International Journal of Science and Research (IJSR)
ISSN (Online): 2319-7064
Index Copernicus Value (2013): 6.14 | Impact Factor (2013): 4.438

Health Seeking Behavior of Women with Hypertension and their Control of Blood Pressure: A Non-Experimental Approach

Anila G Das

Assistant Professor, Sree Gokulam Nursing College, Venjaramoodu

Abstract: ***A descriptive, non-experimental study was conducted among the hypertensive women attending the Hypertension clinic at Primary Health Centre, Pangappara. Blood pressure was checked and women were categorised into two as women with normal blood pressure and women with elevated blood pressure. After obtaining the informed consent from the participants, data were collected using structured interview schedule and their health seeking behaviour was identified retrospectively using interview method. Findings of the study showed that majority (84.6%) of women with normal blood pressure had good health seeking behaviour whereas among women with elevated blood pressure, only 14.1% had good health seeking behaviour. Factors affecting the health seeking behaviour of women with Hypertension were analysed and found out that, source of knowledge, availability of health care centre, accessibility to health care centre, duration of travel to health care centre, availability of antihypertensive drugs, financial assistance from health insurance or from family and availability of a person to accompany to health care centre were having a positive influence in health seeking behaviour of women with Hypertension. Presence of knowledge seeking behaviour regarding Hypertension, attitude towards health care and social support system of women were also found to have a positive influence in health seeking behaviour of women. Health seeking behaviour in women with Hypertension has been investigated only to a limited extent in India, especially in Kerala. The aim of the study was to explore health seeking behaviour of women with Hypertension and to find out the various factors affecting the health seeking behaviour of women. The study concluded that Hypertensive women with good health seeking behaviour have better control over their blood pressure.***

Keywords: Health seeking behaviour, Hypertension

1. Introduction

Hypertension remains a major global public health challenge that has been identified as the leading risk factor for cardiovascular morbidity and mortality (WHO, 2002). Annually, it causes 7.1 million (one-third) of global preventable premature deaths. The overall global prevalence among adults was estimated to be 26.6% in men and 26.1% in women [1]. Gupta from Jaipur, through three serial epidemiological studies (Criteria: ≥140/90 mm of Hg) carried out during 1994, 2001 and 2003 demonstrated rising prevalence of Hypertension (30%, 36% and 51% respectively among males and 34%, 38% and 51% among females) [2]. A study conducted by the Tulane University School of Public Health stated that the prevalence of blood pressure will soar to 1.56 billion by the year 2025.

2. Need for the study

Hypertension is known as a 'silent killer', as it displays no symptoms and is often detected for the first time when it has already damaged one of the target organs like the heart, brain or the kidneys leading to complications like Stroke, Heart Disease, Kidney Failure etc. The longer we leave our Hypertension unchecked, the more damage it will cause. Hypertension is one of the most important treatable causes of mortality and morbidity in women and accounts for a large proportion of cardiovascular diseases in women.

About 15–37 percent of the global adult population has Hypertension. In those older than age 60, as many as one-half in some populations are hypertensive [3].

The difference between genders is more keenly felt in patriarchal societies like India where men are considered to be "superior" to women just because of their sex. Being inferior to men denote inferior status in every aspect of life, health included.

A woman's access to health care, in physical, social, and psychological contexts, depends on her health beliefs and her socio-economic and demographic backgrounds. As in most developing countries, the health system in India is a combination of modern and traditional medicine, and the nature of care sought again depends on the individual's health beliefs and background characteristics. The decision to seek help depends on a woman's educational and economic status, the extent to which she is worried about the symptom, duration of experiencing the symptom, and inter-spousal communication about the symptom. Lack of finances to access any health service and considering the symptom as something common not needing attention are the two main reasons for not seeking help.

These data highlights that thousands of women in Kerala continue to develop, live with, and die from hypertension because we are failing to translate our public health and clinical knowledge into effective prevention, treatment, and control programs. In the researchers view this current state is one of neglect, defined by Merriam-Webster as "giving insufficient attention to something that merits attention." Therefore, it is important that the health seeking behaviour of women in Kerala are studied. The results from research on this group may provide information on the amount and type of educational programs needed to increase health promoting activities that aid in decreasing and controlling hypertension.

3. Review of Literature

A study on Women's health in a rural community in Kerala in April 27, 2006 concluded that women from lower castes (scheduled castes/scheduled tribes (SC/ST) and other backward castes (OBC) reported a higher prevalence of poor health, than women from forward castes. Socio-economic inequalities were observed in health regardless of the indicators, education, women's employment status or household land holdings. The multilevel multinomial models indicate that the associations between socioeconomic indicators and health vary across caste [4].

