



Health Behaviors, Knowledge, and Attitudes Toward Cardiovascular Disease Risk Factors Among Palestine Ahliya University Students

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Abstract: *CVD are the main cause of mortality in worldwide. This study was developed to assess the health behaviors, knowledge, and attitudes about cardiovascular disease risk factors among PAU students. Cross-sectional research was conducted. The technique used to choose students was convenience sampling. A structured survey was used to collect data between from March 15, 2025, to April 30, 2025. SPSS version 23 was used to analyze data. The result between students, 41.7% were smokers, 45.4% used energy drinks, and 62.3% participated in daily walking or cycling. (60.8%) acknowledged the need of lowering salt consumption, while 83.1% associated high salt intake with health complications. Knowledge of cardiovascular disease (CVD) was moderate to high, with a low standard deviation ($SD = 0.13676$), indicating consistency, whereas attitudes exhibited larger variability ($SD = 0.33112$), suggesting external effects. Most demographic variables, such as gender, age, and academic year, did not substantially influence CVD knowledge or attitudes. Nonetheless, faculty affiliation emerged as the only significant predictor ($p = .016$), with linked college students exhibiting superior knowledge scores compared to graduate students. we conclude while PAU students had a moderate to high degree of knowledge on CVD, their views show remarkable variation. Common lifestyle behaviors include smoking and bad food choices. Demographic variables mostly do not affect knowledge or attitudes, with the exception of faculty affiliation, indicating that educational background contributes to CVD knowledge. These results emphasize the need for specific health education initiatives across several fields of study to improve cardiovascular health among students.*

Keywords: *Knowledge, Attitude; Cardiovascular Diseases; Health Behavior.*

1. Introduction

Worldwide cardiovascular diseases (CVD) represent the main public health problem and are the leading cause of death, according to the World Health Organization (WHO) 2021, CVD is the leading cause of death worldwide, accounting for 31% of global deaths, and about 17.9 million people die annually from heart disease. In the Palestinian context, the Palestinian Ministry of Health stated in its 2022 report that CVD remain the leading cause of death in Palestine, accounting for 25.3% of total deaths in the West Bank

and 17.8% in the Gaza Strip. Therefore, CVD is a major public health concern and causes significant social and economic losses. For example, the cost of managing cardiovascular disease alone in the USA is estimated at \$320 billion annually. Estimates of lost Gross Domestic Product GDP related to CVD in the US are approximately \$11.3 trillion between 2015 and 2050 [1]. These statistics for CVD across all health, social, and economic domains are unimaginable from a public health perspective given the large number of modifiable risk factors that contribute to the development of cardiovascular disease[2]. There are several modifiable unhealthy habits, lifestyles, or conditions that are known risk factors for CVD, such as elevated levels of low-density lipoproteins (LDL), cholesterol, and triglycerides in the blood, elevated fasting plasma glucose, high systolic blood pressure, impaired kidney function, high body mass index, physical inactivity, poor diet, smoking, and alcoholism [3]. As well to the usual known risk factors for CVD, ever-increasing scientific evidence suggests that cardiovascular disease may be determined by exposure to numerous environmental stressors, such as atmospheric or indoor air pollutants, noise, hardness of water, marital status, and others [4]. Health education efforts targeted at the general public are crucial in avoiding CVDs since some of these risk factors are "modifiable." Dedicated preventative programs, particularly for youth, are still ineffective, according to data on the incidence and death of CVD. In actuality, young people frequently lack awareness of all the risk factors for CVD and/or struggle to understand the significance of their role in the emergence of these diseases. It is now widely recognized that lifestyle modification is key to interventions in the management and prevention of cardiovascular disease [5].

Problem statement: The middle-income countries (Palestine is among these countries) face a serious public health crisis due to cardiovascular disease, with mortality rates three times higher than those in developed countries. Risk factors for cardiovascular disease are primarily uncontrollable, such as age and genetics, along with modifiable variables such as dietary

choices, smoking habits, sedentary behavior patterns, and metabolic conditions [6]. College students aged 18–29 is entering early adulthood, a vital stage for developing sustainable health patterns that protect against cardiovascular disease (CVD) or increase their risk of developing it. University students in general need deeper insights into their current health behaviors, knowledge of CVD, and expectations for prevention, even though they face increased risks of adopting unhealthy habits during this transition [7].

