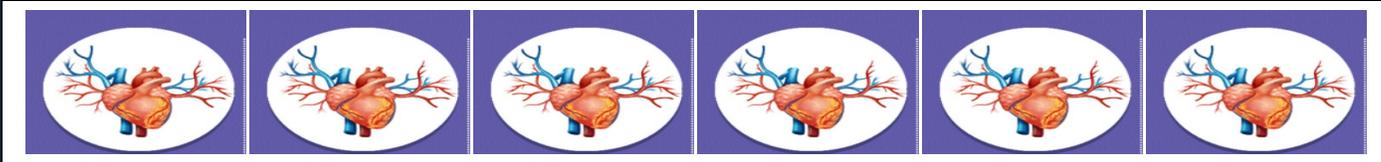


Cardiovascular disease risk perception: A need for community level education



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Cardiovascular disease in Ethiopia

Cardiovascular disease (CVD) in Ethiopia is on the rise. This is compounded by rapid urbanization, a shift in diet, excessive tobacco use; harmful use of alcohol and physical inactivity ^(1, 2). Ethiopia is also experiencing epidemiologic and economic transitions and is prone to lifestyle related diseases. According to the global burden of diseases study, in 2017, 10.9% of all-cause mortality in Ethiopia was attributed to CVD ^(3, 4). Local studies confirm the rising burden of cardiovascular disease and their risk factors, especially in urban settings ⁽⁵⁾.

Suboptimal Preventive efforts

In low-income countries like Ethiopia, CVD death rates have been rising over the past three decade. This contrasts with declining rates in high-income countries which has been attributed to treatment for severe CVD events, introduction of population-wide prevention policies, and early screening and treatment. The World Health Organization recommends both individual and population wide prevention intervention to combat non-communicable diseases including CVD. However, population-wide CVD preventive interventions in low income countries like Ethiopia are limited and notably absent in rural settings while the prevalence of cardiovascular disease risk factors is rising. Mainly in Ethiopia although non communicable disease prevention activities are included under the Health Extension program work package, limited attention has been given by the government and non government organization supporting the program.

Research has shown that awareness of CVD risk factors has a substantial effect on risk perceptions and self evaluation of CVD risk exposure. In Ethiopia there is limited evidence regarding communities' knowledge of CVD and its risk factors.

Researchers at the Armauer Hansen Research Institute (AHRI) under the CEBHA consortium research project interviewed communities from both urban and rural settings in Ethiopia to understand community awareness of CVD and perception of the risk factors.

Priority actions for NCD division at Ministry of health in Ethiopia.

1

Build the capacity of health extension workers on NCDs prevention strategies and educational interventions

2

Enforce different stakeholders working on non communicable disease to integrate educational intervention initiatives in their program area.

3

Develop simple, effective and context specific educational materials in particular visual aids for CVD and other non-communicable diseases

Implications

A better awareness of CVD and associated risk factors will be associated with healthy behavior and lifestyle, and in turn this can contribute to improved disease prevalence and a reduction in morbidity and mortality. Hence the non communicable disease division at ministry of health in Ethiopia should strengthen and support a community based educational interventions undergoing to prevent CVD and other NCD.

Simple, effective and context specific health promotion messages by trained HEW or healthcare providers will enhance the acceptability of the message and subsequent adoption of preventive actions and health seeking behavior in urban and in particular rural settings. The proposed actions are feasible within the available health care structure and human resources. The health extension workers and health providers from primary health care unit can lead the implementation of the community-level collaborative learning.

Collaboration with different partners including nongovernmental organization working on NCD is also crucial make the program more successful.

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A Focus group discussion held with female study participants at checka health post in rural district, Ethiopia.

Photo credit to Kiya kedir

Key Findings⁶

1 Participants' awareness towards CVD found to be poor in both urban and rural settings.

"Many people [even in the urban community] do not even know where the heart is located let alone about heart diseases". [male, urban]

2 Common cultural perception is that CVD is untreatable owing to inaccessibility of care and the common belief that this 'is the will of God'.

"We don't know what will happen in the future..... Only GOD knows what will happen to us." [Female, rural]

3 Community perception of CVD risk is low, despite beliefs that the risk factors are common.

"When one is sick you look for help. But when one is not sick, you do not need to worry". [Female, rural]