



دانشگاه علوم پزشکی
و خدمات بهداشتی درمانی کرمان

دانشکده بهداشت

پایان نامه مقطع کارشناسی ارشد رشته آموزش بهداشت
و ارتقاء سلامت

عنوان:

بررسی عوامل موثر بر روی انجام خطر سنجی بیماری قلبی عروقی در زنان میانسال شهر
کرمان مبتنی بر مدل اعتقاد بهداشتی در سال 1398

توسط:

زیبا کامیابی

استاد راهنما:

دکتر سیدوحید احمدی طباطبایی

استاد مشاور:

دکتر آرمیتا شاه اسماعیلی



**KERMAN UNIVERSITY
OF MEDICAL SCIENCE
Faculty of Health**

In Partial Fulfillment of the Requirements for the Degree of Master of Sciences in
Health Education & Health Promotion

Title :

**The survey of effective factors on cardiovascular risk assessment in middle-aged women in
Kerman city based on HEALTH BELIEF Model in 2019**

A thesis

Presented to

The Graduate Studies

By

Ziba Kamyabi

Supervisor :

Dr. Seyed Vahid Ahmadi Tabatabaei

Advisor :

Dr. Armita Shahesmaeili

Thesis No : (35)

Date (**September 2020**)

چکیده

مقدمه: بیماری های قلبی عروقی دسته ای از بیماری های غیرواگیر هستند که علت اصلی مرگ و میر در سراسر دنیا می باشند. به دلیل اهمیت انجام خطرسنجی جهت تعیین خطر بیماری قلبی عروقی در یک دوره زمانی ده ساله و به عنوان روشی برای پیشگیری اولیه از ابتلا به آن ، مطالعه حاضر با هدف بررسی عوامل موثر بر روی انجام خطرسنجی بیماری قلبی عروقی در زنان میانسال (گروه سنی 30 تا 59 سال) شهر کرمان مبتنی بر مدل اعتقاد بهداشتی در سال 1398 انجام شد.

روش بررسی: این پژوهش مقطعی بر روی 400 زن میانسال تحت پوشش پایگاه های سلامت شهر کرمان انجام گرفت زنان به روش نمونه گیری تصادفی چند مرحله ای وارد مطالعه شدند . ابزار گردآوری داده ها پرسشنامه محقق ساخته مبتنی بر سازه های مدل اعتقاد بهداشتی بود که پس از تأیید روایی و پایایی ابزار مورد استفاده قرار گرفت و اطلاعات مربوط به رفتار انجام خطرسنجی از سامانه سیب (سامانه یکپارچه بهداشت) استخراج گردید و داده ها در نرم افزار SPSS ویرایش 20 مورد تجزیه و تحلیل قرار گرفت.

یافته ها: میانگین سنی افراد مورد مطالعه 38.32 ± 6.76 سال بود . اکثر شرکت کنندگان متأهل (87.8%) و میانگین شاخص توده بدنی (Body Mass Index (BMI) 26.76 ± 4.51 بود و 78% زنان میانسال خطرسنجی را انجام داده بودند.

بر اساس نتایج رگرسیون لجستیک چند متغیره، سازه منافع درک شده پیش گویی کننده اصلی انجام خطر سنجی می باشد (Odds ratio :1.02 , Pvalue :0.012).

همچنین نتایج نشان داد که ارتباط معنی داری بین سازه راهنمای برای عمل و مراجعه جهت انجام خطرسنجی وجود داشت ($P < 0.05$).

نتیجه گیری: نتایج پژوهش نشان داد که سازه منافع درک شده قویترین پیشگویی کننده مراجعه جهت انجام خطرسنجی بود و علاوه براین نشان داد که وجود فرد دچار عوارض بیماری قلبی در اطرافیان و همچنین خانواده ، اقوام و دوستان ارتباط معنی داری با مراجعه جهت انجام خطرسنجی در زنان میانسال داشته است که می تواند حاکی از نقش سازه راهنمای برای عمل در افزایش فراوانی مراجعه جهت انجام خطرسنجی باشد .

انتظار می رود که مداخلات ارتقاء سلامت با تأکید براین عوامل طراحی گردد تا به ارتقاء انجام خطرسنجی در زنان منجر شود.

کلمات کلیدی: خطرسنجی، بیماری قلبی عروقی، زنان میانسال، مدل اعتقاد بهداشتی

Abstract

Background: Cardiovascular diseases are a group of non-communicable diseases that are the leading cause of death worldwide. Due to the importance of risk assessment to determine the risk of cardiovascular disease over a period of ten years and as a method for primary prevention the aim of this study was to investigate the factors affecting the risk assessment of cardiovascular disease in middle-aged women (age group 30 to 59 years) in Kerman based on the Health Belief Model in 2019.

Methods: This cross-sectional study was performed on 400 middle-aged women covered by health centers in Kerman. Women were included in the study by multi-stage random sampling. Data collection tool was a researcher-made questionnaire based on health belief model constructs which was used after confirming the validity and reliability of the tool. Information about the behavior of risk assessment was extracted from the Apple system (integrated health system) and data were analyzed in SPSS software version 20.

