



## Health Beliefs about Cardiovascular Disease among Elementary School Teachers at AL-Rusafa Side in Baghdad City

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Faris Tareq Ahmed<sup>1</sup>

Arkan Bahlol Naji<sup>2</sup>

### Abstract

**Aims:** This study aimed at assess health beliefs about cardiovascular disease among elementary school teachers at AL-Rusafa Side in Baghdad City.

**Methods:** A quantitative descriptive research used to test the approach to questionnaire items was conducted on teachers at elementary schools in Baghdad city from September 26<sup>th</sup> 2020 to May 30<sup>th</sup> 2021 to examine their health belief model related cardio vascular diseases. A total of 350 primary school instructors were included in the study. They are chosen using non-probability sampling (convenience sample). Data was collection through the use of a questionnaire and self report. Through the application the descriptive statistic, data were analyzed.

**Results:** Findings reveals that 233(66.6%) of teachers have unhealthy belief about cardiovascular diseases.

**Conclusion:** Two third of teachers have unhealthy belief Models regarding cardiovascular diseases, unhealthy belief in susceptibility, severity & barriers domain. Initiate training sessions to educate teachers about risk factors, signs and symptoms of CVD.

**Key-wards:** Health Beliefs, Cardiovascular Disease, Teachers.

<sup>1</sup> Academic Nurse, Ministry of Health/ Baghdad Health Directorate, Iraq. Email: [Fares.Tareq1206a@conursing.uobaghdad.edu.iq](mailto:Fares.Tareq1206a@conursing.uobaghdad.edu.iq)

<sup>2</sup> Assist. Prof, University of Baghdad, College of Nursing, Department of Community Health Nursing , Iraq. E-mail: [arkan\\_nagi\\_web2009@yahoo.com](mailto:arkan_nagi_web2009@yahoo.com)

**INTRODUCTION**

Heart disease, blood vessel disease, cancer, diabetes, chronic respiratory disorders, and mental health are examples of noncommunicable diseases. Disorders that cause significant morbidity and untimely death. They are collectively responsible for the majority of global disease burden, particularly in low and middle-income nations. This necessitates the development of effective solutions tailored to the specific circumstances [1]. Non-communicable diseases now account for seven out of every ten deaths worldwide, with 85 percent of non-communicable disease-related deaths occurring in low- and middle-income nations [2]. About 80% of these deaths are caused by four non-communicable diseases: heart disease, vascular disease, cancer, chronic respiratory illness, and diabetes. Nearly half of noncommunicable disease deaths are caused by heart disease and blood vessels [3,4]. The model of health belief One of the first models to describe how to alter health habits and the psychological processes that accompany them. The expected value theory describes how to motivate people to engage in healthy habits, and HBM is founded on it. The model's main assumptions are that people should be aware that their unhealthy habits make them prone to unfavorable

consequences (perceived susceptibility), and that the severity of these negative impacts could be extreme (perceived severity), That there are beneficial techniques to prevent or control these negative consequences(perceived benefits),that there are costs limited solely to health behavior commitment (perceived barriers), think there are signals or cues in the environment that lead to the adoption of healthy habits (work references), and that they have the potential to engage in healthy activity (self-efficacy) [5].

**METHODOLOGY**

A quantitative descriptive research used to test the approach to questionnaire items was conducted on teachers at elementary schools in Baghdad city from September 26<sup>th</sup> 2020 to May 30<sup>th</sup> 2021 to examine their health belief model related cardio vascular diseases.

A total of 350 primary school instructors were included in the study. They are chosen using non-probability sampling (convenience sample).

Data was collection through the use of a questionnaire and self report. Through the application the descriptive statistic, data were analyzed "F= Frequency; %= Percentages; M,S.= Mean of Score; S.D.= Standard Deviation; unhealthy= U (1-2.5) & healthy= H (2.51-4)".

**RESULTS**

Table 1: Distribution of the teachers by their demographic characteristics (n=350)

	Variables	Frequency	Percent
Age	24-33	108	30.9
	34-43	<b>118</b>	<b>33.7</b>
	44-53	75	21.4
	54-63	49	14

Gender	Male	169	48.3
	Female	<b>181</b>	<b>51.7</b>
Marital status	Single	61	17.4
	Married	<b>231</b>	<b>66.0</b>
	Divorced	36	10.3
	Separated	9	2.6
	Widow	13	3.7
Education	Diploma	<b>217</b>	<b>62.0</b>
	Bachelor	105	30.0
	Higher diploma	22	6.3
	Master	6	1.7
Monthly income	200000-500000	25	7.1
	501000-800000	79	22.6
	801000-1000000	<b>119</b>	<b>34.0</b>
	1101000-1500000	90	25.7
	1500000 and more	37	10.6
Years of services	1-10	<b>152</b>	<b>43.4</b>
	11-20	132	37.7
	21 and more	66	18.9

According to the data, 118 (33.7%) of teachers diploma level of education, 119 (34%) have a are between the ages of 34 and 43, 181 (51.7%) are monthly income of 801000-1000000, and 152 (43.4%) females, 231 (66%) are married, 217 (62%) have a have (1-10) years of experience.

