# International Journal of Science and Research (IJSR) ISSN: 2319-7064

**Impact Factor 2024: 7.101** 

# Pre-Experimental Study to Evaluate the Effectiveness of Structured Teaching Programme on Knowledge and Attitude Regarding Hypertension Among Above 30 Years of Age People in Village Dhang (Mangta Plassi) Nalagarh. (Himachal Pradesh)

Dr. Naveen Nagar<sup>1</sup>, Chandraleka N.<sup>2</sup>

<sup>1</sup>Professor (Medical Surgical Nursing) Desh Bhagat University, Mandi Gobindgarh (Punjab) India

<sup>2</sup>PhD Nursing Scholar (Medical Surgical Nursing) Desh Bhagat University, Mandi Gobindgarh (Punjab) India

Abstract: Hypertension remains an important health challenge. Various factors might have contributed to this rising trend of hypertension. Hypertension is a major global health issue, contributing to 7.5 million deaths annually. Material and method: Quantitative research approach was used for in this study. One group pre-test and post-test research design was adopted for this study. The study was conducted in village Dhang (Mangta Plassi) Tehsil Nalagarh, Distt. Solan). Purposive sampling technique was used to select a 50 sample who fulfil the inclusive criteria. The structured knowledge questionnaire was used to assess the knowledge regarding hypertension.5-Point Likert scale was used to assess the level of attitude regarding hypertension among above 30 years of age people. The study findings revealed that paired "t" value for knowledge was (18.6) for attitude was (12.61) which was significant at p < 0.05. There was a positive correlation (r=0.7) between the knowledge and attitude of hypertension among above 30 years of age people. The findings revealed that after structured teaching programme the majority of participants gained knowledge and had favourable attitude regarding hypertension.

**Keywords:** Hypertension, Structured teaching programme, Knowledge, Attitude

# 1. Introduction

Hypertension remains a critical global health challenge, contributing significantly to cardiovascular diseases, Stroke and Kidney disorders. Providing continuum of care early detection to control of hypertension and improving quality care is a critical factor for leading a healthy life. It can also lead to decrease in morbidity and mortality due to cardio vascular disease.

Hypertension is a leading cause of premature death worldwide. As per WHO, the global target for non-communicable diseases includes reducing the prevalence of hypertension by 33% between 2010 and 2030. Hypertension is the biggest risk factor for disease burden globally. In India hypertension has become a prominent risk factor for mortality, with studies showing an increasing prevalence of hypertension. Kearney et al. predicted that the burden of hypertension in India will almost double from 118 million in 2000 to 213.5 million by 2025

A previous systematic review reported prevalence rates of hypertension in urban and rural areas of India ranging from 13.9% to 46.3% and 4.5% to 58.8% respectively. India has seen a significant shift in disease burden from communicable to non - communicable diseases over the past two decades.

The Joint National Committee (JNC-7) introduced the term pre hypertension (SBP120- 139 mmHg) (DBP 80-89 mmHg), highlighting a category at higher risk of progression to hyper

tension and associated complications. Recognized as first line interventions especially in mild to moderate cases, lifestyle changes are a cornerstone for improving population health outcomes.

#### **Need for the Study**

The CDC Statistics for hypertension- During August 2021-August 2023 the prevalence of adult hypertension was 47.7%. As per WHO report on hypertension in India of the estimated 220 million people in India living with hypertension, only 12% have their blood pressure under control. Hypertension kills more adults than any other cause and is readily preventable and treatable.

From 2014 to 2024, the prevalence of hypertension was 24% (27% to 7%). This increase was statistically significant (p <0.05). The region –wise prevalence of hypertension from south to northwest (18% to 34%) was also found to be statistically significant (p<0.05).

Hypertension is very common indeed and hence the major public health issue. The prevalence is expected to increase considerably in coming years. In 2000, the estimated number of adults living with high blood pressure globally was 972 million. This is expected to increase to 1.56 billion by 2025. Life style factors such as physical inactivity, a salt rich diet with high proceed and fatty foods, alcohol and tobacco use are reasons for this increased disease burden, which is spreading at an alarming rate from developed countries to emerging such as India and China.

Volume 14 Issue 4, April 2025
Fully Refereed | Open Access | Double Blind Peer Reviewed Journal
www.ijsr.net

# International Journal of Science and Research (IJSR) ISSN: 2319-7064

**Impact Factor 2024: 7.101** 

Contributing factors include urbanization, lifestyle changes, poor awareness and inadequate control measures. Cardiovascular diseases, driven by hypertension are projected to be the leading cause of death and disability in India, disproportionately affecting younger population and posing an economic challenge. This study seeks to address this alarming trend by raising awareness among public and promoting effective health education to reduce hypertension and its associated risks.

### Objectives of the study:

- To assess the pre- test knowledge and attitude regarding hypertension among above 30 years of age people.
- To assess the post-test knowledge and attitude regarding hypertension among above 30 years of age people.
- To evaluate the effectiveness of a structured teaching programme on knowledge and attitude regarding hypertension among above 30 years of age people.
- To correlate the knowledge and attitude regarding hypertension among above 30 years of age people.
- To find out the association between post-test attitude score with selected demographic variables.

#### **Hypotheses:**

H1: There is a significant relationship between pre-test and post-test knowledge regarding hypertension among above 30 years of age people.

H2: There is a significant relationship between pre-test and post-test attitude regarding hypertension among above 30 years of age people.

