A Result Based Study On Knowledge Regarding The Risk Factors On Occurrence Of Coronary Artery Disease Among Sedentary Workers In Selected Urban Area Of Jaipur, Rajasthan

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Abstract :   The present study is to examine the efficiency of prearranged schooling curriculum on knowledge concerning the threats on the occurrence of coronary artery disease between sedentary workers in a particular urban area of Jaipur, Rajasthan. A substantial amplify in the familiarity of the NSSV in all areas past intervention of premeditated teaching programme is seen and it's proved to be effective in increasing knowledge and improving correct practices regarding first aid measures..

IndexTerms – **Coronary Artery Disease, Sedentary Workers.**

I. INTRODUCTION

Coronary artery infection is a scenario where the blood impart to the heart muscle is midway. The muscles of heart requires a steady blood rich in oxygen. The coronary deliver direction, which department off the aorta quickly after it leaves the heart, carry this blood. Coronary arteries course illness can square blood move, causing chest pain (angina) or a respiratory failure and furthermore known as myocardial infarction.[1]

CAD was once generally thought to take care of business infection. All things considered, men create it around 10 years sooner than female on the grounds that, until menopause, female are ensured by significant levels of estrogen. Nonetheless, after menopause, coronary vein infection turns out to be increasingly normal among ladies. Among individuals matured 75 and plus, a higher extent of female have the infection, since female live longer.[2]

Non-transmittable diseases have added to roughly two third (63%) of worldwide deceased in 2008 with practically 50% of them (48%) because of cardiovascular diseases (CVDs). About 80% of these demises happened in low and working-class areas and the rates are relied upon to rise further throughout the following not many decades.[3]

Moreover, CVDs are significant reasons for overall preventable morbidity and mortality. Coronary heart sicknesses (CHD), a significant extent of CVDs has been related with conduct hazard factors in near 80% of cases. The weight of CHD is shifting in extent at better places, social orders and age bunches with various commonness of hazard factors in changed extents.[4]

In this day and age, most deceased are due to non-transmittable sicknesses, and 32 million and more than 16.5 million because of CHD. Over 33% of these deceased happen in moderately aged grown-ups. In created countries coronary disease is the key motive for death for grown-up people.[5]

There is a harmony that CVD occurrence is connected to a nation's phase of financial turn of events. The social and monetary advances that happened in the 18th and 19th eras changed "Western" nations from country and cultivating based economies to fundamentally urban and modern. One of the outcomes of financial turn of events and industrialization in "Western" nations was the rise in the 20th era of ceaseless diseases displacing irresistible illnesses as the essential drivers of mortality, known as an "epidemiologic.[6]

Globally, there are number of cause in which CVDs deceased are inclusive: massive variety of people are useless in CVDs in comparison to some different cause. An expected 17. Nine million individuals are useless through CVDs in 2016, speaking to 31% of every unmarried worldwide passing. Of these demises, eighty five percent are due to coronary heart failure and stroke. More than 75 percent of CVD death arise in low and running earnings international locations. Out of the 17 million unexpected losses (younger than 70) because of non-transferable illness in 2015, 82% are in low-and working salary nations, and 37% are added about with the aid of CVDs.[7]

The expansion in recurrence of strokes and heart problem breakdown in African Americans is effectively clarified as these results are basically determined by BP and its basic injury (arteriolosclerosis). Nonetheless, it is notable that the hazard for coronary vein ailment (computer aided design) and its fundamental injury (atherosclerosis) is progressively mind boggling and is obsessed by lipid levels, smoking, and other hazard factors. Strangely, less African Americans smoking rates contrasted and whites (5.0% versus 10.2%). They additionally have lower recurrence of coronary conduit calcification than whites, which might have a hereditary evidence. Yet, African Americans have a more noteworthy rate of computer aided design and a higher danger of early demise from CAD.[8]

An investigation direct coronary heart illness and coronary hazard figure commonness in Indian state Rajasthan. For the decisions the commonness of coronary hazard components and coronary illness 1150 haphazardly chose people in a group of towns in focal Rajasthan have been examined. These involved 805 men and 345 ladies. The general predominance of CHD was 46+ per 1000. Patients of CHD had a higher pervasiveness of male gender (67.9 versus 51.5%); the hazard factors rose huge on measurable examination (Chances proportion, 95% certainty spans): hypertension (2.04, 1.01 to 4.09); male gender (1.99, 1.04 to 3.7); male smokers (1.80, 1.28 to 4.09); and inactive way of life (1.86, 1.01 to 3.59). This examination shows a low commonness of CHD in country populace which is anyway more than recently announced investigations from India.[9]

A study report incorporates history of at least one hazard factors for the most part 77% of smoking, 20% of obesity, 19% of hypertension, 18.5% of hypercholesteremia, 17% of diabetes and family ancestry of past MI was led in Jaipur the investigation shows that the predominance pace of CAD because of diabetes mellitus in sexual orientation is men 16.8% and female 13.2%. The pervasiveness pace of CAD because of hypertension is 24% of all CAD passing in. Cholesterol statement being the reason for computer aided design makes elevated cholesterol a significant hazard factor. The commonness pace of CAD because of elevated cholesterol level around half the two people. The commonness pace of CAD because of liquor brings about 25% of the all-out mortality.[10]

II. PROBLEM STATEMENT

A study to assess the effectiveness of structured teaching programme on knowledge regarding the risk factors on occurrence of coronary artery disease among sedentary workers in selected urban area of Jaipur, Rajasthan.