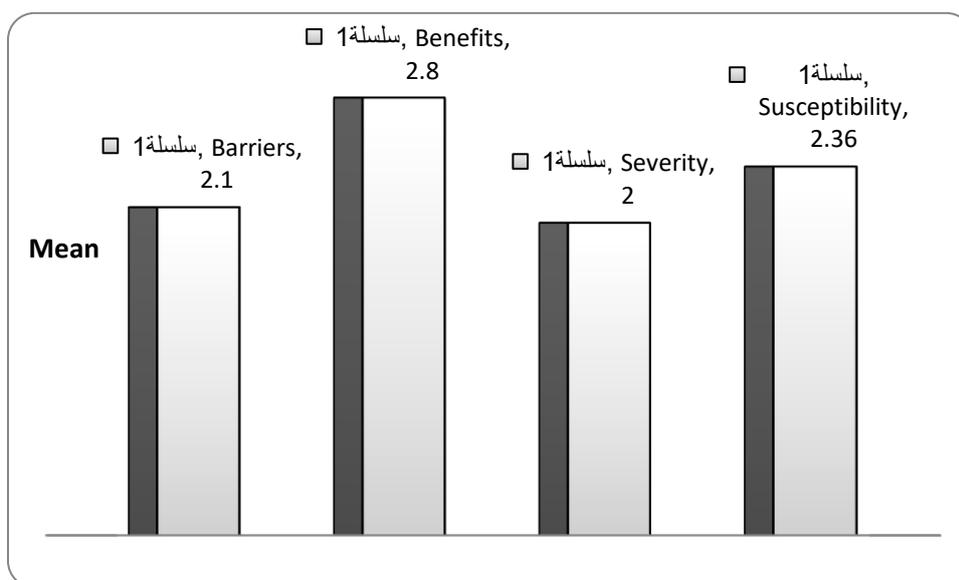


Figure 1: Teacher's Response to Health Belief Models

Table 4: Distribution of teachers according to Health belief model level

Levels of HBM	Frequency	Percent
Unhealthy (1-2.5)	<b>233</b>	<b>66.6</b>
Healthy (2.51-4)	117	33.4
Total	350	100
Mean and standard deviation	2.33±0.212	

Findings reveals that 233(66.6%) of teachers have unhealthy belief about

## DISCUSSION

### Discussion of distribution of the teachers by their demographic characteristics

Findings in the table 1 show the sociodemographic characteristics of instructors based on the findings of the study. According to the findings, 33.7 percent of teachers between the ages of 34 and 43 are female.

In a cross-sectional study "Risk Factors for Cardiovascular Diseases among School Teachers in Benghazi, they discovered that (48.4 percent of teachers aged 30 to 39 years [6]. A cross-sectional descriptive study was carried out among adult Nepali Health Behavior in Relation to Cardiovascular problems), they found that (45.3%) of sample at age (20-40) years [7]. "Knowledge and Perceived Susceptibility to Cardiovascular Diseases (CVDs)" among Saudi Female Instructors, according to the findings, 50.5 percent of teachers aged 30 to 39 years old [8]. In a quasi-experimental study (i.e., a randomized controlled trial), they discovered that (46.2 percent) of nurses aged 30 to 39 years used an educational program based on a improve their preventative behaviors, they should use a health belief model against cardiovascular illnesses. This finding coincided with the findings of the current investigation [9].

In an interventional and quasi-empirical study conducted to examination of the impact of health belief model-based education on the adoption of hypertension-controlling behaviors in the elderly", The average age of the sample

cardiovascular diseases.

was 62 years old, according to the findings [10]. A descriptive study was conducted at the Kerbala Center for Cardiac Disease and Surgery's outpatient clinic in Holy Kerbala. The findings revealed that (75%) of the sample was above 50 years old. This outcome contradicted our findings [11].

Female instructors account for 51.7 percent of all teachers. Females made up 51.6 percent of the sample, females made up 56.3 percent of the sample [12]. Females made up 66.3 percent of the population they discovery is in accord with ours [13]. While disagree with our findings, they did find that males made up 50.7 percent of the sample [14].

When it comes to teachers' marital status, (66 percent) are married. A 47.7% of instructors were married [6]. The 64.8 percent of them were married. Others discovered that (98.4%) of the sample was married [15]. Also, found that the 71.2 percent of the population was married. This outcome is consistent with our findings [13].

A (62 percent) of teachers have a diploma level of education, according to their educational levels. The 56.9% of teachers have a university diploma [16]. Also, 88.8% of teachers held a bachelor's degree. This finding contradicted our findings [17].

In terms of teachers' financial condition, 34% have a monthly income (801000-1000000). A monthly salary of more over 500,000 Rials is considered high [10].

