

Original article

“A study to assess the level of knowledge of coronary artery disease among the primary school teacher at selected school.

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ABSTRACT:

Background of the study: -

The prevalence of cardiovascular disorders is rising daily, and teachers in the community are spreading varying levels of information about the condition.

Objectives:

Study investigated to assess the level of knowledge about coronary artery disease among primary schoolteachers.

Material and Methods:

Descriptive study done on 50 primary teachers to assess the knowledge about coronary artery disease in selected schools. Self-made check lists was prepared to assess the level of knowledge and before data collection ethical permission taken by the ethical committee. Researcher explained the purpose of the study to the samples and data collected. Knowledge level scored poor, good knowledge and poor knowledge.as per result from the study, had Good knowledge, Average knowledge and poor knowledge. Analysis done as per study objectives.

Result: -

As per demographic data maximum teachers are in the age group of 36-45yrs of age,37(74%) are female teachers, in education 24(48%) completed gradation, income of the family 26(52%) are having 50000-10,000,Indoor exercises are one by 27(54%) of people ,47(94%) involving other different types of habits,36(72%) of people are not able to do routine checkup.

As study findings in the level of knowledge among 50 primary teachers 6 (12%) are in good knowledge and 36(72%) and poor knowledge 8(16%) are in poor knowledge

Conclusion:Primary are unaware about risk factors of coronary artery disease

Key words: -Level of knowledge, Primary Teachers, Coronary Artery Disease.

Introduction: -

In India cardiovascular disease burden was much more present in India there are so many factors are responsible for the cardio vascular disease this like inequality among health facilities in the health sector, nutritional problem environmental pollution, stress, hypertension, smokings, diabetics reduction in physical activity. Urbanization industrialization and many invisible factors are responsible for the heart disease. We need to be aware for the community people about the risk factors for heart disease and its preventive measures ¹.

In India high prevalence's rate present among coronary artery disease which leads to high mortality and morbidity. Two factors are responsible like modifiable in which person can change with his own behavior factors like DM, hypertension, smoking and obesity high cholesterol level and another factor like non -modifiable like age, gender and family history of coronary artery disease²

Some people not aware about personal risk factors and how to prevent them that they should not have any kind of cardiac problem and how take certain precautions to prevent them. Some people are not able to take decisions about their own health even they are problems related to disease ³

In women also mortality was present because of their irresponsibility of their health. Most of the time they face obesity, not aware the importance's of physical exercises on health, dietarymodification, high blood sugar level which was not in control. These all factors are responsible in women to prone to get cardiovascular disease condition.⁴

The effect of modification of behavior to prevent cardiac disease is much important. It was necessary to create awareness about diseases and how to prevent was much important. They can

avoid doing intake of tobacco; they can take salt restricted diet, including fruits in their daily life. Daily exercises, adoption healthy lifestyles etc. this al, factors were helping the person to prevent from cardiovascular disease.⁵

It was necessary to provide cardiac rehabilitation services to people.pharmaco therapy and other therapies, alternative systems of medication, immediate approach to the hospitalization etc these all much important in rehabilitation services of the people.⁶

Material and Methods:

Descriptive study done among 50 samples to assess the level of knowledge among primary school teachers. Check list prepared which contain 32 items and 1 mark given for correct answer and 0 marks given for wrong answer. Check list prepared which was validated by the experts. Before data collection permission taken by the ethical committee. Questionnaire prepared which contain check list and Scio demographic characteristics Level of knowledge assessed among primary teachers. Purpose of the study was explained by the researcher and data collected with help of interviewed method with help of checklist.

Results –

Section A- Scio demographic Variables.

Section B-Check list based on level of knowledge

Table No-1:- Sample distribution as per Scio demographic variables.

Sr.No	Characteristic	Category	Respondents	
			Frequency	Percentage
1	Age	25-35	29	58%
		36-45	17	34%
		46-55	04	8%
2	Gender	Male	13	26%
		Female	37	74%
3	Qualification	Graduate	21	42%
		Post Graduate	24	48%
		Others	05	10%
4	Income	5000-10000	26	52%
		100001-20000	10	20%
		>20000	14	28%
5	Exercises	Indoor	27	54%
		Jogging	08	16%
		Running	05	10%

		Brisk walking	05	10%
		Others	05	10%
6	Habits	Smoking	02	4%
		Pan Chewing	01	2%
		Others/No	47	94%
7	Routine Check up	No	36	72%
		Yes	14	28%

In above table no 2 findings noted that maximum teachers are in the age group of 36-45yrs of age,37(74%) are female teachers, in education 24(48%) completed gradation, income of the family 26(52%) are having 50000-10,000,Indoor exercises are one by 27(54%) of people ,47(94%) involving other different types of habits,36(72%) of people are not able to do routine checkup.

Table No-2 Level of Knowledge among primarySchool teachers.

Level of Knowledge		
	Frequency	percentage
Good	6	12%
Average	36	72%
Poor	8	16%
Total	50	100%

As per Table no-2 36(72%) primaryteachers had shown average level of knowledge and 16% of teachers shown poor knowledge among coronary artery disease.

Discussion:

In the present study findings revealed that maximum teachers are in the age group of 36-45yrs of age,37(74%) are female teachers, in education 24(48%) completed gradation, income of the family 26(52%) are having 50000-10,000,Indoor exercises are one by 27(54%) of people ,47(94%) involving other different types of habits,36(72%) of people are not able to do routine checkup.In the level of knowledge among 50 primary teachers 6 (12%) are in good knowledge and 36(72%) and poor knowledge 8(16%) are in poor knowledge

Cross sectional study done on 233 staff by Nohair SA, Mohaimeed AA et al in (2017) .30% of samples are found to be they are at risk of CHD,20.6% are diabetics,10.3% of people had hypertension,12.4% dyslidemia,10.7% and smoking presets among 11,6% had history of one chronic disease condition and because of they are at risk of CHD.⁷

Experimental study done by Doss KJ.in (2018). Study findings noted that planned teaching programme was effective regarding life style modification and prevention of myocardial infraction.t'-value 12.20 which was highly significant at the level of 0.001.⁸

Akintunde AA, Akintunde T'et al. (2006). Cross sectional study done on 206 Non-teaching staffs to assess the risk factors for Heart disease and findings noted that 101(49%) of staffs had poor knowledge,64(31.2%) had fair knowledge. Most of do not know risk factors for heart study.⁹

Abraham N(2017) experimental study done on 60 diabetic patient to assess the level of knowledge finds reveals that pretest knowledge level was 11.45 and after posttest knowledge was 15 whereas SD in pretest was 2.3697 and in posttest 2.0084.it means p-value<0.05 was very significant to knowledge level to modify the risk factors to prevent CHD so posttest was very effective .¹⁰

Conclusion-

All the primary teachers which they are included are not aware about different risk factors like consumption of Tabaco chewing, importance's of regular exercises, dietary modification control on his own weight, diabeticdiet. these all factors they are not able to manage and they are to get cardiovascular disease conditions. More study should be available to conclude the findings.

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