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# "A Descriptive Study To Assess The Existing Practices With Regard To Self- Care Of Clients With Hypertension At Selected Community Areas, Udupi With An View To Develop An Information Booklet"

[1]Ms. Shilpa, [2]Mr. Shinod T R

[1]Lecturer, [2]Associate Professor

[1,2]Department of Community Health Nursing

[1,2] Udupi College of Nursing, Manipal, India

*Abstract:* Hypertension is a condition that affects most of the population throughout the world and has been identified as one of the major causes of morbidity and mortality in both developed and developing countries. A survey approach with descriptive design was used to evaluate the self-care practices of clients with hypertension in selected community areas. The objectives of the study were to assess the existing practices with regard to self-care of clients with hypertension, to find out the association between existing practices and selected demographic variables and to develop an information booklet. Total 100 hypertensive clients were selected by purposive sampling technique. The data was collected by using Checklist on self-care practices and was analysed by using descriptive and inferential statistics. The result of the study reveals that majority 72 (72%) clients had poor practice score and 28 (28%) clients had good practice score on hypertension. Area-wise analysis of practice score of clients regarding self-care practices of hypertension shows that overall knowledge mean was 14.1 and mean percentage was 44% with standard deviation of 4.172. The variables such as age, gender, religion, educational qualification, occupation, marital status, place of residence, type of diet, family history, duration of illness and source of information does not show any significant association. This study revealed that majority of hypertensive clients had poor self-care practice regarding hypertension. Hence there is a need to improve practice regarding self-care of hypertension through informational booklet. There was no statistically significant association found between practice score and demographic variables.

***Index Terms*** **–** Hypertension, Self- Care Practices

## I. 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 that is above 140/90 mm of Hg. It is a common and serious health problem worldwide. High blood pressure typically does not cause symptoms. Long term high blood pressure is a major risk factor for coronary artery disease, stroke, heart failure, arterial fibrillation, peripheral artery disease, vision loss, chronic kidney disease and dementia.[1] High blood pressure is classified as either primary or secondary hypertension. About 90-95% of cases are primary and its due to nonspecific lifestyle and genetic factors. Lifestyle factors that increase the risk include excess salt in the diet, excess body weight, smoking and alcohol use. The remaining 5-10% of cases are secondary high blood pressure and its due to an identifiable cause, such as chronic kidney disease, endocrine disorder or the use of birth control pills.[1] High blood pressure is largely asymptomatic, especially in the early stages. Leading into its description as a

"silent killer". Early diagnosis and effective management of hypertension are essential. The higher the blood pressure, the greater the risk for myocardial infarction, heart failure, stroke and kidney failure. Even though prevention and control of hypertension has been reported as an important public health issue, finding a strategy for controlling high blood pressure has been worldwide problem.[2] Studies have demonstrated that self-care practice is essential for blood pressure control and reduction of hypertension complications. Self-care is the maintenance of healthy well-being in decisions and actions to have a control over their illness. The components of self-care leading a healthy lifestyle, treating minor ailments, managing chronic conditions and care after hospital discharge.[3] Hypertension self-care practices involves medication taking, consumption of low-sodium and low-fat diet, exercise, limiting alcohol drinking, not smoking, weight reduction, self-monitoring blood pressure, regular health care visit, and reducing stress. [4]

A cross-sectional study was conducted among hypertensive clients to assess the Self-Care Practices and associated Factors. The study revealed that almost one out of two hypertension clients had good hypertension self-care practice. Stress control, good basic knowledge about hypertension control and management, good social support, age greater than or equal to 40 years, and urban residency were positively associated with good self-care practice. The government should give a dual attention for rural residence through facilitating accessing information related to hypertension.[5]

Hospital-based cross-sectional study was conducted to assess the Self-care practices and associated factors among hypertension patients. This study concluded that formal education, good knowledge about hypertension, abstaining from khat chewing, good social support, and absence of depression showed associations with a good level of self-care practices. Therefore, public health interventions on hypertension self-care practices, and strengthening non-communicable diseases control programs are vital.[6]

A descriptive cross-sectional study was conducted to assess the Knowledge and self-care practice among patients with hypertension. This study revealed that the level of knowledge and self-care practice among patients with hypertension was low. Therefore, all concerned bodies should design a strategy to close the gap between knowledge and practice. Moreover, healthcare professionals should provide adequate information and education regarding self-care practices for the prevention and control of hypertension.[7]

