

Variable		N	%
Age (years)	<30	1	0.3
	30-40	30	9.1
	41-50	97	29.5
	51-60	115	35.0
	61-70	72	21.9
	>70	14	4.3
BMI	<18.5	2	0.6
	18.5-25.5	230	69.9
	25.5-30	92	28.0
	30-35	5	1.5
Occupation	Labourer	29	8.8
	Own business	3	0.9
	Service	30	9.1
	House wife	267	81.2
Education status	Illiterate	151	45.9
	Primary	96	29.2
	Secondary	29	8.8
	Higher secondary	36	10.9
	Graduation and above	17	5.2
Marital status	Single	9	2.7
	Married	320	97.3
Socio-economic Status	Upper	9	2.7
	Upper middle	53	16.2
	Lower middle	122	37
	Upper lower	67	20.4
	Lower	78	23.7

Sixty-five percent of the 20 male smokers in the study did not want to quit.[9] In the present study, among 329 study participants, 306 (93%) have a practice of doing physical exercise, 328 (99.7%) decreased salt/oil intake, 329 (100%) stopped smoking/alcohol consumption, 329 (100%) check BP regularly, 327 (99.4%) check blood sugar regularly, 328 (99.7%) stopped eating junk food/cool drinks, 329 (100%) take medications, and a study by Asia Pacific journal shows majority (78%) of participants had been into moderate mean practice.[10]

In this study potential look at women, low-hazard mixtures of the modifiable way of life elements consisting of upkeep of an everyday BMI, consuming a weight loss program excessive in fruits, vegetables, low-fat dairy merchandise and occasional in sodium, conducting full of life bodily exercising on day by day

basis, consuming a modest quantity of alcohol, averting non-narcotic analgesics, and taking supplemental folic acid have been related to dramatic discounts within side the occurrence of high blood pressure at some point of follow-up.

Table 2: Distribution of knowledge on life style diseases and life risk factors among women.

Knowledge	N	%
Do you think smoking affect the health?		
Yes	329	100
If yes can u name the disease that could be caused by smoking?		
Hyper tension	42	12.8
Hypertension, diabetes, stroke, cancer	75	22.8
Diabetes	14	4.3
Stroke	49	14.9
Cancer	109	33.1
Don't know	40	12.2
Can tobacco chewing affect your health?		
Yes	257	78.1
No	54	16.4
Don't know	18	5.5
If yes can u name the disease that could be caused by tobacco chewing		
Hyper tension	34	10.3
Hypertension, diabetes, stroke, cancer	61	18.5
Diabetes	12	3.6
Stroke	45	13.7
Cancer	87	26.4
Don't know	90	27.4
Can drinking alcohol affect your health?		
Yes	287	87.2
No	42	12.8
Do you know about high BP/stroke/diabetes/heart diseases?		
Yes	306	93
No	22	6.7
Don't know	1	0.3
Do you know about excessive intake of oil/salt/fats/sugar causes above diseases		
Yes	278	84.5
No	36	10.9
Don't know	15	4.6
Do you know yoga/ physical activity prevent above diseases?		
Yes	303	92.1
No	26	7.9

Although speculative, if those which have been causal and independent, then a way of life change should have the capability to save you a massive share of new-onset of lifestyle diseases happening amongst younger women.

Table 3: Distribution of attitude on life style diseases and life style risk factors among women.

Attitude	N	%
In HTN is it important to have BP checked?		
Agree	327	99.4
Disagree	2	0.6
If yes BP should be checked		
Monthly	294	89.4
Monthly twice	28	8.5
Three months once	5	1.5
Six months once	2	0.6
Do you think that heart attack can be prevented?		
Agree	275	83.6
Not sure	54	16.4
Do you know that people with high BP are more likely to stroke?		
Agree	246	74.8
Not sure	83	25.2
What can an individual do to reduce the chance of getting diabetes?		
Improve diet	190	57.8
Taking medication	81	24.6
Both	58	17.6
Do you think unhealthy food habits causes obesity?		
Yes	329	100

Table 4: Distribution of practice on life style diseases and life style risk factors among women.

Parameters	N	%
Are you doing any physical exercise?		
Yes	306	93
No	23	7
Have you decreased salt/ oil intake?		
Yes	328	99.7
No	1	0.3
Have u reduced eating sugar?		
Yes	305	92.7
No	24	7.3
Have you stopped smoking/alcohol consumption?		
Yes	329	100
Do you get BP checked regularly?		
Yes	329	100
Do you get blood sugar check regularly?		
Yes	327	99.4
No	2	0.6
Did you stopped eating junk food/aerated cool drinks?		
Yes	328	99.7
No	1	0.3
Are you taking medicenes for BP/diabetes/heart diseases?		
Yes	329	100
Which of following do you practice to control disease?		
None	21	6.4
Diet	26	7.9

CONCLUSION

Lifestyle diseases have been discovered to be the principal reasons for morbidity in several study participants. Hypertension, diabetes mellitus, and overweight/weight problems were not unusual to place comorbid situations introduced out using the observe. These situations were related to elements inclusive of age, socioeconomic status, BMI, high cholesterol records of tobacco chewing/snuff/snus. The observation reveals the overarching need for IEC sports to sensitize the commercial employees regarding the fitness dangers of converting lifestyle and its prevention. Healthy practices need to be subsidized with the aid of using the dependent periodic medical exam. There need to be an emphasis on incorporating bodily workout within side the day by day routine, consumption of healthful diet, and decrease/ cessation of alcohol and tobacco consumption.

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