

Awareness, perceptions and contemporary barriers to healthy diets and cardiovascular diseases, control in the Peruvian Andes: a qualitative study

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Background

Cardiovascular diseases (CVD) are the leading cause of death globally. The risk of CVDs is strongly influenced by behavioural factors, such as unhealthy eating habits, sedentary lifestyle, alcohol consumption and smoking. Preventive interventions to address unhealthy behaviours along with weight, blood pressure, lipids and glucose control. They require strategic behavioural change interventions routed in people's explanatory models for disease including perceptions, beliefs as well as their awareness of the disease, their perceived causes and health seeking.

Objectives

To explore perceptions of healthy lifestyle and CVD, including perceived susceptibility, severity, barriers to prevention and willingness to change, in Andean adults in Peru

Methods

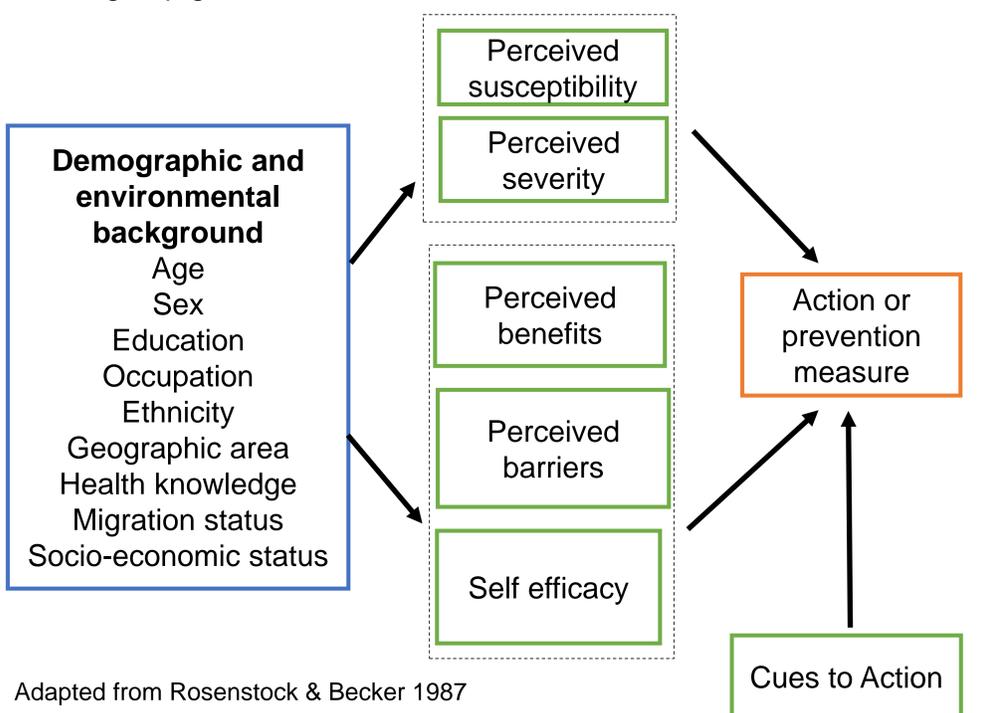
Design: qualitative cross-sectional study embedded within a community randomized control trial (c-RCT).

Study setting: San Marcos Province, Cajamarca Region, Peru.

Recruitment: Purposive sampling

Data collection: 8 focus groups (30 minutes-1 hour)

Focus group guide: based in the six constructs of the Health Belief Model



Adapted from Rosenstock & Becker 1987



Results

A total of 48 people (39 women and 9 men) participated in the eight focus groups

Concepts	Key messages
Perceived susceptibility	All participants felt susceptible to getting a CVD. However, fear to fall ill with an infectious disease is prevalent.
Perceived severity	High awareness that CVD can be fatal and that a CVD significantly impact on household expenses
Perceived benefits	Participants perceived that a high level of physical activity would maintain their health and fitness to fulfil their work. They also understood that having healthy diets is beneficial for their health and can prevent diseases.
Perceived barriers	The main barriers for CVD prevention were lack of knowledge about CVD, limited access to fresh food items, lack of information on what constitutes a healthy diet, and perceived poor and inadequate health services (lack of preventive care, unsatisfactory doctor-patient interactions and geographic barrier).
Cues to action	The main motivating factor to stay healthy was the ability to take care of their children. They were eager to learn more about healthy diets and would appreciate face-to-face workshops
Self efficacy	Participants were more willing to adopt a healthier diet than increasing their physical activity. Confidence on their ability to change varied among participants. Lack of commitment for change and difficulties to adopt a healthier diet are key barriers.

Conclusions

- Participants had barely heard or talked about CVDs and were unaware of their causes and prevention measures, and of related health care services.
- Psychological distress is the perceived main driver of CVD and it is believed that it can exacerbate the course of a patient's CVD.
- Main barriers to CVD prevention were the lack of knowledge of healthy diets and access to diverse food items.
- Poor and unsatisfactory doctor-patient interactions with regard to CVDs prevent participants from attending the health centres.
- In this context of vulnerability, poverty and lack of information, efforts of prevention should reinforce education and disease awareness at all health system levels, especially in access-limited communities.