DEAR EDITOR,

The main risk factors for coronary heart disease (CHD) in adults seem to be influenced, at least in part, by behavioral habits formed in infancy. According to research, teens do not understand the risk for cardiovascular disease and do not believe they are at risk (Vanhecke et al., 2006). Teenagers' longitudinal observations reveal risk factors including obesity remain over time and are connected to the clustering of metabolic syndrome components (Berenson et al., 2005). According to an Indian study, adolescents from middle- and upper-class families in India have a significant frequency of metabolic and dietary coronary risk factors (Gupta et al., 1998). In light of this, the current study was conducted to determine the level of risk factor awareness among schoolchildren. The sampling frame consisted of all students enrolled in grades matric through intermediate at the School A in Pakistan. Using stratified random sampling, 400 schoolchildren of both sexes were selected from this population. The sample represented each school, both sexes, and each class from 9th to 12th grade. Using a table of random numbers, subjects were chosen within each stratum by simple random sampling. Both the participants and the school administration gave their consent for the study. The lead investigator conducted in-person interviews to gather information. 96.2% of intermediate school students and 85.3% of high school students reported having heard about a heart attack. However, just 88% of middle school students and 70% of high school students thought that heart disease was a significant public health issue. Nearly 41% of these thought heart disease was relevant for persons over the age of 49. Only 41.5% of all students believed that CHD could be prevented. Obesity, smoking, and low physical activity were considered to be the top three CHD risk factors. However, only a very tiny fraction could name high blood pressure or elevated serum cholesterol as significant risk factors. 62.8% of high school boys, 83.3% of high school girls, 72.8% of intermediate boys, and 84% of intermediate girls had sufficient understanding of the cardio protective effects of PUFA (polyunsaturated fatty acids). While 76.8% of high school girls and 87.4% of intermediate girls believed that being overweight was unhealthy, as many as 92.4% of high school boys and 81.94% of intermediate boys did not share this opinion. This shows a shift in attitudes between the sexes in the two groups. Up to 42% of high school students and 54% of intermediate students believed that obesity is inherited, and 47.4% of all students favored vegetarian meals. Regarding smoking, as many as 12.6% of high school males, 17.5% of intermediate boys, 4.7% of high school girls, and 4.6% of intermediate girls said they were not opposed to picking up the habit in due time. Overall, 40.97% of boys and 40.65% of girls reported eating more than 10 servings of junk food each week. Students in classes 11 and 12 were substantially more aware of the following risk factors than students in classes 9 and 10: obesity value of P 0.001, hypertension value of P 0.001, salt intake value of P 0.001, stress value of P 0.001, and age value of P 0.001. The results of the current study show that very few people in the study population were aware that high blood pressure and elevated cholesterol are risk factors. There is a lot of room for school health education on these risk factors because they are two of the main risk factors for CHD in later life. The mindset of some to start smoking regularly was another unsettling trend. It's crucial to spread understanding about the consequences of cigarette exposure (Benuck et al., 2006). Despite being somewhat prevalent, awareness of modifiable risk factors like obesity and
physical inactivity was poor. It is advised that a comprehensive population plan should start in childhood for the primary prevention of CHD. School-aged children can be served by adapting techniques from different contexts (Scott et al., 2006)

REFERENCES