Results: The mean age of the subjects was 38.32 ± 6.76 years. Most participants were married (87.8%) and the mean body mass index (BMI) was 26.76 ± 4.51 and 78% of middle-aged women had taken the risk assessment. Based on the results of multivariate logistic regression, the structure of perceived benefits is the main predictor of risk assessment. (Odds ratio: 1.02, P value: 0.012).

The results also showed that there was a significant relationship between the guide structure for action and referral for risk assessment ($P < 0.05$).

Conclusion: The research results showed that perceived benefit structure was the strongest predictor of referral for risk assessment and in addition, it showed that the presence of a person with heart disease complications in those around and as well as family, relatives and friends there was a significant relationship with referring to risk assessment in middle-aged women that can indicate the role of the guide structure for action in increasing the frequency of referrals for risk assessment. Health promotion interventions are expected to be designed with an emphasis on factors to improve risk assessment in women.

key words: risk assessment, cardiovascular disease, middle-aged women, health belief model

فهرست مندرجات

7	فهرست جداول
9	فهرست شکل‌ها و نمودارها
10	فهرست کوتاه نوشته‌ها
3	چکیده
Error! Bookmark not defined.	فصل اول
Error! Bookmark not defined.	مقدمه و اهداف
Error! Bookmark not defined.	1-1 مقدمه
Error! Bookmark not defined.	1-2 اهداف
Error! Bookmark not defined.	1-2-1 هدف کلی:
Error! Bookmark not defined.	1-2-2 اهداف جزئی:
Error! Bookmark not defined.	1-2-3 اهداف کاربردی:
Error! Bookmark not defined.	1-3 فرضیات یا سوالات پژوهش:
Error! Bookmark not defined.	فصل دوم
Error! Bookmark not defined.	بررسی متون
Error! Bookmark not defined.	2-1 کلیات
Error! Bookmark not defined.	2-2 تعریف مدل اعتقاد بهداشتی:
Error! Bookmark not defined.	2-3 اجزای مدل اعتقاد بهداشتی:
Error! Bookmark not defined.	2-4 بررسی متون:
Error! Bookmark not defined.	فصل سوم

Error! Bookmark not defined.....	<u>مواد و روش‌ها</u>
Error! Bookmark not defined.....	<u>3-1 متغیرها</u>
Error! Bookmark not defined.....	<u>3-1-1 تعاریف نظری</u>
Error! Bookmark not defined.....	<u>3-1-2 تعاریف عملی</u>
Error! Bookmark not defined.....	<u>3-2 نوع مطالعه:</u>
Error! Bookmark not defined.....	<u>3-3 جامعه مورد مطالعه</u>
Error! Bookmark not defined.....	<u>3-4 روش محاسبه حجم نمونه:</u>
Error! Bookmark not defined.....	<u>3-5 روش نمونه گیری:</u>
Error! Bookmark not defined.....	<u>3-6 ابزار جمع آوری:</u>
Error! Bookmark not defined.....	<u>3-7 روش انجام کار:</u>
Error! Bookmark not defined.....	<u>3-8 ملاحظات اخلاقی:</u>
Error! Bookmark not defined.....	<u>فصل چهارم</u>
Error! Bookmark not defined.....	<u>یافته‌ها</u>
Error! Bookmark not defined.....	<u>فصل پنجم</u>
Error! Bookmark not defined.....	<u>بحث و نتیجه گیری</u>
Error! Bookmark not defined.....	<u>5-1 بحث:</u>
Error! Bookmark not defined.....	<u>5-2 نتیجه گیری:</u>
11	<u>منابع</u>
Error! Bookmark not defined.....	<u>پیوست‌ها</u>

فهرست جداول

جدول 1-3: ضریب همبستگی درون رده ای بین آزمون و بازآزمون و سازه های مدل اعتقاد بهداشتی . **Error!**

Bookmark not defined.

جدول 1-4: مشخصات دموگرافیک در نمونه زنان میانسال شهر کرمان (تعداد=400نفر) در سال 1398..... 29

جدول 2-4: فراوانی انجام خطرسنجی بیماری قلبی عروقی در نمونه زنان میانسال شهر کرمان (تعداد=400نفر) در

سال 1398..... **Error! Bookmark not defined.**

جدول 3-4: ارتباط بین مشخصات دموگرافیک در نمونه زنان میانسال شهر کرمان (تعداد=400نفر) و انجام

خطرسنجی بیماری قلبی عروقی در سال 1398..... **Error! Bookmark not defined.**

جدول 4-4: میانگین و انحراف معیار و دامنه نمرات سازه های مدل اعتقاد بهداشتی در زنان میانسال شهر کرمان

(تعداد=400نفر) و انجام خطرسنجی بیماری قلبی عروقی در سال 1398.... **Error! Bookmark not defined.**

جدول 5-4: اطلاعات سازه راهنمای برای عمل در زنان میانسال شهر کرمان (تعداد=400نفر) و انجام خطرسنجی

بیماری قلبی عروقی در سال 1398..... **Error! Bookmark not defined.**

جدول 6-4: تعیین ارتباط سازه های مدل اعتقاد بهداشتی درمورد بیماری های قلبی عروقی و انجام خطرسنجی

بیماری قلبی عروقی در نمونه زنان میانسال شهر کرمان (تعداد=400نفر) در سال 1398 **Error! Bookmark not**

defined.

