



Insights and learning experiences from cardiovascular health promotion in Nepal

SYM20: Primordial prevention of cardiovascular disease and beyond in the African continent: opportunities and challenges

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Overview

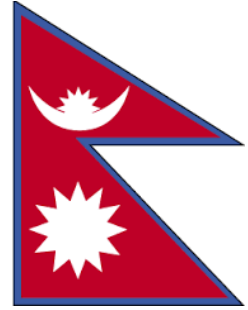
A photograph of two people sitting on a wooden ledge overlooking a vast mountain range. The person on the right is wearing a tan hooded jacket with circular patches and a maroon scarf. The person on the left is wearing a red sweater and a dark, textured hat. A green plastic bottle lies on the ledge between them. The background shows rolling blue mountains under a hazy sky.

- Background: Nepal
- Why cardiovascular health promotion in Nepal?
- Study setting
- Examples of interventions: HARDIC and HRIDAYA
- Challenges
- Learning outcomes



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Background: Nepal



- Population: 30,55 million
- 126 ethnic groups
- 3 ecological belts (Terai, Hills, Mountains)
- 7 provinces and 77 districts



Why cardiovascular health promotion in Nepal?

- Cardiovascular disease (CVD) prevalence increasing – contributes to 24% of total deaths and 11.9% of total DALYs
- High prevalence of CVD risk factors, but lack of knowledge, poor attitude, and inadequate practice for CVD prevention in the population
- Resource-limited setting: health promotion better value than disease prevention and/or curative approach
- Habits related to diet and physical activity established in early childhood and carried into adulthood



Study Setting: Jhaukhel-Duwakot Health Demographic Surveillance Site

- 15 km outside Kathmandu, Bhaktapur district, semi-urban
- Established 2010 by the Nordic School of Public Health, Kathmandu Medical College and Nepal Medical College
- A platform for future interventions to improve community health and capacity building
- Knowledge, attitude and practice regarding cardiovascular health poor
- High prevalence of risk factors



HARDIC

Heart-Health Associated
Research, Dissemination and
Intervention in the Community



PhD-thesis of
Natalia Oli
University of
Gothenburg 2018

- Health promotion usually considers adults, but rarely children
- Exposure to risk factors begins in early life
- The family food environment affects children's lifestyle
- The mother is the key person responsible for children's lifestyle
- Peer education approach involving mothers can be useful



Intervention tools: Flip chart and manual

- **Module 1:** Heart disease, food and cardiovascular health
- **Module 2:** Fibers, fruits and vegetables
- **Module 3:** Fats
- **Module 4:** Salts
- **Module 5:** Sugar, juices and soft drinks
- **Module 6:** Obesity
- **Module 7:** Physical activity





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Peer mothers TRAINING



Fellow mothers CLASSES



Intervention





PhD-thesis of
Dayana Shakya
University of
Gothenburg,
expected 2026

- Targeting adolescents for CVD awareness needs a user-friendly medium
- A mobile-based intervention could be useful to reach this technologically inclined group
- Assess if digital prerequisites like smartphone and internet access exist
- Investigate feasibility, acceptability, and effectiveness of such an intervention in a developing country

Digital health promotion in schools

– a serious games approach for cardiovascular health education in Nepal

- Public Health
- Community Medicine
- Anthropology
- Informatics
- Media Arts, Aesthetics and Narration
- Game development





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Intervention tool: Digital game

Diet

Name the Food

Prepare a Meal

Group the Food

Sugar Content Fraction Game

Sugar Game

Fat Game

Salt Game

Log Playback (dev)



Physical activity

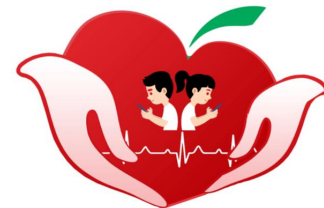
Day 1

Morning

Day 2	Day 3	Day 4	Day 5
Morning	Morning	Morning	Morning
Recess	Recess	Recess	Recess
Afternoon	Afternoon	Afternoon	Afternoon

Recess

Afternoon



HRIDAYA
Heart-related Research Intervention with
Digitalization Among Young Adolescents

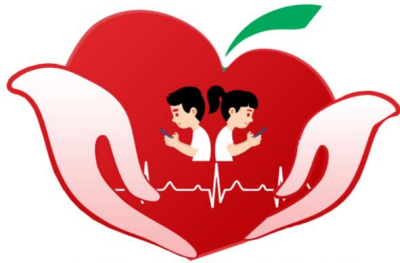


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Adolescents, grades 8-10 public & private schools



Intervention



HRIDAYA

Heart-related Research Intervention with
Digitalization Among Young Adolescents





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- Political focus and instability
- Disasters: Earth quakes, pandemic, war...
- Funding - limited resources
- Sustainability for long-term effect
- Infrastructural challenges
- Cultural issues: adaptation, stereotypes, norms
- Collaboration between disciplines



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Learning outcomes

- Possible to use/develop interventions of cardiovascular health education for both adults (mothers) and adolescents in a low-income setting
- Working together from different disciplines is necessary but requires more time than expected
- Always take context into account and do not assume anything



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Thank you for your attention





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Extra slides
(if needed during Q & A)