A quasi – experimental study was conducted to assess the effectiveness of Informational booklet on Self-Care Practices among Hypertensive patients. Total 60 patients were selected by Purposive sampling technique. The present study shows that in the pretest most of the samples were having average knowledge (50%) regarding self- care practices regarding hypertension and in post test majority (99.66%) were having good knowledge. The pre -test mean was 12.08 and post -test mean was 18.78 and calculated t value was 6.70 found significant at the level of $p<0.001$. the study concluded that information booklet was found effective to improve the Knowledge regarding self-care practices among hypertensive patients.[8]

## II. CONCEPTUAL FRAMEWORK

A conceptual framework for research is an organization or matrix of concepts that produces a process of enquiry. The conceptual framework for the present study was developed based on the Health Belief Model (Rosen stock, 1974). This model was spelled out in terms of four constructs representing the perceived threats, perceived susceptibility, perceived severity, perceived benefits and perceived barriers. These concepts were proposed as accounting for people's "readiness to act". An added concept, cues to action, would activate that readiness and stimulate over behaviour. [9]

The model comprises of 3 primary components including

- Individual perception
- Modifying factors
- Likelihood of initiating or engaging in action

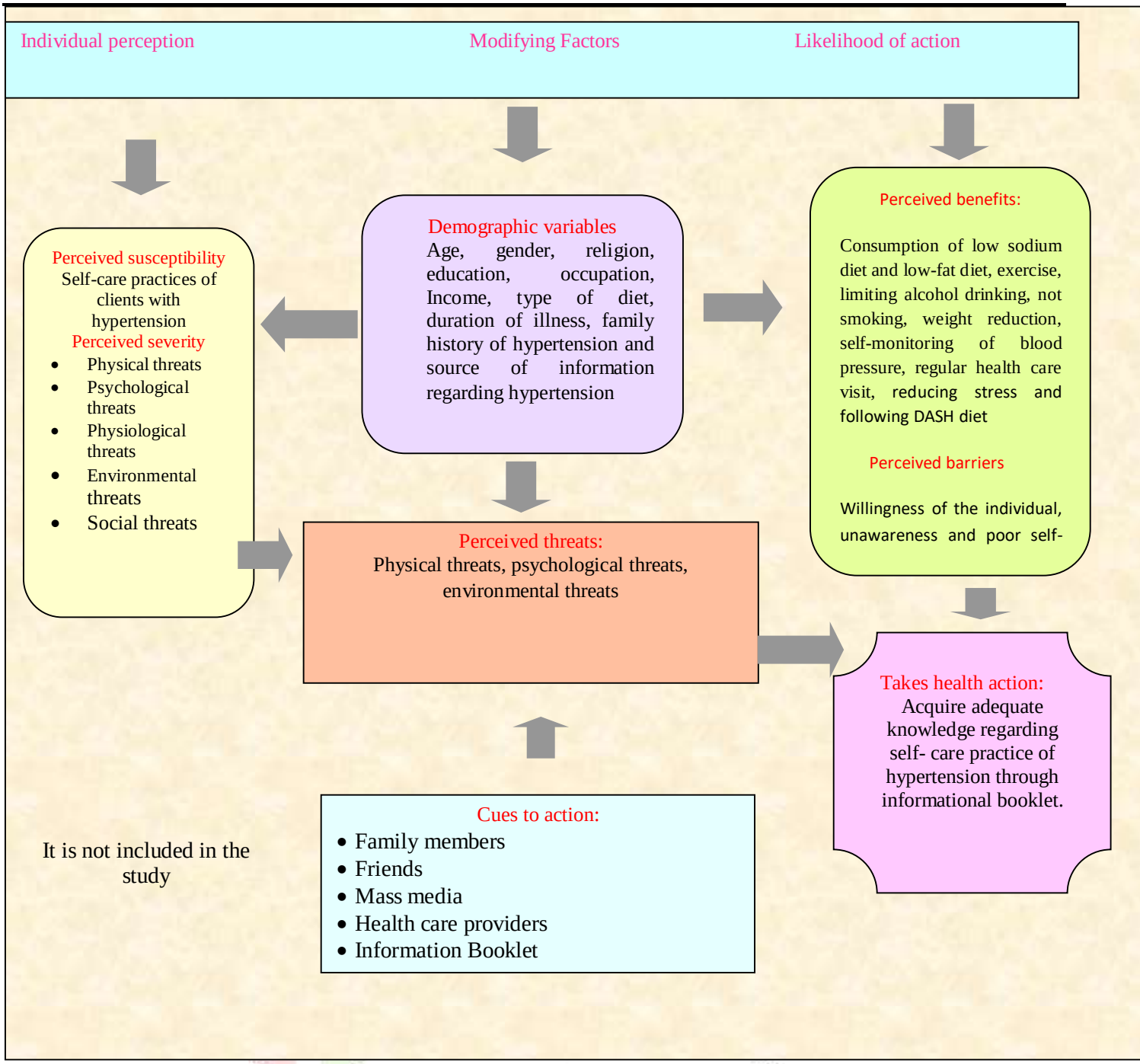


