



Income level and health knowledge about stroke prevention in the French West Indies

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Objective

Past studies have shown that health knowledge about stroke prevention is poor among the Guadeloupean population despite the high incidence of cerebrovascular diseases in the French Caribbean. Our objective was to estimate the relationship between income level and behavioral beliefs about stroke prevention in the adult Guadeloupean population.

Methods

We used data from CONSANT, a cross-sectional study carried out in 2007 on a representative sample of the adult population in Guadeloupe (1005 subjects aged 25-74 years, selected by stratified random sampling). Interviews were conducted at subjects' homes by trained investigators working in pairs. Behavioral beliefs were evaluated with an open-ended question. Income level was deduced from the amount of income tax subjects stated having paid.

Results

Adjusting for age, sex and education level, there was an increase in the odds ratios of the absence of behavioral beliefs about stroke prevention in subjects with low income level (no income tax) compared to subjects with higher incomes:

- at 3.3 ($p < 10^{-3}$) for weight control
- at 3.1 ($p < 10^{-3}$) for low-fat diet
- at 2.6 ($p: 0.005$) for low-sugar diet
- at 2.5 ($p < 10^{-3}$) for physical activity
- at 2.0 ($p: 0.005$) for increasing consumption of fruits and vegetables
- at 1.8 ($p: 0.002$) for avoiding tobacco consumption
- at 1.7 ($p: 0.008$) for limiting alcohol consumption
- at 1.7 ($p: 0.023$) for blood pressure control
- at 1.3 ($p: 0.318$) for low-salt diet

Conclusion

In this representative sample of the adult Guadeloupean population, a very strong relationship was observed between low income level and the absence of behavioral beliefs regarding stroke prevention. Social inequalities in access to health knowledge can be assumed. This could contribute to social inequalities in health. Public health campaigns promoting healthy behaviors should more specifically target disadvantaged populations.

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