جدول 7-4: تعیین ارتباط سازه راهنمای برای عمل درمورد بیماری های قلبی عروقی و انجام خطرسنجی بیماری

قلبی عروقی در نمونه زنان میانسال شهر کرمان (تعداد=400نفر) که خطرسنجی انجام داده اند و انجام نداده اند

در سال 1398..... 38

جدول 8-4: ارتباط بین متغیرهای مستقل و متغیر وابسته انجام خطرسنجی در زنان میانسال شهر کرمان

(تعداد=400نفر) در سال 1398 بر اساس رگرسیون لجستیک چند متغیره .. **Error! Bookmark not defined.**

فهرست شکل‌ها و نمودارها

شکل 1-1: چهارچوب تئوریک کاربرد مدل اعتقاد بهداشتی در رفتار انجام خطرسنجی در نمونه زنان میانسال شهر

کرمان (تعداد=400 نفر) در سال 1398 4

نمودار 1-4: درصد تأثیرگذاری منابع اطلاعات در مراجعه جهت انجام خطرسنجی بیماری قلبی عروقی در نمونه

زنان میانسال شهر کرمان (تعداد=400 نفر) در سال 1398 39

فهرست کوتاه نوشته‌ها

ABBREVIATIONS

BMI	Body Mass Index
CVD	Cardiovascular Disease
EMR	Eastern Mediterranean Region

منابع

1. Soheili S .Handbook of public health; primary health care and health care .Tehran : Arjmand .2006:76-87
2. World Health Organization .Cardiovascular diseases)CVDs .(Fact sheet 2016;no :317
3. Khazaei H, Komasi S, Zakiei A, rezaei M, Hatamin P, jashnpor M, saehdi M. design and standardization of tools for assessing the perceived heart risk and heart health literacy in Iran, Annals of cardiac anesthesia . 2018; 21(1): 46-52.
4. World Health Organization. Cardiovascular diseases (CVDs). 2017;
[http://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-\(cvds\)](http://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds)),
June2018.
5. Leon, A .S., Franklin, B .A., Costa, F .& Balady, G .J .Cardiac Rehabilitation and Secondary Prevention of Coronary Heart Disease .Circulation . .2014.369-76 .
- 6 .Health Loss in New Zealand : A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study 2006±2016. Wellington : Ministry of Health. (2013)
7. Ministry of Health Mortality and Demographic Data 2011. Wellington: Ministry of Health. (2014)
8. World Health Organization Statistical Information System (2006) Core Health Indicators World Health Statistics 2006 .[http// :www.who.int/en](http://www.who.int/en)

9. Gaziano TA, Bitton A, Anand S, et al. Growing epidemic of coronary heart disease in low- and middle-income countries. *Curr Probl Cardiol*. 2010;35 :72-115.
10. Siegel Karen R, Patel Shivani A, Ali Mohammed K. Non-communicable diseases in South Asia: contemporary perspectives. *Br Med Bull*. 2014;111(1):31-4410.1093/bmb/ldu018.
11. Mohammadi FTA HM, Rahgozar M .Effect of Home-Based Cardiac Rehabilitation on Quality of Life in the Patients with Myocardial Infarction .2006;7:11-9(in Persian)
12. Forouzanfar MH, Sepanlou, S.G., Shahrzad, S., Dicker, D., Naghavi, P., Pourmalek, F., & et al). Evaluating causes of death and morbidity in Iran, global burden of diseases ,injuries, and risk factors study .2010; 17(5):304-20(Persian) .
- 13 .World Health Organization)2002 (Reducing Risks, Promoting Healthy Life .World Health Report, World Health Organization, Geneva .2012.
14. P Brindle, a Beswick, T Fahey, S Ebrahim .Accuracy and impact of risk assessment in the primary prevention of cardiovascular disease : a systematic review. *Heart* 2006; 92 :1752-1759
- 15.Hatem Dabbak, Mostafa A .Arafa. Risk Assessment and Risk Perception of Coronary Heart Disease in Gaza Strip, Palastine.2014, 6,2883-2893.
- 16.Lea CS, Gordon NP, Prebil LA, Ereman R, Uratsu CS, Powell M .Differences in reproductive risk factors for breast cancer in middle-aged women in Marin County, California and a sociodemographically similar area of Northern California .*BMC Womens Health* 2009; 9 :6