**Figure 1: Conceptual framework based on Rosen Stock Health Belief Model (1974)**

## III) MATERIALS AND METHODS

Descriptive research design with survey approach was used in this study to assess the self-care practices of clients with hypertension. In the view of nature of the problem and accomplish the objectives of the study, a structured self-care practice checklist was prepared to assess the self -care practices of clients with hypertension. 100 hypertensive clients were selected by purposive sampling technique. The tool for data is a practice checklist which consist of two parts. First part (A) consist of consists of 11 questions related to selected demographic variables. And the second part (B) consists of structured practice checklist which was consisting 33 questions on self-care practices of hypertensive clients. The stability of the tool is found to be 0.8 and internal consistency found to be 0.89; which indicate the tool is stable and reliable, and feasible. The total possible score of the structured practice checklist was 33. The data was collected and tabulated in MS Excel and analysed with descriptive and inferential statistics using IBM SPSS Version 22

## III) RESULT AND DISCUSSION

The demographic variables of the samples are described in terms of age, gender, religion, educational status, marital status, occupation, family income per month, type of diet, family history of hypertension, duration of illness and source of information.

**Figure 2** shows that that majority of 59% are belongs to age group of above 55, 24 % are belongs to age group of 45 - 54 years, 12% are belongs to age group of 35- 44 years and only 5% are in between the age group of 25 - 34 years.

n= 100

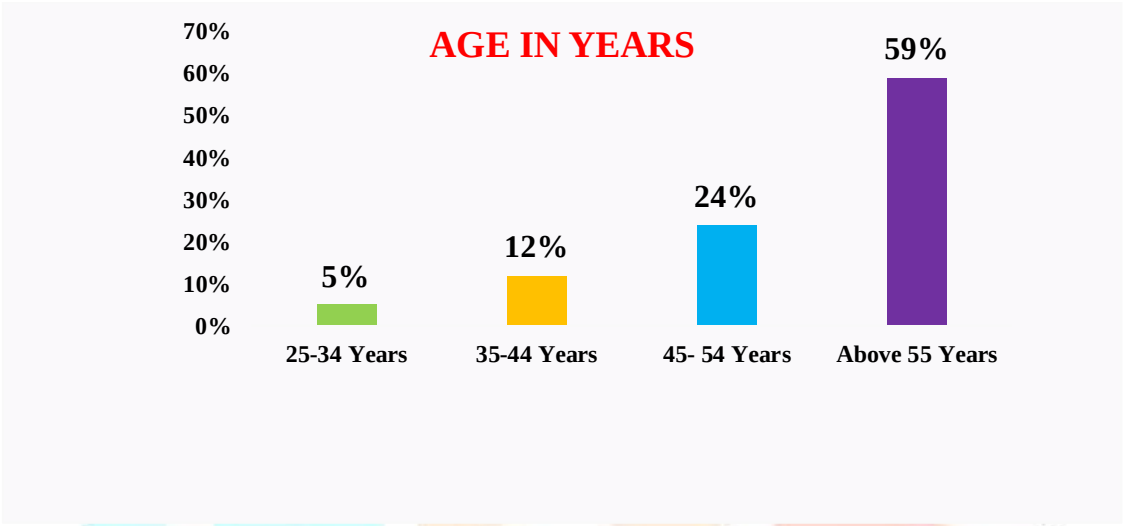


Figure 3 shows that among the sample 63 % are males and remaining 37% of the samples are females.

