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# Assessment of Knowledge towards Cardiovascular Disease Risk Factors among Graduate Students in Kunthavai Naacchiyaar Government Arts College in Thanjavur

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## 1. Abstract

**Methods:** Prospective Cross Sectional Study was conducted cardiovascular disease and its risk factors among graduate students in Kunthavai Naacchiyaar Government Arts College in Thanjavur. The data were analyzed using descriptive and inferential statistics. **Results:** The overall percentage of KAP in Hypertension (88.5), Cancer (20.3), Diabetes Mellitus (47.5), Asthma (49.5), Stroke

(42.7), Sedentary Lifestyle (75.9), Stress (89.8), Smoking Habits (86.4) and Obesity (77.6).

**Conclusions:** The respondent is sufficiently aware of the risk factors for CVD, but more work has to be done to increase awareness throughout time in order to lower the prevalence of CVD. Age, level of education, religion, place of residence, and family type were all significantly correlated with respondents` awareness of CVD risk factors and preventive measures.

## 2. Keywords

Diabetes mellitus, Hypertension, Cardiovascular diseases, Prevalence

# **3. Introduction**

Cardio Vascular Diseases (CVD) is one of the major NCDs comprise of a group of Diseases of the Heart and the vascular system. The major conditions are Ischemic Heart Disease (IHD), Hypertension, cerebro vascular disease (Stroke), Rheumatic Heart Disease (RHD) and congenital Heart Disease.In India, an estimated 2.27 million people died due to CVD during 1990 and according to projections the number of deaths due to IHD was to increase from 1.17 million in 1990 to 1.59 million in 2000 and 2.03 million by 2010. There were over 5 million persons suffering from CVD during 1999. A peculiar cause of concern is the relative early Age of CVD Deaths in India. India is at the mid - point of the emerging Epidemic and will face its full impact in the coming years. India can be benefited from the Strategy of primary prevention.

The prevalence of CVD is reported to be 2-3 times higher in the urban population as compared to the rural population. In



one study, the prevalence of IHD among adults (Based on Clinical and ECG Criteria) was estimated at 96.7 per 1000 population in the urban and 27.1 per 1000 in Rural Areas [1]. The Incidence of CVD is also greater in urban Areas than in Rural Areas reflecting the acquisition of several risk factors, such as Tobacco consumption, lack of physical activity, unhealthy diet and obesity.The present morbidity and mortality rates are the consequence of previous exposure to behavioural risk factors such as inappropriate Nutrition, Insufficient physical activity and increased Tobacco consumption. It is called the "lag-time" effect of risk factors for CVD. Overweight, central obesity, High Blood pressure, Dyslipidemia, Diabetes and low cardio-Respiratory fitness are among the Biological factors contributing principally to increased risk.

It is now well established fact that a persistently high cholesterol levelcan almost certainly precipitate a cardiac event such as IHD. Still most people do not have an idea of Nutritional requirements and a balanced diet. Unhealthy dietary practices include a high consumption of saturated fats, salts, and refined carbohydrates, as well as low consumption of vegetables and fruits and these tend to cluster together. Coronary Heart Disease (CHD, Syn: Ischemic Heart Disease) has been defined as impairment of Heart function due to inadequate blood flow to the heart compared to its needs caused by obstructive changes in the coronary circulation to the Heart [2]. The WHO has drawn attention to the fact that CHD is our Modern "Epidemic", i.e., a disease that affects populations, not an unavoidable attribute of Ageing. CHD may manifest itself in many presentations.

#### 4. Risk Factors

The Aetiology of CVD is multifactorial. Studies have identified several important "Risk" factors (i.e., Factors that make the occurrence of the disease more probable). Some of the risk factors are modifiable. Others are immutable. Presence of any one of the Risk factors places an individual in a High - risk category for developing CVD. The greater the number of risk factors present, the more likely, one is to develop CVD.

Not Modifiable	Modifiable
Age	High Blood Pressure
Sex	Obesity
Family History	Cigarette Smoking
Genetic Factors	Sedentary Habits
Personality	Dietary Habits, Alcohol and Stress

## 5. Risk Factors for CVD

Since 1951, one of the best known large prospective studies, the Framingham study, has played a major role in establishing the nature of CVD Risk factors and their relative importance [3,4].

