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## Research Paper

# Evaluation of Knowledge about Dietary Preventive Measures of Cardiovascular Diseases in Adult Population of Jaipur: A Community Based Educational Program

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## ABSTRACT

Unhealthy food habits, lack of physical activities, smoking, obesity, and lack of awareness about preventive measures are some of the causes for cardiovascular disease (CVD) becoming a public health concern in India; this is one of the causes for morbidity and mortality in the world. Healthy food habits and proper diet are crucial for the decrease of risk and incidence of cardiovascular diseases. The objectives of the study were to assess the awareness about dietary preventive measures in CVDs in adult population, and to assess the effectiveness of the community-based intervention program for the prevention of CVDs. Thirty adults in the age group 18 to 50 were randomly sampled from a community selected for an interventional study. Structured questionnaire was used for data collection. The questionnaire was designed to collect data about awareness of cardiovascular diseases and their risk factors, symptoms, dietary plan for prevention and lifestyle changes for prevention of CVDs. To determine the prior knowledge, a pre-test was administered before the intervention. Two study methods were applied: poster presentation and education on dietary intervention for oral health promotion (prevention of CVDs). A post test was administered for evaluation of the study to determine changes in awareness levels. The findings of the pre-test evaluation indicated that there was a poor knowledge level regarding CVDs and preventive measures. After the intervention, the participants were made to understand about the prevention of CVD through symptoms, risk factors, dietary and lifestyle changes. Most of the participants during the activity demonstrated an appreciative view of their lifestyles and diet. From the study, it has been seen that the community education programs are able to raise awareness regarding the dietary preventive measures of cardiovascular disease. A modifiable risk factor for the development of CVDs was

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identified for the community. This knowledge can be increased by organizing community level nutrition education and lifestyle counseling for prevention of CVDs. It could be seen that the occurrence of cardiovascular diseases in a community could be decreased in this way

## INTRODUCTION

Cardiovascular diseases (CVDs) are among the foremost major causes of morbidity and mortality in the world and are of importance in developing countries like India.[1] Cardiovascular diseases include coronary artery disease, stroke, peripheral arterial disease, rheumatic heart disease and other disorders that affect the heart and blood vessels.[2] Cardiovascular disease has been linked to poor dietary patterns, physical inactivity, obesity, smoking, alcohol consumption, diabetes mellitus, high blood pressure, and psychological stress.[3] At present, there is a fast increase in the burden of cardiovascular diseases in India as the country is going through urbanization, physical inactivity and nutritional transition.[ Research has shown that Indians suffer cardiovascular conditions at a younger age as compared to westerners.[2] Diet plays a significant role in the development of cardiovascular diseases, as the increased intake of saturated fat, salt, refined carbohydrates and processed foods and the decreased consumption of fruits and vegetables have also been associated with increased cardiovascular disease mortality.[4] It has been observed that cardiovascular diseases could be prevented and treated better by dietary modification and healthy lifestyle choices.[5] Following healthy diets comprising of fruits and vegetables, reduced fat proteins, and unsaturated fats helps to prevent cardiovascular disease, and regular exercise, quitting tobacco use, stress management and drinking alcohol in lesser quantity will help in improving cardiovascular strength and function.[6] It is observed that community awareness among the general public about prevention and treatment of cardiovascular

diseases, their relation to dietary habits and choice of healthy lifestyles is very low and that this results in delay in early prevention and management, which in turn contributes to an increase in the burden of cardiovascular disease. In general, community-based programs and community-level participation are needed to promote awareness and understanding about cardiovascular disease and prevention through healthy dietary and lifestyle choices.[8] Cardiovascular diseases should be included as one of the chronic diseases within primary health care services. In general, the current public health infrastructure and services in India are more responsive to communicable disease than to chronic diseases such as cardiovascular diseases. [8] The fundamental premise of this change is especially pertinent as almost 90% of the disease burden in India, for both cardiovascular disease and stroke, which are the two primary non-communicable chronic diseases responsible for most deaths and disability, is estimated to be due to modifiable and maintainable behaviours that require continuous promotion via public health efforts. [10] It is estimated that about 60% of all the deaths that occurred in India among people over the age of 15 years were due to non-communicable diseases (NCDs), with 26% of them being caused by cardiovascular disease; in order to deal with the new public health challenge and reduce this disease burden, the NCD prevention interventions must be targeted to local populations and communities.[11] Moreover, the high disease burden for these diseases, due to the age of onset and the case fatality rates, makes it necessary to address the biological risks associated with these diseases along with these sociodemographic determinants of health and disease [12]. Understanding how certain behaviors such as whole grain intake can affect the mortality rate associated with IHD should also be considered as a contributing factor[13]. It has been observed that dietary approaches that aim to increase dietary