n =100

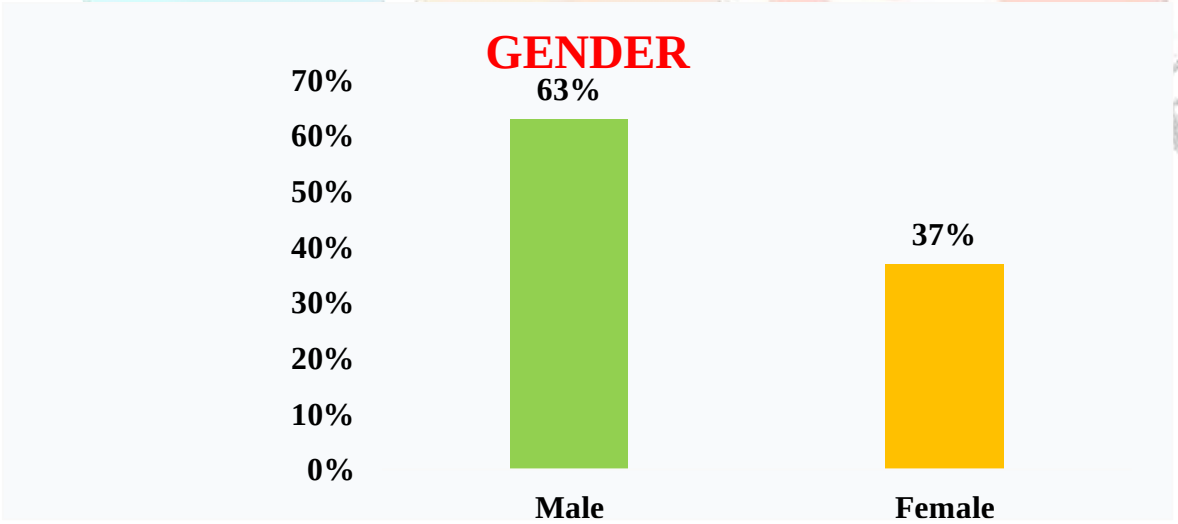

Figure 4 shows that majority of the 50% were Hindu, 24 % were Christian and 26 % were Muslim.

n= 100

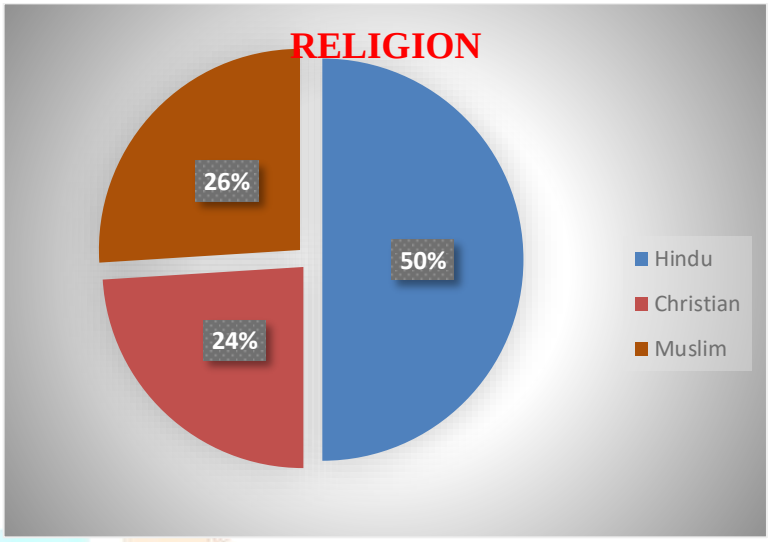


Figure 5 shows that majority of the 46% samples had secondary education, 23% were had primary education, 16% were had no formal education, 10% were educated up to PUC and about 5% had graduation