Vitamins & Fibres

Carbs

Protein

Fats

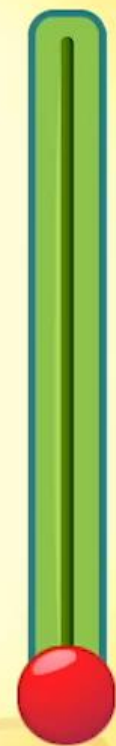
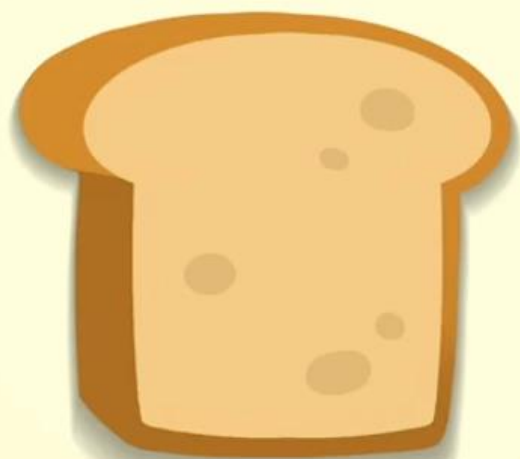
Unhealthy Food

Calcium



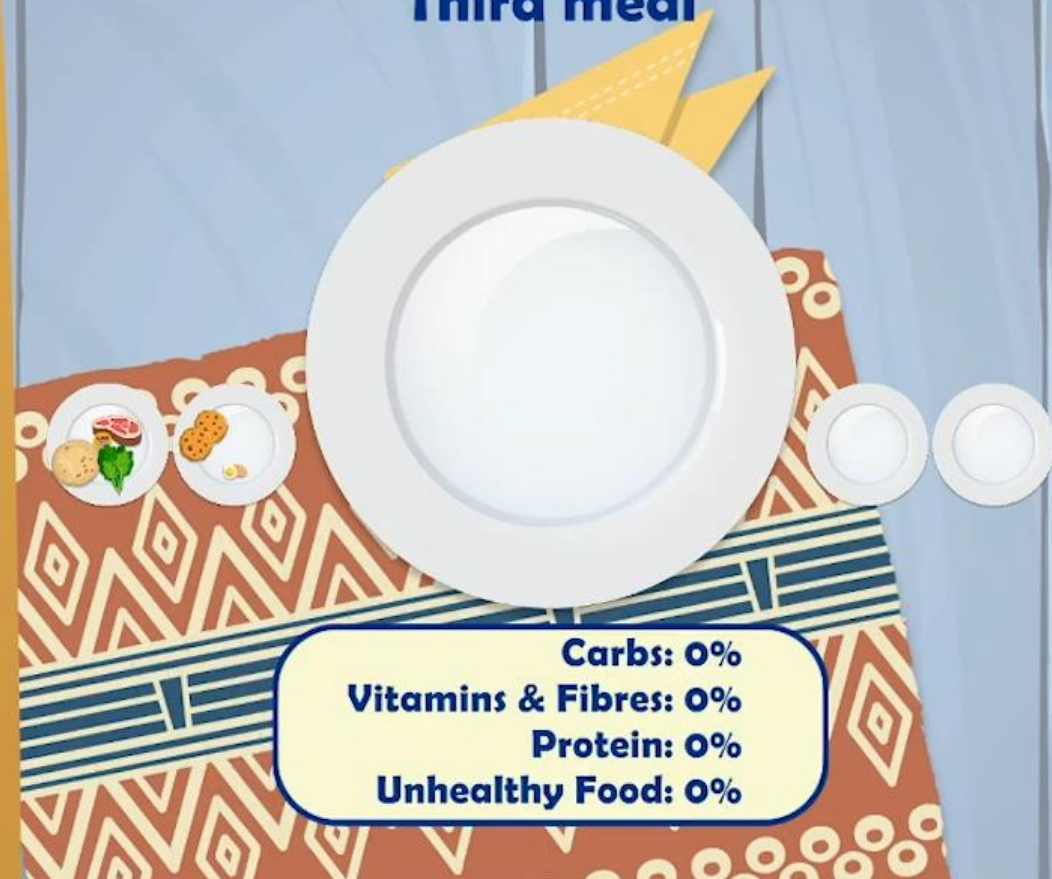


0%





Third meal



Carbs: 0%
Vitamins & Fibres: 0%
Protein: 0%
Unhealthy Food: 0%





Carbs: 33%
Vitamins & Fibres: 33%
Protein: 33%
Unhealthy Food: 0%



Carbs: 0%
Vitamins & Fibres: 0%
Protein: 33%
Unhealthy Food: 66%



Carbs: 0%
Vitamins & Fibres: 66%
Protein: 33%
Unhealthy Food: 0%



Carbs: 0%
Vitamins & Fibres: 25%
Protein: 75%
Unhealthy Food: 0%



Carbs: 50%
Vitamins & Fibres: 50%
Protein: 0%
Unhealthy Food: 0%

All meals

Carbs: 13%
Vitamins & Fibres: 33%
Protein: 40%
Unhealthy Food: 13%

Try to achieve 5 stars and unlock Time Challenge mode!



Unhealthy Food: 0%





 60 min	 30 min	 30 min	 30 min
 30 min	 15 min	 30 min	 30 min
 30 min	 60 min	 30 min	 60 min



4

Day 1

Morning

Recess

Afternoon

Day 2

Morning

Recess

Afternoon

Day 3

Morning

Recess

Afternoon

Day 4

Morning

Recess

Afternoon

Day 5

Morning

Recess

Afternoon