This study was conducted to assess the health behaviors, knowledge, and attitudes about cardiovascular disease risk factors among students at Palestine Ahliya University. By identifying gaps in awareness and lifestyle choices, to enhance prevention and awareness. The results will help develop interventions to promote cardiovascular health and disease prevention in this population.

1.1 Research objectives:

- To identify common lifestyle habits among PAU students that contribute to CVD.
- To assess knowledge and attitude of CVD risk factors among PAU students. To determine factors affecting knowledge and attitude of CVDs risk factors among PAU students

1.2 Research questions:

- are the common lifestyle habits among PAU students that contribute to cardiovascular disease (CVD) risk?
- What is the level of knowledge and attitude regarding CVD risk factors among PAU students?
- 3. What factors influence the knowledge and attitude of PAU students toward CVD risk factors?

1.3 Significance of the Study

The results of this study will demonstrate the knowledge of Palestine Ahliya University students about cardiovascular diseases and its risk factors, providing guidance to highlight the gaps of knowledge and misconceptions within this population. Furthermore, it helps aids development of effective raising awareness strategies for the university student population by educating them on protecting the heart and prevent diseases.

2. Literature Review

This chapter provides a comprehensive review of the existing literature related to knowledge, behaviors and attitudes regarding CVD risk factors, and We reviewed previous studies published over the past ten years.

The research drawn from academic sites Google Scholar, PubMed, Academia.edu, and Cochrane Library followed an organized search procedure. The search involved the following keywords: health behaviors, knowledge, attitudes, cardiovascular disease, risk factors, university students and young adults. This research process selected peer-reviewed publications from the past decade as well as cross-sectional studies and mixed-methods investigations because they provided evidence-based and current observations.

[8] Ghamri conducted a cross-sectional study among Saudi citizen to evaluate the knowledge regarding CVD, this study enrolled 395 participants and data gathered vis

online electronic questionnaire, the result of this study revealed that the respondents had moderate level of knowledge toward CVD risk factor with mean 16.33 out of 25. Participants showed gaps in identifying diabetes (56.2%) and stress (69.4%) as contributing factors to cardiovascular disease, although they showed strong awareness of important risk factors, such as smoking, high LDL cholesterol, and obesity (82.3%–90.6%). The majority (73.7%) found coronary heart disease.

In Turki context [9] authors carried out a study for identifying university students' awareness regarding CVD, this study conducted with cross-sectional study utilized a questionnaire, and enrolled 2450 students. The results of this study showed that stress and high cholesterol were identified as the main dangers by both sexes. But compared to males, women were more aware of family history of CVD (44.4% vs. 31.8%), obesity (64.3% vs. 46.8%), and hypertension (64.2% vs. 50%). Notably, these risk variables were underestimated by male students and those with higher body mass indices (BMIs). These results underline the necessity of focused educational initiatives to raise university students' knowledge of CVD risk, with a particular emphasis on overweight and male students.

[10] Choudhry conducted a cross-sectional study to evaluate the knowledge and behaviors regarding cardiovascular disease (CVD) risk factors among 1st year 140 medical students in Pakistan, for data collection where a self-administered questionnaire was utilized. The results of this study were that students recognized the following major heart disease risk factors: diabetes (78.6%), smoking (82.1%), lack of physical activity (95.7%), obesity (99.3%), high cholesterol (98.6%), hypertension (97.9%), older age (89.3%), and family history of heart disease (73.6%). In terms of personal habits, 79.3% said they were physically active, 32.1% said they often drank soft drinks, and 10% said they smoked. The knowledge and health behaviors of male and female students differed significantly, especially in the areas of physical activity (90% for males vs. 71.2% for females, $p = 0.007$), cholesterol check-ups (31.7% for males vs. 16.2% for females, $p = 0.032$), soft drink consumption (48.3% for males vs. 20% for females, $p = 0.001$), and smoking knowledge ($p = 0.003$).

In Iraq via cross-sectional design [11] it conducted a study among 1100 Iraqi youth for evaluating knowledge, behaviors and attitudes toward CVD risk factors, researchers used a structured questionnaire for data collection. The finding of this study showed that the majority of respondents (51%) had a moderate level of knowledge toward CVD risk factors, (45%) had a good level of knowledge, and only (3.6%) had poor level of knowledge. Generally positive health attitudes, with 74% of participants rejecting traditional remedies for CVD prevention, 73% believing health isn't solely predetermined by divine will, 72% valuing regular checkups, and 51% willing to adopt healthier habits, these attitudes significantly correlated with CVD knowledge ($p=0.009$). Also, the study showed that. most participants engaged in healthy behaviors, including low rates of smoking and alcohol consumption.