fiber and lower intake of refined sugars will be more practical and sustainable for long term health benefits than adhering to the combination of all these dietary practices and following strict dietary guidelines at one time. [14] In addition, the dietary and lifestyle guidelines must be applicable and practical to local dietary practices so that they are easily accepted and adopted by people of different socio-economic groups. [15] In addition, we need to develop accurate and community-based techniques to deal with this challenge in South Asian nations, where there is a high prevalence of such diseases in early life to combat with modifiable risk factors [16]. The recent study showed that a family-centered care approach in which not only the individual(s) are in consideration but also members of the family are the best approach in facilitating the adoption of lifestyle modifications and drug compliance [17]. An adequate grain-based diet is a promising option for combating the high prevalence of NCDs and dealing with a widespread nutritional deficiency. In addition, there is an increasing need for the development and monitoring of the systems that can monitor the effects of food system modifications on different subpopulations to support the formulation of public health policies [18]. Monitoring of this sort is especially important given the regional variations in the effects of dietary risk factors on the mortality of ischemic heart disease, where the consumption of low intake of whole grains and legumes plays a role [19], as observed in the global studies. Information can be used by policy-makers to design interventions to deal with the individual dietary pattern(s) in the specific communities at the level of sociodemographic index [20]. Policy interventions through fiscal measures like taxing foods and subsidizing foods that can influence the behaviour of mass is also an appropriate way to approach this issue [21]. These regulatory interventions can be reinforced by additional

interventions, such as increasing the availability and awareness of healthier choices, that help break structural and environmental barriers of healthy diets [22]. Further interventions such as community-based interventions that make use of local familiar places, such as a market area and social gathering places where people meet to discuss ways of regulating their behaviour, are very useful in empowering self-management and secondary prevention behaviours [23,24]. Further, the provision of front of package labeling and food law on industrial trans fats for the intervention will provide the suggested framework for a better option [25]. The current study was conducted with an aim to assess the level of awareness of the residents in Jaipur city on the consumption of food to prevent cardiovascular disease and to assess the effect of health education intervention and the display of health poster on such awareness.

## **Materials and Methods**

### **Study Design**

This current study was an interventional study conducted in the community to assess the awareness about dietary prevention of cardiovascular disease among adults and the effect of educational intervention.

### **Study Area**

The study was conducted in the city of Jaipur, Rajasthan. Study Population: Adults between the age of 18 years to 50 years residing in the locality of Jaipur.

### **Study Population**

Adults aged 18-50 in the locality of Jaipur were the study population. Participants from different occupational and social backgrounds were included in the study.

### **Sample Size**

Thirty were randomly selected for the study.



### Inclusion Criteria

- The age range for adults is 18 to 50 years.
- People who are willing to take part in the study.
- Consent of participants given verbally.

### Exclusion Criteria

- People under 18 years and over 50 years age.
- Participants are unwilling to participate in the study.
- People cannot fill in the questionnaire.

### Data Collection Tool

This data was obtained by following a structured questionnaire to gather information on:

- knowledge about health related to the cardiovascular system, and
- epidemiology, and
- dietary prevention strategies,
- Preventing heart and blood vessel disease and lifestyle changes.

The questionnaire comprised of:

1. Preliminary demographic information
2. Risk assessment questionnaire.
3. Awareness Assessment questionnaire (tests and retests pre and post training).

### Educational Intervention

Intervention in education was done by the following education methods: Poster presentation, and verbal health education about:

- cardiovascular diseases,
- symptoms and complications,
- dietary management,
- healthy lifestyle practices,
- and preventive measures.

