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HEALTHY BEHAVIOR AMONG PATIENT WITH CHRONIC DISEASE (DIABETES MELLITUS, HYPERTENSION) IN AL-NAJAF CITY.

Farah sadiq abd hashem, community health nursing department

KeyWords

Healthy behavior , **Chronic Disease** , **Diabetes mellitus** , **Hypertension**.

ABSTRACT

Healthy behavior is defined as the stage of management and maintenance of health, regardless of the currents state of health. Healthy behavior after the onset of the disease is very important because it can reduce the risk of recurrence, reduce the severity of the disease, improve function and prolong life. The aim of this study was to assess the pattern of healthy behavior and related factor among patient with chronic disease (DM, HT) in al-Najaf city and to find the relationships between socio demographic characteristics and healthy behaviors of patient with chronic disease(DM, HT).

A descriptive design, cross-sectional study was adopted to achieve the research objective. the study started from 1st March 2021to 20 June 2021. A non-probability sampling technique (purposive sample)of (54)people with chronic disease selsected from PHC centers from northern (Al-Jawad, Al-Askari2, and Al-Karama) and from southern care sector (Al-Ansar, Al-Adala, and 15 shaaban) in Al-Najaf city which represent (25%) of total centers in Al-Najaf city. in al-najaf city.

Relevant scale was used for measurement of "healthy behavior of people with chronic disease" the scale composed of 2 main parts Sociodemographic Characteristics of people with chronic disease (DM, HT),and Healthy Behaviors part.
and used the (frequency and percentage), Statistical mean and standard deviation as descriptive analysis and P.V to find the significances of relationships between socio-demographic characteristics and health behavior of patient with chronic disease.

The results of the study revealed that there is a moderate level of healthy behavior in each of the diseases of the system diabetes and hypertension disease, the study recommend to Organizing awareness sessions for chronic patients about the importance of maintaining and adhering to improved health behaviors, Financial support for patients with chronic disease, The health authorities adopt interest in developing a health culture among members of the community, not only for patients, Rehabilitation of psychologists in order to deal well with this people and provide them with sufficient information and In order to educate the patient about the need to maintain his physical health and its impact on his mental health, and Building indicative programs to modify health behavior in chronic patients.

INTRODUCTION

Healthy behavior is defined as the stage of management and maintenance of health, regardless of the currents state of health. Healthy behavior after the onset of the disease is very important because it can reduce the risk of recurrence, reduce the severity of the disease, improve function and prolong life. (1)
Hypertension (HT) occurs in more than half of people with diabetes (DM) and contributes significantly to micro vascular and macro vascular diseases in DM. compared with a control group with normotensive blood pressure, not suffering from diabetes.(2)
Diabetes is now recognized as a major public health problem worldwide. Diabetes is common throughout the world. The World Health Organization (WHO) predicts that the number of people with diabetes will increase from 117 million in 2000 to 366 million by 2030 due to aging and urbanization. In Singapore, diabetes mellitus is the 8th leading cause of death with 3% of all deaths being attributed to diabetes alone.(3)
Non-communicable diseases (NCDs) are the leading cause of morbidity and mortality in Iraq (Iraqi Ministry of Health, 2019).It is estimated that 30% of Iraqis have hypertension, 14% have hyperglycemia and more than 30% are obese.(4)
To reduce the NCD burden, most public health policies aim to identify and manage modifiable health behaviors that can effectively reduce the number of deaths caused by NCDs.(5)

In patients with chronic cardiovascular disease (such as diabetes, high blood pressure, heart disease, and stroke), healthy behavioral changes, including lower sodium levels, improved diet, exercise, and smoking cessation ,losing weight is associated with a

reduced risk of cardiovascular disease and death. Similarly, in the high-risk group, cholesterol tests, blood sugar tests, and blood pressure measurements were associated with better results.(6)

Healthy behavior factors:

Changes in health behavior are known to help control non-communicable diseases, but poor health behavior is not easy to correct. However, since the diagnosis of a non-communicable disease such as high blood pressure or diabetes is considered a health crisis, it can be an excellent opportunity to correct and prevent the disease.(5) The fourth most common risk factor for death worldwide is lack of physical activity. (6% of deaths). come follows hypertension (13%), and diabetes mellitus (6%).(7) Psychological well-being: Most modern theories of motivation postulate that a person initiates and maintains behavior that, in his opinion, will lead to a desired result or goal. Although this approach initially assumed that two goals that achieve the same expected outcome would provide the same quality of service and emotional experience, recent research on goal-directed behavior has begun to distinguish between goal types and outcome types.(8) Healthcare users turn to primary health care providers instead of infrequent psychiatric procedures. In addition, health service users can receive services in less stigmatized health care settings. Therefore, there is a possibility of continuing the complex treatment. Developing and diversifying models of integrative care is very important, especially given the fact that many people use primary mental health services(9) Healthy behavior includes spiritual growth. personal responsibility for health, exercise and nutrition; interpersonal communication; And the management is insecure(10) A person's health behavior can affect their physical health or their ability to recover. Health behaviors, especially sedentary lifestyles, smoking and drinking, are some of the main factors that can contribute to morbidity and mortality(11)

Objectives

The aim of this study was to assess the pattern of healthy behavior and related factor among patient with chronic disease (DM, HT) in al-Najaf city and to find the relationships between socio demographic characteristics and healthy behaviors of patient with chronic disease(DM, HT).

Material and method

Study design

A descriptive design, cross-sectional study was adopted to achieve the research objective. the study started from 1st March 2021to 20 June 2021. A non-probability sampling technique (purposive sample)of (54)people with chronic disease selsected from PHC centers from northern (Al-Jawad, Al-Askari2, and Al-Karama) and from southern care sector (Al-Ansar, Al-Adala, and 15 shaaban) in Al-Najaf city which represent (25%) of total centers in Al-Najaf city. in al-najaf city.

Method

Relevant scale was used for measurement of "healthy behavior of people with chronic disease" the scale composed of 2 main parts Sociodemographic Characteristics of people with chronic disease (DM, HT),and Healthy Behaviors part.

Result

Statically distributions of study sample for their demographical data:

Table (1) shows statistical distribution of patients by their socio-demographic data, it explains that the goodest percentage of the patients' subgroup are : patients with ages between (40-49) years old (34.4%), male patients (59.5%), married patients (65.6 %), those who are graduated in secondary school (32.8 %), those with somewhat sufficient monthly income (51.6 %) ; those with hypertension (43.8%) .

Items	Sub-groups	Study group Total = 64	
		Frequency	Percentage
Age / Years	20-29	16	25.0
	30-39	18	28.1
	40-49	22	34.4
	50-59	8	12.5
Gender	Male	38	59.4
	Female	26	40.6
Disease	Hypertension	28	43.8
	Diabetes Mellitus	25	39.1
	Both	11	17.2
Educational Level	Primary School	17	26.6
	Secondary School	21	32.8
	Institute	10	15.6

	College	16	25.0
Marital status	Single	10	15.6
	Married	42	65.6
	Divorced	6	9.4
	Widowed	6	9.4
Economic Status	Sufficient	19	29.7
	Sufficient to some extent	33	51.6
	Insufficient	12	18.8

Table (2) shows Descriptive Statistics of patients' subgroups according to their total health behavior assessment, it shows that the (10.49 %) of patients have (Good) health behavior assessment; (75 %) of them have moderate health behavior; while (14.0%) of them have (poor) health behavior.

Patients' subgroups		**Good**	**Moderate**	**Poor**
	Frequency	**7**	**48**	**9**
	Percentage	**10.94**	**75.00**	**14.06**

Table (3) shows relationship between total health behavior assessment of the patients and their demographic data , it shows that there is no significant relationship between demographic data and total health behavior assessment , except with educational level in which there was significant association (P value <0.05) .