H3: There is a correlation between knowledge and attitude regarding hypertension among above 30 years of age people. H4: There is an association between post-test attitude with demographic variables regarding hypertension among above 30 years of age people.

# 2. Methodology

**Research Approach:** Research approach was used for this study is quantitative research approach as it aimed to assess the knowledge and attitude regarding hypertension among above 30 years of age people.

**Research Design:** The research design used for this study was pre –experimental – One group pre-test post-test design.

Group	Pre test	Intervention	Post test
Above 30 years age people	01	X	O2

#### Variables under study:

**Independent variable:** A structured teaching programme on hypertension.

**Dependent variable:** Knowledge and attitude.

**Research Setting:** The study was conducted in village Dhang (Mangta Plassi) Teshil Nalagarh. Distt. Solan.

**Population:** The target population of present study was above 30 years of age people in village Dhang.

**Sample size:** The sample size for the study was 50 above 30 years of age people.

**Sampling technique:** The sampling technique was used for this study was purposive sampling technique.

#### Sampling criteria:

Inclusive criteria:

- Who were willing to participate in this study.
- Both male and female
- Person who knows Hindi and English.

Exclusive criteria:

- Persons who are diagnosed with other associated disease condition.
- Persons who are seriously ill.
- Persons age below 30 years of age.

**Development of the tool:** The tool consists of three parts:

**Part-I:** It deals with demographic variables such as age, gender, Religion, type of family, marital status, occupation, educational status, area of living, life style, Dietary pattern, family history of hypertension, duration of hypertension, source of information related to hypertension, personal habits.

**Part** –**II** Structured knowledge questionnaire. It consists of 30 questions related to assess the knowledge of hypertension. Each correct answer score is one (1) and Each incorrect answer score is zero (0).

## Scoring of knowledge questionnaire was by:

0-10: Inadequate knowledge

11-20: Moderately adequate knowledge

21-30: Adequate knowledge.

**Part –III**: 5 –Point Likert scale used to assess the level of attitude regarding hypertension. It consists of 30 statement in which patient have to choose between various option.

Scoring of attitude scale was by

Statement	Strongly agree	agree	Uncertain	Disagree	Strongly dis agree
Positive statement	5	4	3	2	1
Negative statement	1	2	3	4	5

# International Journal of Science and Research (IJSR)

ISSN: 2319-7064 Impact Factor 2024: 7.101

#### 3. Results

Evaluate the effectiveness of structured teaching programme in term of paired "t" test value in knowledge and attitude regarding the hypertension among above 30 years of age people.

**Table 4.1:** Comparison of mean, standard deviation and paired" t" test value of knowledge in pre-test and post-test

panea t test value of knowledge in pre test and post test.							
	Pre-test		Post-test		Calculated	Table	
Level of	110	iest	1 Ost-test		value	value	
knowledge	Mean	SD	Mean	SD	10.16	2.31	
	12	4.43	26	3.16	18.16	2.31	

Table 4.1 shows that calculated value for level of knowledge (18.16) is higher than table value (2.31). Hence structured teaching programme was effective in this study.

**Table 4.2:** Comparison of mean, standard deviation and paired "t" test value for level of attitude in pre-test and post-

test.							
Level of	Pre-test		Post-test		Calculated value	Table value	
attitude	Mean	SD	Mean	SD	12.61	2 21	
	85	16.19	96.12	16.39	12.61	2.31	

Table 4.2 shows that calculated value for level of attitude (12.61) is higher than table value (2.31) Hence structured teaching programme was effective in this study.

4.3 Correlation between post-test knowledge scores and post-test attitude scores regarding hypertension among above 30 years of age people.

Variable	Mean	Standard deviation	Correlation	Table value
Knowledge	26	3.16	0.70	0.254
Attitude	96.12	16.39	0.70	0.254

Table 4.3 shows that there is a significant positive correlation between post-test knowledge and post-test attitude score. The value of correlation coefficient is 0.70.

The chi-square values were calculated to find the association level of attitude score with the selected demographic variables. The results reveals that there was significant association of attitude with religion (x2=11.97) at the level of p<0.05 and other demographic variables had not a significant association.

## 4. Conclusion

The study findings revealed that the entire sample had inadequate knowledge and unfavourable attitude during pretest. But after structured teaching programme the majority of the participants gained knowledge and develop positive attitude towards hypertension. It will help the above 30 years of age people to disseminate knowledge to others which will help to lead a healthy life.

#### 5. Recommendations

On the basis of the findings of the study the following recommendation are made:

- The study can be replied in various setting.
- The similar study can be conduct on larger population.
- Similar study can be conduct with control and experimental group.
- The study can be conduct towards lifestyle modifications.

#### References

- [1] Suddarth's and Brunner Text book of Medical Surgical Nursing; edition 13<sup>th</sup>, Wolters Kulwer; 2014.
- [2] Linton, Introduction to Medical Surgical Nursing ;4<sup>th</sup> edition; Publisher Elsevier; Year 2007.
- [3] Williams Linds. S, Plopper Pawala, D. understandijng Medical Surgical; Edition 8th, Publisher Elesivier, year 2007.
- [4] International Journal of Current Microbiology and Applied Sciences. (2014) ISSN:2319-7706, Volume- 3, No-8(2014).
- [5] IOSR Journal of Dental and Medical science (IOSR-JDMS) e-ISSN: 2279-0853, P-ISSN-2279-0861, Volume-13, Issue -12.