

Perception, Knowledge & Awareness of Coronary Heart  
Disease among rural Australian women 25 to 65 years of  
age – A Descriptive Study

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## **Signed Statement**

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university and that, to the best of my knowledge and belief, contains no material previously published or written by another person except where due reference is made in the text of the thesis.

I give consent to this copy of my thesis, when deposited in the Discipline library, being available for loan and photocopying.

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## **Abstract**

**Context:** Heart disease is the leading cause of morbidity and mortality in Australian women. Traditionally, heart disease has been perceived as a man's disease, where as women's health issues have historically focused on menopause and breast cancer, leading women to believe that coronary heart disease is not an important health issue for them. Many Australian women fear cancer, although heart disease kills four times more women than breast cancer. The major risk factors for developing heart disease are the same for both men and women. These include hypertension, cigarette smoking, hyperlipidemia, diabetes, obesity, sedentary lifestyle, stress, age, heredity and race.

**Purpose:** The purpose of this study was to:

- a. Assess rural women's current level of awareness of heart disease as the leading cause of death in Australian women.
- b. Describe rural women's current knowledge and perception of cardiovascular disease as well as actual risk of cardiovascular disease, and
- c. Evaluate whether heightened awareness and increased knowledge is associated with increased action to lower risk of heart disease.

**Method:** A questionnaire combining questions from three existing questionnaires used in numerous other studies was developed to collect data on perception, knowledge and awareness of heart disease of rural women. The questionnaire was pre-tested in a pilot study with participants recruited from the researcher's workplace. The ethically approved and validated questionnaire was then distributed to rural women aged twenty five to sixty five attending a women's health clinic in a regional hospital over a seven-week period. Data analysis was performed using SPSS 15.0 for Windows.

**Results:** The study included sixty five women participants. Only 13% (n=8) of participants identified heart disease as the most significant health problem for women. Sixty four percent of women participating in the study reported that breast cancer claims more lives than heart disease. Despite having an overall good knowledge of

heart disease, there was an identified lack of health promoting behaviours by the women to reflect their knowledge. Less than half of the women who participated in this study recognised that they were at a higher risk of developing heart disease after menopause. Over half of the women participants of this study reported two or more lifestyle risk factors for heart disease. Self-reported risk factors such as hypertension, high cholesterol, cigarette smoking, alcohol use and obesity were consistent with national levels.

**Recommendations:** Although health professionals have advocated primary prevention of heart disease for many years, in general, are not heeding the message. Women must be educated to the fact that cardiovascular disease kills. It is evident from this study that women are inadequately educated about the health problem heart disease is for women. Nurses can play a major role in educating both the public and other healthcare providers about the very real danger of heart disease in women. Effective primary prevention of coronary heart disease requires early detection of risk factors, early intervention and communication of the relevance of the risk and the impact to women. Assessment and communication of risk is necessary as it can assist women in developing a more realistic perceived risk of coronary heart disease that, in turn, may motivate them to initiate and maintain healthy behaviours.

**Conclusion:** Women do not perceive heart disease as a substantial health concern. Programs directed at young women to develop means to improve women's perception of their risk for heart disease and to encourage them to act on their enhanced perception are required to reduce overall heart disease morbidity and mortality. Changing the misperception women have about their health problems includes increasing their knowledge that favourable changes in lifestyle can reduce cardiovascular risk factors and prevent cardiovascular disease and coronary heart disease. Lifestyle modifications can substantially alter morbidity and mortality from coronary heart disease.