[12] This research carried out a mixed study to identify knowledge and perception regarding CVD risk factors among Nigerian university students, this study consisted of two phases 402 students in quantitative and 16 for qualitative. The finding of this study showed that majority of respondents (61.9%) had low level of knowledge and (39.1%) of them have a high level of knowledge toward CVD risk factors. About perception majority of students (78.1%) had wrong perception toward CVD and risk factors. Compared to those who were not interested in medicine, participants from the faculties of veterinary medicine and basic medical sciences knew more ($p < 0.001$). The only individuals who correctly perceived CVD and its risk factors were those from the veterinary medicine faculty. The knowledge and perception scores of the male and female participants did not differ significantly. The cross-sectional survey's findings, which indicated that poverty and academic stress were two of the main risk factors for CVD among adolescents and young adults, were supported by the qualitative investigation.

In Palestine context, [13] conducted a cross-sectional study among 300 undergraduate students at Al-Quds university to assess their knowledge regarding CVD risk factors via validated questionnaire. This study revealed that, 63.3% of students had correct response, 22.1% incorrect answers, and 14.6% said I don't know. While there is no significant difference between marital status and study type ($p=0.794$ and $p=0.700$), respectively, there is a significant difference between males and females in terms of total knowledge scores ($p = 0.0.19$). In India, a study was conducted [14] utilizing a cross-sectional design to evaluate awareness and knowledge levels among 1122 university students through a questionnaire. The results of this study indicated that the majority of students (44.3%) possessed a moderate level of understanding regarding CVD risk factors, while only (23.9%) exhibited poor knowledge, and (31.8%) demonstrated good knowledge. The majority of participants identified major risk factors such as smoking, high blood pressure, elevated cholesterol, obesity, and diabetes. While a smaller number of them explicitly recognized the impact of age, gender, genetics, and family history in the development of CVD.

3. Methodology

3.1 Study Design

A quantitative descriptive cross-sectional study design was employed.

3.2 Study Setting

The research was conducted at Palestine Ahliya University in Bethlehem City, study starts from 15th February 2025 to 15th May 2025.

3.3 Population and sampling

The study population for this study was all randomly selected students at Palestine Ahliya University.

- Sample Size: With a population of 3400 students, a confidence level of 95%, and a margin of error of 0.05, the calculator suggested a minimum sample size of 379.
- Sampling Method: This study used a convenience sampling strategy to utilize rapid and efficient

access to the sample

3.4 Data Collection Tools:

The data gathered during a one-and-a-half-month (from March 15, 2025, to April 30, 2025), during which the questionnaire link was sent via the university's social media platforms and students' email accounts.

3.4.1 Study instrument:

A validated online questionnaire was created from a literature study and disseminated to healthcare practitioners in Bethlehem [11]. THE questionnaire consisted of four components as follows:

Section 1 (6 items) collected information on descriptive characteristics such as age, sex, marital status, education, work status, body mass index, and the presence of chronic diseases. Section 2 (15 items) designed to evaluate behavior-related questions. Like energy drink consumption, diet, physical activity. Section 3 (25 items) included the knowledge of CVD among PAU students. Responses were categorized as "true," "false," or "I don't know. Section 4 (8 items) was designed to evaluate attitudes about CVD Responses in this section were measured using a 3-point Likert scale.

3.4.2 Instrument validity

The Heart Disease Fact Questionnaire (HDFQ) applied in this research showed strong validity as an instrument. Created by Wagner et al. (2005), the questionnaire demonstrated a strong content. Confirming that it effectively evaluated knowledge of cardiovascular disease (CVD) in young adults.

3.4.3 Instrument reliability

The Heart Disease Fact Questionnaire (HDFQ) was verified for reliability by calculating Cronbach's alpha coefficient, which was found to be 0.87 in this research. Which reflects a strong level of internal consistency.

3. 5 Eligibility Criteria

3. 5.1 Inclusion criteria:

including students from Palestine Ahliya University from the first year, to the fourth year.

