Knowledge Regarding Warning Signs and Prevention of Stroke Among General Population in Selected Urban Community, with a View to Develop Informational Booklet

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ABSTRACT

BACKGROUND

Stroke is a common neurological disorder which has a significant impact on patients. Hypertension is said to be the most common risk factor of stroke associated with hemiplegia and paralysis and the warning signals that mostly noted in stroke are numbness, weakness and slurred speech. There is lack of knowledge in the community regarding warning signs, risk factors and the prevention of stroke. Therefore, awareness is needed on the importance of stroke prevention and seeking health care.

OBJECTIVES

The purpose of this study is to assess the knowledge regarding warning signs and prevention of stroke among selected urban community.

METHODS: The research approach adopted for the study was quantitative research approach, one group pre- test design. The study was conducted among 60 samples of age group of above 50 years by convenient sampling technique in Tlangnuam Community, Aizawl, Mizoram. The tools used for the study was self-administered structured knowledge questionnair

RESULTS : The data was tabulated, analyzed and interpreted using descriptive and inferential statistics. Findings reveal that that majority (40%) of participants were between the age group 50-59 years, (33.33%) were the age group of 60-69 years, (16.67%) were 70-79 years and the remaining (10%) were above 80 years.

Further result depicts that majority (50%) of respondents had inadequate knowledge, (26.67%) of respondents had moderate knowledge and remaining (23.33%) of respondents had adequate knowledge. The result indicates the need to update knowledge regarding warning signs and prevention of stroke.

CONCLUSION

From this study, there was a clear knowledge gap regarding stroke and associated symptoms in the urban community of Tlangnuam Community.

INTRODUCTION

The concept of stroke was first noted from 460 to 370 before the common Era by Hippocrates (father of medicine) in the 5th century BC. At this time, the symptoms of convulsions and paralysis were referred to as apoplexy. Over the next several hundred years, scholars focused on physical symptoms and potential causes. As technology advanced, physicians and scholars began to evaluate pathophysiological changes. These changes noted by scholars such as Thomas Willis and Jakob Wepfer led to medical interventions. Nurses main focus was to help patients cope with and adjust to their disabilities. Stroke remains an important neurological problem which is distributed universally in all population. WHO estimates about 15 million people worldwide suffer a stroke. Out of these, 5 million die and another 5 million are left permanently disabled, placing a burden on family and community. Stroke is ranked as the second leading cause of death worldwide with an annual mortality rate of about 5.5 million. Not only does the burden of stroke lie in the high mortality but the high morbidity also results in up to (50%) of survivors being chronically disabled. Thus, stroke is a disease of immense public health importance with serious economic and social consequenes. The incidence of stroke in general population varies from 154 per 100,000 in India. Approximately (12%) of stroke occur in older than 40 years. About (34%) of strokes occur in people younger than 65 years old.

STATEMENT OF THE PROBLEM

A study to assess the knowledge regarding warning signs and prevention of stroke among general population in selected urban community, with a view to develop informational booklet.

OBJECTIVES

To assess the level of knowledge regarding warning signs and prevention of stroke.
To find out association between Pretest knowledge scores with demographic variables.

HYPOTHESIS

H1: There is significant association between Pretest knowledge scores regarding warning signs and prevention of stroke with selected demographic variables of the general population.

METHODS

A quantitative research, one group pretest design was used in this study. Using convenient sampling technique, the study was carried out among 60 samples of adults over 50 years of age in Tlangnuam Community, Aizawl, Mizoram. A self-administered structured knowledge questionnaire was used as a tool for the study.

RESULTS: The data is analyzed by descriptive and inferential statistics in terms of frequency distribution, chi square and percentage.

Table I: Distribution of socio-demographic characteristics of the respondents. n=60

SI No.	Demographic data	Frequency(f)	Percentage (%)
1	Age (in years)		
	• 50-59	24	40
	• 60-69	20	33.33
	• 70-79	10	16.67
	• >80	6	10
2	Gender		
	• Male	22	36.67
	• Female	38	63.33
3	Educational qualification		
	• Below primary	15	25
	• Middle school	16	26.67
	• High school	11	18.33
	• Higher secondary school	6	10
	• Graduate and above	12	20
4	Job sector		
	• Government	9	15
	• Private	15	25
	• Semi government	4	6.67
	• Unemployed	30	50
	• Others	2	3.33
5	Communicable disease		
	• Yes	32	53.33
	• No	28	46.67
6	Monthly Income		
	• 5000-10000	2	3.33
	• 10001-15000	2	3.33
	• 15001-20000	22	36.67
	• >20000	34	56.67

The data in table 1 reveals that majority 40% of the urban community were of the age group 50-59 years, 63.3% were female, 25% were having educational qualification below primary , 50% were unemployed, 53.3% have communicable disease and 56.67% have income of more than Rs 20000.

