# 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:** 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:** 17% had inadequate knowledge, 50% moderate adequate knowledge and 33% adequate knowledge regarding myocardial infarction. 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 knowledge 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.

**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:** Structured questionnaire 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. Structured questionnaire comprises of 14 items used to collect the data. Data was analyzed by using descriptive and inferential statistics. Frequency, percentage, Item analysis, mean, standard deviation and chi-square test were done.

**Results and discussion:**

With regard to age 2(6.6%) belongs to 35 to 39 years, whereas 14(46.6%) belongs to 51 to 55 years.

With respect to religion 3(10%) belongs to Hindu, 10(33.3%) belongs to Muslim, 17(56.6%) belongs to Christians.

With respect to food habits 1(3.3%) belongs to pure vegetarian and 29 (96.6%) belongs to vegetarian and non-vegetarian.

With regarding personal habits 2(6.66%) belongs to nil, whereas 23(76.6%) belongs to smoking and alcoholism.

With respect to education 1(3.3%) belongs to Intermediate, whereas 16(53.3%) belongs to primary school.

When considering the occupation 1(3.3%) belongs to semiskilled work, whereas 14(46.6%) belongs to semi profession.

With respect to income 2(6.6%) belongs to Rs. 1899-1400, whereas 9(30%) belongs to Rs. 2999-1900 and Rs. 5000 above.

With regarding past illness 1(3.3%) belongs to other disease, whereas 11(36.6%) belongs to heart problems other than myocardial infraction.

With respect to blood pressure 3(10%) belongs to very high, 17(56.6%) belongs to normal.

With regarding family history of any diseases 1(3.3%) belongs to obesity, whereas 5(16.6%) belongs to blood pressure.

When considering the weight 1(3,3%) belongs to above 80, whereas 17(56.6%) belongs to 50-60.

**Table 1: Distribution of the Samples according to their knowledge level         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 |

The above table 1, reveals frequency and percentage distribution of level of knowledge of middle aged men. 17% had inadequate knowledge, 50% moderate adequate knowledge and 33% adequate knowledge regarding myocardial infarction.

Table2: Mean and Standard deviation on knowledge of middle aged men on M.I.

| Variable | Mean | Standard Deviation |
|---|---|---|
| Knowledge | 14(18.6%) | 8.0 |

The above table 2, reveals that the mean knowledge on M.I. is 14(18.6%) and standard deviation is 8.0.

**Conclusion:**

In the present study concluded most of the men were illiterates they do not have adequate knowledge about the prevention of myocardial infarction 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.

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