

A Study to Assess the Effectiveness of Structured Teaching Programme (STP) Regarding Hypertension and its Prevention Strategies in Terms of Knowledge and Attitude of Selected Rural Population at Karve Area

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Abstract: Aim & Objectives: To improve knowledge of selected rural population regarding prevention of hypertension. To identify risk factors and associate with selected demographic variables. Material & methods: evaluative study was conducted on 30 hypertensive subjects from Karve rural population by using interview schedule method. Sampling technique used for the study was convenient sampling which is type of non probability sampling. The study was conducted in year 2011 in month of November. Stratified random sampling technique was used. Institutional ethics Committee approval and informed consent from the subjects were taken before the study. First pretest questionnaire given to subject then health education through structured teaching provided pamphlets and after seven days post test given. Results: assessing the knowledge in pretest out of 30 samples no one 0(0%) having good knowledge. 23 (76.66%) having average knowledge. Remaining subjects 7(23.33%) are having poor knowledge regarding prevention of hypertension.

Keywords: Hypertensive client, prevention strategies, STP

1. Introduction

“Prevention is better than cure” Hypertension is the most important risk factor for cardiovascular disease, the consequences of which include death, stroke, and myocardial infarction. Hypertension is also an important risk factor for chronic kidney disease, left ventricular hypertrophy and congestive heart failure, and dementia¹⁻⁶. Severe and acute elevations in blood pressure may cause encephalopathy, retinopathy, acute decompensate congestive heart failure, aortic dissection, and acute kidney injury⁷. Globally, hypertension accounts for 13% of all deaths, 51% of deaths from stroke, 45% of deaths from ischemic heart disease and 4% of disability-adjusted life years lost¹. So there is need to provide attention on studies on prevention of hypertension.

2. Literature Survey

Viera AJ, Garrett JM 2008 conducted preliminary study of a school based programme to improve hypertension awareness in the community. Results: Seventy six parents (out of potential 134) completed base line questionnaires. Parents had high baseline knowledge about certain aspects of hypertension but baseline knowledge that high BP could lead to kidney failure was relatively low. This programme may improve parents knowledge about hypertension and their intent to be seen about BP.

Objectives

1. To assess knowledge of selected rural population regarding hypertension.
2. To identify risk factors of hypertension among selected rural population.
3. To associate risk factors of hypertension with selected demographic variable

3. Materials and Methods

The evaluative approach was used; one group pre-test and post – test design, sample of 30 hypertensive client from Karve population **who** fit the Criteria for sample selection will be selected. Convenient sampling technique who those are having hypertension. Data were collected, tabulated and analyzed in terms of objective of the study using descriptive and inferential statistics. Data collection tool- structured interview schedule for assessing the knowledge regarding prevention of hypertension.

4. Results

Assessing the level of knowledge in pre test out of 30 samples 0(0%) were having good knowledge 23 (76.66%) were had average knowledge 23(76.66%) had poor knowledge. In post test knowledge score 10% population having poor knowledge regarding prevention of risk factors of hypertension. 13.33% population having good knowledge. 76.66% population having average knowledge.

Table 1: Frequency and Percentage distribution of hypertensive client in rural area Karve according to socio-demographic variables

Sr. No.	Socio-demographic variables.	Frequency (f) (n = 30)	Percentage (%)
1.	Age (in years)		
	a) 20-30	1	3.33
	b) 31-40	1	3.33
	c) 41-50	4	13.33
	d) 51-60 & Above	24	80
2.	Gender		
	a) Male	11	36.66
	b) Female	19	63.33
3.	Religion		
	a) Hindu	28	93.33
	b) Muslim	2	6.66
	c) Christian	0	0
	d) Others	0	0
4.	Type of family		
	a) Joint	21	30
	b) Nuclear	9	70
	c) Extended	0	0
5.	Educational status		
	a) Uneducated	10	33.33
	b) Primary	8	26.66
	c) Secondary	6	20
	d) Higher secondary	3	10
	e) Graduate	2	6.66
	f) Post graduate	1	3.33
6.	Monthly income of family	25	83.33
	a) Less than Rs.3000	3	10
	b) Rs.3001-6001	0	0
	c) Rs.6001-9001	2	6.66
	d) Above Rs.9001		
7.	Type of diet		
	a) Vegetarian	11	36.66
	b) Non Vegetarian	0	0
	c) Mixed	19	63.33
8.	Occupation		
	a) Skilled workers	1	3.33
	b) Self employed	0	0
	c) Farmer	8	26.66
	d) Housewife	19	63.33
	e) Unskilled workers	2	6.66
	f) Others	0	0