Various epidemiological studies have confirmed the role of these risk factors and reduction of morbidity and mortality due to CVD by controlling them. The benefit is more, if control is achieved in younger Age itself. Control of Risk factors may be primary or secondary. Primary Prevention implies control of Risk factors before the onset of CVD. Secondary Prevention denotes control of Risk factors after the clinical setting of CVD. Primary prevention is very important because 25% of patients may die even before they reach the doctor with the onset of CVD. This cross sectional study aimed to assess KAP levels towards CVD among the urban and rural students of Thanjavur district. This study was also done to assess the association of certain risk factors with CVD and to spread awareness about the modifiable risk factors whose correction can reduce the prevalence of CVD.

## 6. Background of the Study

According to the World Health Organization (WHO), cardiovascular diseases (CVDs) are the leading cause of death globally [5]. CVDs are not just major causes of death but are also becoming more important as causes of long-term impairment as medical care improves [6]. According to the WHO, 9.8% of all disability-adjusted life years will be affected by ischemic heart disease and cerebrovascular diseases by 2030 [6]. Many major clinical trials have shown that lifestyle strategies such as smoking cessation, good diet, physical exercise, weight control, and stress management can help prevent CVD field [7]. Among women, CVD is the leading cause of death worldwide, killing 8.6 million women each year [7]. Moreover, it has been recorded that 52% of women die before reaching a hospital after suffering a heart attack with pain in the center of the chest and sweating [6].

In contrast, non-specific symptoms include pain in the arms, left shoulder, jaw, and back; breathing difficulty; nausea; vomiting; lightheadedness; sleep disturbances; and fainting [6]. The reality of this circumstance is emphasized by the truth that most ladies are uninformed of the extent of their CVD [7]. The literature reflects women's misconception that CVD affects primarily males; due to this misinterpretation, women have delayed diagnosis, driving them to more awful results and raising disability for ladies with CVDs [8]. Women's awareness of risk factors, understanding of the disease, and state of consciousness are all areas of CVD prevention that have not received enough attention despite the literature developing evidence-based guidelines for identifying and treating CVD in women [8].

## 7. Materials, Methods and Objectives

- To assess the knowledge, attitude and practice of cardiovascular disease among graduate students in Kunthavai Naacchiyaar Government Arts College in Thanjavur.
- To find the association between cardiovascular disease and its risk factors among graduate students in Kunthavai Naacchiyaar Government Arts College in Thanjavur.

#### 7.1. Study methods

The sampled 275 individuals, name and address were prepared from the sampling frame. They were interviewed on visiting their departments by using readymade structured questionnaires prepared only English.

#### 7.2. Sampling methods

Simple random sampling technique was used. The sample was 275.

#### 7.3. Sample size calculation

$$n = \frac{\left(Z_{\frac{1-\alpha}{2}}\right)^2 P(1-P)}{d^2}$$



Where  $\left(Z_{\frac{1-\alpha}{2}}\right)^2$  - 95% Confidence intervals

*P* is the Prevalence of overall knowledge of CVD,  $d^2$  - Allowable Error. We have to collect the minimum samples are 275 based on Ramesh Prasad Tharu and Shirya Rawal [9].

## 7.4. Statistical analysis

Data was analyzed by SPSS version 20. Both descriptive and inferential statistics were used. Percentage distribution utilized bars and graphs, then we used to assess the prevalence of selected modified risk factors of CVD and inferential statistics chi-square was used to study the strength of the association of data with demographical variables and to identify high risk for CVD among the graduate students in Kunthavai Naacchiyaar Government Arts College in Thanjavur.