17. Golyan Tehrani Sh, Ghobadzadeh M, Arastou M .Promoting Health Status of Menopausal Women by Educating Self Care Strategies .J Fac Nurs Midwifery 2007; 13(3) : 67-75
18. Laranjo L. Social media and health behavior change. Participatory Health through Social Media : Elsevier; 2016. p. 83-111.
19. Glanz K, Rimer BK, and Viswanath K. Health behavior and health education : theory, research, and practice : John Wiley & Sons; 2008.
20. Muscat J WE .Exposure to environmental tobacco smoke and the risk of heart attack . 2000; 24:715-9.
21. Dylan R J Collins, Alice C Tompson, Igho J Onakpoya, Nia Roberts, Alison M Ward, Carl J Heneghan. Global cardiovascular risk assessment in the primary prevention of cardiovascular disease in adults: systematic review of systematic reviews. the journal (<http://dx.doi.org/10.1136/bmjopen-2016-013650>).
- 22 .World Health Organization. Risk Communication: Frequently asked questions. 2019. World Health Organization. Available from: <https://www.who.int/risk-communication/faq/en/>
- 23 . Ifeoma Sophia Usuwa, Christian Obasi Akpa1, Chukwuma David Umeokonkwo, MaryJoy Umoke,Chukwuemeka Steve Oguano, Abdulhakeem Abayomi Olorukooba, Eniola Bamgboyeand Muhammad Shakir Balogun, Knowledge and risk perception towards Lassa fever infection among residents of affected communities in Ebonyi State, Nigeria : implications for risk communication, BMC Public Health (2020) 20 :217

- 24 .Janz NK, Becker MH. The health belief model: a decade later. *Health Educ Behav.* 1984;11(1):1-47.
- 25 .Champion VL, Skinner CSC. The health belief model. In: Glanz K, Rimer B, Viswanath K, editors. *Health behavior and health education : theory, research, and practice.* 4th ed. San Francisco : Jossey Bass; 2008. p. 45-65.
- 26 .Stretcher V, Rosenstock IM. The Health Belief Model. In: Glanz K, Lewis FM, Rimer BK, editors. *Health Behaviour and Health Education : Theory, Research and Practise.* San Francisco : Jossey-Bass; 1997. p. 31-6.
- 27.B Raingruber .Contemporary Health Promotion in Nursing .2013, Retrieved from [http://www.amazon.com/Contemporary-Health-Promotion -Nursing-Practice/dp/1449697216](http://www.amazon.com/Contemporary-Health-Promotion-Nursing-Practice/dp/1449697216).
- 28 .K .Peltzer .Health Belief and Prescription Medication Compliance among Diagnosed.Hypertension Clinic Attenders in Rural South African Hospital .Human Science Research Council, University of North .2004, Retrieved from [file:///C:/Users/USER/Downloads/994-2684-1-SM%20\)7.\(pdf](file:///C:/Users/USER/Downloads/994-2684-1-SM%20)7.(pdf)).
- 29 .National Institute of Health .Theory at Glance a Guide to Health Promotion Practice . 2012.Retrieved from.
- 30.S.W .Lee, S.K.B.Y .Chun, M.H.Y.S.K .Kang, K.Y .Kim, Y.S .Lee, K.S .Park, J.H Son, H.S .Oh, M .Ahn, and P.U .Lim .Therapeutic compliance and Its Related Factors of Patients with Hypertension in Rural Area .*Korean Journal of Preventive Medicine.*2012;33)2(: 215-225

31. J.M .Walsh, V .Sundaram, K .McDonald, D.K .Owens and M.K .Goldstein .

Implementing effective hypertension quality improvement strategies :barriers and potential

solutions .Clin Hypertens Greenwich. 200810(4):311-326 .Retrieved From

[http// :www.ncbi.nlm.nih.gov/pubmed/18401229](http://www.ncbi.nlm.nih.gov/pubmed/18401229)

32 .P.H.B .Chou and A.V Wister. From Cues to Action :Information Seeking and Exercise

Self care among Older Adults Managing Chronic Illness .Canadian Journal on Aging .2010 .

Retrieve from [http// :www.koreamed.org /Search Basic.php? RID=0091](http://www.koreamed.org/SearchBasic.php?RID=0091)

[JKAFN/2012.19.4.474&DT=1](http://www.koreamed.org/SearchBasic.php?RID=0091JKAFN/2012.19.4.474&DT=1)

33 .Pearson TA, Blair SN, Daniels SR, et al. AHA guidelines for primary prevention of

cardiovascular disease and stroke : 2002 update : consensus panel guide to comprehensive

risk reduction for adult patients without coronary or other atherosclerotic vascular diseases.

American Heart Association Science Advisory and Coordinating Committee. Circulation

2002;106:388-91.

34 .WHO. Package of essential noncommunicable (PEN) disease interventions for primary

health care in low-resource settings. Geneva, Switzerland. 2010.

<http://apps.who.int/iris/handle/10665/44260> (accessed 27 Oct 2014).

