

SOCIO-CULTURAL DIMENSIONS OF NON-COMMUNICABLE DISEASES PREVENTION: INTERVENTION-BASED STUDY AT PADUKKA MOH DIVISION IN SRI LANKA

J. H. C. Liyanage* and M. Higuchi**

Abstract: *NCDs are emerging as a health hazard in contemporary Sri Lankan Society. The country profile by World Health Organization reveals that 83 per cent of all deaths occur due to NCDs. Lifestyle changes are the main causes of NCDs and it requires behaviour change strategies for prevention. The objective of this paper was to examine the competency of primary healthcare delivery system to incorporate NCDs prevention strategies to already existing programmes at MOH level in Sri Lanka. An action-oriented research was carried out in collaboration with the primary healthcare providers at Padukka MOH to reveal and to improve villagers' knowledge, attitudes and behaviour related to NCDs prevention. Intervention and qualitative deductive approaches were used for this study. Interventions were implemented for one year that included health clinics, monthly health-checkups and awareness-raising programmes followed by an individual-counselling for risk-behaviour modification. Findings suggest that 80 per cent of respondents were aware of the causes of NCDs and preventive measures. Empowering individuals for self-health management is essential that requires context-specific and culture-sensitive lifestyle modification strategies. Evidence of Padukka confirms that there is a greater possibility of integrating NCDs prevention strategies into existing programmes at MOH level with certain modifications that requires policy alterations.*

Keywords: NCDs prevention, Lifestyle, self-health management, policy alterations

Introduction

Prevalence of non-communicable diseases (NCDs) has become one of the main public health concerns all over the world where billions of people have already been affected (WHO, 2018a). The growing trend of population ageing also has a great impact on the prevalence of NCDs. Cardiovascular diseases, cancer, chronic respiratory diseases and diabetics are the four main NCDs that contribute to premature deaths and high expenditure on healthcare services (WHO, 2018a). Thus, the high prevalence of NCDs in the developing and middle-income countries has an adverse

* Department of Sociology, University of Colombo (Corresponding Author).

E-mail: chandani.liyanage@soc.cmb.ac.lk

** National Center for Global Health and Medicine, National College of Nursing, Japan.

E-mail: higuchim@adm.ncn.ac.jp

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