

KNOWLEDGE, AWARENESS, ATTITUDES, AND PRACTICE ABOUT HYPERTENSION IN PATIENTS REFERRED TO PUBLIC HEALTH CARE CENTRES IN HYDERABAD

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Abstract

BACKGROUND: The most prevalent chronic condition in both industrialized and developing nations is hypertension, one of the most serious health issues. It is known as the silent killer and is typically discovered by accident. Despite the fact that hypertension is a preventable and treatable disorder, if left untreated, it can have dangerous and even fatal side effects. By educating the public, altering attitudes and behaviors, and increasing public awareness, prevention plays a vital role in the control of this disease.

METHODS: In one stage, by one group, a cross-sectional correlation-descriptive investigation was carried out, (234) participants were chosen at random from a group of hypertension patients in Hyderabad who had been referred to public health care facilities.

RESULTS: The results show that among hypertension patients mindfulness and practise; inadequate knowledge; perception and attitude are significantly correlated. Knowledge and practice or knowledge and attitude do not significantly interact. Additionally, there is a strong correlation between the patients' attitudes and practices.

CONCLUSIONS: Patients generally had a high level of Despite their pressures, they lack illness awareness, information, disposition, and practise was remained uncontrolled. Uncontrolled hypertension is accompanied by a number of obstacles, notably those linked to therapy. The results indicate that more research is necessary to find fresh, efficient solutions to this issue.

KEYWORDS: *Knowledge, Awareness, Attitude, Practice, Hypertension*

INTRODUCTION

According to Grove C. and Laennec NJ (2005), Being one of the most common health problems in both developed and developing countries, antihypertensive (HTN) may significantly contribute to mortality from endothelial dysfunction, migraine, as well as kidney damage. It is a ongoing disease that is most frequently found by chance. Even though it is a preventable and generally manageable disease, if it is not treated, it can result in significant and even fatal difficulties such liver, kidney, and mental health issues.

In emerging nations, hyperglycemia poses a serious issue as infectious disease give way to permanent non-communicable diseases (Rahimi B & Rahimi M ,2006) As individuals age, hyperglycemia and its harmful effects (including cardiovascular disease, dementia, and organ failure) become more prevalent. Hypertension affects one in four persons in developed countries who are 18 or older (Andreolee T ,2002)

Thus according statistics from either the hospitals and care science departments, the occurrence of hypotension among Jews aged 45 to 69 is around 27% & 42%, respectfully (Grove C & Laennec NJ,2005). 17.5% of people in Isfahan have hypertension (18.6% of women and 16.4% of men). Of those, 12% had hypertension under control, 33.9% were getting therapy, and 46.2% of patients were aware of their ailment (Khosravi AR et al.,2006). This study's The goal was to evaluate participants' high blood pressure tolerance, cognition, views, and behaviours in a public healthcare facility in Hyderabad, India, in relation to demographic data.

MATERIAL & METHODS

- In one stage and one group, a cross-sectional study was carried out. The main factors were hypertension, awareness, knowledge, attitude, and practice.
- Patients referred to six public health care centers in Hyderabad totaled 234 patients, who were chosen at random from the group.

- Patients between the ages of 18 and 80 who had baseline blood pressure levels and had Participants needed to have their diastolic pressure tested many times before being taken part in the study if they had been certified with antihypertensive for at longest a year selection in the research study).
- A two-part questionnaire was used for the data collection. Eight questions about The first part of the survey asked about demographics (also including age, sexual preference, marriages status, educational level and size of hypertension), and or the part two asked open - ended question about four different subjects, which would include carers' knowledge and understanding (8 questionnaire), expertise (11 concerns), demeanour (11 doubts), and practise (11 doubts) (20 questions). The study obtained a total number of 100 after each item was given a grading on even a four Likert scale of four. It received ratings of poor (0 out of 25), mild (25 out of 50), high (51 out of 75), but very excellent (76 out of 100).

DATA ANALYSIS

The data were analyzed using Statistical tool and inductive and descriptive analyses (paired - samples t, Multiple linear regression analysis, and Cardinal correlation matrix). P 0.05 was used as the statistical significance threshold.

RESULTS

Based on the study, patients' characteristics are presented in table 1.

