



# A Study To Assess Knowledge And Practice Regarding Non Communicable Diseases Among Peoples Residing In Selected Community Area, Indore

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## ABSTRACT

The current study has been undertaken to assess knowledge and practice score regarding non communicable diseases among peoples in Indore. The research design used for study was descriptive in nature. The tool for study was self-structured questionnaire which consists of 3 parts- PART- I consisted questions related to Socio-demographic data, PART-II Checklist for practice and PART-II consisted of self -structured knowledge questionnaire to assess knowledge score regarding non communicable diseases among peoples. The data was analyzed by using descriptive & inferential statistical methods. The self-structured knowledge questionnaires consisted of 20 questions. For maximum 1 mark was given, the score was further graded as poor (0-5), average (6-10), good (11-15) and excellent (16-20) In assessment stage, 11 (18.3%) peoples were having poor knowledge score while 49 (81.7%) were having average knowledge score, each 0 (0.0%) peoples were having good and excellent knowledge score. Thus, the intervention will helpful in reducing the anxiety level of the peoples.

**Keyword-** Knowledge, practice, non-communicable diseases.

## I. Introduction

Noncommunicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors. The main types of NCD are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. NCDs disproportionately affect people in low- and middle-income countries where more than three quarters of global NCD deaths – 31.4 million – occur. People of all age groups, regions and countries are affected by NCDs. These conditions are often associated with older age groups, but evidence shows that more than 15 million of all deaths attributed to NCDs occur between the ages of 30 and 69 years. Of these "premature" deaths, 85% are estimated to occur in low- and middle-income countries. Children, adults and the elderly are all vulnerable to the risk factors contributing to NCDs, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the harmful use of alcohol. These diseases are driven by forces that include rapid unplanned urbanization, globalization of unhealthy lifestyles and population ageing. Unhealthy diets and a lack of physical activity may show up in people as raised blood pressure, increased blood glucose, elevated blood lipids and obesity. These are called metabolic risk factors that can lead to cardiovascular disease, the leading NCD in terms of premature deaths

## II. Objective of the study

1. To assess the knowledge score regarding non-communicable diseases among peoples.
2. To assess the practice score on non-communicable diseases among peoples.
3. To find out the association between knowledge score regarding non communicable disease among peoples with their selected demographic variables.

## III. Hypotheses:

1. H0 - There will be no significant association between knowledge score regarding non communicable disease among peoples with their selected demographic variables
2. H1 – There will be a significant association between knowledge score regarding non communicable disease among peoples with their selected demographic variables.

#### IV. Assumption

1. Peoples may have deficit knowledge regarding non communicable disease.

#### V. Methodology

An evaluative approach was used and descriptive research design was used for the study. The samples consisted of 60 peoples selected by Non probability convenient sampling technique. The setting for the study was Khudel village, Indore. Data was gathered with help of demographic variables, check list & administering a self-structured knowledge questionnaire. Data were analysis using descriptive & inferential statistics.

#### VI. Analysis and interpretation

##### 6.1 Section- A Frequency and percentage distribution of selected samples.

The present section comprises of selected demographic variables with their tabular and graphic representation which involves the interpretation of data in term of frequency and percentage distribution. The present section also concerned with data pertaining to the baseline information such as age, sex, educational status, economical level of peoples.

Table No. 6.1.1

Frequency and percentage distribution of peoples according to age

S. No.	Demographic Variable	No.	Percentage
1.	<b>Age</b>		
	a. 20-30 years	0	0.0
	b. 31-40 years	2	3.3
	c. 41-50 years	36	60.0
	d. Above 51 years	22	36.7

There were 0 (0.0%) peoples in the age group 20-30 years, 2 (3.3%) people were in the age group 31-40 years, 36 (60.0%) peoples were in the age group 41-50 years, while 22 (36.7%) peoples were in the age group above 51 years.

