SCORE SYSTEM FOR KNOWLEDGE, ATTITUDE & PRACTICE/BEHAVIOUR

Responses to questions on cardiovascular health knowledge, attitude and practice/behaviour were given scores, in order to compare and correlate the three components.

Knowledge score

Prompted responses of the five sections on knowledge were considered for calculating knowledge score. The total score on knowledge was calculated by combining scores of the below-mentioned five sections of knowledge: cause of heart diseases, warning signs of heart attack, action in case of a heart attack, knowledge regarding foods that are good for heart and knowledge regarding prevention of heart diseases. Maximum possible score for the Knowledge part was thus 11+15+7+10+10= 53.

Cause of heart diseases: Eleven conventional causes were read out to the respondent one by one. Score 1 was given if the answer was ‘yes’. No negative marking was given for ‘no’ or ‘don’t know’ responses. Maximum score possible for the section was 11.

Warning signs of heart attack: Nine common symptoms which are considered as warning signs of a heart attack by the American Heart Association (ref) and two incorrect signs (pain in the abdomen and pain in the leg) were mingled up and read to the respondent who were asked if the symptoms are correct. If answered ‘yes’, scores were allocated as follows: 3 for chest pain; 2 each for breathlessness, sweating and vomiting; 1 each for pain in the arm, teeth or jaw, light-headedness and unconsciousness; 0 for pain in the abdomen and pain in the leg. Additionally, if ‘no’ response came for pain in the abdomen and pain in the leg, 1 mark was given. No marks were given if the response was ‘don’t know’. Maximum score possible was 15 for the section.

Action in case of a heart attack: Respondents were asked about actions that they would do or would not do in case of a heart attack. If the responses were ‘yes’, then scores were given as follows: treat at home (0), immediately take the person to a hospital (2), take to a pharmacy/medicine shop (0), give home-made therapy (0), wait for appointment with a heart specialist (0), take the person to a traditional healer (0). No mark was given if the answer was ‘no’ or ‘don’t know’. Maximum score possible for the section was 7.
Foods that are good for heart: Each respondent was asked if they considered a particular food item from a pre-selected list to be good for the heart. The response was recorded as ‘yes’, ‘no’ or ‘don’t know’. Depending on whether the particular food is actually good (e.g. fruits) for heart or not (e.g. fat), 1 mark was given for each correct answer. No mark was given if the response was ‘don’t know’. Maximum score possible for the section was 10.

Prevention of heart diseases: Each respondent was asked about the various preventive actions that are considered good for improving heart-health. The response was recorded as ‘yes’, ‘no’ or ‘don’t know’. One mark was given if the response was ‘yes’. Maximum score possible for the section is 10 for the ten questions.

Attitude score

Each respondent was asked a 14-item questions related to his/her attitude towards heart-health. Responses were recorded as strongly agree or disagree, or somewhat agree or disagree, or don’t know/can’t say. Depending on whether it was a proper attitude or not, scores from 1 to 4 were allotted. A score of ‘0’ was given for don’t know/can’t say. Similarly, participants were also asked about their opinions on various preventive aspects of heart health and the responses were recorded with ‘very helpful’ and ‘not at all helpful’ as the extremes. Maximum possible score for the attitude section was 14x4=56.

Practice and behaviour score

Each respondent was asked if s/he undertook any particular action in the previous year that would help towards having a better heart health. Scores were given accordingly. Additionally, participants were also given scores according to their risk factor status. No negative marking was given. Maximum score possible was 25.