Research Paper

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A Study to Assess The Effectiveness of Structured Teaching Programme (Stp) Regarding Hypertension And Its Prevention Strategies in Terms of Knowledge and Attitude of Selected Rural Population at Karve Area

Healthcare

KEYWORDS : Assess, Hypertensive client, prevention strategies, STP, effectiveness.

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ABSTRACT

Aim & Objectives: 1. to improve knowledge of selected rural population regarding prevention of hypertension. To identify risk factors and provide structured teaching program on prevention of hypertension.

Material & methods: evaluative study was conducted on 30 hypertensive subjects from Karve rural population by using interview schedule method. Sampling technique used for the study was convenient sampling which is type of non probability sampling. The study was conducted in year 2011 in month of November. Stratified random sampling technique was used. Institutional ethics Committee approval and informed consent from the subjects, Sarpanch, medical officer of PHC of Vadgaon Haveli were taken before the study. First pretest questionnaire given to subject then health education through structured teaching provided pamphlets and after seven days post test given. Results: assessing the knowledge in pretest out of 30 samples no one 0(0%) having good knowledge. 23 (76.66%) having average knowledge. Remaining subjects 7(23.33%) are having poor knowledge regarding prevention of hypertension. conclusion: knowledge and attitude of rural population related to prevention of risk factors of hypertension is poor so there is need to give more information to aware people is necessary.

1.Introduction:

Hypertension is a medical condition characterized by a continuous increase in the numbers of blood pressure above 135/85 mmHg and considered one of the problems of public health in developed countries, affecting about one billion people. The Hypertension is an asymptomatic disease and easy to detect, however, presents with severe and lethal complications if not treated early[1]. **"Prevention is better than cure"** Hypertension is the most important risk factor for cardiovascular disease, the consequences of which include death, stroke, and myocardial infarction. Hypertension is also an important risk factor for chronic kidney disease, left ventricular hypertrophy and congestive heart failure, and dementia[2-8]. Severe and acute elevations in blood pressure may cause encephalopathy, retinopathy, acute decompensate congestive heart failure, aortic dissection, and acute kidney injury[9]. Overall, the prevalence dramatically increases in patients older than 60 years: In many countries, 50% of individuals in this age group have hypertension. Worldwide, approximately 1 billion people have hypertension, contributing to more than 7.1 million deaths per year.[10] According to the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC VII), in individuals older than 50 years, SBP of greater than 140 mm Hg is a more important cardiovascular disease risk factor than DBP.[11] The World Hypertension League(WHL), an umbrella organization of 85 national hypertension societies and leagues, recognized that more than 50% of the hypertensive population worldwide are unaware of their condition.[12] The first line of treatment for hypertension is identical to the recommended preventive lifestyle changes[13] and includes dietary changes,[14] physical exercise, and weight loss. These have all been shown to significantly reduce blood pressure in people with hypertension.[15] their potential effectiveness is similar to using a single medication.[16] if hypertension is high enough to justify immediate use of medications, lifestyle changes are still recommended in conjunction with medication. Dietary change such as a low sodium diet is beneficial. A long term (more than 4 weeks) low sodium diet is effective in reducing blood pressure, both in people with hypertension and in people with normal blood pressure.[17] Also, the diet, a diet rich in nuts, whole grains, fish, poultry, fruits and vegetables lowers blood pressure. A major feature of the plan is limiting intake of sodium, although the diet is also rich in potassium, magnesium, calcium, as well as protein.[18] Some programs aimed to reduce psychological stress such as biofeedback or transcendental meditation may be reasonable add-ons to other treatment to reduce hypertension. However several techniques such as yoga, relaxation and other forms of meditation do not appear to reduce blood pressure, [19] and, of the techniques with supportive evidence, there is limited information on whether the modest reduction in blood pressure results in prevention of cardiovascular disease. [19] Lifestyle changes are recommended to lower blood pressure, before starting drug therapy. The 2004 British Hypertension Society guidelines[20] proposed the following lifestyle changes consistent with those outlined by the US National High BP Education Program in 2002[21]

2.Literature survey: Parker A, Nagar B, Thomas G, Badri M, Ntusi NB conducted a study on Health practitioners' state of knowledge and challenges to effective management of hypertension at primary level. Knowledge regarding hypertension and the South African hypertension guidelines is poor. Management of hypertension by these doctors is sub-optimal. There are significant challenges to effective management of hypertension at this level of care.[22]

Viera AJ, Garrett JM 2008 conducted preliminary study of a school based programme to improve hypertension awareness in the community. Results: Seventy six parents (out of potential 134) completed base line questionnaires. Parents had high baseline knowledge about certain aspects of hypertension but baseline knowledge that high BP could lead to kidney failure was relatively low. This programme may improve parent's knowledge about hypertension and their intent to be seen about BP.