3.5.2 Exclusion criteria: incomplete responses.

3.6 Data Analysis

The data analysis done using (SPSS) version 23. Frequencies and percentages for categorical variables were showed in tabular format. Continuous variables were expressed as means \pm standard deviation (SD). An independent sample t-test and one-way ANOVA were employed to knowledge and attitude on demographic factors. A significance level of $p < 0.05$ is statistically significant.

3.8 Ethical considerations

The educational institution provided authorization to do this research Each questionnaire started with a consent form, that asked participants to freely participate in the research. Data was kept in an secure folder that only the researchers have access to it. participants had the right to withdraw from the research without any risk

4. Results

In this study, 379 students studying at Palestine Ahliya University (PAU) completed the questionnaire. Table 1 shows data regarding the demographic characteristics of the respondents. The students' ages ranged from 17 to 29 years. Females were the main proportion (54.6%) of

participants, with the majority aged between 20 and 24 years. The academic distribution is rather even, with a minor superiority in the fourth year (42.7%). Approximately half of the participants (46.7%) are studying at the Allied Medical Sciences faculty. 93.9% of respondents reported having no chronic conditions. 80.5% of students do not have a family history of cardiovascular disease. Table 1 provides more information concerning the sociodemographic factors.

Table 1: The demographic characteristic of the study sample (N=379)

Variables	n	(%)	
Gender	Male	172	45.4
	Female	207	54.6
Age	17-19	86	22.7
	20-24	278	73.4
	25-29	15	4.0
	30-34	0	0.0
Academic Year	1 st Year	65	17.2
	2 nd Year	92	24.3
	3 rd Year	60	15.8
	4 th Year	162	42.7
Faculty	Faculty of Applied Professions (Diploma)	53	14.0
	Allied Medical Sciences	177	46.7
	Engineering and Information Technology	44	11.6
	Law	26	6.9
	Graduate Studies and Scientific Research	3	.8
	Humanities and Educational Sciences	31	8.2
having any chronic diseases?	Yes	23	6.1
	No	356	93.9
family history of cardiovascular disease?	Yes	74	19.5
	No	305	80.5

Among the students, 41.7% were smokers, 45.4% had ingested energy drinks, 36.1% said they eat vegetables 3 to 4 days per week, and 34.8% reported ingesting fruits 1 to 2 days per week. A significant number of respondents acknowledged the need to decrease salt consumption, with 60.9% deeming it essential and 83.1% asserting that excessive salt intake results in health issues. A small proportion of patients (6.9%) had raised blood glucose levels or diabetes, whereas 12.4% presented with hypertension or high blood pressure. 62.3% that they engage in walking or cycling for 10 minutes on a daily basis. In addition, 60.9% indicated participation in sports for 0-2 days a week.

Table 2 provides more information concerning the behavior factors.

Table 2: Participants' behavioral measurements (n=379)

Variable	n	%	
Healthy behavior	Tobacco use (yes)	158	41.7
	Energy drinks consumption (yes)	172	45.4
How many days per week do you consume fruits?	1-2	132	34.8
	3-4	88	23.2
	>4	30	7.9
	Don't know	129	34.1
How many days per week do you consume vegetables?	1-2	67	17.7
	3-4	137	36.1
	>4	107	28.2
	Don't know	68	17.9
How often do you or your household use salt in cooking or preparing food?	Always	351	92.6
	Sometime	28	7.4
	Very important	231	60.9

How important do you think it is to have a low-salt diet?	Not important	148	39.1
Do you believe that consuming too much salt in your diet could cause health problems	Yes	315	83.1
	No	64	16.9
Do you walk or use a bicycle for at least 10 minutes regularly?	Yes	236	62.3
	No	143	37.7
If yes, how many days per week do you walk for at least 10 minutes?	0-2 days	155	40.9
	3-4 days	100	26.4
	>4 days	124	32.7
How many days per week do you engage in sports or fitness activities?	0-2 days	231	60.9
	3-4 days	92	24.3
	>4 days	56	14.8
Has your blood pressure ever been measured by a doctor or other health worker?	Yes	241	63.6
	No	138	36.4
Have you ever been told that you have elevated blood pressure or hypertension?	Yes	47	12.4
	No	332	87.6
Has your blood sugar level ever been measured by a doctor or other health worker?	Yes	179	47.2
	No	200	52.8
Have you ever been told that you have elevated blood sugar or diabetes?	Yes	26	6.9
	No	353	93.1
Has your cholesterol level ever been measured by a doctor or other health worker?	Yes	80	21.1
	No	299	78.9
Have you ever been told that you have elevated cholesterol levels?	Yes	27	7.1
	No	352	92.9