n=100

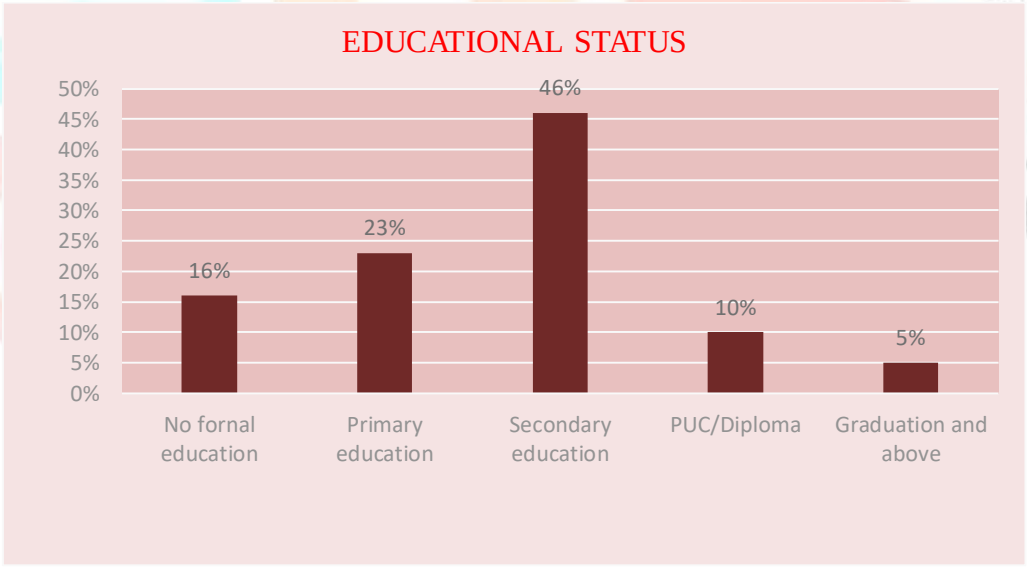

Figure 6 shows that majority of the 72% were married, 19% were widow/ widower, 3% were divorced and 6% were single.

n= 100

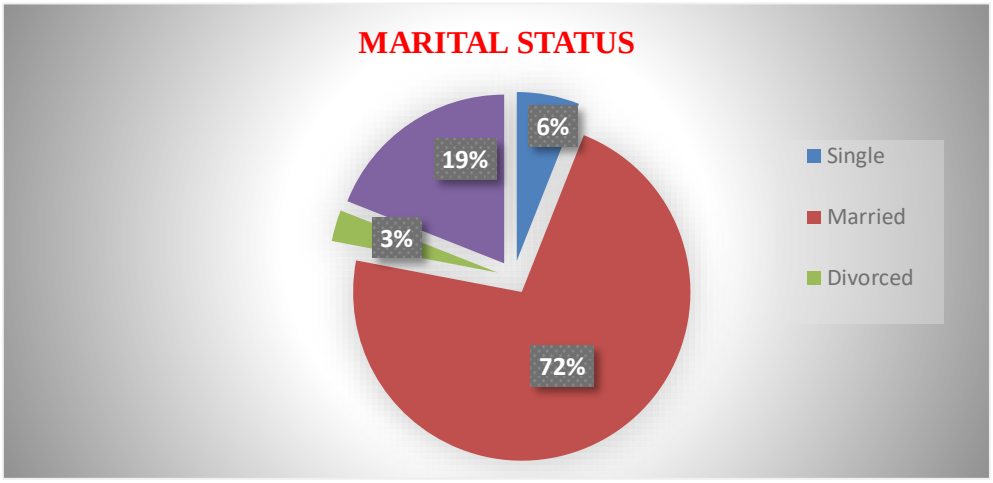


Figure 7 shows that majority of the 31 % were having business, 28% were doing coolie work, 18 % were employee and 23 % were doing agricultural work.

n =100

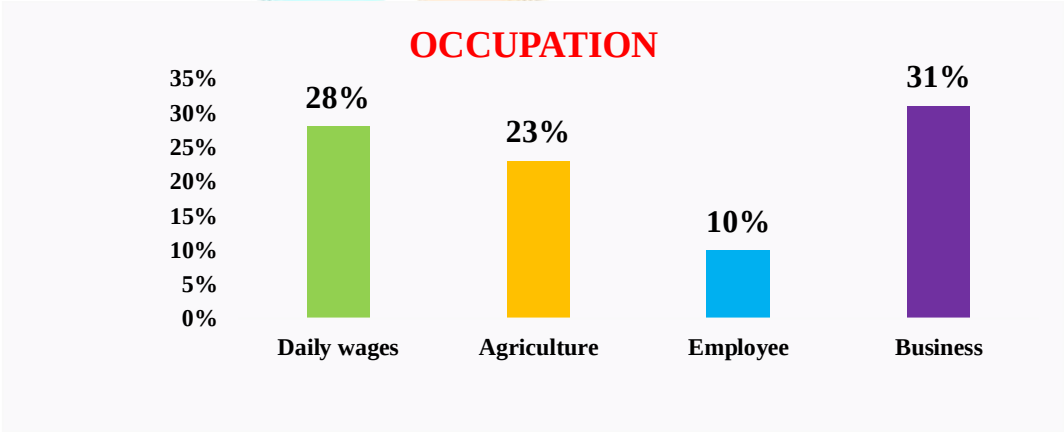


Figure 8 shows that majority of the 42 % were having income between 10001 - 20000, while 26% were below 10000, 24% were 20001 - 30000 and 8% were having income more than 30000.