"**The Seventh Report of the Joint National Committee** on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure" provides a new guideline for hypertension prevention and management. The following are the key messages :In persons older than 50 years, systolic blood pressure (BP) of more than 140 mm Hg is a much more important cardiovascular disease (CVD) risk factor than diastolic BP; (2) The risk of CVD, beginning at 115/75 mm Hg, doubles with each increment of 20/10 mm Hg; individuals who are normotensive at 55 years of age have a 90% lifetime risk for developing hypertension; (3) Individuals with a systolic BP of 120 to 139 mm Hg or a diastolic BP of 80 to 89 mm Hg should be considered as prehypertensive and require health-promoting lifestyle modifications to prevent CVD; The most effective therapy prescribed by the most careful clinician will control hypertension only if patients are motivated. Motivation improves when patients have positive experiences with and trust in the clinician. Empathy builds trust and is a potent motivator. Finally, in presenting these guidelines, the

committee recognizes that the responsible physician's judgment remains paramount.

Perez –Fernandez R., etal, 2007, conducted study on prevalence, awareness, treatment and control of hypertension in Galicia(Spain) Result: surprisingly, people with low educational level more frequently showed awareness of hypertension than people with higher education[24].

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3. Objectives:

1. to assess knowledge of selected rural population regarding hypertension.
2. To provide structured teaching programe to selected population regarding Prevention of hypertension

4. Materials and Methods:

The evaluative approach was used; one group pre-test and post – test design, sample of 30 hypertensive client from Karve population **who** fit the Criteria for sample selection will be selected. Convenient sampling technique who those are having hypertension. Data were collected, tabulated and analyzed in terms of objective of the study using descriptive and inferential statistics. Data collection tool- structured interview schedule for assessing the knowledge regarding prevention of hypertension.

5. Results:

Assessing the level of knowledge in pre test out of 30 samples 0(0%) were having good knowledge 23 (76.66%) were had average knowledge 23(76.66%) had poor knowledge. In post test knowledge score 10% population having poor knowledge regarding prevention of risk factors of hypertention.13.33% population having good knowledge.76.66% population having average knowledge.

Table -1 Frequency and Percentage distribution of hypertensive client in rural area Karve according to socio-demographic variables.

Sr. No.	Socio-demographic variables.	Frequency (f) (n = 30)	Percentage (%)
1.	Age (in years) a) 20-30 b) 31-40 c) 41-50 d) 51-60 & Above	 1 1 4 24	 3.33 3.33 13.33 80
2.	Gender a) Male b) Female	 11 19	 36.66 63.33
3.	Religion a) Hindu b) Muslim c) Christian d) Others	 28 2 0 0	 93.33 6.66 0 0
4.	Type of family a) Joint b) Nuclear c) Extended	 21 9 0	 30 70 0
5.	Educational status a) Uneducated b) Primary c) Secondary d) Higher secondary e) Graduate f) Post graduate	 10 8 6 3 2 1	 33.33 26.66 20 10 6.66 3.33
6	Monthly income of family a) Less than Rs.3000 b) Rs.3001-6001 c) Rs.6001-9001 d) Above Rs.9001	 25 3 0 2	 83.33 10 0 6.66
7.	Type of diet a) Vegetarian b) Non Vegetarian c) Mixed	 11 0 19	 36.66 0 63.33
8.	Occupation a) Skilled workers b) Self employed c) Farmer d) Housewife e) Unskilled workers f) Others	 1 0 8 19 2 0	 3.33 0 26.66 63.33 6.66 0

The data presented in **Table -1** indicates that majority of the samples (30 %) belong to age group of 50-60 years and above In terms of gender, 11 (36.66%) subjects were males .Majority 28 (93.33%) of the subjects are belonged to Hindu religion Educational status of the subjects 8 (26.66%) are from primary education. Majority8 (26.66%) subjects were farmer. Majority of the family of subjects 3(10%) had monthly income up to Rs. less than 3000/- Majority25 (83.33%)

Subjects were belongs to joint family.

