



# Perceptions, knowledge and beliefs about prevention of cardiovascular diseases in Villa Nueva, Guatemala

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## Summary

**Background:** In Guatemala, cardiovascular diseases are becoming the leading cause of mortality and disability. The rising burden of these diseases makes it imperative to formulate effective community-based interventions. The success of these interventions will depend on the felt needs of the community. Therefore, in this study we assessed perceptions, knowledge and beliefs about cardiovascular diseases in community members, health workers and policy makers from Villa Nueva, a community selected by the Ministry of Health of Guatemala as a site to develop a cardiovascular disease prevention programme. This study provides baseline information for designing and implementing the demonstration programme.

**Methods:** Qualitative methods (focus group discussions and in-depth interviews) were used to elicit the views of community members, health workers, and policy makers on the magnitude, impact, risk factors and prevention of cardiovascular diseases and infrastructure in Villa Nueva.

**Results:** Community members perceive cardiovascular diseases as a serious health problem that has increased in recent years. They consider cardiovascular diseases to be acute dramatic events of sudden onset. According to health professionals and policy makers, the adoption of Western lifestyles by the population is the most important contributor to the increase of cardiovascular diseases in Guatemala. They indicated that prevention requires education of the population, together with adequate health policies. According to most participants, the infrastructure for the management of cardiovascular diseases at the primary health care level is inadequate.

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*Conclusion:* Findings from this study suggest strategies for context-specific formulation of the cardiovascular prevention programme.  
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## Introduction

In developing countries, cardiovascular diseases (CVD) are becoming an increasing public health problem, with serious economic and social consequences [1–4]. In Guatemala, the percentage of deaths attributed to CVD increased in recent decades: between 1986 and 1999, it doubled from 7% to 13% [5]. In 2001, CVD were the second cause of death [6]. It is projected that the incidence of CVD will increase in the next decades due to increased life expectancy and the adoption of unhealthy lifestyles. This trend will particularly affect urban areas and low-income communities.

Research has provided evidence of the risk factors (RF) that cause CVD. Tobacco use, unhealthy diets and physical inactivity are lifestyles that account for most of the risk that underlies the occurrence of CVD [7,8]. In Guatemala, there is limited information about the prevalence of RF. This limitation prompted an investigation of CVD RF in Villa Nueva, which is an urban community near Guatemala City. The ‘‘Survey of Prevalence of Diabetes, Hypertension and Associated Risk Factors in Villa Nueva 2002–2003’’ [9] studied 1397 subjects older than 19 years residing in Villa Nueva, and showed a high prevalence of RF in this community: tobacco smoking (16%), sedentarism (51%), overweight (54%), diabetes (8%), hypertension (13%), and high blood cholesterol (35%). The prevalence of diabetes is higher than the prevalence reported in other Latin American cities such as La Paz Bolivia (5.7%), Santiago Chile (6.5%), Bogotá Colombia (7.4%), Asuncion Paraguay (6.5%), and similar to the prevalence reported in Mexico City (8.7%) [10]. The prevalence of low level of physical activity and overweight is comparable to the prevalence reported in some developed countries such as Canada and the United States.

The increase of CVD in developing countries demands an urgent public health response, utilizing available knowledge of RF and effective interventions for prevention and risk reduction. Based on the high prevalence of RF, adequate health infrastructure and accessibility from the Capital, the Ministry of Health of Guatemala selected Villa Nueva for a CVD demonstration project [11]. The demonstration project is in its early phase of development and will include population-based

health promotion activities as well as high-risk population interventions.

Given the scarce resources and the double burden of disease in Guatemala, it is imperative that interventions are context-specific and resource-sensitive. Thus, it is critical to explore the available capacity for CVD prevention and control to facilitate the formulation of appropriate interventions. Capacity in this study is defined as a resource in terms of perceptions, knowledge and practices of the community, health workers and policy makers related to effective CVD management and control. It is also a resource in terms of adequate healthcare infrastructure and a supportive policy framework [12].

Therefore, the aim of this project was to apply qualitative methods (focus group discussions and in-depth interviews) to assess the current capacity in Villa Nueva for initiating the CVD demonstration project. The specific objective of the project was to assess perceptions, knowledge and beliefs about CVD and their prevention in community members, health workers and key policy makers.

## Methods

### Study location

The study was conducted in the Municipality of Villa Nueva, located 15 km from Guatemala City. Villa Nueva has an urban population of about 350,000, distributed in four districts: Ciudad Peronia, El Mezquital, Villa Nueva and Barcenás.

Focus group discussions (FGD) were conducted with community members, CVD patients and primary health care (PHC) providers from Villa Nueva. FGD with physicians from tertiary hospitals and in-depth interviews with policymakers were conducted in Guatemala City.

### Instruments

The methodology for the qualitative analysis was adapted from the core protocols developed by the Initiative for Cardiovascular Health Research in the Developing Countries (ICHealth) [11]. Discussion guides were prepared for FGD with community members, non-physician health workers and physicians. The guides included questions on the magni-

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