A study to assess the Knowledge of middle aged men on myocardial infarction with a view to propose an health education guide at G.G.H, Guntur District, Andhra Pradesh

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Abstract: Background: Cardiovascular diseases are the major disease burden in the country. They are emerging, as a prominent national health problem in developing countries and it is one of the world's public health enemies because they account for 12 million deaths annually, more than any of the infectious diseases. There is also evidence that diseases of the heart and circulation, specially myocardial infarction or coronary artery diseases, have increased in the country during the last 25 years with greater involvement of young persons. Among all these heart diseases, the king is myocardial infarction which is life threatening and purely preventable with minimal lifestyle modifications. Preventive measures have the greatest impact in lowering morbidity and mortality due to heart disease. **Aim:** The aim of the study was to assess the knowledge of middle aged men on myocardial infarction with a view to propose an health education guide at G.G.H, Guntur district, Andhra Pradesh". **Objectives: 1.** To assess the knowledge of middle aged men on myocardial infarction. 2. To associate the knowledge of the middle aged men on myocardial infarction with socio demographic variables. **Methodology:** A descriptive research Design was adopted. 30 Males were selected by convenient sampling technique. **Results:** The mean, standard deviation of area wise knowledge score was calculated Mean (18.6%), Standard deviation (8.0%). **Conclusions:** In the present study concluded most of the men were illiterates they do not have adequate about the prevention of disease and to take care of their health. **Keywords: Myocardial infarction, Government General Hospital.**

INTRODUCTION:

Myocardial infarction is known as heart attack, coronary occlusion, or coronary artery disease, which is life threatening condition, characterized by the formation of localized necrotic areas within the myocardium. Acute myocardial infarction usually follows the sudden occlusion of a coronary artery and the abrupt cessation of blood and oxygen flow to the heart muscle. Because the heart muscle must function continuously, blockage of blood to the muscle development of necrotic areas can be lethal. Plaque rupture can be precipitated by both internal and external factors. The internal factor includes the size and consistency of the lipid core and the thickness of the fibrous cap. External factors result from actions of the client or from external conditions that affect
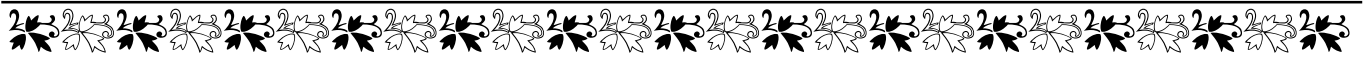
the client, which are strenuous physical activity and severe emotional stress such as anger, increased sympathetic activity, which increases the hemodynamic stress.

Cardiovascular disease burden in the country. They are emerging as a prominent national health problem in developing countries and it is one of the world's public health enemies because they account for 12 million deaths annually, more than any of the infectious diseases. There is also evidence that diseases of the heart and circulation, specially myocardial infarction or coronary artery diseases, have increased in the country during the last 25 years with greater involvement of young persons. Among all these heart disease, the king is myocardial infarction which is life threatening and purely preventable with minimal lifestyle modifications. Preventive measures have the greatest impact in lowering morbidity and mortality due to heart disease.

NEED FOR THE STUDY:

Myocardial infarction has become a major killer of mankind. With vast changes in the life style of people, cardiac problems, especially myocardial infarction, are increasing day by day in our country.

In the recent year 2005 determinants in cardiovascular diseases, review of 5 cities of mankind. The 28 days mortality was 13 - 17%. The best way to prevent myocardial infarction in middle- aged men is to empower the men with the knowledge pertaining to the risk factors responsible for myocardial infarction and their prevention. Most of deaths occur before patients seek medical treatment. It is postulated that

when people learn to recognize heart attack symptoms and summon help immediately, mortality rates related to acute myocardial infarction improve considerably.

AIM OF THE STUDY:

Monitoring trends and determinants in cardiovascular diseases.

STATEMENT OF THE PROBLEM:

A Study to Assess the knowledge of middle aged men on myocardial infarction with a view to propose an health education guide at G. G. H . Guntur, A.P.
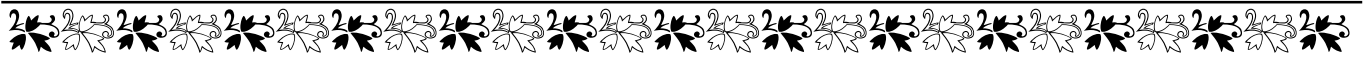
OBJECTIVES OF THE STUDY:

1. To assess the knowledge of middle aged men on myocardial infarction.

2. To associate the knowledge of the middle aged men on myocardial infarction with demographic variables.

OPERATIONAL DEFINITIONS:

1. Knowledge: Refers to the cognitive ability of the middle- aged men on myocardial infarction.

2. Middle-aged men: These are the individuals between the age group of 35 to 55 years and had a previous attack of myocardial infarction.