Table No.2: Frequency and Percentage distribution of knowledge scores of selected rural Karve hypertensive cli-

Knowledge score	Pre-test Frequency (f) (n = 30)	Pre-test Percentage (%)	Post-test Frequency (f)	Post-test Percentage (%) (n = 30)
Good	0	0	4	13.33
Average	7	23.33	23	76.66
Poor	23	76.66	3	10

Table-2 reveals that in pre-test majority of rural selected hypertensive population7 (23.33%) had average knowledge, 23 (76.66%) had poor knowledge, and no one (0%) had good knowledge; where as in post-test majority of rural population of selected hypertensive client 23 (76.66%) had average knowledge, 3 (10%) had poor knowledge, and 4 (13.33%) had good knowledge score.

6. DISCUSSION:

There were no contradictory /similar results are found to support the study. The data presented in this study majority of the samples (80 %) belong to age group of 50-60 years and above In terms of gender, 11 (36.66%) subjects were males .Majority 28 (93.33%) of the subjects are belonged to Hindu religion Educational status of the subjects 8 (26.66%) are from primary education. Majority8 (26.66%) subjects were farmer. Majority of the family of subjects 3(10%) had monthly income up to Rs. less than 3000/- Majority25 (83.33%) subjects were belongs to joint family while 9 (30%) are from nuclear family.

7. CONCLUSION:

Based on findings of the study following conclusion were drawn the knowledge score is divided in to good. average, poor using 'Liker ` scale so 76.66% of the peoples had average knowledge so study indicate all people are not aware about risk factors of hypertension there is need to provide continuous awareness program to prevent risk factors of hypertension.

Future scope:

Nursing practice:

There are several implications of the study. If you can educate to the rural population then it will helpful to change their attitude.

Nursing education:

Findings of the study proved that use of counseling programme is an effective means to improve the knowledge. A nurse educator needs to assess the level of knowledge impart more insights into subjects that are of importance to the group. Reinforcement of known ideas and impartation of new ones allows the learner to correlate all the areas included in counseling programme Making use of advance technology like lecture and discussion and presentation of posters and flash cards not only improves the performance of the teacher but also helps the learner to capture every detail meticulously due to the colorful, designed focused display of matter with appropriate picture.

Nursing administration:

The structured teaching program in terms of lesson plan and structured questionnaire prepared by the investigator is useful to the community health nurse to assess the knowledge and attitude of rural population regarding prevention of risk factors of hypertension awareness in the society.

Nursing research:

There is need for extended and intensive nursing research in the area of knowledge and attitude of rural population regarding prevention of risk factors of hypertension. The present study conducted by the investigator can be source of review of literature for others who are intending to conduct studies on knowledge and attitude of rural population related to prevention of risk factors of hypertension.