The results which presented in table 4 indicate that who participated in the survey have a moderate to high level of knowledge about CVD, with scores between 1.00 and 2.00 and an average of 1.7616. The low standard deviation (0.13676) indicates a consistent level of knowledge across the sample. On the other hand, attitudes towards CVD have greater variability, with ratings ranging from 1.00 to 3.00 and a mean of 2.4337, showing a generally positive attitude. The higher SD (0.33112) suggests a broader variation among the participants' attitudes. The difference in variation indicates that knowledge of CVD can be affected by personal opinions, situations, and outside influences.

Table 3: Scoring of knowledge and attitude on CVD among participants (N=379)

Scales	Min.	Max.	Mean	SD
Knowledge	1.00	2.00	1.7616	.13676
Attitude	1.00	3.00	2.4337	.33112

The results in table 4 indicate that most demographic factors do not significantly affect knowledge or attitudes toward CVD. Gender, age, academic year, chronic disease status, and family history showed no significant associations with knowledge or attitude scores, as indicated by big p-values. However, faculty affiliation was the only factor significantly affecting knowledge levels (p = .016), with allied college students scoring higher than graduate students. Attitudes, however, did not vary significantly by faculty. These findings highlight that while general demographics have little impact, educational background may play a role in shaping CVD knowledge. This suggests the need for targeted health education across different academic disciplines.

Table 4: Association Between Socio-Demographic Factors With Knowledge and attitude toward CVD

		Knowledge			Attitude		
		Mean	SD	p-value	Mean	SD	p-value
Gender	Male	1.77	0.14	.28	2.43	0.38	.76
	Female	1.75	0.13		2.44	0.28	
Age	17-19	1.74	0.14	.65	2.42	0.32	.35
	20-24	1.77	0.14		2.43	0.34	

	25-29	1.78	0.12		2.51	0.27	
Academic year	1 st Year	1.75	0.13	.34	2.40	0.32	.44
	2 nd Year	1.75	0.14		2.46	0.34	
	3 rd Year	1.76	0.15		2.38	0.35	
	4 th Year	1.77	0.13		2.45	0.33	
having any chronic diseases	Yes	1.78	0.13	.56	2.41	0.34	.75
	No	1.76	0.14		2.44	0.33	
Family history of cardiovascular disease	Yes	1.78	0.14	.32	2.42	0.32	.60
	No	1.76	0.14		2.44	0.33	
Faculty	Applied Professions	1.72	0.16		2.38	0.42	
	Allied college	1.82	0.12		2.48	0.29	
	Engineering	1.74	0.14	.016	2.40	0.38	.28
	Law	1.74	0.16		2.38	0.31	
	Graduate Studies	1.70	0.04		2.67	0.19	
	Humanities	1.78	0.10		2.38	0.30	
	Administrative Sciences	1.73	0.16		2.42	0.33	

5. Discussion

This chapter presents comprehensive analysis of the results of our study that aimed to assess knowledge and behaviors regarding CVD risk factors among PAU students and discusses the alignment and difference between our study finding and previous studies. The chapter also acknowledges strength, limitation of the study, and recommendation according to the current study findings.

Knowledge level toward CVD risk factors

Our current study showed that students at PAU demonstrated average to above-average knowledge about CVD risk factors through their mean score of 1.76 points from a maximum 2 points. Student knowledge levels in Saudi Arabia and India matched those [8] and [14] respectively since their mean scores remained at 16.33/25 and 44.3% respectively. The two studies in addition to our research found lacking knowledge about particular risk elements among participants (such as diabetes and stress). While study [12] indicated that Nigerian students displayed limited knowledge at 61.9% while our study showed different findings. Palestine reveals different educational infrastructure standards and health literacy programs than Nigeria thus resulting in this disparity.

Students at PAU exhibit moderate-to-high levels of health knowledge primarily because of the institution's dedicated efforts in health education particularly in Allied Medical Sciences programs (with significant improvement $*p* = 0.016$). The cultural environment and curricular structure seems to vary knowledge levels in different regions.