n = 100

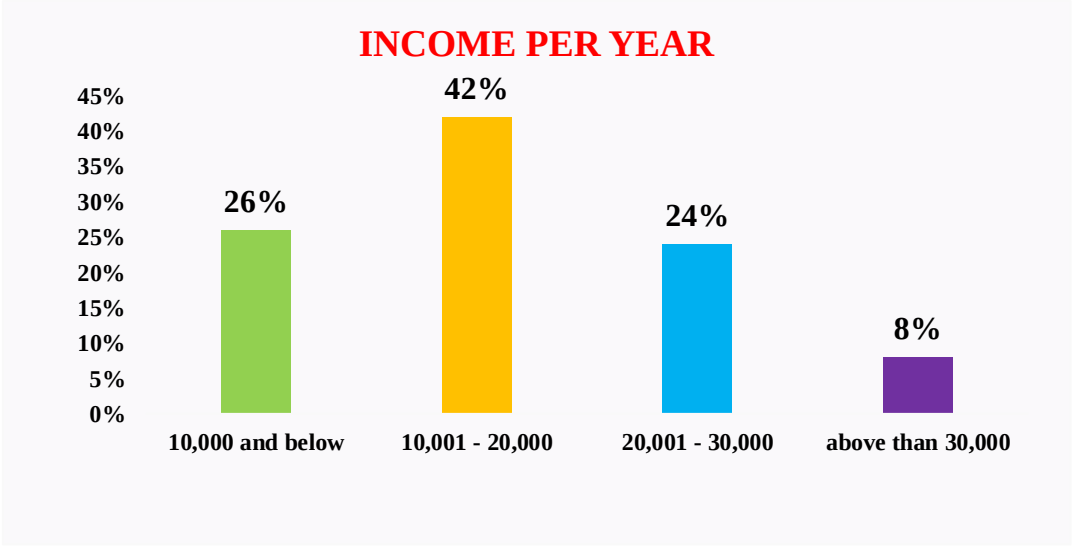

Figure 9 shows that majority of the 80% were having mixed diet and 20% were vegetarian.

n =100

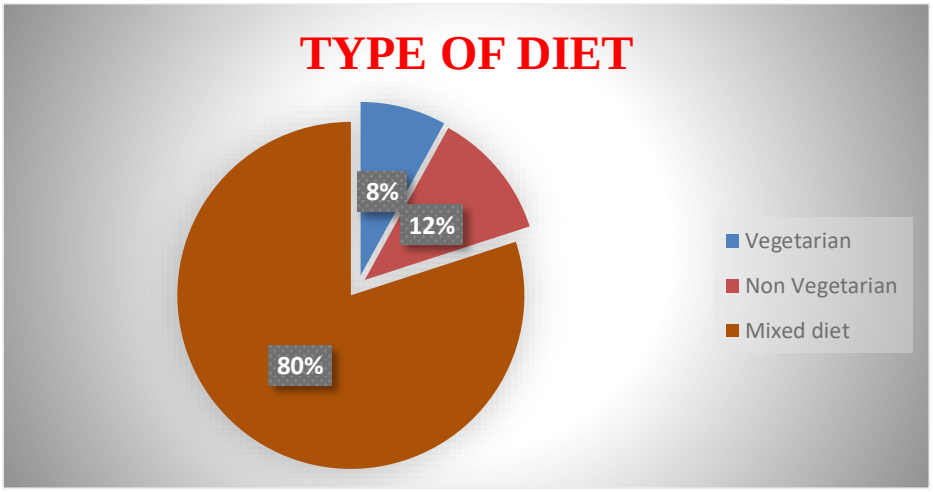


Figure 10 shows that majority of the 51% were not having family history of hypertension and 49% wer having family history of hypertension

