

## มาตรการป้องกันโรคจากวิถีชีวิต

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### บทคัดย่อ

บทความวิชาการนี้มีวัตถุประสงค์ เพื่อส่งเสริมให้เกิดการป้องกันและควบคุมโรคที่เกิดจากวิถีชีวิต ซึ่งเป็นภัยคุกคามต่อสุขภาพ เป็นสาเหตุของภาวะทุพพลภาพและการเสียชีวิต รวมถึงส่งผลต่อภาวะเศรษฐกิจและปัญหาสังคมในระดับโลก บทความนี้กล่าวถึงทฤษฎีพฤติกรรมตามแผน (Theory of planned behavior) ที่พัฒนามาจากทฤษฎีการกระทำด้วยเหตุผล (Theory of reasoned action) ซึ่งอธิบายว่า การเลือกปฏิบัติพฤติกรรมของบุคคล ขึ้นอยู่กับความสนใจต่อสิ่งนั้น (intention) ยิ่งบุคคลมีความสนใจมากจะมีแนวโน้มปฏิบัติพฤติกรรมนั้นมากขึ้น โดยความสนใจของบุคคล ถูกกระตุ้นจาก 3 องค์ประกอบหลัก ได้แก่ ทศนคติที่มีต่อพฤติกรรม บรรทัดฐานของบุคคลที่มีต่อพฤติกรรม และการรับรู้ถึงการควบคุมพฤติกรรมตนเอง ดังนั้นบุคคลที่สนใจในพฤติกรรมเสี่ยงต่อสุขภาพ จึงมักมีโอกาสดำเนินการรับผลกระทบทางสุขภาพจากการดำเนินชีวิตหรือการปฏิบัติพฤติกรรมนั้นๆ

โรคที่เกิดจากวิถีชีวิตหรือโรคพฤติกรรม เป็นภัยเงียบที่บ่อยครั้งผู้ป่วยไม่สามารถประเมินอาการได้ด้วยตนเอง คนส่วนใหญ่จึงป่วยเป็นโรคโดยไม่รู้ตัว โดยเฉพาะอย่างยิ่งในกลุ่มวัยผู้ใหญ่และผู้สูงอายุ กรอบแนวคิดของบทความนี้ได้นำเสนอพฤติกรรมเสี่ยงต่อสุขภาพ ผลกระทบที่เกิดขึ้น และวิธีการป้องกันโรคจากวิถีชีวิต ภายใต้การนำใช้ทฤษฎีพฤติกรรมตามแผนในการสนับสนุนให้มีการป้องกันและควบคุมโรคจากวิถีชีวิต ส่งเสริมให้บุคคลสามารถดูแลสุขภาพตนเองในการป้องกันและควบคุมโรคที่เกิดจากวิถีชีวิตได้

**คำสำคัญ:** การป้องกัน การควบคุม โรคจากวิถีชีวิต

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## Preventive measures of lifestyle diseases

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### Abstract

The aim of this article is to encourage people to prevent and control lifestyle diseases as they cause socio-economic problems, permanent disabilities, and death. This article is based on the Theory of Planned Behavior (TPB), which is an extension of the Theory of Reasoned Action. The Theory of Planned Behavior suggests that intention is directly driven by four major constructs including attitude, subjective norm, perceived behavior control and intention. Moreover the theory suggests that the stronger the intention, the more likely an individual will perform the behavior. The performance of a behavior is determined by the individual's intention to engage in it and the perception that the behavior is within his/her control. People make unwise choices by involving themselves in unhealthy habits that destroy their health. This article encourages people to take their health into their own hands, through preventing and controlling lifestyle diseases. A conceptual framework of preventive measures of lifestyle diseases is presented and discussed. The application of the Theory of Planned Behavior and a community case study based on Trans-theoretical Model of Health Behavior Change are discussed. Lifestyle diseases sometimes may not present obvious signs and symptoms; consequently many people live with them without knowing. People should take action to prevent and control lifestyle diseases.