Demographic Data	**Good**	**Moderate**	**Poor**	**P Value Significance**
Age	1	15	0	**0.15 NS**
	1	13	4	
	5	14	3	
	0	6	2	
Gender	2	31	5	**0.18 NS**
	5	17	4	
Disease	2	23	3	**0.77 NS**
	4	17	4	
	1	8	2	
Educational Level	2	14	1	**0.05 S**
	4	12	5	
	1	6	3	
	0	16	0	
Marital status	1	8	1	**0.99 NS**
	4	32	6	
	1	4	1	

	1	4	1	
Economic Status	5	12	2	**0.14 NS**
	1	27	5	
	1	9	2	

Conclusion

Regarding the level of health behavior in people with chronic diseases:
The results of the study revealed that there is a moderate level of healthy behavior in each of the diseases of the system diabetes and hypertension disease, and this result is consistent with the results of Previous studies in this field were mentioned previously and differ with some other studies. Also there is a significant relationships between health behavior and educational level.

Recommendation

the study recommend to Organizing awareness sessions for chronic patients about the importance of maintaining and adhering to improved health behaviors, Financial support for patients with chronic disease, The health authorities adopt interest in developing a health culture among members of the community, not only for patients, Rehabilitation of psychologists in order to deal well with this people and provide them with sufficient information and In order to educate the patient about the need to maintain his physical health and its impact on his mental health, and Building indicative programs to modify health behavior in chronic patients.

References

[1] Newsom, J. T., Huguet, N., McCarthy, M. J., Ramage-Morin, P., Kaplan, M. S., Bernier, J., McFarland, B. H., & Oderkirk, J. (2012). Health behavior change following chronic illness in middle and later life. Journals of Gerontology - Series B Psychological Sciences and Social Sciences, 67 B(3), 279–288. https://doi.org/10.1093/geronb/gbr103.
[2] Lastra, G., Syed, S., Kurukulasuriya, L. R., Manrique, C., & Sowers, J. R. (2014). Type 2 diabetes mellitus and hypertension: An update. Endocrinology and Metabolism Clinics of North America, 43(1), 103–122. https://doi.org/10.1016/j.ecl.2013.09.005.
[3] Abidin, S. I. Z., Sultan, R., & Shamsuddin, K. (2014). PREVALENCE AND DETERMINANTS OF APPROPRIATE HEALTH SEEKING BEHAVIOUR AMONG KNOWN DIABETICS : RESULTS FROM A COMMUNITY- BASED SURVEY Author : Sheleaswani Inche Zainal Abidin Community Health Department , Medical Faculty , University Kebangsaan Malaysia , Ja. Hindawi Publishing Corporation Advanced, 7.
[4] World Health Organization. (2019). WHO global report on traditional and complementary medicine. https://apps.who.int/iris/bitstream/handle/10665/312342/9789241515436-eng.pdf?ua=1.
[5] Jeon, Y., Pyo, J., & Park, Y. (2020). Health behaviors in major chronic diseases patients : trends and regional variations analysis , 2008 – 2017 , Korea. 1–10.
[6] Campbell, D. J. T., Ronksley, P. E., Manns, B. J., Tonelli, M., Sanmartin, C., Weaver, R. G., Hennessy, D., King-Shier, K., Campbell, T., & Hemmelgarn, B. R. (2014). The association of income with health behavior change and disease monitoring among patients with chronic disease. PLoS ONE, 9(4). https://doi.org/10.1371/journal.pone.0094007.
[7] World Health Organization (WHO). (2010). global recommendations on physical activity for health.
[8] Mensah, e tawiah, K. (2015). Employee Motivation and Work Performance: A Comparative Study of Mining Companies in Ghana. Journal of Industrial Engineering and Management, 9(2), 255–309. https://doi.org/http://dx.doi.org/10.3926/jiem.1530
[9]ANA. (2014). ANA Standards of Psychiatric–Mental Health Nursing Practice. The Publishing Program of ANA.
[10] Hosseini, M., Vasli, P., Rashidi, S., & Shahsavari, S. (2016). Electronic Physician (ISSN : 20085842). August, 2810–2817.
[11] Lee, M., Park, S., & Lee, K.-S. (2020). Relationship between Morbidity and Health Behavior in Chronic Diseases. Journal of Clinical Medicine, 9(1), 121. https://doi.org/10.3390/jcm9010121