

ABSTRACT

Introduction: People living with chronic non-communicable diseases (PLWNCD) are a vulnerable group needing uninterrupted treatment and follow up. During COVID-19 pandemic, essential NCD services were disrupted, lifestyle related risk-factors were uncontrollable affecting health related quality of life (HRQOL) of PLWNCD.

Objective: To describe availability of essential services, lifestyle related risk factors, HRQOL and factors associated with HRQOL in patients with NCDs during COVID19 pandemic

Method: A descriptive cross sectional household survey was conducted in 2021, in 22 selected Grama Niladhari Divisions in Attanagalla Divisional Secretariat. Probability proportionate to population size cluster sampling method was used to recruit 440 eligible participants. An interviewer administered questionnaire with components: socio-demographics, availability of essential health services, WHOQOL BREF questionnaire and WHO STEPS core component was used by trained data collectors. Statistical analysis was done using SPSS version 21.

Results: Response rate 95%(n=418). Sample consisted of 50.5%(n=211) females 26.3%(n=110) 40-50 years, 36.1%(n=151) 51-60 years, 37.6%(n=157) 61-70 years age, 88.0%(n=368) married, 97.8%(n=408) Sinhalese; 50%(n=209) employed; 5.5%(n=23) received primary education, 86.6%(n=362); secondary education, 7.9%(n=33); tertiary education, 56.7%(n=237) hypertension, 47.8%(n=200) diabetes mellitus, 15.1%(n=63) cardio-vascular disease, 11.7%(n=49) chronic respiratory disease. Medical consultations were available for 85.2%(n=356), out-patient services for 80.9%(n=338), in-patient services for 31.1%(n=131), essential medicines for 86.4%(n=361), laboratory facilities for 71.8%(n=300). Overall service availability 71%. Major reasons for inability to receive services: personal reasons, forgetting, financial constraints. Of participants, 6.2%(n=26) current smokers, 2.6%(n=11) daily smokers, 15.1%(n=63) current alcohol users, 10.8%(n=45) heavy episodic drinkers; 65.1%(n=273) consumed adequate servings of fruits and vegetables; 30.1%(n= 126) had sufficient physical activity. Highest HRQOL was observed in the psychological health domain, lowest in the social relationships domain. Old age (61-70 years), un-employment, primary level education, absence of a

partner, having multiple comorbidities, having diabetes, having CVD were significantly ($p<0.05$) were associated with poor HRQOL in at least one HRQOL domain.

Conclusions and Recommendations:

Service availability was not much disrupted, but the importance given for regular treatment and follow up was poor. Lifestyle risk factors were un-controlled and HRQOL was poor in social relationships. Interventions required to emphasize the importance of regular treatment and follow up and to increase awareness on prevention of lifestyle related risk factors.

Key words: Availability of essential services, Lifestyle related risk factors, HRQOL, People living with NCDs, COVID-19 pandemic