

HEALTH PROMOTION INTERVENTION TO REDUCE RISK OF NON-COMMUNICABLE DISEASES AMONG VILLEGERS IN THE SELECTED SEMI URBAN COMMUNITY IN THE ANURADHAPURA DISTRICT

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Non Communicable Diseases (NCD) are one of the major risks, which can cause long lasting illness in Sri Lanka. Research evidence identified that the Body Mass Index (BMI) as a simple physical parameter, which can be used to test out the risk of NCD's. This study intended to reduce the risk of NCDs by reducing BMI as a preventive method. In this study, Health Promotion approach was utilized to design the community based intervention. As the 48% of people, over 18 years are in high BMI levels, that group has been taken as the target population.

Two semi-urban villages situated in the district of Anuradhapura were taken as intervention and control groups. These study groups were comparable in their social and economical characteristics. Cluster sampling method was used to select target population in the intervention and control groups. There were 40 in each group. Pregnant mothers were not recruited to the target population. Objectives of this study was 1) To assess the prevalence of high BMI status among people over 18 years old 2) To identify determinants of high BMI status, 3) To design and implement an intervention to address selected determinant factors with the communities 4) To assess the effectiveness of the intervention in relation to the changes in weight and BMI status.

At the beginning, the prevalence of high BMI status of both study groups were assessed with the communities. Then only the communities in the intervention group have been capacitated to identify determinant factors of high BMI status. The communities were gradually enabled to design activities to address identified underlying factors. A trans-theoretical model was utilized in designing the intervention.

Interactive discussions on NCD, Nutrition, BMI and media influences were considered to address the lack of knowledge. In addition, SSO (Salt, Sugar, and Oil) chart was designed and maintained by the communities. It was specifically used to address unhealthy food practices. Communities were measured to do collective and individual level exercises and playing activities to address insufficient physical exercises. Peer pressure was addressed by organizing several collective activities related to improving health. Community members, who were less enthusiastic in reducing their weight was addressed by improving their skills in measuring BMI by themselves.

At the beginning, 48% of participants in the intervention group were in high BMI status, while it was 40% percent in the control group. Lack of knowledge, lack of physical exercise, unhealthy food practices, way of food consumption, peer pressure, media influence, less enthusiasm, poor support from family members, commercial influence, attitudes and beliefs were identified as determinants of high BMI status. Through this process 45% of people in the intervention group have reduced their weight whereas less than 10% of people in the control group were able to reduce weight.

In the intervention group, 8% of people reduced their BMI status by one BMI unit. Health promotion intervention, which mainly targeted to identify and address determinants of high BMI status are effective in reducing the risk of NCD among semi-urban communities.

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