35.National Institute for Health and Care Excellence. Lipid modification : cardiovascular

risk assessment and the modification of blood lipids for the primary and secondary

prevention of cardiovascular disease. 2015. [https://www.nice.org.uk/ guidance/ cg181/](https://www.nice.org.uk/guidance/cg181/resources/guidancelipid-modification-cardiovascular-risk-assessment-and-)

[resources/guidancelipid-modification-cardiovascular-risk-assessment-and-](https://www.nice.org.uk/guidance/cg181/resources/guidancelipid-modification-cardiovascular-risk-assessment-and-)

the modification- of blood-lipids-for-the-primary-and-secondary prevention- of-
cardiovascular- disease-pdf

36. NICE. Cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease: methods, evidence, and recommendations. Published online first. 2014. <http://www.nice.org.uk/guidance/cg181/evidence/lipid-modification-update-full-guideline-243786637>

37. New Zealand Guideline Group. The Assessment and Management of Cardiovascular Risk. Wellington, New Zealand. (2003)

38. Naveen Garg, Subrat K. Muduli, Aditya Kapoor, Satyendra Tewari, Sudeep Kumar, Roopali Khanna, Pravin Kumar Goel. Comparison of different cardiovascular risk score calculators for cardiovascular risk prediction and guideline recommended statin uses. Indian Heart Journal 69 (2017); 458-463

39. Christian, A.H., Mochari, H.Y. and Mosca, L.J. Coronary Heart Disease in Ethnically Diverse Women :Risk Perception and Risk Communication .Mayo Clinic Proceedings, (2005) .80, 1593-1599 .<http://dx.doi.org/10.4065/80.12.1593>

40. Health targets : More heart and diabetes checks. Wellington : Ministry of Health (2014).

41. Thanavaro, J.L., Moore, S.M., Anthony, M., Narsavage, G. and Deliacath, T. Predictors of Health Promotion Behavior in Women without Prior History of Coronary Heart Disease . Applied Nursing Research, 2006). 19, 149-155 .<http://dx.doi.org/10.1016/j.apnr.2005.07.006>

- 42 .Giulia Motta Zanin, Eleonora Gentile, Alessandro Parisi, and Danilo Spasiano. A Preliminary Evaluation of the Public Risk Perception Related to the COVID-19 Health Emergency in Italy. *Int. J. Environ. Res. Public Health* 2020, 17, 3024; doi : 10.3390/ijerph17093024
43. Baghianimoghadam MH, Mirzaei M, Rahimdel T .Role of Health Beliefs in Preventive Behaviors of Individuals at Risk of Cardiovascular Diseases .*Health System Research* . 2012;8(7):1151-8. [Persian].
- 44.Katz DA, Graber M, Birrer E, Lounsbury P, Baldwin A, Hillis SL, et al .Health beliefs toward cardiovascular risk reduction in patients admitted to chest pain observation units . *Academic emergency medicine: official journal of the Society for Academic Emergency Medicine* .2009; 16(5):379-87 .
- 45 .Gholamreza Sharifzadeh, Mitra Moodi, Hossein Mazhari Majd, Iman Musaei. Application of Health Belief Model in predicting preventive behaviors against cardiovascular disease in individuals at risk .*J Health Sci Technol* .2017 July;1)2:(64-69
46. Af Wåhlberg, A.; Sjöberg, L. Risk perception and the media. *J. Risk Res.* 2000, 3, 31-50. [CrossRef]
47. Falagas, M.E.; Kiriaze, I.J. Reaction to the threat of influenza pandemic : The mass media and the public. *Crit. Care* 2006, 10, 408. [CrossRef] [PubMed]
- 48 . Babaei V1 BT, Kiani A, Garmaroodi G, Batebi .Investigating the Effective Factors in Preventive Behaviors of Brucellosis in Stockbreeder of Charaoymaq County :A Health Belief Model .*Journal of Fasa University of Medical Sciences*.2016;5(4):470-8.

- 49 .Aljaseem LI, Peyrot M, Wissow L, Rubin RR .The impact of barriers and self-efficacy on self-care behaviors in type 2 diabetes. *The Diabetes Educator* . 2001;27(3):393-404 .
- 50 . Pender, N.J., Murdaugh, C.L .and Parsons, M.A .Health Promotion in Nursing Practice .4th Edition, Prentice Hall, Julie Alexander (2002) .
- 51 . Green EC, Murphy E. Health belief model. In: *The Wiley Blackwell encyclopedia of health, illness, behavior, and society* : John Wiley & Sons, Ltd; 2014 .
- 52 . Elnaz Asghari, Mina Nahamin, Mehrnoosh Khoshtarash, Atefe Ghanbari, Naser Parizad, Nader Mahdavi, Zoleikha Asgarlo .The Relationship Between Health Belief and Breast Self-examination Among Iranian University Students. *International Journal of Women's Health and Reproduction Sciences*. Vol. 4, No. 3, July 2016, 110-113
- 53 .Anne Herrmann, Alix Hall1 and Anthony Proietto. Using the Health Belief Model to explore why women decide for or against the removal of their ovaries to reduce their risk of developing cancer. Herrmann et al. *BMC Women's Health* (2018) 18:184. <https://doi.org/10.1186/s12905-018-0673-2>
- 54 . Kamran A, Sadeghieh Ahari S, Biria M, Malepour A, Heydari H. Determinants of patient's adherence to hypertension medications : application of health belief model among rural patients. *Ann Med Health Sci Res*. 2014;4(6):922-7 [cited 2018 May 4]. Available from : <http://www.ncbi.nlm.nih.gov/pubmed/25506487>.
55. Onoruoiza SIS, Musa A, Umar BD, Kunle YS. Using health beliefs model as an intervention to non compliance with hypertension information among hypertensive patient.