Cohort study done in 2009 by the analysis of the lifestyle questionnaire administered to 78,173 subjects reveals high prevalence of chronic diseases and their risk factors. Prevalence of self-reported hypertension (10.4%) and diabetes (12.1%) is higher in women compared with that in men (8.9 and 7.3%, respectively) [5].

Hypertension-related knowledge, attitudes and life-style practices among hypertensive patients was studied among 108 randomly selected hypertensive by means of a self-structured questionnaire and a detailed interview. Analysis was by statistical package for social sciences (SPSS) and chi-square of the Graph Pad Prism software was used for significance tests at 0.05 level. Sixty-six respondents (61%) knew hypertension to be high blood pressure (BP), 22 (20%) thought it meant excessive thinking and worrying while 57 (53%) claimed it was hereditary. Forty-three (40%) felt it was caused by malevolent spirits, 32 (30%) believed it was caused by bad food or poisoning. A few (18%) knew some risk factors. 80 (74%) attested to its correct diagnosis by BP measurement. Although 98 (90.7%) felt the disease indicated serious morbidity, only 36 (33.3%) were adherent with treatment and fewer practiced life-style modification. Thirty-two (30%) knew at least one antihypertensive drug they use. Psychosocial factors like depression and anxiety, fear of addiction and intolerable drug adverse effects impacted negatively on patients' attitude to treatment [6].

Study on association of medical utilization & spending and health, revealed that increased cost sharing is associated with lower rates of drug treatment, worse adherence among existing users, and more frequent discontinuation of therapy. For each 10% increase in cost sharing, prescription drug spending decreases by 2% to 6%, depending on class of drug and condition of the patient [7].

4. Objectives of the study

Primary objectives:

1) Identify the health seeking behaviour of women with Hypertension
2) Find out the association between health seeking behaviour of women and blood pressure control

Secondary objective:

1) Identify the factors affecting the health seeking behaviour of women

5. Assumptions

1) Health seeking behaviour of women is poor
2) Hypertensive women with good health seeking behaviour have better control over their blood pressure.

6. Validity and Reliability

Content validity of the tool was checked by 5 subject experts in the field of Nursing, 2 from Medicine and 1 from Statistics. Some items were deleted, some items were modified and content validity is ensured. The reliability of the tool was checked using split half method and the reliability co-efficient was 0.72.

7. Materials and Method

The research design adopted for the study was non-experimental of descriptive approach. The study was conducted in the Hypertension Clinic of Primary Health Centre, Pangappara. Women above 20 years with Hypertension for more than one year attending the Hypertension Clinic at Primary Health Centre, Pangappara were selected as samples. Sampling technique was purposive sampling. Women were non-randomly selected from the Hypertension clinic based on the inclusion criteria. Sample size was 156. Tools and Techniques used were structured interview schedule and bio-physiological measurements- calibrated sphygmomanometer.

The researcher obtained Ethical clearance from Human Ethics Committee, Govt. Medical College, Thiruvananthapuram and setting permission from the Medical Officer, Primary Health Centre, Pangappara. Informed consent was obtained from the participants before the interview. Blood pressure was checked and women were categorised into two as women with normal blood pressure and women with elevated blood pressure. Data were collected using the structured interview schedule and their health seeking behaviour was identified retrospectively using interview method. The data obtained were analysed and interpreted using Percentages and Chi-square test.

8. Results

Among 156 women studied, 48.7% of women with normal blood pressure were between the age group of 61-70 years whereas among women with elevated blood pressure, majority (74.4%) were between the age group of 51-70 years – Figure 1

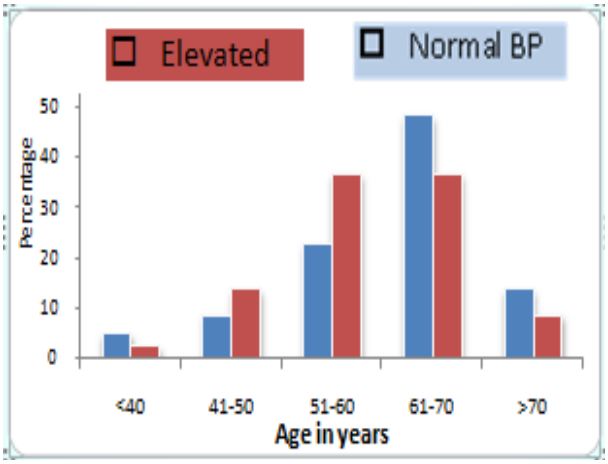

Figure 1: Distribution of women according toage

Among the women with normal blood pressure, 69.2% and among women with elevated blood pressure, 89.7% had a family history of Hypertension which directs a positive relationship between family history and Hypertension – Figure 2