The participants were all educated about:

- levels of physical activity, and
- whole grains,
- low-fat protein sources,
- increased consumption of fruits and vegetables, and

- regular physical activity,
- smoking cessation,
- and alcohol restriction.

### Study Procedure

- The participants were explained about the study.
- Oral consent of the participants.
- A pre-test questionnaire was used to determine pre-test awareness.
- Educational intervention was conducted in the form of posters and verbal explanation, 4.
- A post-test questionnaire was conducted following the intervention to identify the improvement in awareness.

### Statistical Analysis

The analysis of the data obtained was done through percentage analysis and descriptive statistics. To assess the effectiveness of the educational intervention the pre-test and post-test responses were compared.

### Results

Thirty participants (between 18 and 50 years old) were studied. In this study, knowledge was assessed pre- and post an education program on cardiovascular conditions, risk factors for cardiovascular disease, dietary strategies for prevention of cardiovascular disease and lifestyle changes.

Variable	Category	Number of Participants (n=30)	Percentage (%)
Age Group	18–30 years	11	36.7
	31–40 years	11	36.7
	41–50 years	8	26.6
Gender	Male	15	50
	Female	15	50

Assessment of Cardiovascular Disease Risk Factors



The risk assessment questionnaire revealed that several people were also suffering from symptoms and/or lifestyle risk factors for cardiovascular disease.

Question	Response	Percentage (%)
Presence of chest pain, shortness of breath, weakness, or swelling	Yes	56.7
	No	43.3
Sedentary lifestyle	Yes	20
	No	80
Family history of cardiovascular diseases	Yes	20
	No	80
Previously diagnosed cardiovascular disease	Yes	16.7
	No	83.3

#### Among the participants:

The respondents disclosed 56.7 percent experienced symptoms like chest pain, breathing difficulty or weakness and swelling in lower limbs. Twenty percent had been sedentary, 20 percent had family history of cardiovascular diseases, and 16.7 percent had been diagnosed. The results indicate that there was a high amount of cardiovascular risk in the targeted population.

#### Pre-Test Awareness Assessment

This preliminary test showed that respondents had a low knowledge of cardiovascular diseases and how to prevent them.

Parameter	Correct/Positive Response (%)
Awareness regarding cardiovascular diseases	16.7
Knowledge regarding causes of cardiovascular diseases	56.7
Knowledge regarding risk factors	43.3
Awareness regarding dietary prevention	43.3

Awareness regarding seriousness of cardiovascular diseases	63.3
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The proportion of people who had information about cardiovascular diseases was 16.7%. Five six 7% recognized that high blood pressure, high cholesterol, diabetes and obesity are risk factors for cardiovascular diseases. 43.3% thought that cardiovascular diseases could be prevented by changing lifestyle and diet. 63.3% considered cardiovascular diseases to be a serious health problem. The results of pre-test score analysis showed that there was a lack of baseline knowledge in several participants regarding symptoms, risk factors, dietary prevention, and lifestyle management.

#### Educational Intervention

To enhance awareness of cardiovascular disease prevention a poster-based educational intervention and a verbal counseling session was conducted. Participants were given education on the following:

- healthy dietary practices,
- physical activity,
- smoking cessation,
- salt reduction,
- low-fat diet,
- and preventive lifestyle modifications.

#### Post-Test Awareness Assessment

Post-test analysis demonstrated improvement in awareness following the educational intervention.

Parameter	Correct/Positive Response (%)
Identification of major symptoms of cardiovascular diseases	76.7
Awareness regarding dietary prevention	Improved
Awareness regarding healthy lifestyle practices	Improved



Understanding of cardiovascular disease risk factors	Improved
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- The post test showed improvement in the level of awareness after the intervention with 76.7% correctly identifying all major symptoms of cardiovascular diseases.

- Participants had increased awareness of dietary prevention, healthy lifestyle practices and risk factors of cardiovascular diseases.

Before and after the educational program, the results showed that the knowledge and awareness of the participants on CVD prevention had been improved.