The data presented in **Table -1** indicates that majority of the samples (30 %) belong to age group of 50-60 years and above In terms of gender, 11 (36.66%) subjects were males .Majority 28 (93.33%) of the subjects are belonged to Hindu religion Educational status of the subjects 8 (26.66%) are from primary education. Majority8 (26.66%) subjects were farmer. Majority of the family of subjects 3(10%) had monthly income up to Rs. less than 3000/- Majority25 (83.33%) subjects were belongs to joint family.

Table 2: Frequency and Percentage distribution of knowledge scores of selected rural Karve hypertensive client.

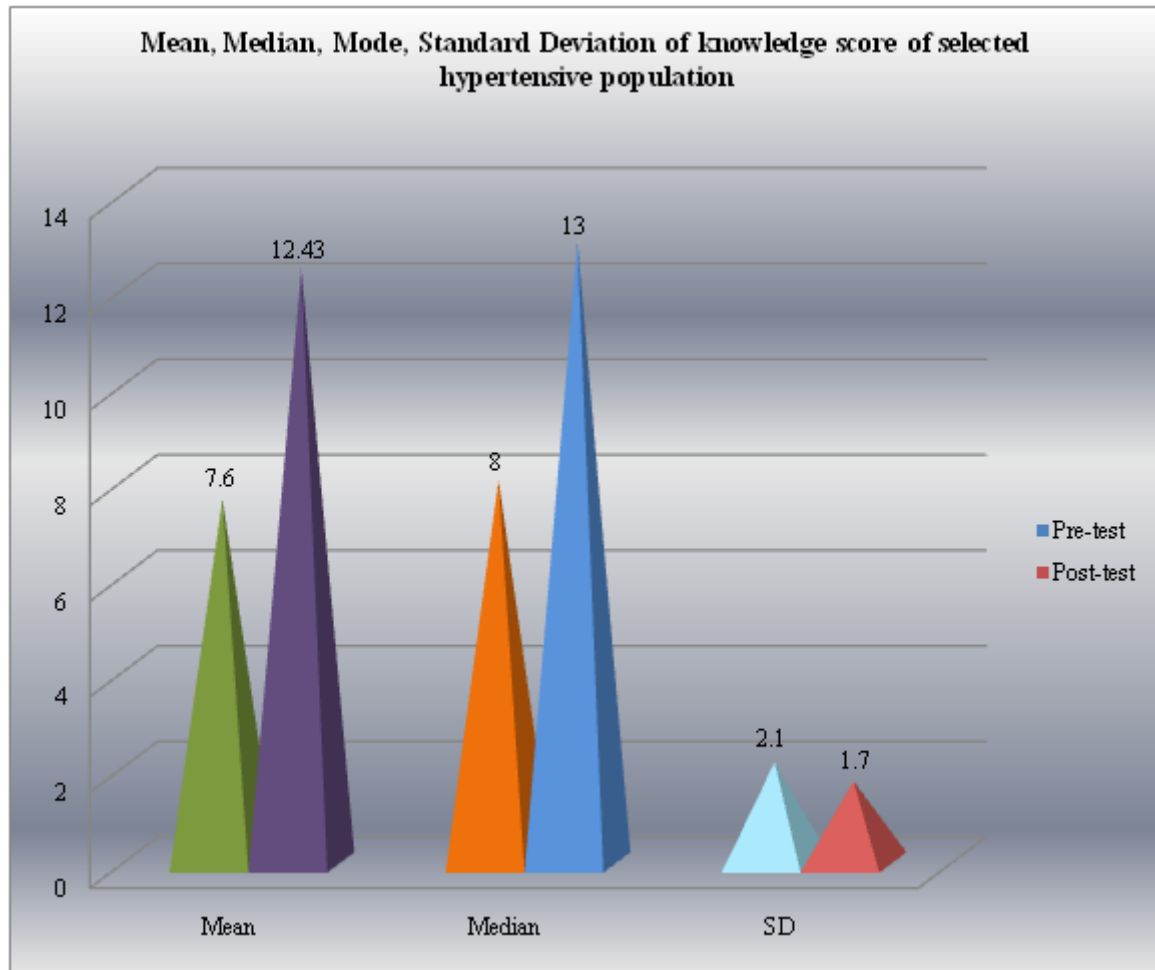
N = 30

	Pre-test	Post-test
Knowledge Score	Frequency(f) Percentage(%) (n = 30)	Frequency(f) Percentage(%) (n = 30)
Good	0 0	4 13.33
Average	7 23.33	23 76.66
Poor	23 76.66	3 10