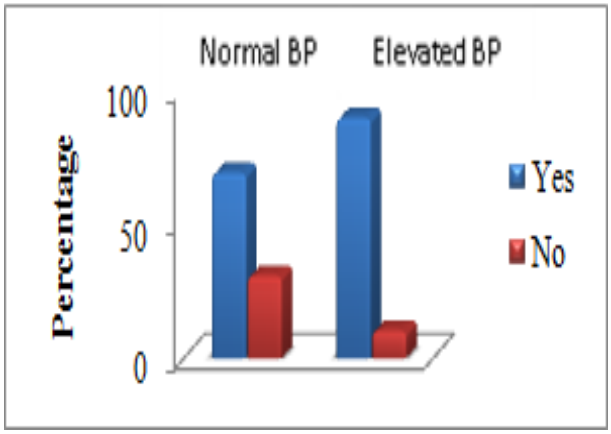

Figure 2: Distribution of women according to family history of Hypertension

Among the women with normal blood pressure, 84.6% had good health seeking behaviour whereas among women with elevated blood pressure, only 14.1% had good health seeking behaviour; 21.8% had average health seeking behaviour and 50 patients (64.1%) had poor health seeking behaviour – Table 1

Table 1: Distribution of womenaccording to health seeking behaviour

Health seeking behaviour	Normal BP	Elevated BP	Total
	N	N	N
Poor	0	50	50
Average	12	17	29
Good	66	11	77
Total	78	78	156

Reason for poor health seeking behaviour identified were, lack of accessibility of resources (76%), lack of affordability (100%) and lack of availability of resources (90%) – Table 2

Table 2: Distribution of hypertensive women according to reason for poor health seeking behavior (n=50)

Reason for poor health seeking behaviour	Elevated BP	
	N	%
Lack of accessibility of resources	38	76.0
Lack of affordability of resources	50	100.0
Lack of availability of resources	45	90.0

Association between health seeking behaviour and blood pressure control was assessed and the results showed that women's blood pressure control is significantly associated with the presence of knowledge seeking behaviour, adherence with carbohydrate restriction, fat and salt restriction, stress reduction measures, regular exercise, intake of antihypertensive drugs and regular follow up – Table 3,4,5 and 6.

Table 3: Association between adherence with carbohydrate restriction and blood pressure control

Adherence with carbohydrate restriction	Normal BP	Elevated BP	χ^2	p
	N	N		
Always	49	11		
Some times	29	54	44.597	0.000*
Never	0	13		
Total	78	78		

*significant at 0.05 level

Table 4: Association between adherence with fat restriction and blood pressure control

Adherence with fat restriction	Normal BP	Elevated BP	χ^2	p
	N	N		
Always	68	11		
Some times	10	58	84.009	0.000*
Never	0	9		
Total	78	78		

*significant at 0.05 level

Table 5: Association between adherence with salt restriction and blood pressure control

Adherence with salt restriction	Normal BP	Elevated BP	χ^2	p
	N	N		
Always	68	11		
Some times	10	57	84.097	0.000*
Never	0	10		
Total	78	78		

*significant at 0.05 level

Table 6: Association between adherence with stress reduction and blood pressure control

Adherence with stress reduction	Normal BP	Elevated BP	χ^2	p
	N	N	24.267	0.000*
Always	19	0		
Some times	2	0		
Never	57	78		
Total	78	78		

*significant at 0.05 level

Factors affecting the health seeking behaviour of women with Hypertension were analysed and found out that source of knowledge, availability of health care centre, accessibility to health care centre, availability of antihypertensive drugs, financial assistance from health insurance or from family,were having a positive influence in health seeking behaviour of women with Hypertension. Presence of knowledge seeking behaviour, attitude towards health care and social support system of women were also found to have a positive influence on health seeking behaviour of women.

