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Cardiovascular health knowledge, attitude and behavior patterns among medical students of North India: Cross sectional study from a tertiary care center in Punjab.

Sumit sohal | Government Medical College, Patiala
Introduction

• Non-communicable diseases (NCDs) pose increasingly important public health problems in low-income and middle-income countries (LMICs)

• A recent study conducted jointly by the World Economic Forum and Harvard University showed that NCDs will cost the world economy $47 trillion over the next 20 years

• In India, NCDs are estimated to account for 60% of total deaths for which cardiovascular diseases are responsible for 26%
• Prevention of CVD is the most effective way of combating the CVD epidemic in the resource poor nations.

• Knowledge of modifiable risk factors for heart diseases has been identified as a prerequisite for change in behavior and is often targeted by prevention programs.

• Data on the level of awareness of cardiovascular health among the Indian population is very limited.
• Students are more likely to change positively, education to enhance their knowledge can be helpful for the community

• Since knowledge of CVD is very important for medical students and young physicians, it was decided to assess the knowledge attitude and behavior amongst the medical students
Research question:

• Medical students usually will have higher knowledge but do they reflect it in their attitude and behavior patterns?
Aim and objectives:

- To study the knowledge attitude and behavior patterns regarding cardiovascular health among the medical students
Materials and methods

• The questionnaire based cross-sectional study was conducted amongst the medical students studying in a tertiary care centre in Punjab.

• The sample population was selected using a sampling method known as simple random sampling, without replacement.

• Data collection was done through a pretested questionnaire and an educational presentation was delivered at the end.
Procedure

Step 1: Preparation of questionnaire and its testing

Step 2: Ethical approval

Step 3: Data collection

Step 4: Statistical analysis of collected data
Figure 1: Analysis of knowledge and assessment of gender differences.
Figure 2: Leading cause of death: Students’ Perspective
Figure 3: Analysis of response to the type of food responsible for increased heart disease.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Donot Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I can never get a heart disease</td>
<td>16</td>
<td>160</td>
</tr>
<tr>
<td>2. If I am at risk I will change my lifestyle</td>
<td>199</td>
<td>1</td>
</tr>
<tr>
<td>3. I feel I am too lazy to do physical exercise</td>
<td>87</td>
<td>72</td>
</tr>
<tr>
<td>4. I should not regulate my calorie intake</td>
<td>24</td>
<td>164</td>
</tr>
<tr>
<td>5. I don’t think reducing excess weight will reduce my risk of heart disease</td>
<td>10</td>
<td>172</td>
</tr>
<tr>
<td>6. I don’t have time to take care of myself</td>
<td>84</td>
<td>84</td>
</tr>
<tr>
<td>7. Only God can determine my health</td>
<td>21</td>
<td>170</td>
</tr>
<tr>
<td>8. Smoking ban at local places is a good decision</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>9. More awareness programs should be held</td>
<td>198</td>
<td></td>
</tr>
<tr>
<td>10. A counsellor should be made available at college level to educate and redirect students</td>
<td>196</td>
<td></td>
</tr>
<tr>
<td>11. I will tell others about knowledge gained through this awareness program</td>
<td>195</td>
<td></td>
</tr>
</tbody>
</table>
Table 3: Analysis of Behavioral Patterns

<table>
<thead>
<tr>
<th>Question</th>
<th>Males</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever had an alcohol in your life?</td>
<td>49</td>
<td>13</td>
</tr>
<tr>
<td>2. Do you currently drink alcohol?</td>
<td>33</td>
<td>3</td>
</tr>
<tr>
<td>3. Have you ever Smoked in your life?</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4. Do you currently smoke?</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5. Have you ever had smokeless Tobacco?</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6. Do you currently take smokeless tobacco?</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>7. Have you had junk food in past one week?</td>
<td>89</td>
<td>107</td>
</tr>
</tbody>
</table>
Many studies have shown poor knowledge among the general population (Luisa et al, Mahajan et al, Parmar et al) which is in contrast to our study in which medical students have high knowledge.

Reiner et al showed high knowledge amongst the medical students which is in accordance to our study.

In a general population study of Parmar et al, Attitude was shown to be poor which is in contrast to our study, where medical students have recorded high values in Positive attitude.
• However in practices where alcohol intake was found to be 13.23% (Mahajan et al) in general population, it was 18% (Current alcohol drinkers) amongst Medical students

• No smoker was recorded in this study though the general population rate is much higher as recorded in many studies.
Conclusion

- With knowledge par excellence, students were still practicing behavior which was injurious to their health.

- Almost everyone thought junk food or oily food was responsible for CVD, still 98% of the students had junk food in past 1 week. It is because of easy availability that more and more people are moving towards this food culture.

- It is necessary to provide counsellors at college level to motivate the students and deviate them from high risk practices.

- High alcohol intake can be attributed to its easy availability and should be dealt with strict rules.
Limitations and Future Prospects

• The study was concentrated on small number of medical students but it is being planned to do a similar study covering the medical students at a state level.

• More open ended questions would be added to know their perspective of a particular behavior.
References:


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Thanks' for your kind attention!!!!!!!
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