

ABSTRACT

Introduction : Disease burden due to chronic Non-Communicable Disease are significantly increasing in all over the world and the situation in Sri Lanka also showed a similar pattern. Therefore, the concept of Healthy Lifestyle Centers (HLCs) was introduced to increase screening and treatment of common NCDs to mitigate this problem in Sri Lanka. Even though the screening facilities were established at close proximity to the people, the utilization of these facilities were not satisfactory enough to meet national targets during last few years in Sri Lanka.

Objectives : The study was conducted to develop and validate a tool to assess the health seeking behaviour, describe the health seeking behavior for selected Non-Communicable Diseases and to design, delivery and evaluate the effectiveness of the intervention to improve health seeking behavior for selected non-communicable diseases of peoples (Age group of more than 18 years old) living in Medical Officer of Health Area, Kakanadura.

Methodology: The study was conducted in Kakanadura Medical officer of Health area in Matara District in Sri Lanka. It had four components, and the development and validation of the tool to asses Health seeking Behaviour was the first component. The secondary literature reviews and key informant interviews were conducted accordingly and the Qualitative study methods of Thematic Analysis were used to identify the 13 domains. The “Health Belief Model” was identified as the basis to assess HSB in the process and items in each domain were established using Modified Delphi Tanique via Key informant interviews. The face validity, Content validity and Consensual Validity was ensured and reliability of the tool were established by test retest reliability.

The second component of the study was the descriptive cross-sectional study using the developed tool as an interviewer-administered questionnaire using six research assistants of training Midwife students to assess the Health Seeking Behavior among 850 individuals in selected 18 GND in the study area over a period of 6 weeks in September and October 2019. Subsequently, development of interventions was done according to the important results of descriptive study focus group discussions with relevant stakeholders.

Two type of interventions were designed, namely community base interventions through health and non health groups to improve awareness and practices of health seeking behaviour and health

system base interventions were conducted to improve system related issues discovered in the component two and Focus group discussions.

Finally. Evaluation of the effectiveness of interventions were conducted as the fourth component. The process evaluation was achieved by with completion of programmes according to the target and outcome evaluation was established through a community trial using the Akuressa Medical officer area as the control and improvement of HLC attendance by system data.

Results : Mean age of study population was 43.14 years with SD of 10.17 and proportion of females were 75.4 %. Majority of them passed O/L (42.0%) and not employed (74.3%). Among all, 114 (13,6%) reported that they had at least one NCD and 406 (48.4%) reported that they had a close family member at least having one NCD.

Among the study population only 46.5% (n =390) were aware of HLC's and only 25.8% (n=216) knew about the difference between the hospital which you take usual treatment and the HLC. Only 30.1% (n=252) of participants were ever visited an HLC and Out of those only 40.2% (n=102) mentioned that they were satisfied with the service rendered. Mean distance to the nearest HLC from home was 4.41 km (SD = 4.87).

The data of most preferred method of acquiring knowledge on health and diseases (97.4%, n = 816) and the most trusted method of acquiring knowledge on health and diseases (95.0%, n = 796) were both from government and private (including family practice) sector Medical practitioners.

Assessment of perceptions using "Health Belief Model" revealed that, majority of the people were not thinking NCDs as serious diseases and not susceptible to get NCDs. Although they perceived no barriers and knew the benefits of screening, they are not motivated for screening or to do regular exercises.

Additionally, focus group discussions with Mothers' Support Groups, group of Male participants and Field health staff revealed that, lack of awareness on NCD, personal factors (lack of time, busy schedules, economic factors) and service-related factors (poor access, poor responsiveness, communication, lack of cholesterol testing facility) as the main reasons for poor attendance to screening.

Accordingly, interventions were planned to improve awareness through health promotion interventions using social marketing strategies designed based on Sri Lanka Diabetes Risk Score (SLDRISK) at community level among people using health staff, volunteers and through inter-sectoral coordination. Additionally, service-related factors were improved with conducting outreach programs, provision of cholesterol testing facilities and through quality improvements initiatives and infrastructure developments of HLCs.

Post evaluation of process and outcome indicators revealed. The statistically significant improvements of the knowledge, attitudes and practices of health seeking behaviour of people in the study area was noted while behavioral change to modify selected risk factors following health promotion interventions in the study area was not significantly improved except for the increase in practice of physical exercises. At the same time, HLC coverage of MOH area Kakanadura (Study area) was increased significantly than MOH area Akuressa (control area).

Conclusion : The designed questionnaire (HSB tool) to measure the health seeking behaviour of the population was a valid and reliable tool to describe the health seeking behaviour in community. Health promotion interventions based on results of descriptive study and focus group discussions with stake holders at community level and system improvements has clearly increased the knowledge, attitudes and practices of health seeking behaviour of people in the study area. At the same time, HLC coverage of MOH area Kakanadura (Study area) was increased significantly than MOH area Akuressa (control area).

Keywords : Health seeking behavior, Non communicable diseases, Intervention