n=100

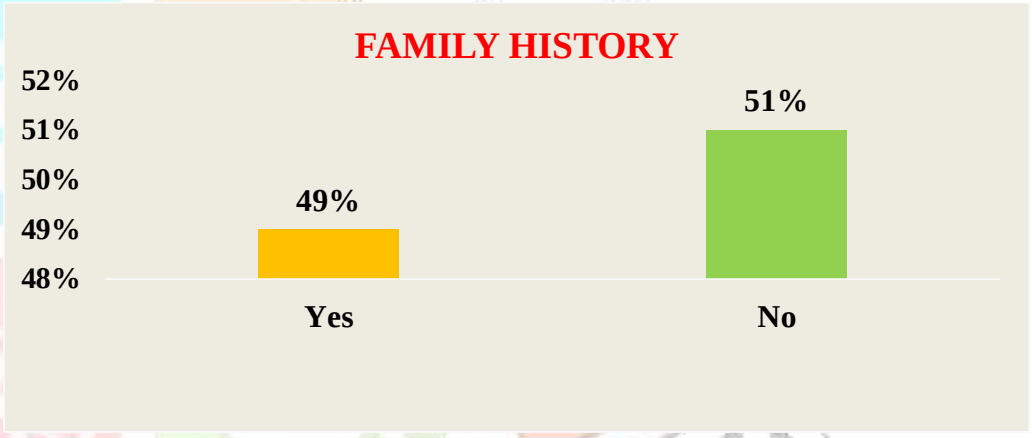


Figure 11 shows that majority of the 40% were 0-5 years, 28% were 6-10 years, 24% were more than 10 years and 8% were not sure about the duration of illness.

n=100

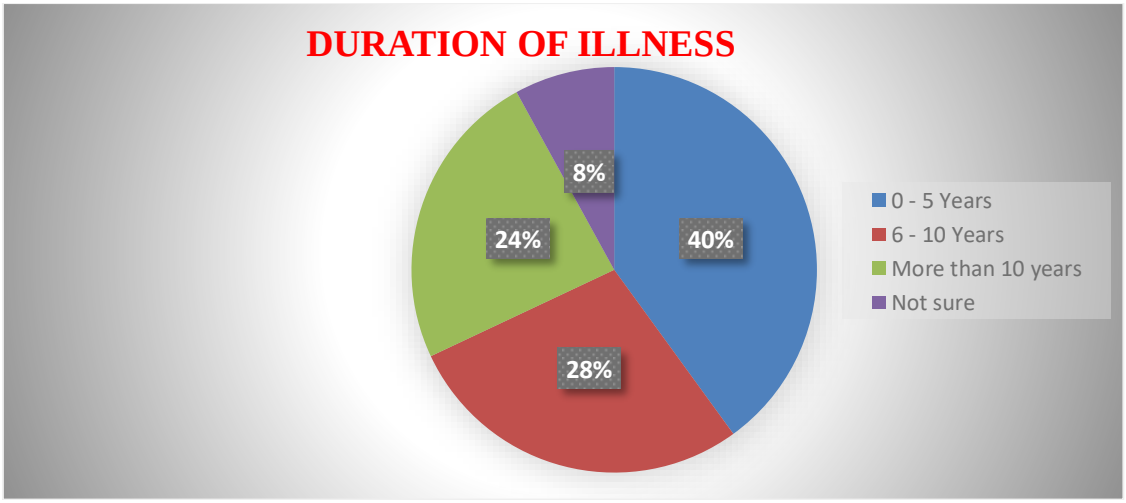

Figure 11 shows that majority of the 45% samples got information from health personnel, 20% had no information, 18% got from family members, 12% got from mass media and 5 % got information from neighbors.