Int Organ Sci Res J Humanit Soc Sci. 2015;20(9):11-6 Available from:
www.iosrjournals.org.

56 .Health Education In the Graduate School Southern Illinois University, Carbondale .A study of assessing knowledge and health beliefs about cardiovascular disease among selected undergraduate university students using Health Belief Model . October 2012 .

57. Rama Chandran, Darmlingam, Health Education. Translated by Dr. Forough Shafiee, Azn ... Azar Gashb; fourth edition; Tehran : Tehran University Press. Article 19. 2004

58. LoBiondo-Wood G, Hober J. Nursing Research: Methods and Critical Appraisal for Evidence-Based Practice. St. Louis: Mosby- Elsevier; 2006.

59. Polit DF, Tatano Beck Ch. Essentials of Nursing Research: Appraising Evidence for Nursing Practice. 7th Edition. Philadelphia : Lippincott Williams &Wilkins; 2009.

60. Yaghmaie F. [Andazegirye raftar dar pajooresh abzarhaye motabar va paya]. Second Edition. Tehran : Golban; 2009. [Persian]

61. Mehrnoosh Pazargadi, Tahereh Ashktorab, Hamid Alavimajd ,Sharareh Khosravi . Developing an Assessment Tool for Nursing Students' General Clinical Performance . Iranian Journal of Medical Education 2012 : 12(11)

62. Leung SF, Arthur D. The alcohol use disorders identification test (AUDIT): Validation of an instrument for enhancing nursing practice in Hong Kong. Int J Nurs Stud. 2000; 37(1): 57-64.

63. DeVon HA, Block ME, Moyle-Wright P, Ernst DM, Hayden SJ, Lazzara DJ, et al. A Psychometric Toolbox for Testing Validity and Reliability. *J Nurs Scholarsh*. 2007; 39(2): 155-64.
- 64 . Shahande H, Vamqhy R, Hatami N, Kazemnejad A. Quality of life of people with spinal cord injuries. *J School Public Health Inst Public Health Res* 2005;3(3):1-8. (Full Text in Persian)
65. Lawshe CH. A quantitative approach to content validity. *Personnel Psychology*. 1975; 28(4): 563-575.
66. Polit DF, Beck CT, Owen SV. Is the CVI an acceptable indicator of content validity? Appraisal and recommendations. *Res Nurs Health*. 2007; 30(4): 459-67.
67. Fleiss JL. *The Design and Analysis of Clinical Experiments*. New York: Wiley & Sons; 1986.
68. Rezaee M, Arabi S, Sahaf R, Rassafiani M, Hosseini H, Mirzakhany N, Tabatabaee SM. Validity and reliability of the Persian version of measurement of the quality of life of people with disabilities. *Pejouhandeh* 2014; 19(2):91-98.
69. Ammouri, A.A., Neubager, G., Mrygan, M.I. and Hamaideh, S.H. Perception of Risk of Coronary Heart Disease among Jordanians. *Journal of Clinical Nursing*, (2011) **20**, 197-203. <http://dx.doi.org/10.1111/j.1365-2702.2010.03192.x>
70. Thanavaro, J.L., Moore, S.M., Anthony, M., Narsavage, G. and Deliacath, T. Predictors of Health Promotion Behavior in Women without Prior History of Coronary

Heart Disease. *Applied Nursing Research*,(2006)19,149-155. <http://dx.doi.org/10.1016/j.apnr.2005.07.006>

71. Niknami Sh, Hatami A, Hedarnia AR. The Effect of Health Educational Program on Preventing AIDS in Self- reported Addicts Wives Kermanshah. *Behbood Journal Of University Of Kermanshah Medical Sciences Health Serrvices* 2007: 11(2): 120-126[In Persian].

72. Sue Wells, Natasha Rafter, Timothy Kenealy, Geoff Herd, Kyle Eggleton, Rose Lightfoot, Kim Arcus, Angela Wadham, Yannan Jiang, Chris Bullen. The impact of a point-of-care testing device on CVD risk assessment completion in New Zealand primary-care practice: A cluster randomised controlled trial and qualitative investigation *PLoS ONE* . April 19, 2017 .12(4): e0174504. <https://doi.org/10.1371/journal.pone>.

