

ABSTRACT

Noncommunicable diseases (NCDs) are chronic diseases, caused by multiple behavioral risk factors. NCDs are the leading causes of morbidity and mortality worldwide, killing 41 million people annually. According to WHO report 2017, (68%) deaths in Myanmar were contributed by NCDs. Recent Myanmar STEPS survey revealed that almost all adults had at least one risk factor towards NCDs. The main purpose of this study was to compare the clustering of NCDs risk factors in youths between Yangon Region and Southern Shan State.

From September to December 2018, a cross-sectional comparative study was conducted in Yangon Region and Southern Shan State. In this study, 200 youths from each region were recruited, adopting WHO STEPS Instrument Version (2.1). Prevalence of each of the individual and clustered risk factors was described by frequency (percent). Multinomial logistic regression was done to assess the association of clustered risk factors and regions, age groups, genders, and residences. Binary logistic regression was done to assess the association of the most prevalent clustered risk factors and regions, age groups, genders, and residences. The results were presented by adjusted odds ratios with 95% confidence intervals.

Almost all youths had at least one behavioral risk factor. Tobacco consumption and physical inactivity were significantly higher in Nyaung Shwe. Unhealthy diet was the most prevalent individual risk factor among youths but there was no regional difference.

Behavioral risk factors were more clustered in Nyaung Shwe youths. With reference to none or single risk factor, Nyaung Shwe youths had 2.29 times (aOR = 2.29; 95%CI: 1.4, 3.7) the odds of doing two combined risk factors, 3.41 times (aOR = 3.41; 95%CI: 1.8, 6.4) the odds of doing three combined risk factors, and 3.28 times (aOR = 3.28; 95%CI: 1.2, 8.7) the odds of having four or five combined risk factors; teenagers (15 – 19 years) had higher odds (aOR = 2.75; 95%CI: 1.7, 4.5) to do two combined risk factors; males had larger odds of doing three combined risk factors

(aOR = 6.13; 95%CI: 3.2, 11.7), and four or five combined risk factors (aOR = 9.5; 95%CI: 3.0, 30.3) when compared to their corresponding counterparts.

The study concluded that the clustering of NCDs behavioral risk factors among youths of Nyaung Shwe was more prevalent than those of Yangon. Moreover, almost all of the youths had at least one risk behavior. These findings highlighted that Myanmar needs to implement school-based and community-based primordial prevention among children and behavioral change communication in high risk group to combat the rising NCDs trends and its burdens.