Knowledge and practices on selected non communicable diseases among
GCE Advanced Level students in state schools, Maharagama
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Objective
To assess the knowledge on selected non communicable diseases (NCDs) and
practices related to prevention of selected NCDs among GCE Advanced Level (A/L)
students attending government schools in the Maharagama education division.

Methods
A descriptive cross sectional study was conducted among year 13 students (A/L)
attending state schools in Maharagama education division. A total of 634 students were
selected from 9 schools which had at least one class in a given stream. Stratified
sampling was done according to stream of study and the number needed from each
stratum was decided according to probability proportionate to size. Cluster sampling was
conducted when the number of classes in each stream was more than one. A self
administered questionnaire was used to gather information on socio demographic data,
practices, knowledge on NCDs and sources of information. Height and weight
measurements were recorded. Each practice was analysed separately, either based on
the indulgence or on a cut off score. A composite score of >60% was considered as good
overall knowledge.

Results
Of the 634 respondents 45.3% (n=287) were males. The mean age was 18.4(SD±0.38)
years.
Knowledge: The proportion with good overall knowledge was 43% (95%CI: 39%-46.9%)
[n=272]. Good overall knowledge was significantly higher among non Sinhalese (88%;
n=5) and science stream students (65%; n=85) (p< 0.001).
Practices: Proportion of students who had a healthy diet was 43% (n=275) and adequate
physical activity was 20% (n=129). Three percent (n=18) were current smokers, all of
whom were males and 10% (n=61) of males and 2% (n=12) of females were current
users of alcohol. Proportion of females was significantly higher in relation to healthy
dietary habits (52.2%; n=181 versus 32.8%; n=94 ), non smoking (100%; n=347 versus
93.7%; n=269) and non alcohol consumption (96.5%; n=335 versus 78.7%; n=226) and
males in relation to adequate physical activity (27.5%; n=79 versus 14.4%; n=50).
Schools (41%; n=233) were the major source of information on NCDs and preferred
sources were healthcare workers (34%; n=201) and schools (32%; n=192).

Conclusion
Proportion of year 13 A/L students with good knowledge and practices was low and
recommend awareness raising programs.