

Original Research Article

Knowledge and awareness among female patients attending cardiac outpatient department in a super speciality hospital

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ABSTRACT

Background: Cardiovascular disease is the leading cause of mortality not only in males but also in females and knowledge about the disease is poor among them. Objective of the study was to assess the knowledge and awareness among female cardiac patients.

Methods: This cross-sectional study was conducted in outpatient department of cardiology in a super specialty hospital of government medical college Jammu, Jammu and Kashmir, for a period of three month from 1st March to 31st May 2017. Female patients were given a questionnaire regarding socio demographic profile, knowledge and awareness were recorded and analyzed in percentage.

Results: There were 216 female patients, out of which 56.9% were in age group of 41-60 years, 86.1% were housewives, 87.5% were married, 54.1% having education up to 10th standard and maximum were living in joint family and 52.7% having monthly family income above 20,000. 44.4% were suffering from hypertension. Maximum females 59.7% consider themselves as bulky, 83% have changed their eating habits, 66.6% have started work out after the onset of disease, 61%-62% were having awareness about the cardiac symptoms and 97.2% were following allopathic drug therapy.

Conclusions: Overall knowledge and awareness about disease and risk factors among these females was good as these patients were already diagnosed patients and were coming for follow up. There is need of educational programme by involving primary health care workers and utilization of CVD guidelines as a better preventive strategy.

Keywords: Awareness, Cardiovascular disease, Females, Knowledge, Sociodemographic profile

INTRODUCTION

Cardiovascular diseases are leading cause of death worldwide. Deaths due to non-communicable diseases are (36) million and just half of those (17 million) are due to result of cardiovascular disease (CVD).¹ Cardiovascular diseases include coronary heart disease, hypertension, cerebrovascular disease, peripheral arterial disease, rheumatic heart disease and congenital heart

disease. According to the latest WHO data of 2014, 17% of all deaths are due to CVD. In India, it was estimated that approximately 46.9 million patients were suffering from cardiovascular disease during the year 2010 and 2.33 million people died during 2008.¹ Overall, CVD accounted for around one fourth of all deaths in India in 2008. CVDs are expected to be the fastest growing chronic illness growing at 9.2% annually from 2000 onwards. But the most worrying fact is that the incidence

has gone up and affecting the people between ages 25-69 yrs to 24.8%.² So, it is affecting the productive population of India. The average mortality of 4% in the age group of 20-49 years and 6% in those above 50 yrs due to CVD. According to a WHO report, the current age standardized CVD mortality rates among males and females in India (per 100,000) are 363-443 and 181-281 respectively.³

In female, it was presumed that they have less risk of developing CVD than males and doctors mostly focus on reproductive cancers but present scenario has shown that death ratio is higher due to CVD.⁴ Women are also more afraid of these cancers than heart disease. This unawareness may lead to the ignorance of the disease as well as CVD risk factors. For prevention of CVD we have to change the behaviour aspects and previous exposure to risk factors such as inappropriate nutrition, insufficient physical activity, increase in tobacco consumption, overweight, central obesity, high blood pressure, diabetes which contribute to increase in risk needs to be decreased. Knowing the importance of the disease and the contributing risk factors it is important to assess the knowledge and awareness about the disease and their risk factors in females and in our setup among females it is the first kind of the study.

METHODS

This cross-sectional study was conducted in the department of cardiology in super specialty hospital of Government Medical college Jammu for a period of three months from 1st March 2017 to 31st May 2017. A sample size of 216 female patients was interviewed using a pre-structured, structured, mostly closed-ended questionnaire. The data was collected by interview method in the OPD for two days in a week. The questionnaire includes the two parts, the first part includes socio demographic profile and second part include knowledge and awareness among the female patients. Data was collected and analyzed by using percentage.

RESULTS

The result shows that 216 female patients were interviewed and out of which (56.9%) were in age group of 41-60 years, (72.2%) were Hindus and (54.1%) having education up to 10th standard. Maximum number of these patients were married (87.5%), housewives (86.1%) and were living in joint family (61.1%). More than (50%) of these patients having family monthly income above 20,000. Most of these females were hypertensive (44.4%) (Table 1).

Patient's awareness and knowledge is presented in (Table 2). These females were aware that they are bulky (59.7%) and (65%) of them were having no idea that why they have developed this disease. Regarding about general eating habits at the time of onset of disease (63.8%) consumed excess of oily and fatty food in their daily

meals and (90%) of them have changed their eating habits after the onset of disease. Out of these (90%) of the patients who have made changes (83%) of them has tried to consume less oily and fatty food. Maximum patients (61.1%) knew that mental stress can also cause the disease.

Table 1: Socio-demographic profile of female patients.

Variables	Number (%)
Age	
<40	27 (12.5%)
41-60	123 (56.9%)
>60	66 (30.5%)
Religion	
Hindu	156 (72.2%)
Muslim	27 (12.5%)
Others	30 (13.8%)
Educational status	
Post graduate degree	09 (4.1%)
Graduate	09 (4.1%)
< 10 th standard	117 (54.1%)
Can't read	71 (32.8%)
Occupation	
Government employee	12 (5.5%)
Retired	Nil
Housewife	186 (86.1%)
Daily wagers	09 (4.1%)
Farmer	09 (4.1%)
Monthly income	
< 10,000	39 (18%)
10,000-20,000	63 (29.1%)
>20,000	114 (52.7%)
Marital status	
Married	89 (87.5%)
Unmarried	Nil
Divorced	Nil
Widow	27 (12.5%)
Family status	
Joint family	132 (61.1%)
Nuclear family	84 (38.8%)
Co morbidities	
Hypertension	96 (44.4%)
Diabetes	51 (23.6%)
CHD	39(18%)
High cholesterol	24 (11.11%)
Others	06 (2.7%)

Regarding physical activity (69.4%) never workout before the onset of disease and only (30.5%) workout and they do only walking. But after the disease (66.6%) start work out and out of that (95.5%) do walking. Maximum number of these females were having knowledge of symptoms like chest pain (61.1%), sweating and palpitation (62.5%) but not with symptoms like nausea and vomiting (87.5%). These patients were not aware that menopause is one of the risk factor (23.6%). Majority of

these patients (86.1%) were not aware of long term complications of cardiovascular disease but they have opted for allopathic (97.2%) treatment and (86.1%) go for regular check-ups. (56.9%) of women cook food

according to personal health and (52.7%) have no problem while doing daily routine work and (83.3%) think that disease is not a social stigma.