**Keywords:** prevention, control, lifestyle diseases

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## Introduction

Lifestyle diseases are ailments associated with the way people live and signifies adopting unhealthy habits that detract them from a healthy lifestyle. This may lead to life-threatening consequences, and in some cases to death. Lifestyle diseases may cause cell hypoxia and breathing disorders. They have insidious onset, take years to develop, and grow slowly as people age and shorten their longevity. They are among the most frequent causes of death and disability in Thailand and other countries around the globe. According to the World Health Organization, out of 56 million deaths worldwide in 2016, more than half (54%) of these were due to lifestyle diseases. In Thailand, cancer (19%) and ischemic heart disease (12%) are the leading causes of death. In India, cardiovascular disease is the leading cause of death.<sup>1-2</sup>

While urbanization and progress have brought great improvements in health care and general standards of living, some people are under constant pressure to sustain these standards.<sup>3-4</sup> As they struggle to cope with pressures of work and survival, they often forget a healthy diet, exercise, rest and relaxation, and this neglect paves the way to lifestyle diseases. Common lifestyle diseases

include obesity, diabetes mellitus, atherosclerosis, heart disease, stroke, hypertension, nephritis, some cancers, and chronic obstructive lung diseases (CODP).<sup>3-6</sup>

## Theoretical Framework

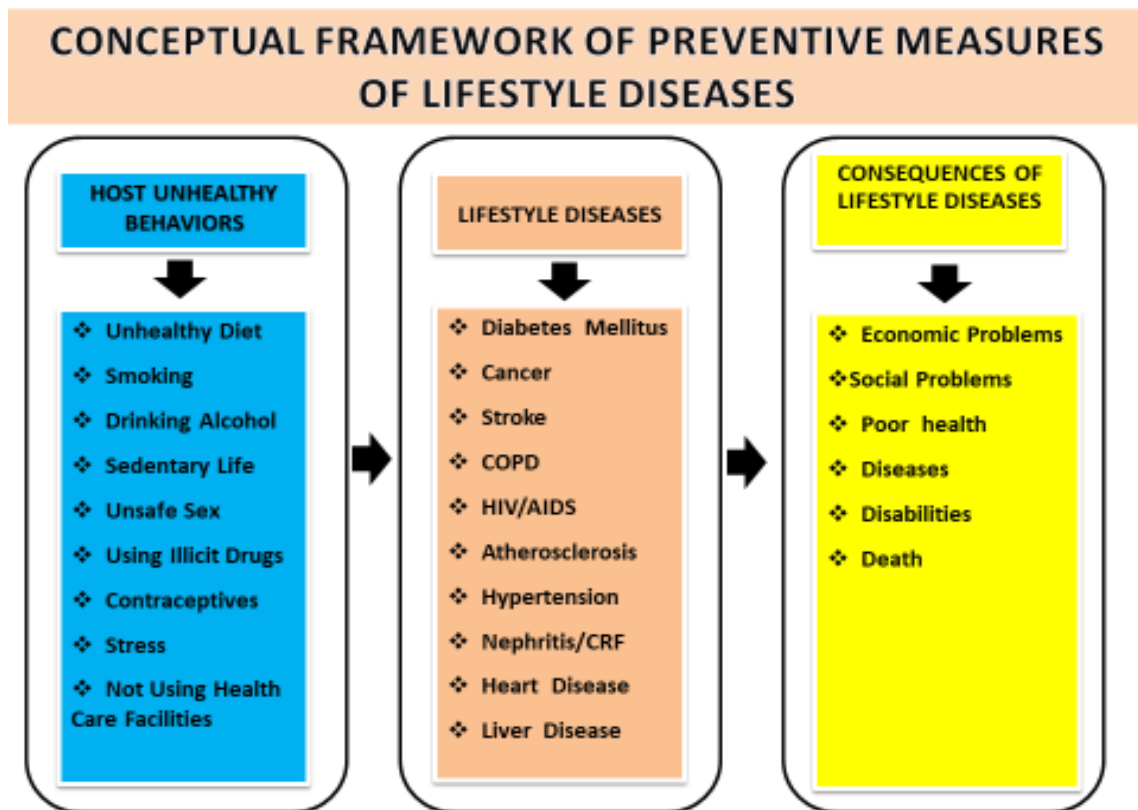
This article is based on the Theory of Planned Behavior proposed by Icek Ajzen in 1985 and developed from the Theory of Reasoned Action, which was proposed by Martin Fishbein together with Icek Ajzen in 1980, and The Trans-theoretical Model of Health Behavior Change (TTM)<sup>5-6</sup>