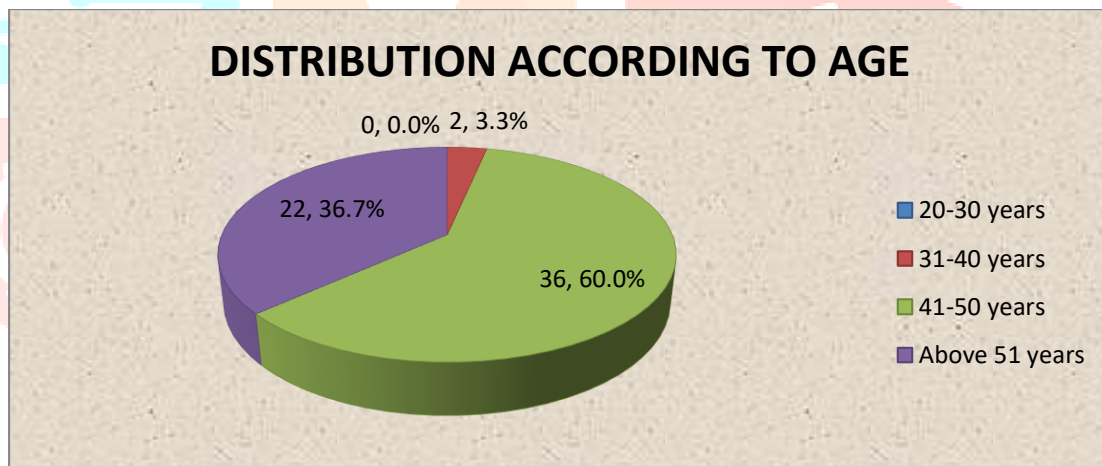


Fig. 6.1.1: Pie diagram showing distribution according to age

Table No. 6.1.2

Frequency and percentage distribution of peoples according to sex

S. No.	Demographic Variable	No.	Percentage
2.	<b>Sex</b>		
	a. Male	34	56.7
	b. Female	26	43.3

There were 34 (56.7%) peoples were male and 26 (43.3%) peoples were female in the present study.

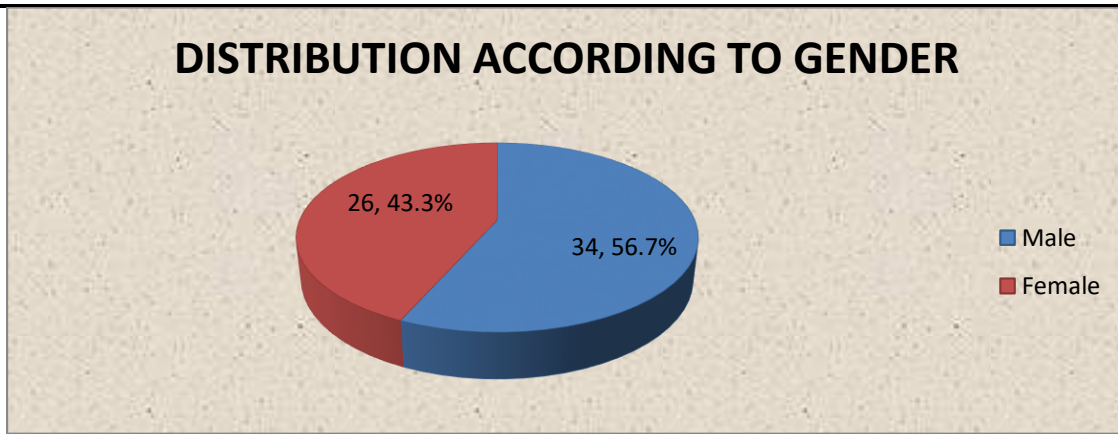


Fig. 6.1.2: Pie diagram showing distribution according to sex

Table No. 6.1.3  
Frequency and percentage distribution of peoples according to educational status.