In terms of years of experience, 43.4 percent of teachers have (1-10) years of

experience. This found findings, which revealed that (39.7%) of teachers had (10-19) years of experience <sup>[10]</sup>.

### **Discussion of distribution of the teacher's response to health belief models**

The finding related to teachers health belief mode in table (3) shows that teachers have unhealthy belief for susceptibility domain in the items (It's very likely that in the future, experience a heart attack or stroke; "My odds of having the chances of having a heart attack or stroke in the following several years are very good, and currently at risk of having a attack heart)and healthy belief in the items (believed to have had a attack of heart at some time throughout their lives, and frightened about the possibility of one occurring soon.). it is found that the sample had poor susceptibility belief at the pretest <sup>[10]</sup>. Also, found that (86.8%) of teachers had low perceived susceptibility <sup>[17]</sup>. In a descriptive study they found that the sample had poor perceived susceptibility belief. This finding consisted with our finding <sup>[18]</sup>.

Participants thought African-Americans were more prone to hypertension and hyperlipidemia, on the other hand, showed little perceived vulnerability prior to being diagnosed with these disorders when rating personal risk. The majority of males reported that they felt well and were not concerned about developing hypertension or hyperlipidemia before to a health incident (e.g., dizziness, stroke) <sup>[19]</sup>. Health problems frequently served as a wake-up call for men. Participants also assigned causes to a variety of events. The sample had a moderate level of

health belief model at perceived vulnerability <sup>[20]</sup>.

Teachers have a "unhealthy belief in all items in the severity domain, "according to the researchers (it is always lethal to have a attack of heart, etc.). If suffered a attack, the relationship with significant other would be threatened. If suffered a stroke, entire their life would change. If they had a attack, it would severely affect their sexual daily, and they would die within ten years). According to the sample had a low health belief model at perceived severity <sup>[20]</sup>. It also, discovered that (76%) of teachers had a low perception of severity. Lim, et al. (2021) discovered that the sample had a low perception of severity <sup>[17]</sup>.

With awareness of the majority of the repercussions of the scenario, including the risk of stroke, heart attack, and death. Previous found that the participants comprehended the severity of appropriately high blood pressure. Many of the participants, however, believed that high blood pressure was more hazardous than hyperlipidemia, or lacked awareness of anti-hyperlipidemia issues such as hereditary, cultural, and nutritional influences on African-Americans' susceptibility to infection with high blood pressure or hyperlipidemia <sup>[19]</sup>.

Teachers have an unhealthy belief in the following things in the obstacles domain: "It hurts to walk for more than 5 minutes, and you have access to facilities and/or exercise equipment, as well as having someone exercise sports for you, and he has time to exercise for 30 minutes most days of the week and does not have time to prepare meals. Similarly, because they cannot afford to buy healthful foods and

must deal with other pressing difficulties, they must pay less attention to diet and exercise. Though I believe it is a healthy belief, I am unsure what constitutes a healthy diet that will prevent me from having cardiovascular disease. The teachers' health belief model for CVD has a grand mean of (2.33), which is considered unhealthy. According to Long, Ponder, and Bernard, many participants loved "eating anything they wanted" and considered it as a method of "treating" themselves (2016). This included attempting to eat harmful meals while being aware of their detrimental effects. Participants discussed psychological barriers, such as the perception that living with a chronic illness renders you feeble or powerless. This finding was in line with the current report's conclusions.

While certain findings contradict or contradict, others discovered that the sample exhibited good barrier belief at the pretest <sup>[10]</sup>. The sample showed a moderate level of health belief model at perceived barriers <sup>[15]</sup>. A 56.5 percent of instructors have significant perceived hurdles <sup>[8]</sup>. The sample exhibited good perceived barriers believe <sup>[18]</sup>.

Findings by the overall indicates that (66.6%) of teachers has unhealthy belief about cardiovascular diseases. Others showed that the grand mean of perceived vulnerability (1.95), perceived severity (2.37), perceived benefits (3.55), and perceived barriers (3.55) in their study <sup>[21]</sup>. The study exhibited a weak health belief model in the areas of perceived susceptibility, perceived severity, perceived advantages, and perceived hurdles. This conclusion agrees with ours <sup>[22]</sup>.

Also, Findings reveals that (66.6%) of teachers have unhealthy belief about cardiovascular diseases. As well as, there is a significant statistical difference between educational qualification (P-value=0.033) <sup>[23]</sup>.

It is suggested that a health preventative education program can increase preparedness to engage in healthy behaviors and its benefits in improving the lifestyle of, as well as be more developed to improve overall health status. Furthermore, there is the option of designing and implementing this program on older persons outside of geriatric institutions, as well as attempting to implement the program at a younger age <sup>[24]</sup>.

#### CONCLUSION

Two third of teachers have unhealthy belief Models regarding cardiovascular diseases, unhealthy belief in susceptibility, severity & barriers domain. Initiate training sessions to educate teachers about risk factors, signs and symptoms of CVD.

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