The theory of planned behavior is one of the main theories that focus on prediction of health behavior and emphasizes three intervening ideas: the chance for change, good resources, and good attitude. These are factors that motivate the successful change of behavior. According to this theory, human actions are guided by three elements: **(1) behavior beliefs** (beliefs about the likely consequences of human behavior), **(2) normative beliefs** (beliefs about the normative expectations of others, **(3) control beliefs** (beliefs about the presence of factors that may facilitate or impede the performance of the behavior). People have the ability to exert self-control in all of their behaviors.<sup>7-8</sup>

Trans-theoretical Model (TTM) is a health behavior theory that describes the determinants of health behavior.<sup>9-12</sup>

In addition, it incorporates some of the central concepts in the social and behavioral sciences. Attitudes toward a behavior, subjective norms with respect to a behavior, and perceived control over a behavior predict behavioral intentions. The application of the theory of planned behavior to a particular area of interest provides important information that is useful in an attempt to understand human behaviors, and to implement interventions that will be effective in

changing them. Intention perception of behavioral control, attitude toward a behavior, and subjective normativity each reveals a different aspect of a behavior, and each can serve as a point of attack in attempts to change it. The important part of this theory is that behavioral intentions are influenced by an attitude about the likelihood that a behavior will have an expected outcome. Moreover, behavioral achievement depends on both motivation (intention) and ability (behavioral control).<sup>13-14</sup> It is desirable that people make a decision to prevent and control lifestyle diseases.



Conceptual Framework of Preventive Measures of Lifestyle Diseases<sup>8, 13-16</sup>

The above conceptual framework derives from the review of literature and from personal and professional experiences to support the application of preventive measures to counter lifestyle diseases. People deliberately engage in self-destructive behaviors such as unhealthy diet, smoking, drinking alcohol, adopting a sedentary lifestyle, unsafe sex, using illicit drugs, lack exercise, and favor stress. These behaviors lead to lifestyle diseases, socioeconomic problems, poor health, disability and death. However, through the application of the Theory of Planned Behavior, preventive measures can be initiated and lifestyle diseases can be prevented and controlled.<sup>1,4-5,15</sup>

### **Application of the Theory of Planned Behavior**

Health practitioners should apply the Theory of Planned Behavior to prevent lifestyle diseases and promote behavior change since the model focuses on psychosocial factors that are amenable to change.<sup>3,15-16</sup>

### **Personal Characteristics and Theory of Planned Behavior Constructs**

In applying the Theory of Planned Behavior, four personal characteristics, namely: “individual characteristics, social, information, and knowledge characteristics”; as well as Theory of Planned Behavior constructs such as: “attitude to the behavior, subjective/social norms, perceived

behavior control and intentions” should be taken into consideration.<sup>11-12</sup>

**1. Individual:** focus on personality, emotions, value, intelligence, and the ability to make choices. Every healthy person has the freedom to make decisions. Every person can plan, act, predict, and evaluate whatever he does. Consequently, to maintain a healthy lifestyle or not lies in the hands of every person.

**2. Social:** focus on age, gender, race, ethnicity, education, religion, culture, and income. For instance, culture may greatly affect the intentions of clients in performing a behavior change.