Table 1 Socio-demographic Information of Patients

Demographic Data	Percent Value
Gender	
Male	44.90%
Female	57.10%
Marital Status	
Married	97.40%
Single	0.90%
Widow	1.80%
Educational level	
Illiteracy	29.00%
Primary School	43.10%
High School graduate	24.00%
Higher education	4.30%
Duration of High Blood Pressure	
<10 years	63.50%
<20 years	1.70%
>20 years	34.10%

Table 2: Customer information, attention, mood, and practise of HTN: Actually imply and Frequency Distribution

	Mean	standard deviation
Patients' awareness score of HTN	79.7	15.64
Patients' knowledge score of HTN	50.50	17.66
Patients' attitude score of HTN	74.54	7.48
Patients' practice score of HTN	73.7	11.27

Table 2 presents the average and standard deviation of patient knowledge, attitude, and practice scores for hypertension (HTN). The majority of patients (64.5%) had a high awareness score for HTN (very good/score > 75), with a mean of 79.7 (SD = 15.64). In 49.1% of patients, the With either a average of 50.50 (SD = 17.66), users' overall prevalence of HTN considered strong (26 scoring of 50). The overall mindset level for HTN was favourable in 58.2percent of total of subjects (51 scores 75), with a mean of 74.54 (SD = 7.48).

With a mean of 73.7 (SD = 11.27), patients' practice HTN scores were high (very good/score > 75) in 49/2% of cases.

Table 3: Knowing, Consciousness, Perceptions, and Behaviour of Pressure in Patients who have hypertension.

	Knowledge		Awareness		Attitude		practice	
	p	r	p	r	p	r	p	r
Knowledge	-	-	0.191	0.003	0.630	0.346	0.077	0.246
Awareness	0.191	0.003	-	-	0.403	0.0001	0.319	0.0001
Attitude	0.63	0.346	0.403	0.0001	-	-	0.404	0.0001
practice	0.077	0.246	0.319	0.0001	0.404	0.0001	-	-

Students gain an understanding (P = 0.003), attitudes and intentions (P = 0.0001), and understanding and practise (P = 0.0001) all had a significant association was also revealed by data analysis. Knowledge and practice or knowledge and attitude do not significantly interact. A substantial relationship between attitude and practice also exists (P = 0.0001). Table 3 provides an overview of these results.

DISCUSSION

The participants in the study at six health centers in Hyderabad, India demonstrated good awareness (score > 75). The majority of patients had high levels of awareness and were receiving therapy in more than half of cases, but their high blood pressure was uncontrolled, according to research by Aubert L. et al. (2008). These findings showed that despite high awareness, people's strategies for controlling their hypertension were inadequate and flawed. According to the current study, patients only had a basic comprehension of hypertension (>26 score >55). In a related study, participants' broad understanding of HTN was strong, but their comprehension of particular factors was weak (Egan BM et al. 2003). (Particularly regular BP as well as HTN treatment). According to results from a separate research, subjects had positive impressions (Black JM and Raptor JH, 2006). (51 out of 75). According to reports, below 50% of high blood pressure sufferers believe that their condition is not a severe health concern. cannot be prevented. Nearly half of them had no idea what their blood pressure measurements were and lacked the words to accurately describe hypertension. In this trial, the patient practice scores were good (score > 75). In the (Aubert et al, 2008) study, the majority of patients believed that eating a salty diet, smoking, and being overweight were the main causes of hypertension. They emphasized how important physical activity and exercise are for controlling hypertension. More than half of the informed patients reported a lifelong requirement to use hypertension medicines. Patients with higher awareness levels were more likely to check daily (p = 0.001), see a specialist or other medical professional on a regular basis, consume less salt (p = 0.001), as well as engage in less strength training. The (Mckay BM et al. 2003) research found that conditions associated with chronic (such as cold conditions and an increasing life expectancy with painful arthritic) discourage people from exercising). According to this study, patients who were more conscious had a more positive attitude than those who were less informed.

CONCLUSION

According to the findings, the participants' blood pressure is out of control despite having adequate knowledge, awareness, attitude, and practice. According to the study's findings, most patients had high awareness scores for HTN (very good/score > 75), while knowledge scores for HTN were moderate (26 score 50) in 49.1% of patients, good attitudes for HTN (51 score 75) in 58.2% of patients, and high practice scores for HTN (very good/score > 75) in 49/2% of patients. Therefore, there has to be a bigger focus on educating medical professionals about hypertension and how to treat it.

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