REFERENCE

1. http://www.indiastudychannel.com/Hypertension-Introduction-Epidemiology-Threshold.aspx | 2. Alonso A, Mosley THJr, Gottesman RF, et al. Risk of dementia hospitalization associated with cardiovascular risk factors in midlife and older age: the Atherosclerosis Risk in Communities (ARIC) study. Journal of Neurology, Neurosurgery & Psychiatry 2009 Nov;80(11):1194-201. | 3. Lawes CM, Vander HS, Rodgers A. Global burden of blood-pressure-related disease, 2001. Lancet 2008 May 3; 371(9623):1513-8. | 4. Woo D, Haverbusch M, Sekar P, et al. Effect of untreated hypertension on hemorrhagic stroke. Stroke 2004 Jul; 35(7):1703-8. | 5. O'Donnell M, Xavier D, Diener C, et al. Rationale and design of INTERSTROKE: a global case-control study of risk factors for stroke. Neuroepidemiology 2010; 35(1):36-44. | 6. O'Donnell MJ, Xavier D, Liu L, et al. Risk factors for ischemic and intracerebral hemorrhagic stroke in 22 countries (the INTERSTROKE study): a case-control study. Lancet 2010 Jul 10; 376(9735):112-23. | 7. Vaughan CJ, Delanty N. Hypertensive emergencies. Lancet 2000 Jul 29; 356(9227):411-7. | 8. King de etal "Book of hypertension" 4th edition (2001) Philadelphia W.B Saunders Company, Page. 220-235. | 9. Andrew etal "Clinical features of hypertension", 1982 Bombay, Ghevarghese Company, Page no. 90-102. | 10. The World Health Report 2002-Reducing Risks, Promoting Healthy Life. Geneva, Switzerland: World Health Organization; 2002. Available at http://www.who.int/whr/2002/en/ \n blank. | 11. Chobanian AV, Bakris GL, Black HR, Cushman WC, Green LA, Izzo JL Jr, et al. Seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. Hypertension. Dec 2003; 42(6):1206-52. [Medline]. | 12. Chockalingam A (May 2007). "Impact of World Hypertension Day". Canadian Journal of Cardiology 23(7):517–9. doi:10.1016/S0828-282X(07)70795X.PMC 2650754. PMID 17534457. | 13. "NPS Prescribing Practice Review 52: Treating hypertension". NPS Medicines Wise. September 1, 2010. Retrieved 5 November 2010. | 14. Siebenhofer, A; Jeitler, K; Berghold, A; Waltering, A; Hemkens, LG; Semlitsch, T; Pachler, C; Strametz, R; Horvath, K (2011-09-07). "Long-term effects of weight-reducing diets in hypertensive patients". In Siebenhofer, Andrea. Cochrane Database of Systematic Reviews 9 (9): CD008274. doi:10.1002/14651858.CD008274.pub2.PMID 21901719. | 15. Bauman, M; King, SM; Fonarow, GC; Lawrence, W; Williams, KA; Sanchez, E (Nov 15, 2013)."An Effective Approach to High Blood Pressure Control: A Science Advisory From the American Heart Association, the American College of Cardiology, and the Centers for Disease Control and Prevention". Hypertension 63 (4): | 16. Giuseppe, Mancia; Fagard, R; Narkiewicz, K; Redon, J; Zanchetti, A; Bohm, M; Christiaens, T; Cifkova, R; De Backer, G; Dominiczak, A; Galderisi, M; Grobbee, DE; Jaarsma, T; Kirchhof, P; Kjeldsen, SE; Laurent, S; Manolis, AJ; Nilsson, PM; Ruilope, LM; Schmieder, RE; Sirnes, PA; Sleight, P; Viigimaa, M; Waeber, B; Zannad, F; Redon, J; Dominiczak, A; Narkiewicz, K; Nilsson, PM et al. (July 2013). "2013 ESH/ESC Guidelines for the management of arterial hypertension: The Task Force for the management of arterial hypertension of the European Society of Hypertension (ESH) and of the European Society of Cardiology (ESC)". European heart journal 34(28): 2159–219. doi:10.1093. | 17. FJ; Macgregor, GA (2004). "Effect of longer-term modest salt reduction on blood pressure". In Macgregor, Graham A. Cochrane Database of Systematic Reviews (3): CD004937. doi:10.1002/14651858.CD004937.PMID 15266549. | 18. (PDF). Retrieved 8 June 2009. | 19. Brook, RD; Appel, LJ; Rubenfire, M; Ogedegbe, G; Bisognano, JD; Elliott, WJ; Fuchs, FD; Hughes, JW; Lackland, DT; Staffileno, BA; Townsend, RR; Rajagopalan, S; (Jun 2013). Williams, B; Poulter, NR, Brown, MJ, Davis, M, McInnes, GT, Potter, JF, Sever, PS, McG Thom, S, British Hypertension, Society (March 2004). IV".Journal of Human Hypertension 18 (3): 139–85.doi:10.1038/sj.jhh.1001683. PMID 14973512. | 20. Whelton PK et al. (2002). "Primary prevention of hypertension. Clinical and public health advisory from the National High Blood Pressure Education Program". JAMA288 (15): 1882–1888. doi:10.1001/jama.288.15.1882.PMID 12377087. | 21. Parker A Nagar B et al conducted a study on health practitioners state of knowledge and challenges to effective management of hyper tension at primary level in cape town, south Africa. | | 22. Kokiwar Prashant R, Guptha Sunil S, International journal of biological and medical research on prevalence of hypertension in rural community of central India community survey, 2011 page no- 956-957. |