Table-12 reveals that in pre-test majority of rural selected hypertensive population7 (23.33%) had average knowledge, 23 (76.66%) had poor knowledge, and no one (0%) had good knowledge; where as in post-test majority of rural population of selected hypertensive client 23 (76.66%) had average knowledge, 3 (10%) had poor knowledge, and 4 (13.33%) had good knowledge score.

5. Discussion

There were no contradictory /similar results are found to support the study. The data presented in this study majority of the samples (80 %) belong to age group of 50-60 years and above In terms of gender, 11 (36.66%) subjects were males .Majority 28 (93.33%) of the subjects are belonged to Hindu religion Educational status of the subjects 8 (26.66%) are from primary education. Majority8 (26.66%) subjects were farmer. Majority of the family of subjects 3(10%) had monthly income up to Rs. less than 3000/- Majority25 (83.33%) subjects were belongs to joint family while 9 (30%) are from nuclear family.



Graph 1: showing Association between the existing pre-test knowledge scores of hypertensive client and selected socio-demographic variables

6. Conclusion

Based on findings of the study following conclusion were drawn the knowledge score is divided in to good average, poor using 'Liker' scale so 76.66% of the peoples had average knowledge chi-square test is computed to check the association between knowledge score and demography variables so there is significant association knowledge and demography association for their study indicate all people are not aware about risk factors of hypertension.

7. Future Scope

7.1 Nursing Practice

There are several implications of the study. If you can educate to the rural population then it will helpful to change their attitude.

7.2 Nursing Education

Findings of the study proved that use of counseling programme is an effective means to improve the knowledge. A nurse educator needs to assess the level of knowledge impart more insights into subjects that are of importance to the group. Reinforcement of known ideas and impartation of new ones allows the learner to correlate all the areas included in counseling programme Making use of advance

technology like lecture and discussion and presentation of posters and flash cards not only improves the performance of the teacher but also helps the learner to capture every detail meticulously due to the colorful, designed focused display of matter with appropriate picture.

7.3 Nursing Administration

The structured teaching program in terms of lesson plan and structured questionnaire prepared by the investigator is useful to the community health nurse to assess the knowledge and attitude of rural population regarding prevention of risk factors of hypertension awareness in the society.

7.4 Nursing Research

There is need for extended and intensive nursing research in the area of knowledge and attitude of rural population regarding prevention of risk factors of hypertension. The present study conducted by the investigator can be source of review of literature for others who are intending to conduct studies on knowledge and attitude of rural population related to prevention of risk factors of hypertension.

References

- [1] Alonso A, Mosley TH Jr, Gottesman RF, et al. Risk of dementia hospitalization associated with cardiovascular risk factors in midlife and older age: the Atherosclerosis Risk in Communities (ARIC) study. *Journal of Neurology, Neurosurgery & Psychiatry* 2009 Nov;80(11):1194-201.
- [2] Lawes CM, Vander HS, Rodgers A. Global burden of blood-pressure-related disease, 2001. *Lancet* 2008 May 3;371(9623):1513-8.
- [3] Woo D, Haverbusch M, Sekar P, et al. Effect of untreated hypertension on hemorrhagic stroke. *Stroke* 2004 Jul; 35(7):1703-8.
- [4] O'Donnell M, Xavier D, Diener C, et al. Rationale and design of INTERSTROKE: a global case-control study of risk factors for stroke. *Neuroepidemiology* 2010;35(1):36-44.
- [5] O'Donnell MJ, Xavier D, Liu L, et al. Risk factors for ischemic and intracerebral hemorrhagic stroke in 22 countries (the INTERSTROKE study): a case-control study. *Lancet* 2010 Jul 10; 376(9735):112-23.
- [6] Vaughan CJ, Delanty N. Hypertensive emergencies. *Lancet* 2000 Jul 29; 356(9227):411-7.
- [7] King de et al "Book of hypertension" 4th edition (2001) Philadelphia W.B Saunders Company, Page. 220-235.
- [8] Andrew et al "Clinical features of hypertension", 1982 Bombay, Ghevarghese Company, Page no. 90-102.

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