A Descriptive Study to Assess the Knowledge Regarding Prevention of Complications of Hypertension Among Hypertensive Patients of Selected Hospitals of Moodbidri with a View to Provide an Informational Pamphlet

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Abstract
Hypertension is one of the major public health problems and is prevalent all over the world. It is emerging as an important cause for morbidity and mortality in adults. **Methodology:** The research design selected for this study is non experimental descriptive survey design. 60 hypertensive patients were selected by non-probability purposive sampling technique. The study was conducted in selected hospitals of Moodbidri. The instrument used for the study was structured interview schedule. **Results:** The result showed that among hypertensive patients 70% acquired good knowledge, 28.33% had average, and only 1.67% acquired very good knowledge
Keywords: Knowledge, Hypertension, informational pamphlet

Introduction

Hypertension also known as high blood pressure, is a long term medical condition in which the blood pressure in the arteries is persistently elevated. It is a silent killer as it is asymptomatic. Long term high blood pressure however, is a major risk factor for coronary artery disease, stroke, heart failure, peripheral vascular disease, vision loss and chronic disease [1].

Hypertension is one of the major public health problems and is prevalent all over the world. It occupies 4th place in the world by its prevalence. It is emerging as an important cause for morbidity and mortality in adults. Worldwide 7.1% million deaths are due to hypertension. Increased blood pressure is related to sedentary life styles, excess salt intake, alcohol consumption, stress due to urbanization and migration.[2]

High blood pressure (BP) is a major public health problem in India and its prevalence is rapidly increasing among both urban and rural populations. The prevalence of hypertension ranges from 20-40% in urban adults and 12-17% among rural adults. The number of people with hypertension is projected to increase from 118 million in 2000 to 214 million in 2025, with nearly equal numbers of men and women.[3]

Overall prevalence for hypertension for India was 29.8% .Significant difference rural and urban parts are 27.6% and 33.8% regional estimates for prevalence of hypertension were as follows 14.5% , 31.7% , 18.1%and 21.1% for rural north , east, west and south India : and 28.8%, 34.5%, 35.8% and 31.8% for urban north, east, west, and south India respectively. Overall estimate for prevalence of awareness, treatment and control of blood pressure where 25.3%, 25.1%, and 10.7% for rural India: and 42.0%, 37.6% and 20.2% for urban India.[4]

2. Materials and methods

The research design adopted for the present study was non experimental descriptive survey design. The sample size for the study was 60 hypertensive patients who were selected by non-probability purposive sampling technique. The tools used were demographic proforma, structured interview schedule. Reliability coefficient of the knowledge questionnaire was tested using split half method following Spearman's Brown Prophecy formulae. The reliability of the structured interview schedule was found to be $r_{(6)=}0.8$.

Data collection process

Formal written permission was obtained from the Medical Officers of various hospitals. The data was collected from 60 hypertensive patients who met the study criteria. The samples were informed about the purpose of the study and the consent was taken from them. The tool was administered using interview technique. On various days the investigator contacted the study subjects and administered the data collection tool individually. Both descriptive and inferential statistics were used to analyze the data collection.

3. Results

The findings of the study revealed that majority of the hypertensive patients (70%) had good knowledge, (28.33%) had average knowledge, only 1.67% had very good knowledge .The mean% of knowledge score was 55.92% with standard deviation of 2.32.

Table 1: Frequency and percentage distribution of subject according to their level of knowledge

n=60

Level of knowledge	Frequency	Percentage
Poor (0-7)	0	0
Average (8-14)	17	28.33
Good (15-21)	42	70
Very good (22-28)	1	1.67

Table 2: Association between knowledge score and selected demographic variables.

n=60

Sl.no	Demographic variables	Knowledge score		χ^2 (chi- square)
		< median	≥ median	
1.	Age in years			
a	30-50	10	22	1.5385
b	51-60	15	13	
2.	Gender			
a	Male	14	16	0.617
b	Female	11	19	
3.	Religion			
a	Hindu &Others	11	17	0.122
b	Muslim& Christian	14	18	
4.	Marital status			
a	Married	21	25	1.288
b	Unmarried & Widow	4	10	
5.	Type of family			
a	Nuclear	11	16	0.0173
b	Extended & Joint	14	19	
6.	Education			
a	No formal schooling. Graduate & Post graduate	11	18	
b	Diploma & Others	14	17	0.3222
7.	Occupation			
a	Coolie, Business & Homemaker	14	18	
b	Agriculture & Employees	11	17	0.122
8.	Monthly income of family			
a	5000-10000& above 15000	11	13	0.2857
a	5000-10000& above 15000	11	13	
b	10001-15000	14	22	0.2857
9	Family history of hypertension			
a	Yes	12	19	0.2307
b	No	13	16	
10.	Duration of hypertension in years			
a	Less than 1& Above 3	14	15	
b	1-3	10	21	1.601
11.	Are you on regular treatment for hypertension?			
a	Yes	15	19	0.193
b	No	10	16	
12.	Do you any information regarding hypertension?			
a	Yes	16	19	0.0571
b	No	9	16	

Table value $\chi^2_{(1)}=3.84$;p<0.05

The data presented in table 2 shows that there was no significant association between knowledge score and selected demographic variables, hence null hypothesis is accepted and research hypothesis is rejected.

Limitations
- The study was limited to the hypertensive patients of selected hospitals of Moodbidri.
- The structured interview schedule was used to collect the data which restricted the respondents on providing adequate information regarding hypertension.

Recommendations
- A similar study can be recommended on a large population
- A similar study with other methods of data collection like questionnaire and planned teaching programme can be implemented.

Conclusion

Hypertension is a long term medical condition persistently elevated. It is a silent killer as it is asymptomatic. Long term high blood pressure, however is a major risk factor for coronary artery disease, stroke, heart failure, peripheral vascular disease, vision loss and chronic disease. This indicates that there is need for health education for the improvement of knowledge regarding prevention of complications of hypertension among hypertensive patients.

Acknowledgement

References

1. http://www. cardi research.org/ topic/hypertension/hypertension-India.
2 Journal of hypertension, Wolters Kluwer Health. Hypertension in India; A systematic Review and Mete analysis of prevelance, awareness and control of hypertension. Raghupathy Anchala, Nanda k Kannuri [---] and Dorairaj Prabhakaran.
3. Ike SO, Anibue PN. Knowledge,perceptions and practices of lifestyle-modification measures among adult hypertensive in Nigeria.Trans. Rsoc Trop Med Hyg.2010 Jan; 104(1):55-60.
4. Osman EM, Suleiman, Elzubair AG. Knowledge of hypertension and its control in Eastern Sudan. East Afr Med J.2007 July; 84(7):324-328.