**3. Information:** focus on experience, media exposure, and intervention. The information a client has is a great contributing factor to a behavior change.<sup>15</sup>

**4. Knowledge:** There is a need to provide general knowledge about lifestyle diseases, and preventive measures. Lifestyle diseases are caused by unhealthy lifestyle habits, hence they can also be prevented by adhering to healthy lifestyle changes in day to day life.<sup>11-12</sup>

**Attitude toward a behavior:** Attitude is known as the degree to which an individual has a favorable or unfavorable evaluation of a behavior. In providing health education, there is a need to know the beliefs of the clients toward a behavior

change as this usually provides positive benefits to foster a behavior change. To teach people about the hazards of smoking, a client needs to understand clearly that by avoiding smoking, they will not contract lung cancer; by controlling their weight and eating a healthy diet, they will not suffer from obesity, or cardiovascular diseases. Once clients perceive the benefits of a behavior change, they will develop a stronger intention to change their behavior.<sup>11-12</sup>

**Subjective and Social Norms:** Subjective normativity refers to a belief about whether most people approve or disapprove of a behavior. Peer pressure is the feeling of guilt created when an individual fails to perform or behave like others. In presenting preventive measures, there is a need to motivate many people in society such as in a village, as people change their behavior following peer pressure. Subjective norms from a peer group include thoughts such as “Most of my friends smoke”, or “I feel ashamed of smoking in front of a group of friends who don’t smoke”. Once a large group of people accept that they will change their behavior, it is believed that friends will do the same.<sup>1,14-15</sup>

**Perceived Behavioral Control:** In the Theory of Planned Behavior, perceived behavior control has the same meaning as self-efficacy. Self-efficacy is a component of Bandura’s Social

Cognitive Theory and is defined as an individual’s perceived ability to perform a behavior. Control belief is an individual’s beliefs about the presence of factors that may facilitate or hinder performance of a behavior, which is also related to self-efficacy.<sup>11-12</sup>

A perceived behavioral control is an individual’s perceived ease or difficulty in performing a particular behavior. With this approach, there is a need to encourage clients to take control over their own health by adhering to preventive measures. The following example describes a prediction of health behavior using the Theory of Planned Behavior: a study of self-efficacy for performing breast self-exams showed attitudes, perceived barriers, and self-efficacy were all predictive of intentions to perform breast self-examination. Health educators can help to determine which individual factors from the models are most predictive of specific health behaviors and then ensure that the intervention will focus on the most important factors of that specific behavior rather than one model.<sup>16</sup>

**Intentions:** According to the Theory of Planned Behavior, the stronger an intention, the more likely an individual will perform a behavior. There is a need to promote behavioral change through strengthening intention. Information from nursing practice with adults and elderly health promotion and disease prevention practice reveals

that some individuals have changed their health behaviors following motivation or a driving force within their mind. One of the main inner driving forces that motivates individuals to change some unhealthy behaviors is consideration of their beloved ones such as family members.<sup>17</sup>

A community case study that employed the Trans-theoretical Model was used in this article to support the application of the Theory of Planned Behavior. The following is based on an assessment stage of change using the Trans-theoretical Model to identify the stage of changing health behavior in clients in the community: there was a case of an adult male client addicted to cigarette smoking and assessed in the pre-contemplation stage; he had experienced some health impacts from smoking, but never thought about quitting smoking. After discussions with nursing students about causes and factors of smoking and finding some appropriate ways to change his behavior, the client was not willing to change his behavior. However, upon evaluation of his behavior after one week, it was found out that this client was moving from a pre-contemplation to an action stage, and this was his start in changing his smoking behavior. He reduced the number of cigarettes from 8 to 4 cigarettes a day. His reasons of changing his behavior were that he did not want to become a bad role model to his children;

instead, he preferred to save money for their future. In Eastern cultures, such as here in Thailand, there is a very strong affinity between family members, and parents are ready to do anything for the love of their children. Similarly, children are ready to do anything for their parents. This is good knowledge that can be applied in a community practice, to encourage people to change their unhealthful behaviors for the sake of their loved ones.<sup>18-19</sup>

## Conclusion

The best way of controlling lifestyle diseases is by controlling risk factors, especially unhealthy habits. An essential comprehensive approach involves all sectors of a client's life, including health, finance, education, communication, socio-political activities, and entertainment to minimize the impact of lifestyle diseases on individuals and society. The above work demonstrates a feasible method. Therefore, individuals, families, communities, health care providers, and governments should take responsibility in preventing and controlling lifestyle diseases.

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