Table 2: Knowledge and awareness about cardio vascular disease in female patients.

What do you consider yourself?	
Bulky	129 (59.7%)
Lean	54 (25%)
Obese	18 (8.3%)
Normal	15 (6.9%)
You think that you developed due to	
Genetic cause	03 (1.38%)
Life style	Nil
Mental stress	42 (19.4%)
Excessive consumption of oily, fatty food	09 (4.1%)
No idea	141 (65%)
Any other	21 (9.7%)
General eating habits at time of onset of disease	
Reliance on junk food	18 (8.3%)
Excessive consumption of oily and fatty food	138 (63.8%)
Normal balanced food	60 (27.7%)
(a) Whether you have changed your eating habits after the onset of disease?	
Yes	195 (90.2%)
No	21 (9.72%)
(b) If yes then what major changes did you bring in your eating habits after the onset of disease?	
Reduced consumption of junk food	09 (4.6%)
Less consumption of oily and fatty food	162 (83.07%)
Work out	03 (1.53%)
Other changes	21 (10.7%)
Whether Mental stress contribute to the onset of disease?	
Yes	132 (61.1%)
No	84(38.8%)
(a) Whether you work out before the onset of disease?	
Yes	66 (30.5%)
No	150 (69.4%)
(b) If yes what kind of work out you were involved?	
Walking	66(100%)
Running	Nil
Yoga	Nil
Exercise	Nil
Any other	Nil
(a) Do you work out now?	
Yes	144 (66.6%)
No	72 (33.3%)
(b) If yes what kind of workout you are involved?	
Walking	138 (95.8%)
Running	Nil
Yoga	06 (4.1%)
Exercise	Nil
Any other	Nil
Whether you know long term complications of CVD?	
Yes	30 (13.8%)
No	186 (86.1%)
Whether you have any knowledge of chest pain?	

Yes	132 (61.1%)
No	84 (38.8%)
Whether you have any knowledge of sweating and palpitation?	
Yes	135 (62.5%)
No	71 (32.8%)
Whether you have any idea of nausea and vomiting?	
Yes	27 (12.5%)
No	189 (87.5%)
Whether you know that menopause is one of the cardiovascular risk factor?	
Yes	51 (23.6%)
No	165 (76.3%)
Whether you cook food according to your personal health?	
Yes	123 (56.9%)
No	93 (43.05%)
What type of treatment you have opted?	
Allopathic	210 (97.2%)
Ayurvedic	03 (1.3%)
Homeopathic	Nil
Homemade recipes	03 (1.3%)
Whether disease creates problem while doing daily routine work?	
Yes	114 (52.7%)
No	102 (47.2%)
Do you think that disease is social stigma?	
Yes	36 (16.6%)
No	180 (83.3%)
Do you go for regular check-ups?	
Yes	186 (86.1%)
No	30 (13.8%)

DISCUSSION

Cardiovascular diseases comprise of a group of disease of heart and the vascular system. Awareness about the disease always remained high in those affected by the disease as compared to general population. The present study was done to find out the awareness and knowledge among female patients regarding the risk factors and symptoms about the disease. Behavioral factors play an important role in CVD and the mortality is less in individuals who have better behavioral factors as seen in developed countries.

In the present study, we found that maximum patients were in age group of 41-60years, married, having education up to 10th standard and were housewives. These patients were suffering from comorbidities like hypertension, diabetes, coronary heart disease and dyslipidemias. Socioeconomic parameters also affect the CVD risk factors. As we already know that Illiteracy is one of the main risk factor along with other behavioral factors.⁵ The females who were educated have better knowledge than those who were illiterate and other studies has shown similar results.^{6,7} Occupation wise employed respondents knew more about biological causes (e.g. high blood pressure, diabetes and high

cholesterol) possibly due to more education, wider exposure to information and better access to screening and treatment.⁷ But in current study maximum patients were housewives and having knowledge about the disease showed better awareness about the disease.

These female patients were quite aware that they were bulky and they consume oily and fatty food excessively before the onset of disease but after having the disease they changed their eating habits. Before the onset of disease less number of patients' workout (30.4%) but after the disease these patients were quite aware of physical activity and the number increased up to (66.6%) and these results were similar to the study done by Kim et al.⁸

Patients were quite knowledgeable about the symptoms like chest pain (61.1%), sweating, palpitation (62.5%) were cardiac symptoms but (12.5%) only knew about nausea and vomiting can also be due to the cardiac disease. These females were not aware that menopause is one of the risk factor and were not sure of use of hormone replacement therapy as seen in other studies.⁹ These women were not aware about long term complications of CVD. But they follow the allopathic medicines and go for regular checkups as advised by the doctor.

CONCLUSION

In the present study patients have better knowledge and awareness about cardiac disease and this may be because as we conducted in a super speciality hospital and in the department of cardiology and these patients were already diagnosed and were on treatment. Based on these findings there is need of launching a better strategy involving health care providers, educational programme and utilization of available CVD guidelines should be reinforced to overcome this problem and screening of patients should be done in general population.

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