**Table 1:** Frequency and percentage distribution of<br/>demographic variables.

Demographical Variables	Frequency $(n = 205)$	Percentage
Age in Years: Below 20	155	52.5
21-23	134	45.4
24-26	5	1.7
Above 27	1	0.3
Year of Study: UG	157	53.2
PG	138	46.8
Religion: Hindu	284	96.3
Muslim	1	0.3
Christian	10	3.4
Residence: Rural	267	90.5
Urban	28	9.5
<b>Types of Family:</b> Nuclear	254	86.1
Joint	41	13.9

Table 1 shows the analysis of demographical variables among the graduates students in Kunthavai Naacchiyaar Government Arts College in Thanjavur. Total numbers of questionnaire distributed among age wise students 275. Out of these the responses from the respondents, majority of Below 20 age 155 (52.5%) and it is followed by 21-23 age 134 (45.4%) respondents, 24-26 age 5 (1.7%) respondents and above 27 age 1 (0.3%) respectively (Figure 1). Analysis of year of study shows that majority of study year under graduate 157 (53.2%) and it is followed by post graduate 138 (46.8%) respectively (Figure 2). Analysis of religion shows that majority of study Hindu religion 284 (96.3%) and it is followed by Christian 10 (3.4%) respondents and Muslim 1 (0.3%) respectively (Figure 3). Analysis of residence shows that majority of study rural students 267 (90.5%) and it is followed by urban 28 (9.5%) respectively (Figure 4). Analysis of types of family shows that majority of study nuclear family 254 (86.1%) and it is followed by joint41 (13.9%) respectively (Figure 5).

Figure 1: Age wise distribution of study participants (275).







**Figure 3:** Religion wise study distribution of study participants (275).



Figure 4: Residence wise study distribution of study participants (275).



**Figure 5:** Types of family wise study distribution of study participants (275).





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Tuble 2. Terri questions response to knowledge.			
Questions	True	False	Don't Know
CVD is related to heart	279 (94.6)	7 (2.4)	9 (3.0)
CVD is the disease of women only	11 (3.7)	277 (93.9)	7 (2.4)
CVD occurs in young people only	15 (5.1)	253 (85.8)	27 (9.2)
Irregular eating patterns bring harm	179 (60.7)	67 (22.7)	49 (16.6)
Fruits or Vegetables prevent CVD	198 (67.1)	67 (22.7)	30 (10.2)
Most CVD cases are hereditary	29 (9.8)	237 (80.4)	29 (9.8)
Slender people do not need exercise	66 (22.4)	222 (75.3)	7 (2.3)
Can obesity cause CVD	174 (59.0)	83 (28.1)	38 (12.9)

Table 2: KAP questions-response to knowledge.

Frequency (%), Expected answer the highest response is in bold.

The knowledge response of "CVD related to heart" is 94.6% who opted yes, it's true, the response for "is CVD a disease for women" observed (93.9%) who told it's a wrong statement, 85.8% of the respondent informed that "CVD occurs in young people" is a false statement. "Irregular eating pattern" and "Fruits and vegetables prevent CVD" observed a true response of 60.7% and 67.1% respectively. 80.4% of the respondent informed that "Most CVD cases are hereditary" is a false statement and for "Slender people do not need exercise" the response was 75.3% opting it as a false statement. "Can obesity cause CVD" observed 59% of the response informing it as true (Table 2).

Table 3: KAP questions-response to attitude.

Questions	Agree	Neutral	Disagree
Stop Smoking	237 (80.4)	44 (14.9)	14 (4.7)
Prefer walking to go somewhere near	177 (60.0)	21 (7.1)	97 (32.9)
Maintain BMI	181 (61.4)	85 (28.8)	29 (9.8)
Regular medical checkup	242 (82.0)	35 (11.9)	18 (6.1)
Take less oily food	229 (77.6)	45 (15.3)	21 (7.1)
Fruits or vegetable intake	232 (78.6)	52 (17.6)	11 (3.7)
Avoid carbonated drinks	218 (73.9)	55 (18.6)	22 (7.5)

Frequency (%), Expected answer the highest response is in bold.

Among the response of attitude (Table 3), it is observed that 80.4% agree that "stop smoking" to control CVD, "Prefer walking to go somewhere near" and "Maintain BMI" observed a response of agree 60% and 61.4% respectively. The attitude, of "regular medical checkup" observed 82% and the remaining attitude, among "Take less oily food", "Fruits or vegetable intake", "Avoid carbonated drinks" observed a response opting agree with 77.6%, 78.6% and 73.9%.

