

The data presented in the table 4 showed the mean scores of post test knowledge scores (8.53) was higher than mean pre test knowledge score (5.48) with the mean difference of 3.050 the computed t value of 12.32 was found to be statistically significant at 0.05 level of significance which shows that there was significant difference in the mean pre test and post test knowledge score. Thus it can be inferred that non pharmacological intervention was effective in enhancing the knowledge of hypertensive clients regarding dietary modification.

Table 5: Mean, Standard deviation, Median of pre and post test Expressed Practice score of Hypertensive clients, N=60

	Range Possible	Range Actual	Mean \pm S.D	Median
Pre Test	45	16	43.12 \pm 3.561	42
Post Test	45	9	48.48 \pm 2.012	48

Max score-60 min score-12

The data presented in table 5 indicate that the mean post test expressed practice score (48.48) was higher than the mean pre-test expressed practice score (5.48). The findings also revealed that the post-test expressed practice scores were more homogeneous (SD 2.012) than pre-test knowledge scores (SD 3.561).

Table 6: Mean, mean difference, standard deviation of difference, standard error of mean difference and 't' value of pre test and post test expressed practices of hypertensive clients, N=60

	Mean	Mean _D	SD _D	SE _{MD}	't' value	P value
Pre Test	43.12					
		5.350	4.133	0.52	10.028*	>0.0001
Post Test	48.48					

*Significant ('t' > at 0.05 level), t value=2

The data presented in the table 6 revealed the mean score of post test expressed practices score (43.48) was higher than mean pre test expressed practice score (43.12) with the mean difference of 5.350 the computed t value of 10.028 was found to be statistically significant at <0.0001 level of significance which shows that there was significant difference in the mean pre test and post test expressed practices scores Thus it can be inferred that non pharmacological intervention in terms of dietary modification was effective in enhancing the knowledge of hypertensive clients

Table 7: Correlation between the knowledge and expressed practices of dietary pattern of hypertensive clients in terms of dietary pattern, N=60

	Pre test knowledge	Post test knowledge	r value
Pre test practice	0.060	0.025	0.254 ^{NS}
Post test practice	0.054	0.009	

df 58=0.254, ^{NS} = Not Significant

The data in table 7 indicates the calculated (coefficient of correlation)'r' value (0.254) is higher than the calculated value, which shows no relationship between expressed practices scores and the knowledge scores of dietary pattern in hypertensive clients

Table 8: Correlation between blood pressure and body mass index of hypertensive clients, N=60

Blood pressure	BMI	P value
Pre systolic	-0.184 ^{NS}	0.158 ^{NS}
Pre dystolic	-0.225 ^{NS}	0.083 ^{NS}
Post systolic	-0.207 ^{NS}	0.1126 ^{NS}
Post dystolic	-0.221 ^{NS}	0.0904 ^{NS}

df (58)=0.279, ^{NS} non significant(p \leq 0.05)

The data in table 8 reveals that there is no significant correlation found between blood pressure and BMI among hypertensive clients.

3. Discussion

The study shows that the non pharmacological intervention in terms of dietary modification was effective in enhancing the knowledge and practice of hypertensive clients. In this study 41% of the clients had normal blood pressure before the non pharmacological intervention which was increased to 71.6% after the non pharmacological intervention mainly the dietary pattern. A similar type of comparative study on the dietary pattern modification and the effect on blood pressure was conducted by Claudia S Plaisted et al reported that changes in health score improved significantly p<0.05 as compare to that of control group.

In the present study mean post test knowledge score (8.53) was higher than the mean pre test knowledge score (5.48). nearly similar type of findings were reported by Wendy Zernike ie the mean valued obtained to comparison of pre test and post test group revealed as significant increased in knowledge level after receiving educational program.

In the present, there was no significant relationship between the blood pressure and BMI before and after the non pharmacological intervention, secondly the study did not find the relationship between blood pressure and BMI among males and females. But Jay S. Kaufman, Michael CASuzu conducted a study to identify the relationship Between Blood Pressure and Body Mass Index and found that age-adjusted slopes of BP on BMI were uniformly higher in men than women, and concluded that there are relationship between BMI and blood pressure for women but not for men.

In the present study the researcher performed home to home survey and performed an individualized teaching on hypertensive diet found that the non pharmacological intervention was effective which shows an improved in knowledge score as the pre test knowledge score 47(78.3%) of the hypertensive clients had good knowledge and 13(21%) had poor knowledge regarding hypertensive diet while in post test knowledge score 10(16.6%) had very good knowledge score 50(83.3%) had good.

Nearly similar type of studies were reported by Amanda G Ribeiro, Sonia MR Ribeiro et al which reveals that nutritional orientation at the household level strategy promote grater adherence to dietary changes and found statistically significant in improvement in clinical, anthropometric biomedical and dietary parameter.

The life style and demographic are changing worldwide prompting shift in food consumption patterns and disease trends. Diet and lifestyle modification are universally accepted as a very important aspects for not only management of hypertension but for prevention of hypertension.

Hence the study aimed to conduct non pharmacological intervention for managing and preventing the hypertension in terms of dietary modification among hypertensive clients residing in rural area.

4. Conclusion

The results of the study show that the non pharmacological intervention in terms of dietary modification was effective in enhancing the knowledge and practice of hypertensive clients.

5. Recommendations

On the basis of the study conducted, certain suggestions are given for future studies:

- A similar study can be replicate on large population.
- A comparative study can be done on different age group and between male and female.
- The selected variables in the study i.e. age, gender, education, occupation, dietary habits, family history of hypertension and duration of diagnosis can be studied independently.
- A study can be carried out to assess the overall quality of life of hypertensive clients.
- Similar studied can be done to find out the predisposing factors of hypertensive clients.
- A study can be done in the lifestyle modification of hypertensive clients.
- A study can be done on importance of weight reduction for the hypertensive clients

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