73. Fatemeh Bastami, Akbar Hassanzadeh, Mohmmad Heydari ,Firoozeh Mostafavi . The Relationship between Health Belief Model Constructs with Regard to AIDS Preventive Behaviors among Addicts . *J Health Syst Res* 2015; 11(2):276-287.

74. Masoud Khodaveisi , Mitra Salehikha , Saeed Bashirian , Manoochehr Karami . Study of Preventive Behaviors of Hepatitis B Based on Health Belief Model among Addicts Affiliated to Hamedan . *Scientific Journal of Hamadan Nursing & Midwifery Faculty* . Volume 24, No. 2, Summer 2016.

75. Karimy M, Heidarnia AR, Ghofranipour GH. [The effect of health education based on health belief model on preventive behaviors of AIDS in addict in Zarandieh. *Gilan Journal of University of Medical Sciences Health Services*, 2009: 18(70). [In Persian].

76. Asiyeh Pirzadeh. Application of the Health Belief Model in Breast Self-Examination by Iranian Female University Students. *Int J Cancer Manag*. 2018 March; 11(3):e7706.
77. Wogu JO. Mass media awareness campaign and the prevention of the spread of Lassa fever in the rural communities of Ebonyi state, Nigeria : Impact evaluation. *J Public Health Africa*. 2018;9:882.
78. Nwonwu E, Alo C, Una A, Madubueze U, Eze I, Eze N, et al. Knowledge of Lassa fever and its determinants among traders in Izzi Community in South-East Nigeria. *Arch Curr Res Int*. 2018; 13(4):1-9.
79. Olowookere SA, Adegbenro CA, Idowu A, Omisore AG, Shabi OM, Ikem UR, et al. Knowledge Attitude and Practices Toward Lassa Fever Control and Prevention Among Residents of Ile-Ife , Southwest Nigeria. *Int Q Community Health Educ*. 2017;37(2):107-12.
80. Reuben C, Gyar S. Knowledge, attitudes and practices of Lassa fever in and around Lafia, Central Nigeria. *Int J Public Heal Epidemiol Res*. 2016;2(1):014-9.
81. Ochei O, Abejegah C, Okoh E, Abah S. Housing factors and transmission of Lassa fever in a rural area of south-South Nigeria. *Gen Heal Med Sci*. 2014; 1(2):15-20.
82. Ilesanmi OS, Omotoso B, Alele FO, Adewuyi P. Awareness of Lassa Fever in a Rural Community in South West Nigeria . Original Article Awareness of Lassa Fever in a Rural Community in South. *J Community Heal Res*. 2015; 4(1):1-10.
83. Adebimpe WO. Community awareness and perception towards rodent control : implications for prevention and control of Lassa fever in urban slums of South- Western

Nigeria. Malta J Heal Sci. 2015;3(1):26-32 Available from:

<http://www.um.edu.mt/healthsciences/mjhs>

84. Rahimi T, Shojaei S, Mousavi Miyandashti Z, Jafary Nodoushan Z, Farahabadi M. Predictors of preventive behaviors of cardiovascular diseases :Based on health belief model in women referred to health treatment centers in Qom City, 2014, Iran Qom Univ Med Sci J. 2016;9(11):51-59. [Persian]
85. Baghianimoghadam MH, Mirzaei M, Rahimdel T. Role of Health Beliefs in Preventive Behaviors of Individuals at Risk of Cardiovascular Diseases. Health System Research. 2012;8(7):1151-8. [Persian]
86. Kang Y, Sohn M, Jin K, Kim H, Ohr H, Shin S. Factors influencing weight control behavior and intention of obese children and adolescents. Korean Journal of Preventive Medicine. 1998; 31(2):199-214.
87. Babaei V1 BT, Kiani Garmaroodi G, Batebi. Investigating the Effective Factors in Preventive Behaviors of Brucellosis in Stockbreeder of Charaoymaq County: A Health Belief Model. Journal of Fasa University of Medical Sciences. 2016;5(4):470-8.
88. Tol A, Shojaeizadeh D, Eshraghian MR, Mohebbi B. Determination Of Perceived Barriers And Benefits Of Adopting Health-Promoting Behaviors In Cardiovascular Diseases Prevention: Application Of Preventative Behavior Model. <http://journals.tums.ac.ir>. 2014;6(3):204-214. [Persian]