Table 4: KAP questions-response to pract	ice.
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Questions	Always	Frequent	Seldom	Never
Intensity of work	79 (26.8)	125 (42.4)	87 (29.5)	4 (1.4)
Walking more than 10 mins to places	199 (67.5)	44 (14.9)	40 (13.6)	12 (4.1)
Fruit Intake	102 (34.6)	113 (38.3)	75 (25.4)	5 (1.7)
Vegetable Intake	167 (56.6)	82 (27.8)	40 (13.6)	6 (2.0)
Fast food Intake	32 (10.8)	49 (16.6)	157 (53.3)	57 (19.3)
Hours on television	95 (32.2)	67 (22.7)	98 (33.2)	35 (11.9)



Frequency (%), Expected answer the highest response is in bold.

Theresponse of practice for "intensity of work" observed 42.4% response opting frequently and "Walking more than 10 mins to places" observed always (67.5%) from the response. The practice of "fruit intake" was 38.3% frequently

and "vegetable intake" observed 56.6% practicing always. The "fast food intake" and "Hours on television" was seldom by the respondent observing 53.3% and 33.2% (Table 4).

 Table 5: Cardiovascular disease risk factor.

Questions	Yes	No
Hypertension	261 (88.5)	34 (11.5)
Cancer	60 (20.3)	235 (79.7)
Diabetes Mellitus	140 (47.5)	155 (52.5)
Asthma	146 (49.5)	149 (50.5)
Stroke	126 (42.7)	169 (57.3)
Sedentary Lifestyle	224 (75.9)	71 (24.1)
Stress	265 (89.8)	30 (10.2)
Smoking Habits	255 (86.4)	40 (13.6)
Obesity	229 (77.6)	66 (22.4)

Table 5, observed the risk factors of CVD and the respondent showed that due to Hypertension, Stress and Smoking habits observed more than 85% with "Yes". The CVD risk with "Sedentary Lifestyle" and "Obesity" seen as more that 75%

responded "Yes". Due to "Diabetes Mellitus", "Asthma" and "Stroke" the responded seen that 52.5%, 50.5% and 57.3% observed stating "No". The CVD of risk factor due to "Cancer" the respondent said "No" with 79.7%.

Table 6: Association between cardiovascular disease risk factor and religion wi	vise
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Cardiovascular Disease Risk Factor	Christian	Muslim	Hindu	Chi-Square Value (p-value)
Hypertension: No	2 (20.0)	0 (0.0)	32 (11.3)	4.776
Yes	8 (80.0)	1 (100.0)	252 (88.7)	(0.189)
Cancer: No	9 (90.0)	1 (100.0)	225 (79.2)	1.566
Yes	1 (10.0)	0 (0.0)	59 (20.8)	(0.667)
Diabetes Mellitus: No	8 (80.0)	0 (0.0)	147 (51.8)	5.804
Yes	2 (20.0)	1 (100.0)	137 (48.2)	(0.122)
Asthma: No	6 (60.0)	1 (100.0)	142 (50.0)	1.370
Yes	4 (40.0)	0 (0.0)	142 (50.0)	(0.713)
Stroke: No	6 (60.0)	1 (100.0)	162 (57.0)	2.417
Yes	4 (40.0)	0 (0.0)	122 (43.0)	(0.490)
Sedentary Lifestyle: No	3 (30.0)	0 (0.0)	68 (23.9)	1.059
Yes	7 (70.0)	1 (100.0)	216 (76.1)	(0.787)
Stress: No	2 (20.0)	0 (0.0)	28 (9.9)	5.580
Yes	8 (80.0)	1 (100.0)	256 (90.1)	(0134)
Smoking Habits: No	1 (10.0)	0 (0.0)	39 (13.7)	1.125
Yes	9 (90.0)	1 (100.0)	245 (86.3)	(0.771)
Obesity: No	2 (20.0)	0 (0.0)	64 (22.5)	0.325
Yes	8 (80.0)	1 (100.0)	220 (77.5)	(0.955)

Table 6 observed the association among CVD risk factors and religion, there observed no significant change (p > 0.05)

among the religion at 95% Confidence Interval.