Table 7: Distribution of women according to availability of financial assistance from family

Financial assistance from family	BP level	Health seeking behaviour		
		Good	Average	Poor
		N	N	N
Yes	Normal BP	60	10	7
	Elevated BP	2	15	12
No	Elevated BP	9	10	30
	Normal BP	0	0	1

Table 8: Distribution of women according to knowledge regarding Hypertension

Knowledge regarding Hypertension	BP level	Health seeking behaviour		
		Good	Average	Poor
		N	N	N
Good	Normal BP	50	6	2
	Elevated BP	0	0	0
Average	Normal BP	13	7	0
	Elevated BP	3	10	57
Poor	Normal BP	0	0	0
	Elevated BP	1	2	5

Table 9: Distribution of women according to social support system of women

Social support system of women	BP level	Health seeking behaviour		
		Good	Average	Poor
		N	N	N
Good	Normal BP	60	10	8
	Elevated BP	1	3	7
Average	Normal BP	0	0	0
	Elevated BP	5	20	30
Poor	Normal BP	0	0	0
	Elevated BP	2	2	8

9. Discussion

Results from the present study showed that majority of women with Hypertension belonged to the age group of 51-70 years, 79.5% of women were having a family history of Hypertension and 82.1% never adhered to regular exercises. A study on prevalence and determination of Hypertension and Diabetes Mellitus among elderly population observed that older age, lack of exercises and family history of Hypertension have key influence on the increased risk of Hypertension [8]. The current study reflects the fact that none of the women with Hypertension was using insurance coverage for drugs and at the same time 52.6% of women with elevated BP were having poor adherence to drug intake.

10. Recommendations

- The findings of the study can be utilized while educating the women regarding the prevention of Hypertension
- Early screening of women is very important to prevent complications.
- A self instructional module can be prepared for distributing among the hypertensive women.
- A regular screening programme for Hypertension can be implemented in the Medical Out Patient Department
- A regular teaching programme can be instituted in Out Patient Department's and wards regarding prevention of Hypertension.
- Public Health Nurses can utilize the findings of this study while giving health education during house visits.
- Programmes for prevention of Hypertension can be included in the school health education.

11. Conclusion

Hypertensive women with good health seeking behaviour have better control over their blood pressure. Blood pressure control among women can be achieved by enhancing adherence with intake of antihypertensive drugs, carbohydrate, fat and salt restricted diet, adherence with stress reduction measures, regular exercise, regular follow up and support from family and social support system.

Acknowledgement

The author express her sincere thanks to respected guides Mrs.Suseela, Asso.Prof, Dpt.of Medical-Surgical Nursing, Govt. College of Nursing, Trivandrum, Mrs.Prathibha Rani, Asst.Prof, Dpt.of Medical-Surgical Nursing,Govt. College of Nursing, Trivandrum and Dr. Sreekandan, Dpt. Of Medicine, Govt. Medical College, Trivandrum for their kind support and guidance throughout the research.

References

[1] Kearney PM *et al.* Global burden of hypertension. J. Hypertens. 2005;22(1):140
[2] Gupta R *et al.* High prevalence of multiple coronary risk factors in Punjabi Bhatia community. Indian Heart J. 2003 Nov-Dec;56(6): 646-52.

[3] World Health Report. Reducing risks, promoting healthy life. Geneva. World Health Organisation. 2002;47-98.
[4] Mohindra KS, Haddad S, Narayana D. Women's health in a rural community in Kerala, India: do caste and socioeconomic position matter. J Epidemiol Community Health. 2006 December; 60(12): 1020–1026.
[5] Chittakkudam Raman Soman, SafrajShahulhameed, VellapallilRamankutty, KrishnapillaVijayakumar, RajamohananKunjukrishnapillai, KamalasananAjayan, SarasanSajikumar. Cohort Profile: The PROLIFE study in Kerala, India. International Epidemiological Association International Journal of Epidemiology. 2009;1–5
[6] Godfrey B.S. Iyalomhe, Sarah I. Iyalomhe. Hypertension-related knowledge, attitudes and life-style practices among hypertensive patients in a sub-urban Nigerian community.Journal of Public Health and Epidemiology. July 2010;2(4):71-77.
[7] Goldman D. P, G. F. Joyce, Y. Zheng. Prescription drug cost sharing: Associations with medication and medical utilization and spending and health. Journal of the American Medical Association. 2007;298(1):61-69.
[8] Muni Raj Chhetri. Prevalence and determinants of Hypertension and Diabetes among Elderly Population in the Kathmandu Valley of Nepal. 2008.

Author Profile

Mrs. Anila G Das, MSc (N) completed her Masters in Nursing in Medical-Surgical Nursing Specialty (Cardio-Vascular and Thoracic Nursing) from Govt. College of Nursing, Medical College, Trivandrum and was graduated from CSI College of Nursing, Karakonam. She is currently working as Assistant Professor in Department of Medical-Surgical Nursing, SreeGokulam Nursing College, SreeGokulam Medical College and Research Foundation, Venjaramoodu, Trivandrum, Kerala.