III. PROBLEM STATEMENT

   i. To assess the level of knowledge regarding the risk factors on occurrence of coronary artery disease among sedentary workers.
   ii. To develop structured teaching programme on knowledge regarding the risk factors on occurrence of coronary artery disease among sedentary workers
   iii. To find the effectiveness of structured teaching programme on knowledge regarding the risk factors on occurrence of coronary artery disease among sedentary workers by comparing pre and post knowledge score
   iv. To determine the association between mean pre test knowledge score and selected demographic variable such as age, education, religion, income, type of family, source of information and knowledge score regarding the risk factors on occurrence of coronary artery disease among sedentary workers.

IV. HYPOTHESIS

H1   There will be critical distinction among pre and post-test information scores among Stationary Labourers.

H2   There will be huge relationship among information scores with chosen segment factors among Stationary Specialists.

V. ASSUMPTIONS

   A. The Inactive Labourers have lacking information on the Hazard Components on occurrence of coronary artery Infection.
   B. The Stationary Specialists may have enthusiasm to find out about the hazard components on occurrence of coronary artery infection circulatory strain checking.
   C. Structure Instructing Project can be a viable in making mindfulness and information on the hazard components on occurrence of coronary artery disease.

VI. MATERIAL AND METHODS

Accurate answers can be obtained sub-questions which have been asked because of the method by which research is conducted, which further helps in getting all the parts of the study. This method comprises of the approach made towards research, the way research is designed, inhabitants, sample, and way to collect it, setting, improvement, and portrayal of the device, plot study, procedure to collect stats and planning of analysis of data.

VII. APPROACH TOWARDS RESEARCH

A point of view of research informs the person who researches as to what all stats to collect and how to examine. Suggestions can also be found for the conclusions which can be found from the same. An approach was decided with a suitable move towards research for the current study regarding the threat to the prevalence of CAD.

Research Design

The current survey was untried with one team before and after test design, in which pre-test was held after prearranged learning curriculum and then holding post-test for that team only with an in-between period of 8 days.

Setting

The present study will be held in the Chomu Town at Jaipur District Rajasthan.

Target Population

Several people comprise of all Sedentary Workers live at Chomu Town at Jaipur District Rajasthan will be seen in the present study.

Sample size and Sampling Technique

The model range for the current study is 200 Sedentary Workers live at Chomu Town in Jaipur District Rajasthan, which was chosen by a voluntary sampling method which is a form of non-possibility sampling approach, adopted for the study.

Criteria for an assortment of Sample

Inclusion criteria

Sedentary Workers who are :

- Keen to take part.
- Able to speak and read English.
- Available at the instant of the compilation of stats.

Exclusion criteria

Sedentary Workers who are :

- Not enthusiastic to take part.
- Not existing during the period of compilation of stats.

Tool of Research

To examine the familiarity of Sedentary Workers concerning the threat to the prevalence of coronary artery disease, a proper question bank was formed to complete the aim of the study.

VIII. RESULTS AND INTERPRETATION

Table 1: Distribution of Respondents by Age, Education Level and Occupational Status (N=200)

Characteristics	Category	Respondents	
		Number	**Percent**
Age (years)	18-28	84	41.7
	28-38	50	25.0
	38-45	66	33.3
Educational level	Under Graduate	90	45.0
	Post Graduate	34	16.7
	No formal education	76	38.3
Occupation status	Computer Professional	90	45.0
	Clerk	110	55.0
Total		200	100.0