Cardiovascular Disease Risk Factor	Rural	Urban	Chi-Square Value (p-value)
Hypertension: No	30 (11.2)	4 (14.3)	0.231
Yes	237 (88.8)	24 (85.7)	(0.631)
Cancer: No	209 (78.3)	26 (92.9)	3.325
Yes	58 (21.7)	2 (7.1)	(0.068)
Diabetes Mellitus: No	139 (52.1)	16 (57.1)	0.263
Yes	128 (47.9)	12 (42.9)	(0.608)
Asthma: No	131 (49.1)	18 (64.3)	2.349
Yes	136 (50.9)	10 (35.7)	(0.125)
Stroke: No	152 (56.9)	17 (60.7)	0.148
Yes	115 (43.1)	11 (39.3)	(0.700)
Sedentary Lifestyle: No	60 (22.5)	11 (39.3)	3.920
Yes	207 (77.5)	17 (60.7)	(0.048*)
Stress: No	26 (9.7)	4 (14.3)	0.574
Yes	241 (90.3)	24 (85.7)	(0.449)
Smoking Habits: No	32 (12.0)	8 (28.6)	5.948
Yes	235 (88.0)	20 (71.4)	(0.015 <sup>*</sup> )
Obesity: No	60 (22.5)	6 (21.4)	0.016
Yes	207 (77.5)	22 (78.6)	(0.900)

Table 7: Association between	cardiovascular	disease ri	isk factor	and residence	wise.
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Table 7 observed the association among CVD risk factors and Residence wise, there observed a significant change (p < 0.05) among the risk factors (Sedentary Lifestyle and

Smoking Habits) at 95% Confidence Interval. Other factors observed no significant changes.

Cardiovascular Disease Risk Factor	Joint	Nuclear	Chi-Square Value (p-value)
Hypertension: No	5 (12.2)	29 (11.4)	0.149
Yes	36 (87.8)	225 (88.6)	(0.928)
Cancer: No	31 (75.6)	204 (80.3)	0.722
Yes	10 (24.4)	50 (19.7)	(0.697)
Diabetes Mellitus: No	24 (58.5)	131 (51.6)	1.757
Yes	17 (41.5)	123 (48.4)	(0.415)
Asthma: No	18 (43.9)	131 (51.6)	1.773
Yes	23 (56.1)	123 (48.4)	(0.412)
Stroke: No	15 (36.6)	154 (60.7)	8.977
Yes	26 (63.4)	100 (39.3)	(0.011*)
Sedentary Lifestyle: No	12 (29.3)	59 (23.2)	3.943
Yes	29 (70.7)	195 (76.8)	(0.139)
Stress: No	5 (12.2)	25 (9.8)	0.320
Yes	36 (87.8)	229 (90.2)	(0.852)
Smoking Habits: No	3 (7.3)	37 (14.5)	1.765
Yes	38 (92.7)	217 (85.5)	(0.414)
Obesity: No	11 (26.8)	55 (21.6)	0.816
Yes	30 (73.2)	199 (78.4)	(0.665)

Table 8 observed the association among CVD risk factors and Types of family, there observed a significant change (p <

0.05) among the risk factor (Stroke) at 95% Confidence Interval. Other factors observed no significant changes.



