

THESIS

DESIGN, IMPLEMENTATION AND EVALUATION OF A COMMUNITY
INTERVENTION TO IMPROVE UTILISATION OF HEALTHY LIFESTYLE CENTRES
IN TWO DISTRICTS OF SRI LANKA

Submitted by

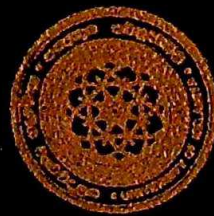
H.M.Thilini Priyanjalee Herath

FGS/ME/PhD/PH 2019/001

A thesis submitted to the Faculty of Graduate Studies, University of Kelaniya


in fulfillment of the requirements for the degree of

Doctor of Philosophy in Public Health



May 2022

This thesis has been accepted by the University of Kelaniya for the award of the Degree of Doctor of Philosophy (~~2022~~...) It is not allowed to publish this as a thesis accepted for the Degree of Doctor of Philosophy without the authority of the University



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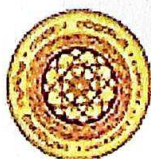
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DECLARATION

“I carried out the work described in this thesis under the supervision of Prof. Anuradhani Kasturiratne and Dr. Manuja Perera, and a report on this has not been submitted in whole or part to any university or any other institution for another degree/diploma.”


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H.M.T.P Herath

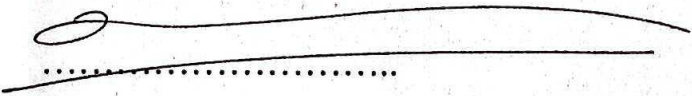
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DECLARATION OF THE SUPERVISORS

This is to certify that this thesis is based on the work carried out by H.M.T.P Herath (FGS/ME/PhD/PH/2019/01) under my/our supervision. The thesis has been prepared according to the format stipulated and is suitable for submission as a fulfillment of Doctor of Philosophy in Public Health.

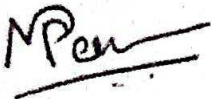
Certified by:


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Date: 08.09.2023

Prof. Anuradhani Kasturiratne

Main supervisor
Professor in Public Health
Department of Public Health
Faculty of Medicine
University of Kelaniya
P.O Box 6
Thalagolla Road
Ragama
Sri Lanka


.....

Date: 08.09.2023

Dr. Manuja Perera

Co-supervisor
Senior Lecturer in Public Health
Department of Public Health
Faculty of Medicine
University of Kelaniya
P.O Box 6
Thalagolla Road
Ragama
Sri Lanka

DEDICATION

I dedicate my thesis to my family.

A special feeling of gratitude to my loving parents, husband and two sons
whose words of encouragement and push for tenacity ring in my ears.....

ABSTRACT

Introduction: Healthy Lifestyle Centres (HLCs) are underutilised in Sri Lanka. Effectiveness of empowering communities to improve utilisation of HLCs by its target population (adults aged 35 to 65 years) is not explored.

Objective: To design, implement and evaluate a community intervention to improve utilisation of HLCs in two districts (Gampaha and Kalutara) of Sri Lanka.

Methods: Phase I, a mixed-methods descriptive study comprising: a qualitative study using grounded theory to explore reasons for the utilisation of HLCs using interviews and a cross-sectional study to assess the profile of users and nonusers and determine associated factors. A multistage cluster sampling method was used to recruit 1727 individuals. Data collected using an interviewer-administered questionnaire were analysed using bivariate and multivariable analysis. Phase II: a quasi-experimental study in six *grama niladari* divisions each from the catchment areas of two selected HLCs as Intervention (IG) and Comparison Groups (CG). Health Promotion Approach was used to empower Community Support Groups (CSGs) to address underutilisation. Phase III: a pre-post design to evaluate the outcomes. A random sample of 498 from each group was assessed and the primary outcome was the improvement in utilisation (Utilisation of the HLC by a study participant as a first time or as a follow-up client at the time of data collection).

Results: The rate of utilisation of the HLCs was 11.3% (n=195, 95% CI:9.80-12.8). HLC utilisation was found to be significantly associated with 14 factors. The factors with highest Odds Ratios (OR) were perceiving screening as useful (OR=10.2, 95% CI: 4.04-23.4) and perceived susceptibility to NCDs (OR= 6.78, 95% CI: 2.79-16.42). The qualitative study revealed that negative past experiences and attitudes related to staff and services in state health care institutions and HLCs, and employment-related barriers negatively influenced HLC utilisation. The HLC utilisation, which was similar among the IG and CG in the pre assessment (p=0.056), showed a significant improvement in the post assessment (p<0.001). The HLC utilisation in IG increased by 29.5% (pre: 5.85%; 95% CI: [3.74-7.95], post: 35.3%; 95% CI: [30.9-39.8]). The CG did not show a significant difference in use.

Conclusion and Recommendations: HLC utilisation can be improved through empowering CSGs. The developed intervention model is recommended for use after accounting for contextual differences.

Keywords: Health Promotion; Healthy Lifestyle Centre; Non-communicable Diseases; Screening Services; Utilisation