n = 100

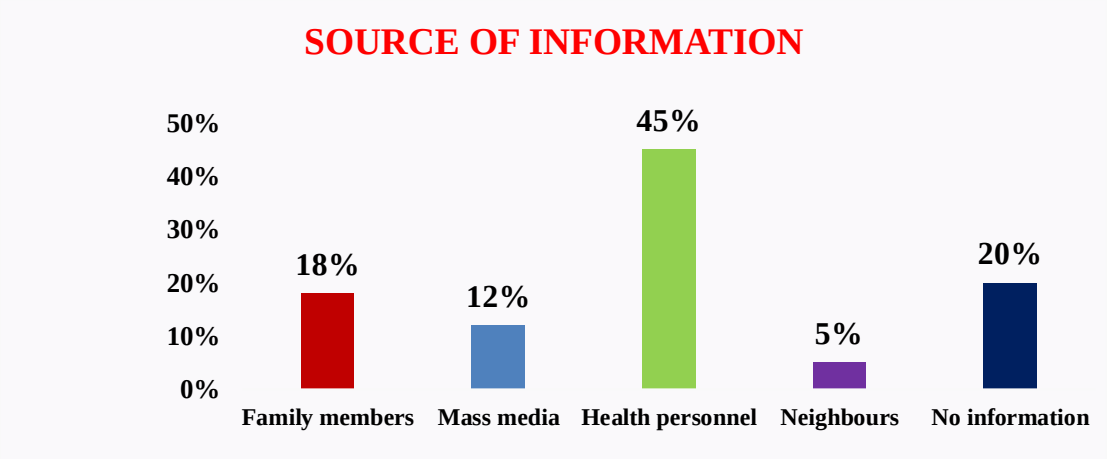


Table 1, shows that majority of 72 (72%) clients had poor self-care practice score and 28 (28%) clients had good self-care practice score on hypertension.

N =100

| SL.NO | Overall knowledge | Frequency (f) | Percentage (%) |
|---|---|---|---|
| 1 | POOR PRACTICE | 72 | 72 % |
| 2 | GOOD PRACTICE | 28 | 28 % |
| TOTAL | | 100 | 100 % |

Table 2 shows area-wise analysis of practice score of clients regarding self-care practices of hypertension, in that overall practice mean was 14.1 and mean percentage was 44 with standard deviation of 4.172.

N = 100

| SL.NO | AREA | MAXIMUM SCORE | MEAN | MEAN PERCENTAGE | STANDARD DEVIATION |
|---|---|---|---|---|---|
| 1 | Blood Pressure check | 06 | 2.26 | 38% | 0.504 |
| 2 | Medication adherence | 02 | 0.98 | 49% | 0.728 |
| 3 | Good Habits | 03 | 1.29 | 43% | 0.577 |
| 4 | Dietary management | 13 | 5.80 | 45% | 0.514 |
| 5 | Weight management | 02 | 0.95 | 48% | 0.938 |
| 6 | Stress Management | 07 | 2.82 | 40% | 0.911 |

| | | | | |
|---|---|---|---|---|
| **TOTAL** | **33** | **14.1** | **44%** | **4.172** |

The table 3 showed association of practice score with selected demographic variables. The variables such as age, gender, religion, educational qualification, occupation, marital status, family income per month, type of diet, family history, duration of illness and source of information does not show any significant association.

N =100

| SL.NO | Demographic value | Chi- square value | Df | P- value | Significance |
|---|---|---|---|---|---|
| **1.** | **Age in years** | 2.611 | 1 | 0.106 | NS |
| **2.** | **Gender** | 0.303 | 1 | 0.582 | NS |
| **3.** | **Religion** | 0.987 | 1 | 0.610 | NS |
| **4.** | **Educational qualification** | 0.549 | 1 | 0.459 | NS |
| **5.** | **Marital status** | 1.702 | 1 | 0.192 | NS |
| **6.** | **Occupation** | 0.954 | 1 | 0.329 | NS |
| **7.** | **Family Income Per Month** | 0.923 | 1 | 0.337 | NS |
| **8.** | **Type of diet** | 0.612 | 1 | 0.762 | NS |
| **9.** | **Family history** | 0.455 | 1 | 0.500 | NS |
| **10.** | **Duration of illness** | 0.451 | 1 | 0.502 | NS |
| **11.** | **Source of information** | 1.065 | 1 | 0.302 | NS |

The data gathered were summarized in the master sheet and both descriptive and inferential statistics were used for analysis and interpretation of the findings. The analysis and interpretation of the data focuses on the results of the study. The findings revealed that there was no significant association between existing practices and demographic variables.

## LIMITATIONS OF THE STUDY

1. Sample size was small so the generalization is limited.
2. Study was conducted only in selected community area So, the generalization of the finding is limited
3. Study didn't use any intervention or control group

## RECOMMENDATIONS

1. The same study could be undertaken in large samples where findings can be generalized.
2. A comparative study on the urban and rural population could be conducted regarding knowledge, attitude and practice on hypertension.
3. A comparative study could be conducted.
4. Research is also needed to evaluate the effectiveness of video assisted teaching control on hypertension.
5. Orientation programs could be planned and implemented and evaluated to find out the effectiveness on increasing knowledge and self-care practice on hypertension.

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