Figure I: Knowledge regarding warning signs and prevention of stroke

n = 60

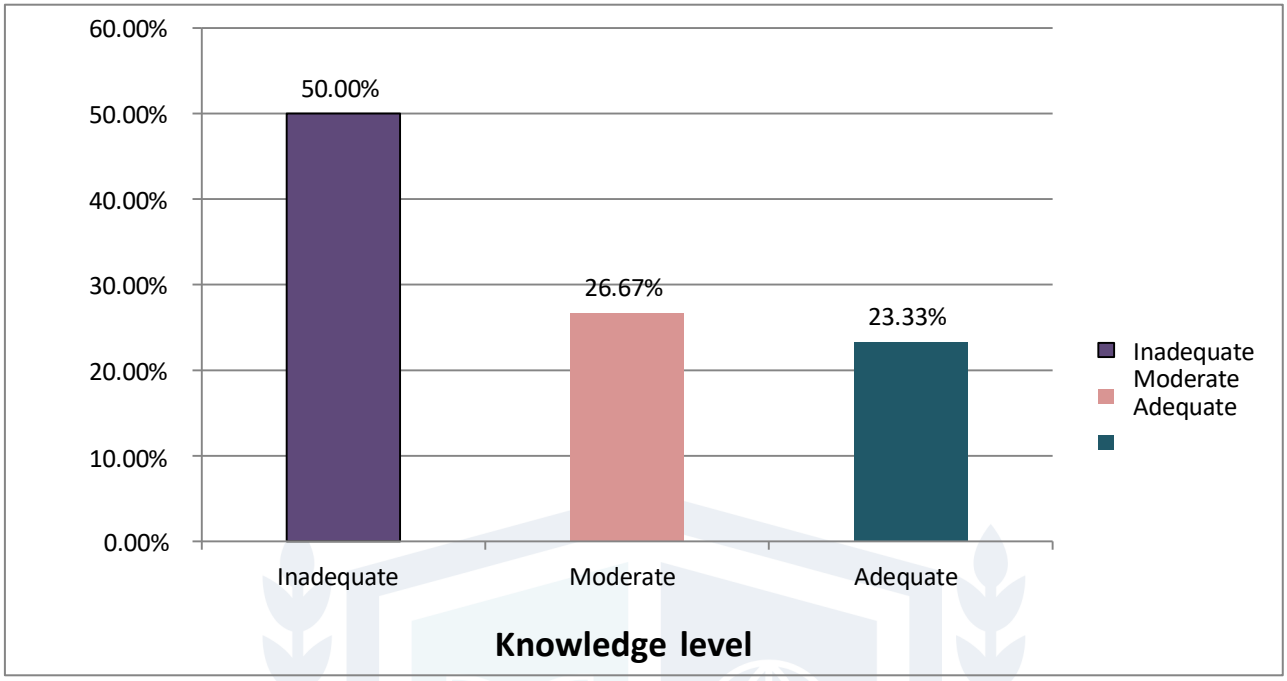

Figure 1 depicts that majority (50%) of respondents had inadequate knowledge, (26.67%) of respondents had moderate knowledge and remaining (23.33%) of respondents had adequate knowledge.

Table II: A ssociation between Pretest knowledge scores with selected demographic variables.

Table II shows the association between pre-test knowledge scores with selected demographic variables. Chi square was used to find out association between the variables x2 and p value indicated there was no association found between pre-test knowledge scores and the variables such as age, gender, educational qualification, job sector, family member or relatives with non- communicable disease and income. Therefore, the null hypothesis was accepted.

n= 60

Sl No.	Demographic Variables	Knowledge Scores			X^2	df	P value	inference
		Inadequate	Moderate	Adequate				
1	Age							
	50-60	12	6	6				
	60-70	11	6	3	8	6	12.59	NS
	70-80	5	3	2				
	>80	2	1	3				
2	Gender							
	Male	10	7	5				
	Female	18	7	13	8	4	9.49	NS
	Others	-	-	-				
3	Educational Qualification							
	Below Primary	9	4	2				
	Middle	7	2	7				
	High School	7	2	2				
	HSS	1	2	3				
	Graduate And Above	4	4	4	4.11	8	15.51	NS

4	Job Sector							
	Government	3	3	3	4.9	8	15.51	NS
	Private	4	3	8				
	Semi Government	2	2	-				
	Unemployed	19	6	5				
	Others	-	-	2				
5	Income							
	5000-10000	-	-	2	0.4	6	12.59	NS
	10001-15000	-	1	1				
	15001-20000	11	7	4				
	>20000	17	6	11				
6	Communicable Disease							
	Yes	13	8	11	0.2	2	5.99	
	No	15	6	7				

CONCLUSION

The study findings revealed that there was insufficient knowledge among the general population of the urban community of Tlangnuam, Aizawl locality with regards to warning signs and prevention of stroke. After administering pretest structured knowledge questionnaire, an informational booklet on "Warning signs and prevention on stroke" was provided between the age of 50 years to >80 years of the participants. Thus more awareness is needed to the community regarding the warning signs and prevention of stroke.

RECOMMENDATION

Based on the findings of the study, the following recommendation could be made for further research:

Comparative study conducted between urban and rural area regarding knowledge on warning signs and prevention of stroke.

A study to evaluate the effectiveness of planned teaching programme among general population.

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