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A STUDY TO ASSESS THE KNOWLEDGE ON PREVENTION OF RISK FACTORS OF CARDIOVASCULAR DISEASES AMONG AUTO RICKSHAW DRIVERS RESIDING IN THIRUVALLA MUNICIPALITY

Nursing

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ABSTRACT

Background Cardiovascular disease is the leading cause of death globally, accounting for approximately 32% of death in 2019. An Inverse association between muscle strength, chronic disease, all causes mortality and cardiovascular related death has been reported. **Objectives** The objectives were to assess the level of knowledge regarding the prevention of risk factors of cardiovascular disease among auto rickshaw drivers,to find out the association between level of knowledge regarding the prevention of risk factors of cardiovascular disease and selected socio-demographic variables among auto rickshaw drivers, to develop information booklet on prevention of risk factors of cardiovascular diseases among auto rickshaw drivers. **Methods** Descriptive research design with quantitative approach and convenient sampling was used to accomplish the objectives. The researcher used Structured knowledge questionnaire to assess the knowledge on prevention of risk factors of cardiovascular diseases among auto rickshaw drivers. Data analysis was done by using descriptive and inferential statistics. **Result** Showed Knowledge assessment reveals varying levels, with 81.6% demonstrating moderate knowledge about cardiovascular diseases. **Conclusion** The findings revealed that the majority of subjects, constituting 81.6%, possessed a moderate level of knowledge, while 11.6% demonstrated an excellent understanding of the prevention of risk factors associated with cardiovascular diseases.

KEYWORDS

Knowledge, Prevention of risk factors of cardiovascular diseases, Autorickshaw drivers

INTRODUCTION

"Knowledge is the key to a healthier life, and education is a powerful medicine."- K Park

Background Of The Study

Cardiovascular disease is the leading cause of death globally, accounting for approximately 32% of death in 2019. Role of low muscular strength as a risk factor for cardiovascular disease.[1] An Inverse association between muscle strength, chronic disease, all causes mortality and cardiovascular related death has been reported. The cardiovascular system consists of the heart and its blood vessels. A wide array of problems can arise within the cardiovascular system, a few of which include Endocarditis, rheumatic heart disease, and conduction system abnormalities.

The cardiovascular system consists of the heart and its blood vessels. A wide array of problems can arise within the cardiovascular system, a few of which include endocarditis, rheumatic heart disease, and conduction system abnormalities. Cardiovascular disease, also known as heart disease, refers to the following 4 entities: coronary artery disease (CAD) which is also referred to as coronary heart disease (CHD), cerebrovascular disease, peripheral artery disease (PAD), and aortic atherosclerosis. CAD results from decreased myocardial perfusion that causes angina due to ischemia and can result in myocardial infarction (MI), and/or heart failure. It accounts for one-third to one-half of all cases of cardiovascular disease.

Need For The Study

Cardiovascular disease refers to any disorder of the heart and blood vessel including hypertension, coronary artery disease, cerebrovascular disease and congenital cardiac abnormalities.[4] cardiovascular disease (CVD) remains as the leading cause of death in the United States, accounted for 928,741 deaths in the year 2020. One person dies every 33 seconds in the United States from cardiovascular disease. About 695,000 people in the United States died from heart disease in 2021-that's 1 in every 5 deaths.15- May 2022.Between 2018 and 2019, direct and indirect costs of total CVD were $407.3billion ($251.4 billion in direct costs and $155.9 billion in lost productivity/ mortality).[5]

Statement Of The Problem

A study to assess the knowledge on prevention of risk factors of cardiovascular diseases among Auto rickshaw drivers residing in Thiruvalla municipality.

Objectives Of The Study

1. To assess the level of knowledge regarding the prevention of risk factors of cardiovascular disease among auto rickshaw drivers.
2. To find out association between level of knowledge regarding the prevention of risk factors of cardiovascular disease and selected socio-demographic variables among auto rickshaw drivers.
3. To develop information booklet on prevention of risk factors of cardiovascular diseases among auto rickshaw drivers.

METHODOLOGY

Research Approach: Quantitative approach

Research Design: Descriptive Research Design

Variables

Demographic variables- Age, gender, education, family history of cardiovascular diseases, smoking, and alcoholism.

Setting Of The Study: The selected setting was Thiruvalla municipality

Population: The population for the present study consisted of auto rickshaw drivers.