Students behavioral regarding CVD

In terms of student's behaviors our study showed alarming results where 41.7% of students smoked along with 45.4% who consumed energy drinks and among these individuals 60.9% participated in minimal physical activity during a week. The results demonstrate consistency with report [10] who reported that Pakistani

medical students had 10% smoking rate, and 48.3% male students frequently consumed soft drinks. The two research papers show adults maintain unhealthy behaviors after receiving education. While [11] study that conducted in Iraq which revealed that the population exhibited minimal alcohol and smoking habits according to their findings (2024). Strict cultural values along with research methodology variations might explain the differences between the results of these studies in Iraq. Study findings indicate that Palestinian youths keep smoking may be due to social influence or stressful conditions in their environment. The researchers found no significant variations between genders ($*p* = 0.28$) in this study although [9] documented better female awareness indicating differing levels of educational exposure at PAU.

Attitudes toward CVD risk factors intervention

Participants in our study showed positive attitudes (mean: 2.43/3.00), comparable to [11], where 72% valued regular checkups. Both studies reflect an attitude toward prevention despite behavioral gaps. Our higher attitude scores may be from PAU's health-focused curriculum or community campaigns. The justification of this findings, attitude variability (SD = 0.33) in our study suggests external influences (e.g., media, family history), while consistent knowledge (SD = 0.14) implies standardized education. ($*p* = 0.016$ for knowledge) highlight the role of academic concept in health literacy.

Demographic Influences

The study matched [13] Palestinian results because our research showed no meaningful relationship between gender and knowledge scores ($*p* = 0.76$) despite Turki study [9] showing female performance superiority. The results from our study support the delivery of gender-neutral health education. [10] There exists a gender difference in Pakistan because males show higher physical activity levels. PAU lacks gender differences possibly due to its culture of inclusion among students. Cultural and institutional factors likely shape these outcomes. Through their health programs Palestinian universities deliver the same set of health messages to all students while different regions manifest gender-based health practices.

Strength of the study:

Our study is considered one of the first studies, along with Amr's study, that evaluates the level of knowledge, health behavior, and attitudes toward risk factors for cardiovascular diseases among students, who are considered one of the youngest age groups in Palestinian society. In addition, this study is considered one of the basic strategies for long-term prevention.

One of the strengths of this study is that it includes all academic disciplines at the university, which enhances the reliability of the results and the possibility of generalizing them at the university level.

The questionnaire, which was established from several previous studies, was comprehensive in demographics and academics, in addition to knowledge, behavior, and attitudes. The online questionnaire allowed a good number of students to participate in the study in a short

time.

Limitation of the study:

Cross-Sectional Design: The study adopted a cross-sectional design to collect data that showed the current status at one particular moment. The selected design structure prevents researchers from observing how knowledge or attitudes or behavior patterns evolve throughout time.

Limited Generalizability: Researchers conducted their study solely at Palestine Ahliya University in Bethlehem preventing See-claims to match the results with different universities or population samples in Palestine.

Self-Reported Data: The data collection method which depends on participant self-reported information leads to the potential distorts of recall bias or social desirability bias because individuals may provide inflated assessments of their health knowledge and behaviors.

Scarcity of Local Comparisons: Studies with the same research design in the Palestinian context are scarce so it became difficult to assess findings against native standards or regional statistics.

Non-Probability Sampling: A convenience sample implemented without probability selection methods might have created sampling bias since the sample participants might differ from the complete student demographic group.

6. Conclusions:

- Integrate CVD Education into Curricula: All universities must establish mandatory cardiovascular health and disease prevention coursework for their entire student population in every learning discipline. The implementation of obligatory educational content will help students from every academic background understand the essential elements of CVD risk factors together with prevention methods.
- Targeted Health Campaigns: University students will benefit from targeted promotional activities that make clear the significance of pursuing active lifestyles by eating healthfully and mastering stress control. The awareness campaigns reach their maximum audience when they combine social media with campus events.
- Promote Faculty-Specific Interventions: High variations in cardiovascular disease knowledge among different faculties prompt the development of strategy-specific interventions to educate Law and Humanities and Administrative Sciences students about cardiovascular disease risks.
- Encourage Regular Health Screenings: Universities need to schedule routine health screening

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