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The assessment of health promoting lifestyle knowledge, stroke related risk factors and quality of life of stroke survivors in the Mofolo, Chiawelo, and Stretford communities of Gauteng, South Africa

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ABSTRACT

Introduction

Factors that contribute to the risk of developing a stroke are largely modifiable such as eating a healthy diet, exercising, and having regular health screenings for early detection of disease. An understanding of the stroke survivor's level of health promoting lifestyle knowledge, assessing their risk factors for stroke, and assessing their quality of life will shed light into understanding the factors contributing to the increased rates of stroke and developing appropriate health promotion programmes.

Aim

To determine clinical and demographic factors, the prevalence and knowledge of stroke risk factors and health promoting lifestyle amongst stroke survivors in the Mofolo, Chiawelo and Stretford communities of Gauteng and how these factors affect the quality of life of stroke survivors in those communities.

Methodology

Demographic and clinical information was collected using a questionnaire, prevalence of stroke risk factors was assessed using the stroke risk card, health promoting lifestyle was assessed using the Health Promoting Lifestyle Profile II, quality of life was assessed using the EuroQol-5 Dimension, and knowledge of stroke risk factors and warning signs was assessed using the assessment of stroke risk factors and warning signs of stroke survivor's questionnaire. All data was collected at baseline and then again reassessed after three months. All data gathered were analysed using STATISTICA, categorical data from the demographic's questionnaire were analysed using percentages and frequencies, continuous data from the stroke risk card, EuroQol-5 Dimension (EQ-5D), HPLPII and the stroke risk knowledge questionnaires was analysed using descriptive statistics calculating mean and standard deviation as well as median and Interquartile ranges.

Results

A total of 156 participants were assessed at baseline with only 49 (31%) returning for three-months follow up. Hypertension was identified as the most prevalent risk factor for developing a stroke at baseline (65%) and at follow-up (73%). Eighty two percent had good health promoting lifestyle profiles at baseline and 78% at follow-up. Knowledge of stroke risk factors and warning signs was good (67%) at baseline and (53%) at follow-up. Sixty five percent of the participants were partially independent for mobility at baseline when compared to 73% at follow-up. Only 6% of participants rated their overall health as 100% at both baseline and follow-up.

Conclusion

Stroke survivors in the Chiawelo, Mofolo and Stretford communities of Gauteng are at an increased risk of stroke from clinical factors such as high prevalence of hypertension. Interestingly, stroke survivors in this study were shown to have good health promoting lifestyles and stroke risk factor knowledge. More research needs to be conducted in stroke survivors living in communities of similar profiles to understand the factors that increase their risk of stroke. Subsequently, the knowledge gained from further research can assist in the development of interventions such as continuous monitoring of stroke survivors blood pressure, cholesterol and blood glucose levels and creating health promotion campaigns specifically designed for stroke survivors to educate them on the lifestyle changes that assist to reduce the risk of stroke.

Key terms: stroke, health promotion, stroke prevention, health promoting lifestyles, stroke risk knowledge, quality of life