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Cardiovascular Disease Risk Factor	UG	PG	Chi-Square Value (p-value)
Hypertension: No	23 (16.7)	11 (7.0)	6.721
Yes	115 (83.3)	146 (93.0)	(0.010*)
Cancer: No	108 (78.3)	127 (80.9)	0.314
Yes	30 (21.7)	30 (19.1)	(0.575)
Diabetes Mellitus: No	79 (57.2)	76 (48.4)	2.301
Yes	59 (42.8)	81 (51.6)	(0.129)
Asthma: No	69 (50.0)	80 (51.0)	0.027
Yes	69 (50.0)	77 (49.0)	(0.870)
Stroke: No	84 (60.9)	85 (54.1)	1.359
Yes	54 (39.1)	72 (45.9)	(0.244)
Sedentary Lifestyle: No	39 (28.3)	32 (20.4)	2.495
Yes	99 (71.7)	125 (79.6)	(0.144)
Stress: No	23 (16.7)	7 (4.5)	11.982
Yes	115 (83.3)	150 (95.5)	(0.001*)
Smoking Habits: No	28 (20.3)	12 (7.6)	10.022
Yes	110 (79.7)	145 (92.4)	(0.002*)
Obesity: No	36 (26.1)	30 (19.1)	2.060
Yes	102 (73.9)	127 (80.9)	(0.151)

Table 9 observed the association among CVD risk factors and Years of study, there observed a significant change (p < 0.05) among the risk factors (Hypertension, Stress, Smoking

Habits) at 95% Confidence Interval. Other factors observed no significant changes.

Table 10: A	Association	between	cardiovascul	ar disease	risk	factor	and a	ge in	years.
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Cardiovascular Disease Risk Factor	Below 20	21-23	24-26	Above 26	Chi-Square Value (p-value)	
Hypertension: No	11 (7.1)	21 (15.7)	1 (20.0)	1 (100.0)	13.269	
Yes	144 (92.9)	113 (84.3)	4 (80.0)	0 (0.0)	(0.004*)	
Cancer: No	128 (82.6)	101 (75.4)	5 (100.0)	1 (100.0)	3.868	
Yes	27 (17.4)	33 (24.6)	0 (0.0)	0 (0.0)	(0.276)	
Diabetes Mellitus: No	76 (49.0)	77 (57.5)	2 (40.0)	0 (0.0)	3.489	
Yes	79 (51.0)	57 (42.5)	3 (60.0)	1 (100.0)	(0.322)	
Asthma: No	78 (50.3)	69 (51.5)	2 (40.0)	0 (0.0)	1.295	
Yes	77 (49.7)	65 (48.5)	3 (60.0)	1 (100.0)	(0.730)	
Stroke: No	84 (54.2)	81 (60.4)	4 (80.0)	0 (0.0)	3.549	
Yes	71 (45.8)	53 (39.6)	1 (20.0)	1 (100.0)	(0.315)	
Sedentary Lifestyle: No	31 (20.0)	40 (29.9)	0 (0.0)	0 (0.0)	5.757	
Yes	124 (80.0)	94 (70.1)	5 (100.0)	1 (100.0)	(0.124)	
Stress: No	8 (5.2)	21 (15.7)	1 (20.0)	0 (0.0)	9.338	
Yes	147 (94.8)	113 (84.3)	4 (80.0)	1 (100.0)	(0.025*)	
Smoking Habits: No	12 (7.7)	27 (20.1)	1 (20.0)	0 (0.0)	9.774	
Yes	143 (92.3)	107 (79.9)	4 (80.0)	1 (100.0)	(0.021*)	
Obesity: No	26 (16.8)	38 (28.4)	2 (40.0)	0 (0.0)	6.744	
Yes	129 (83.2)	96 (71.6)	3 (60.0)	1 (100.0)	(0.081)	

Table 10 observed the association among CVD risk factors and Age in Years, there observed a significant change (p <

0.05) among the risk factors (Hypertension, Stress, Smoking Habits) at 95% Confidence Interval. Other factors observed



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no significant changes.

# 8. Conclusion

The respondent is sufficiently aware of the risk factors for CVD, but more work has to be done to increase awareness throughout time in order to lower the prevalence of CVD. Age, level of education, religion, place of residence, and family type were all significantly correlated with respondents' awareness of CVD risk factors and preventive measures. Encouraging young individuals to practice good health care and to comprehend the factors that contribute to people becoming more health concerned as they age is vital. People need to be educated about disease management and risk factors, and they also need to make lifestyle adjustments. Another important strategy for lowering the occurrence may be to remind patients to adhere to their medication regimen. It is necessary to look into the factors that lead to unhealthy behaviours and come up with ways to deal with them.

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