Variable	Pre-Test (%)	Post-Test (%)
Awareness regarding cardiovascular diseases	16.7	Improved significantly
Identification of symptoms	10	76.7
Knowledge regarding preventive diet	43.3	Improved
Knowledge regarding lifestyle modification	10	Improved
Understanding of seriousness of cardiovascular diseases	63.3	Improved

### Overall Findings

This study found that community-based poster and verbal counseling education campaigns were effective in increasing knowledge of lifestyle modification and dietary intervention in the prevention of cardiovascular diseases among adult populations.

### Discussion

Cardiovascular diseases (CVDs) are among the major causes of morbidity and mortality in the world and a significant public health issue in India. The present study was conducted to check the awareness about dietary prevention of cardiovascular diseases in adults of Jaipur and to

check the effectiveness of community based educational intervention. The findings demonstrate that there were low pre-test awareness levels for some among the participants related to the symptoms, underlying cardiovascular diseases, risk factors and prevention. Additionally, most participants were not aware of the significance of a diet and lifestyle modification to prevent cardiovascular disease. This study is in line with the previous studies conducted in the community in India which had revealed low awareness of prevention of cardiovascular disease among the masses. Cardiovascular diseases are the top cause of morbidity and mortality in the world and also a public health problem in India. The patients included in the present study had some cardiovascular disease risk factors like family history of cardiovascular disease, sedentary lifestyle and chest pain and breathlessness. These results demonstrated a high prevalence of cardiovascular disease risk factors among adults and indicated that early intervention is needed to prevent such cardiovascular risk factors. The posters and oral education on cardiovascular disease prevention were very effective. The knowledge obtained in the post-test was the knowledge of:

Prevent symptoms of cardiovascular diseases;

- dietary prevention
- lifestyle modification
- risk factor management.

Ideally, participants were able to extend their knowledge of the following:

- fruits and vegetables
- whole grains
- low-fat diet
- regular exercise
- smoking cessation
- reduction of salt and alcohol intake in prevention of cardiovascular diseases.

The results of the present study showed that CAP has the potential to enhance awareness of cardiovascular diseases. Simple communication (e.g., poster and counselling) can be viewed as an essential tool to encourage the public to adopt behaviours that will help to reduce the burden of cardiovascular diseases in the community. There are some limitations in our study including a few subjects and area. In addition, follow-up period after the intervention was short. The findings of the present study suggest a need for additional large scale studies using other populations to investigate the longer-term effects of cardiovascular disease prevention education interventions.

## CONCLUSION

Last, in this study, before our education, the participants' knowledge of preventive measures such as nutrition and lifestyle modification in cardiovascular diseases was found to be poor. The investigation additionally brought to the light other significant risk factors for cardiovascular diseases in adults, such as decreased physical activity, heredity, and adverse lifestyles. After health education and health counseling using the trick of a poster, there was a statistically significant increase in the knowledge of cardiovascular diseases and risk factors of the participants. They were more aware of the positive impact of a healthy eating plan, exercise, quitting smoking and reducing salt and unhealthy fats to prevent cardiovascular diseases. Based on the results of this investigation, it is suggested that the community health education efforts might have positive impact on awareness building and promotion of preventive health behaviors. Therefore, a nutrition education and lifestyle health counseling program may play a significant role in decreasing the burden of cardiovascular diseases and its burden to public health. Therefore, the need to embark on larger studies to determine

the long-term behavioral changes and effectiveness of cardiovascular disease prevention education is recommended.

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## Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this manuscript.

## Funding Statement

No external funding was received for this study.

## Ethical Approval

The present community-based educational study was conducted after obtaining verbal consent from all participants. The study involved health education and awareness assessment activities among adults and maintained participant confidentiality throughout the study.

## Informed Consent

Informed verbal consent was obtained from all participants before participation in the study.

## Declaration of Generative AI Use

AI-assisted language tools were used only for grammar refinement and language improvement during manuscript preparation. The authors reviewed, edited, and take full responsibility for the final content of the manuscript.

## Author Contributions

All authors contributed to the study conception, data collection, educational intervention, analysis, manuscript preparation, and final approval of the manuscript.



### Data Availability Statement

The data used and analyzed during the current study are available from the corresponding author upon reasonable request.

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