89. Alatawi YM, Kavookjian J, Ekong G, Alrayees MM. The association between health beliefs and medication adherence among patients with type 2 diabetes. *Research in Social and Administrative Pharmacy*. 2015;12(6): 914-925.
90. Ar-Yuwat S, Clark MJ, Hunter A, James KS. Determinants of physical activity in primary school students using the health belief model. *J MultidiscipHealthc*. 2013;6:119-26.
91. Elnaz Asghari, Mina Nahamin, Mehrnoosh Khoshtarash, Atefe Ghanbari, Naser Parizad, Nader Mahdavi, Zoleikha Asgarlo .The Relationship Between Health Belief and Breast Self-examination Among Iranian University Students. *International Journal of Women's Health and Reproduction Sciences*. Vol. 4, No. 3, July 2016, 110-113
92. Parisa Kasmaei, Pegah Yousefi, Rabiollah Farmanbar, Saeed Omid, Roghaye Farhadi Hassankiadeh A Study on the Predictive Power of the Health Belief Model Constructs in Self-Care Behaviors of Patients with Hypertension Health Education and Health Promotion (HEHP) (2015) Vol. 3 (3).
93. Maryam Saghafi-Asl, Soghra AliasgharzadehID, Mohammad Asghari-Jafarabadi. Factors influencing weight management behavior among college students : An application of the Health Belief Model. <https://doi.org/10.1371/journal.pone.0228058> February 7, 2020 .
94. Bishop AC, Baker GR, Boyle TA, MacKinnon NJ. Using the Health Belief Model to explain patient involvement in patient safety. *Health Expectations*. 2015; 18(6):3019-33. <https://doi.org/10.1111/hex.12286> PMID: 25303173

95. Moshki M, Mojadam M, Dusti Irani A. Associated Factors for Preventive Behaviors of Cardiovascular Diseases in Employees of Khuzestan Province Health Center Utilizing the Health Belief Model. *j.health*. 2015; 6 (4) :367-377
<http://healthjournal.arums.ac.ir/article-1-746-en.html>
96. Zhao J, Song F, Ren S, Wang Y, Wang L, Liu W, et al. Predictors of behaviors based on the Health Belief Model condom use(HBM) among female sex workers: a cross-sectional study in Hubei Province, China. *PloS one*. 2012;7(11):e49542.
97. Hazavehei MM, Dashty S, Moeini B, Faradmali J, Shahrabadi R, Hossain Yazdi A. Factors related to self-care behaviors in hypertensive individuals based on Health Belief Model. *Koomesh* 2015; 17(1): 37-44. [In Persian].
98. Robinson TD. Hypertension Beliefs and Behaviors of African Americans in Selected Cleveland Public Housing [PhD dissertation]. USA : Kent State University; 2012.
99. Aigbiremolen A, Duru C, Awunor N, Abejegah C, Abah S, Asogun A, et al. Knowledge and application of infectious disease control measures among primary care workers in Nigeria: the Lassa fever example. *Int J Basic, Appl Innov Res*. 2012;1(4):122-9.
100. Awosanya EJ. Post-epidemic awareness and knowledge of Lassa fever among residents in affected community in Ibadan, Oyo State, Nigeria. *Vet World*. 2018;11(8):1059-63
Available from :www.veterinaryworld.org/Vol.11/August-2018/7.pdf%0A.
101. Wogu JO. Mass media awareness campaign and the prevention of the spread of Lassa fever in the rural communities of Ebonyi state, Nigeria: Impact evaluation. *J Public Health Africa*. 2018;9:882.

102. Barati M, Darabi D, Moghimbygi A, Afsar A. Self-regulation behaviors of hypertension and Related factors among hypertensive patients. J Fasa Univ of Med Sci 2011; 1(3): 60-6. [In Persian]



دانشگاه علوم پزشکی کرمان
تخصصیات تکمیلی دانشگاه

بسمه تعالی
صورتجلسه دفاع از پایان نامه

تاریخ ۱۸/۱۰/۱۳۹۵

شماره ۱۰۷۸۸۱۰۱۳۹۵

پیوست

جلسه دفاعیه پایان نامه تحصیلی خواهشمند است نظر خود را در مورد پایان نامه خانم زیبا کامیابی دانشجوی کارشناسی ارشد رشته آموزش بهداشت و ارتقاء سلامت تحت عنوان " بررسی عوامل موثر بر روی انجام خطر سنجی بیماری قلب عروقی در زنان میانسال شهر کرمان مبتنی بر مدل اعتقاد بهداشتی در سال ۱۳۹۸ " به راهنمایی آقای دکتر سید وحید احمدی طباطبایی اعلام نمائید. در ساعت ۱۳ روز چهارشنبه مورخ ۹۹/۱۰/۱۹ با حضور اعضای محترم هیات داوران متشکل از:

نام و نام خانوادگی	سمت	امضا
آقای دکتر سید وحید احمدی طباطبایی	الف: استاد (ان) راهنما	
خانم دکتر آرمیتا شاه اسماعیلی	ب: استاد (ان) مشاور	
آقای دکتر عابدین ایرانیپور	ج: عضو هیات داوران (داخلی)	
خانم دکتر حبیبه احمدی پور	د: عضو هیات داوران (خارجی)	
خانم دکتر سمیه علیزاده	ه: نماینده تخصصیات تکمیلی	

تشکیل گردید و ضمن ارزیابی به شرح پیوست با درجه عالی و نمره ۱۸،۸۷ و مستوفی برسم مورد تأیید قرار گرفت.

دبیر و امضاء مسئول آموزشی

۹۹-۷-۷

۹۹-۷-۷