S. No.	Demographic Variable	No.	Percentage
3.	<b>Educational status</b>		
	a. Illiterate	26	43.3
	b. Primary	4	6.7
	c. Higher secondary passed	10	16.7
	d. Graduation	20	33.3

In this study peoples of 26 (43.3%) adolescent found to be illiterate, 4 (6.7%) adolescents had primary level of education, 10 (16.7%) peoples had higher level of education, while 20 (33.3%) peoples found to be graduate.

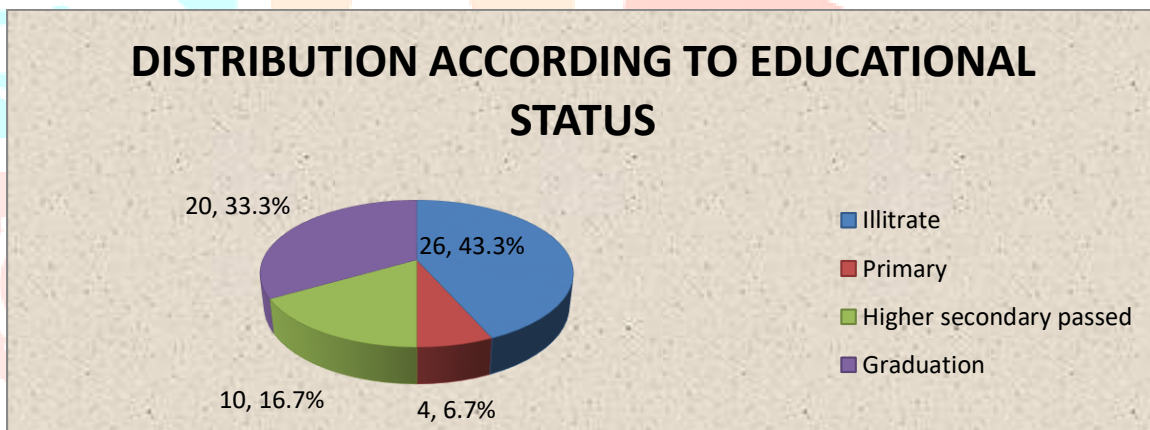


Fig. 6.1.3: Pie diagram showing distribution according to educational status.

Table No. 6.1.4  
Frequency and percentage distribution of peoples according to economical level.

S. No.	Demographic Variable	No.	Percentage
4.	<b>Economical level</b>		
	a. Less than 5000/-	0	0.0
	b. 5001/- to 10000/-	30	50.0
	c. 10001/- to 15000/-	20	33.3
	d. Above 15001/-	10	16.7

In this study economical level of 0 (0.0%) peoples found to be less than 5000/-, 30 (50.0%) peoples of had 5000/- to 10000/- level of economic, 20 (33.3%) peoples of had 10001/- to 15000/- level of economic, while 10 (16.7%) peoples of had more than 15001/- level of economic.