Sample: The sample comprises auto rickshaw drivers

Sample Size: 60

Sampling Technique: Convenient sampling technique

Tools And Technique

Section A: Demographic Proforma
Section B: Structured knowledge questionnaire
Section C: Nursing care guide

Analysis Of The Study

Section 1: Description of sample according to demographic variables

- The majority of auto-rickshaw drivers fell within the age ranges of 41-45 and 46-50 years.
- All 60 individuals (100%) were identified as male, with no representation of females.
- The majority of drivers had completed secondary education, constituting 38.3% of the sample.
- The family history data indicated that 61.7% of the individuals in the sample had a positive family history.
- 31.7% of the individuals had smoking habits, while 68.3% did not.
- 18.3% of the sample acknowledged a history of alcoholism, whereas 81.7% did not report alcoholic habits.

Section 2:Assessment Of Knowledge Score Among Auto Rickshaw Drivers Regarding Cardiovascular Disease N=60

Variable	Frequency	Percentage
Mild	4	6.66
Moderate	49	81.67
Excellent	7	11.67

Section III: Association Between Level Of Knowledge And Selected Socio- Demographic Variables

The calculated chi-square value for the demographic variable 'age' (5.69) was below the table value (12.59) at a significance level of 0.05, suggesting no significant association between knowledge scores regarding the prevention of risk factors of cardiovascular diseases and the selected demographic variable 'age.'

Conversely, the chi-square value for the demographic variable 'gender' (62.5) exceeded the table value (5.99) at a significance level of 0.05, indicating a significant association between knowledge scores regarding the prevention of risk factors of cardiovascular diseases and the selected demographic variable 'gender.'

The chi-square value for the demographic variable 'education' (5.26) was below the table value (7.82) at a significance level of 0.05, indicating no significant association between knowledge scores regarding the prevention of risk factors of cardiovascular diseases and the selected demographic variable 'education.

Similarly, the chi-square value for the demographic variable 'family history of CVD' (0.71) was below the table value (5.99) at a significance level of 0.05, suggesting no significant association between knowledge scores regarding the prevention of risk factors of cardiovascular diseases and the selected demographic variable 'family history of CVD.'

For the demographic variable 'smoking,' the calculated chi-square value (0.68) was lower than the table value (5.99) at a significance level of 0.05, indicating no significant association between knowledge scores regarding the prevention of risk factors of cardiovascular diseases and the selected demographic variable 'smoking.' Conversely, the chi-square value for the demographic variable 'alcoholism' (9.19) surpassed the table value (5.99) at a significance level of 0.05, signifying a significant association between knowledge scores regarding the prevention of risk factors of cardiovascular diseases and the selected demographic variable 'alcoholism.'

RESULT AND DISCUSSION

Section I: Description Of Subject According To Demographic Variables

- The majority of auto-rickshaw drivers fell within the age ranges of 41-45 and 46-50 years.
- All 60 individuals (100%) were identified as male, with no representation of females.
- The majority of drivers had completed secondary education, constituting 38.3% of the sample.
- The family history data indicated that 61.7% of the individuals in the sample had a positive family history.
- 31.7% of the individuals had smoking habits, while 68.3% did not.
- 18.3% of the sample acknowledged a history of alcoholism, whereas 81.7% did not report alcoholic habits.

Section II: Assessment Of Knowledge Regarding Prevention Of Risk Factors Of Cardiovascular Disease Among Auto Rickshaw Drivers. N=60

Variable	Frequency	Percentage
Mild	4	6.66
Moderate	49	81.67
Excellent	7	11.67

Section III: Association Between Level Of Knowledge And Selected Socio- Demographic Variables.

The association between knowledge scores on the prevention of risk factors for cardiovascular diseases and selected demographic variables was assessed using the chi- square test. The calculated chi-square values and their comparison to the table values at a significance level of 0.05 are summarized as follows:

For the demographic variable 'age' (5.69), the chi-square value was below the table value (12.59), indicating no significant association between knowledge scores and age.

Conversely, for the demographic variable 'gender' (62.5), the chi-square value exceeded the table value (5.99), suggesting a significant association between knowledge scores and gender.

The chi-square value for the demographic variable 'education' (5.26) was below the table value (7.82), signifying no significant association between knowledge scores and education.

Similarly, for the demographic variable 'family history of CVD' (0.71), the chi- square value was below the table value (5.99), indicating no significant association between knowledge scores and family history of CVD.

Regarding the demographic variable 'smoking,' the calculated chi-square value (0.68) was lower than the table value (5.99), suggesting no significant association between knowledge scores and smoking.

Conversely, for the demographic variable 'alcoholism' (9.19), the chi-square value surpassed the table value (5.99), indicating a significant association between knowledge scores and alcoholism.

CONCLUSION

This research provides valuable insights into the knowledge of auto rickshaw drivers regarding cardiovascular disease prevention, suggesting potential areas for targeted health interventions. The findings aim to enhance understanding and inform strategies to mitigate the impact of cardiovascular disease risk factors in this specific occupational group.

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