3. Myocardial infarction: Myocardial infarction is a life threatening condition, which is characterized by the obstruction of coronary blood vessels causing ischemia to the myocardium.

4. Health education guide: It is a device. which is provided to the individuals, aimed to enhance their knowledge and modify their knowledge and practice.

ASSUMPTIONS:

❖The middle- aged men will have limited knowledge on myocardial infarction.

❖ The health education guide will enhance the knowledge of middle-aged men on Myocardial infarction.

HYPOTHESIS OF STUDY:

There is no significant relationship between the knowledge of middle-aged men and their demographic variables.

LIMITATIONS:

➢ The study is limited to.

❖ Two weeks only

❖ Middle- aged men with the age group of 35 to 55 years, had a previous attack of myocardial infarction.

❖ 30 Middle- aged men.

MATERIALS AND METHODS:

Sampling and data collection: comparative descriptive study, used to assess the knowledge of middle- aged men on myocardial infarction with a view to propose an health education guide at G. G. H Guntur district, Andhra Pradesh. Non- Probability convenient sampling Technique was used. The study includes the population who are Available at the time of data collection, willing to participate in the study, Able to read Telugu or English. The study excludes the population who are not available at the time of data collection, not willing to participate in the study, mentally and physically challenged. Prior Permission was obtained from medical superintendent.

DESCRIPTION OF TOOL:

Section - A:

Deals with demographic variables include age, Gender, education, marital status, type of family, size of family, occupation, Income, past illness, Blood pressure, Family history of any diseases, Weight.

Section - B:

It comprises of 14 items for assessing the knowledge of middle-aged men on myocardial infarction. The subjects who got score of 91% - 100% were considered as having inadequate knowledge, and scores of 51% - 90% were considered as moderately knowledge and scores of 0% - 50% were considered as inadequate knowledge 50%.

DATA COLLECTION METHODS:

A formal written permission was obtained from the medical Superintendent in G. G. H Guntur district, A. P to conduct the study in selected Cardiac OPD. The data was collected from 11th June 2005 to 20th June 2005 SIS. A group of 30 middle- aged men peoples were selected by using convenient sampling technique based on inclusion and exclusion criteria.

DATA ANALYSIS:

Data was analyzed by using descriptive and inferential statistics. Frequency, percentage, Item analysis, mean, standard deviation and chi-square test were done.

Results: The mean, standard deviation of area wise knowledge score was calculated Mean (18.6%), Standard deviation (8.0%).

Table 1: Range of Score, Mean and Standard Deviation on Knowledge on Middle- aged men on Myocardial Infarction   N=30

Reference Group	Max. score	Range of score	Mean	S.D
Middle-aged men	30	15-28	14	8.0
Middle-aged men		17-30	18	3.24
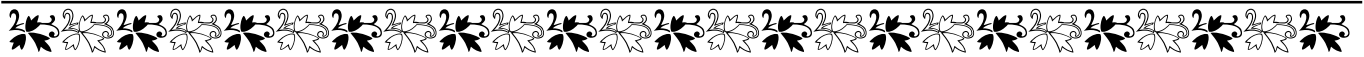
The above table represents that the maximum score for knowledge on middle-aged men was 30 and the range of scores was 15-28 with mean score of (23.8±3.53). Whereas among middle- aged men subjects the range of score was 17-30 with mean score of (14.35±3.24).This shows that subjects have moderately knowledge.

Table 2 : Distribution of the Samples according to their Frequency and Percentage   N=30

Attitude level	Scores	Fre	Per
Adequately knowledge	30-40	10	33
Moderately knowledge	20-29	15	50
Inadequate knowledge	0-19	5	17

Table 4: Shows that x2 Unpaired t- test value

N=30

Knowledge on middle- aged men	Mean	Mean di -fference	S.D	Un paired t-test value
	24.53		4.63	t = 1.09
	23.8	0.73	3.53	df =148
				p<0.05
				NS

The obtained calculated 't' value was 1.09, which is less than the table value of 1.96. It determines that there was no significant association between the level of knowledge with the demographic variables such as age, religion. Food habits, personal habits and socio demographic variables.

CONCLUSION:

In the present study concluded that most of the men were illiterates they do not have adequate knowledge about the prevention of disease and to take care of their health.

RECOMMENDATIONS:

❖ The study can be replicated with large samples, for generalization of results.

❖ Similar studies can be conducted in assessing knowledge, attitude and practice regarding myocardial infarction.

❖ This study can be conducted among those who are prone to get myocardial infarction.

❖ A post-test could be conducted after the administration of an health education guide.

❖ A comparative study could be conducted on knowledge of both sexes on myocardial infarction.