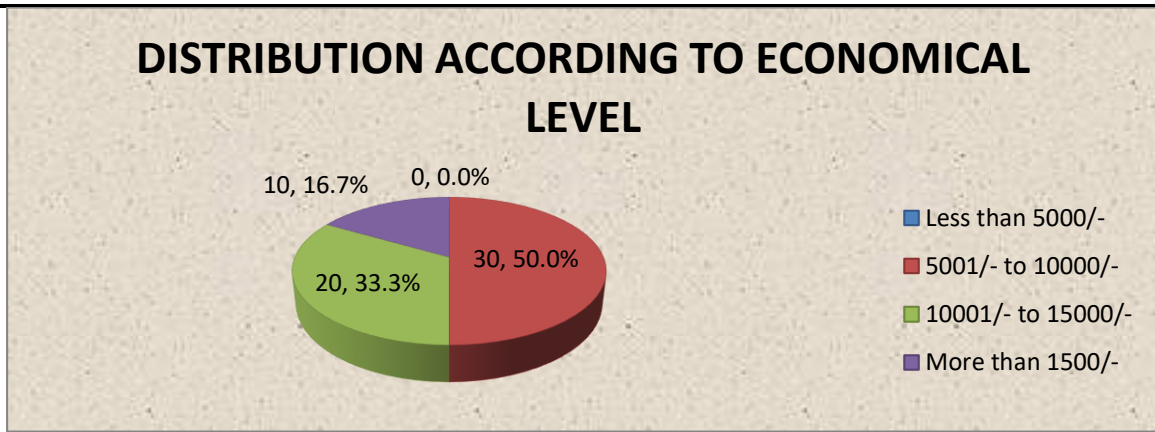


Fig. 6.1.4: Pie diagram showing distribution according to economical level.

6.2 Section- B knowledge score grade among the peoples.

Table No. 6.2.1

Knowledge score grades

S. No.	Knowledge score grades		At Assessment stage	
			No.	%
1.	Poor	(0-5)	11	18.3
2.	Average	(6-10)	49	81.7
3.	Good	(11-15)	0	0.0
4.	Excellent	(16-20)	0	0.0
	Total		60	100.0

The above table shows the knowledge score of peoples. The self-structured knowledge questionnaires consisted of 20 questions. For maximum 1 mark was given, the score was further graded as poor (0-5), average (6-10), good (11-15) and excellent (16-20) In assessment stage, 11 (18.3%) peoples were having poor knowledge score while 49 (81.7%) were having average knowledge score, each 0 (0.0%) peoples were having good and excellent knowledge score. Thus, the intervention will helpful in reducing the anxiety level of the peoples.

6.3 Section- B knowledge and practice score among the peoples.

Table No. 6.3.1  
knowledge and practice score

S. No.	Score	Mean ± SD
1.	Knowledge score	7.10 ± 2.40
2.	Practice score	7.40 ± 2.29

The above table shows the knowledge and practice score regarding non communicable disease among peoples. The knowledge score was 7.10 ± 2.40, while the practice score was 7.40 ± 2.29.

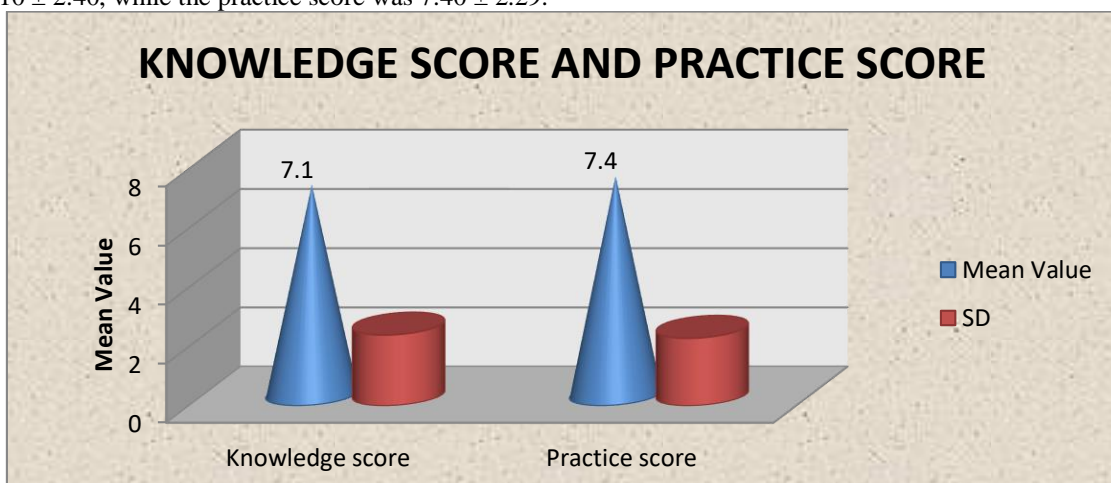


Fig. 6.3.1: Bar diagram showing knowledge and practice score among peoples

## 6.4 Section- D Association between knowledge score among the peoples with their selected demographic variables.

Table- 6.4.1 Association of age with pre-test scores:

Age (in years)	Test scores			Total
	POOR (0-5)	AVERAGE (6-10)	GOOD (11-15)	
21-30	0	0	0	0
31-40	0	2	0	2
41-50	6	30	0	36
≥51	5	17	0	22
<b>Total</b>	<b>11</b>	<b>49</b>	<b>0</b>	<b>60</b>
X=0.79                      p>0.05(Insignificant)				

The association of age test scores is shown in present table 3.1. The probability value for Chi-Square test is 0.79 for 2 degrees of freedom which indicated a insignificant valve ( $p>0.05$ ). Hence, it is identified that there is a insignificant association between age and test scores. Moreover, it is reflected that age isn't influenced with the present problem.

Table- 6.4.2 Association of sex with pre-test scores:

Sex	Test scores			Total
	POOR (0-5)	AVERAGE (6-10)	GOOD (11-15)	
Male	5	29	0	0
Female	6	20	0	2
<b>Total</b>	<b>11</b>	<b>49</b>	<b>0</b>	<b>60</b>
X=0.69                      p>0.05(Insignificant)				

The association of sex and test scores is shown in present table 3.1. The probability value for Chi-Square test is 0.69 for 1 degrees of freedom which indicated a insignificant valve ( $p>0.05$ ). Hence, it is identified that there is a insignificant association between sex and test scores. Moreover, it is reflected that sex isn't influenced with the present problem.

Table- 6.4.3 Association of educational status with pre-test scores:

Educational status	Test scores			Total
	POOR (0-5)	AVERAGE (6-10)	GOOD (11-15)	
Illiterate	6	20	0	26
Primary	1	3	0	4
Higher secondary	2	8	0	10
Graduation	2	18	0	20
<b>Total</b>	<b>11</b>	<b>49</b>	<b>0</b>	<b>60</b>
X=1.45                      p>0.05(Insignificant)				

The association of educational status and test scores is shown in present table 3.1. The probability value for Chi-Square test is 1.45 for 3 degrees of freedom which indicated a insignificant valve ( $p>0.05$ ). Hence, it is identified that there is a insignificant association between educational status and test scores. Moreover, it is reflected that educational status isn't influenced with the present problem.

Table- 6.4.4 Association of economical level with pre-test scores:

economical level	Test scores			Total
	POOR (0-5)	AVERAGE (6-10)	GOOD (11-15)	
>5000/-	0	0	0	0
5001-10000/-	5	25	0	30
10001-15000/-	3	17	0	20
Above 15001/-	3	7	0	10
<b>Total</b>	<b>11</b>	<b>49</b>	<b>0</b>	<b>60</b>
X=1.11                      p>0.05(Insignificant)				

The association of educational status and test scores is shown in present table 3.1. The probability value for Chi-Square test is 1.11 for 2 degrees of freedom which indicated a insignificant value ( $p>0.05$ ). Hence, it is identified that there is a insignificant association between educational status and test scores. Moreover, it is reflected that educational status isn't influenced with the present problem.

## VII. Results

In assessment stage, 11 (18.3%) peoples were having poor knowledge score while 49 (81.7%) were having average knowledge score, each 0 (0.0%) peoples were having good and excellent knowledge score. Thus, the intervention will helpful in reducing the anxiety level of the peoples. The knowledge score was  $7.10 \pm 2.40$ , while the practice score was  $7.40 \pm 2.29$ .

## VIII. Conclusion

Thus, after the analysis and interpretation of data we can conclude that the hypothesis  $H_0$  that, there will be no significant association between knowledge score among peoples with their selected demographic variables at ( $P<0.001$ ) is being accepted. Furthermore, Thus, peoples having average knowledge score regarding non communicable disease so there is need to improve knowledge of peoples residing in selected community area.

## IX. Limitations

- This was limited to Khudel, Indore.
- This was limited to 60 peoples.

## X. References

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