Table 1 reveals the distribution of respondents by age, educational level and occupational status. In this study, 41.7% respondents belonged to the 18-28 years age group followed by 33.3% respondents who belonged to the 38-45 years age group and remaining 25% were in the 28-38 years age group. Also in this study, it was observed that 45% had Under Graduate followed by 38.3% with Other education and 16.7% had studied up to the Post Graduate. Further, the type of working shows that 55% respondents were Computer Professional and the remaining 45% respondents were Clerk (Figure-1).
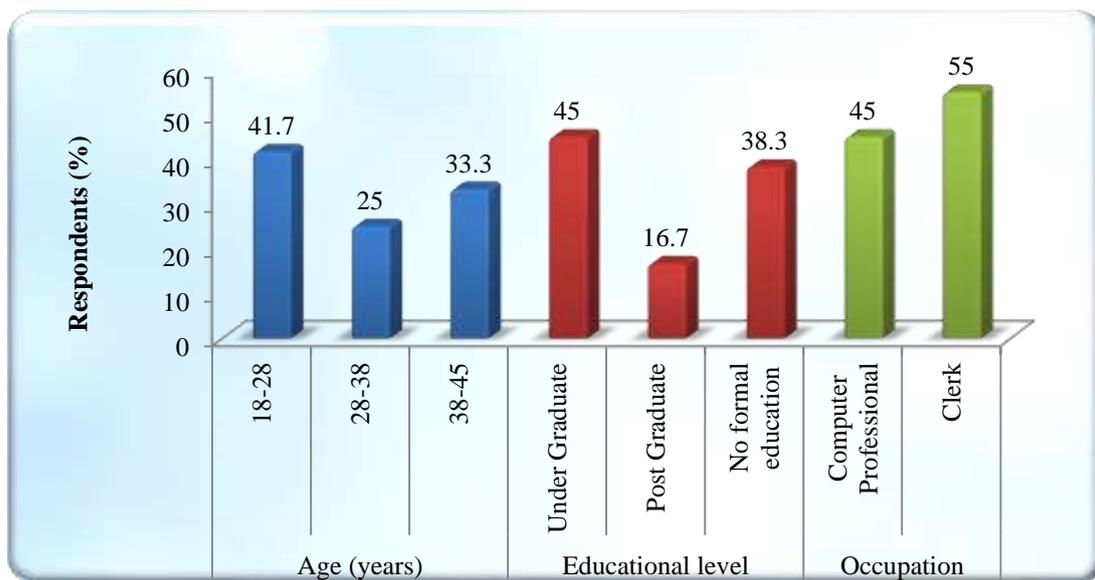
Figure 1: Distribution of Respondents by Age, Education Level and Occupational Status

Table 2: Distribution of Respondents by Religion, Type of Family, Income and Source of Information (N=200)

Characteristics	Category	Respondents	
		Number	Per cent
Religion	Hindu	140	70.0
	Muslim	26	13.3
	Christian	34	16.7
Type of Family	Nuclear	116	58.3
	Joint	84	41.7
The family income per month	Rs 1,0001-2,0000	26	13.3
	Rs 2,0001-3,0000	96	48.3
	More than Rs 3,0001	76	38.4
Source of information@	Parents	24	11.7
	Husband	40	20.0
	Friends/relatives	100	50.0
	Health personnel	94	46.7
	Medias	166	83.3

@ multiple responses

Table 2 reveals the distribution of respondents by income, religion and source of information. From the present study, it was evident that 70% of respondents were Hindus followed by 16.7% Christian and remaining 13.3% Muslims. In this study, 58.3% of the respondents were from a nuclear family and 41.7% belonged to a joint family. In this study 48.3% were in the income range of Rs 2,0001-3,0000 per month, followed by 38.4% More than Rs 3,0001-4,0000 and 13.3% between Rs 1,0001-2,0000 per month. Further, the source of information on the factors of risk of coronary artery disease shows multiple responses with the majority 83.3% of the respondents who got the information through media. Further 50% of the respondents through friends/relatives followed by health personnel 46.7%, through husband 20% and parents 11.7% (Figure-2).

Figure 2: Distribution of Respondents by Religion, Type of Family and Income

Major Findings related to demographic variables.

- Regarding age group majority of 70% respondents found to be in 26-30 years of age.
- Regarding gender majority of 96.6% respondents were to be females.
- Regarding marital status majority of 91.6% respondents were married.
- Regarding religion majority of 68.4% respondents was found to be Christian.
- Regarding monthly income majority of 71.6% respondents were found between 10,000- 15,000 rupees per month
- Regarding professional qualification majority of 61.6% respondents had GNM qualification.
- Regarding total clinical work experience majority of 71.6%were between 3-6 years of experience.
- Regarding in-service education 71.6% haven't attended programme.

IX. CONCLUSION

The main worldwide reason for death is CVD (cardiovascular disease) where Asia is contributing to more than half of the cases for the same. The elevated age-adjusted death rate due to CVD is seen in Asian countries when measured against Western countries but from Asia following countries are not included- Japan, South Korea, Singapore and Thailand. Where, Japan's death rate for cardiovascular disease, mainly stroke has declined a lot in terms of population attributing to the risk for the same but in case of dyslipidemia and diabetes mellitus, the rate has reasonably increased. Rigorous prevention schemes should be continued in consideration of hypertension and smoking to preserve future in Asia regarding CVD and the same should be done for increasing metabolic threats in Japan. Application of one of the thriving schemes like intervention programme in Japan should be held in the rest of the Asian countries.

The present study is to examine the efficiency of prearranged schooling curriculum on knowledge concerning the threats on the occurrence of coronary artery disease between sedentary workers in a particular urban area of Jaipur, Rajasthan. A substantial amplify in the familiarity of the NSSV in all areas past intervention of premeditated teaching programme is seen and it's proved to be effective in increasing knowledge and improving correct practices regarding first aid measures

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