KNOWLEDGE, ATTITUDE AND PRACTICE ABOUT HYPERTENSION AMONG PEOPLE OF ABHA CITY SAUDI ARABIA

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ABSTRACT

INTRODUCTION

Hypertension (HTN) is characterized as blood pressure which is abnormally high. Hypertension is characterized as a systolic BP level of approximately 140 mmHg and/or diastolic BP level of approximately 90 mmHg. Hypertension (HTN) is an significant public health issue for both developing and economically developed nations. According to the World Health Organization survey, in 2008, about 40 % of people over 25 years of age had hypertension

METHODS

In this descriptive study, the data was gathered through validated questionnaire, Questionnaire composed on demographic questions, Knowledge, attitude and practices items about HTN

RESULTS

most of the respondents were living in Abha city (82.6%), 43.4% belongs to the age group of 21-30, 28.1% belongs to the age group of above 40. 70.1% were female while 29.9% were male. fair correlations between knowledge and attitude, knowledge and practice, attitude and practice scores, p-values were not significant

CONCLUSION

While patients had reasonably adequate information, attitude and experience about hypertension, they did need additional services, interventions to minimize all barriers associated with especially treatment-related barriers to uncontrolled hypertension. Findings suggest more research designed to find new successful methods for solving this problem.

KEYWORDS: *Hypertension, Knowledge, Practice, Attitude & Blood Pressure*

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INTRODUCTION

Hypertension (HTN) is characterized as blood pressure which is abnormally high. Hypertension is characterized as a systolic BP level of approximately 140 mmHg and/or diastolic BP level of approximately 90 mmHg. Hypertension (HTN) is an important public health problem in both economically developed and developing nations. According to the World Health Organization survey, in 2008, about 40 % of people over 25 years of age had hypertension. Hypertension is a major risk factor for cardiovascular illness and mortality of all causes.

Hypertension is a major public health problem due to its high prevalence all around the globe. Around 7.5 million deaths or 12.8% of the total of all annual deaths worldwide occur due to HTN. It is predicted to be increased to 1.56 billion adults with hypertension in 2025.¹⁻⁶

Usually, hypertension itself does not present symptoms, and can remain undiagnosed for a long time. Also called hypertension is a silent killer disease which is often incidentally diagnosed. If a hypertensive patient remains untreated, it can lead to serious life-threatening complications of vital organs such as the brain, eye, heart, and kidney, resulting in death or serious patient death or serious patient disability⁷⁻¹²

In KSA, in crude terms the prevalence of hypertension was 26.1 per cent. Hypertension prevalence was 28.6 percent for males, while for females. The urban population showed a significantly higher prevalence of 27.9 per cent hypertension compared with the prevalence of 22.4 per cent of the rural population¹³

Hypertension is the chronic condition most prevalent and one of the most significant health conditions in the world. Ignorance of this condition can lead to a bad attitude which could potentially lead to an increased incidence of hypertension as the result of poor diet and lifestyle practice.¹⁴⁻¹⁵

Hypertension has been identified as a public health concern in both Saudi Arabia's rural and urban areas. In light of that, this study was conducted in Saudi Arabia's Abha region. The goal of this study was also to determine the awareness, attitude and practice (KAP) of hypertension among Abha residents / citizens in order to evaluate the connection between the KAP and to classify the factors associated with KAP regarding hypertension.

METHODS

In this descriptive study, the data was generated through validated questionnaire, Questionnaire composed on demographic questions, Knowledge, attitude and practices items about HTN. Convenience descriptive sampling method was adopted. Data was entered in the SPSS ver.20 for analysis. Descriptive statistics (Mean,S.D, frequency and percentages) were computed .Correlation test was also conducted. The duration of the study was January-2020 to April-2020. The ethical approval about the study was obtained from Research ethical committee (REC) of the college of medicine, KKU

RESULTS

Table 1 depicted that most of the respondents were living in Abha city (82.6%),43.4% belongs to the age group of 21-30, 28.1% belongs to the age group of above 40. 70.1% were female while 29.9% were male. 64.7% having an education level of high school. 97.0% were working in a health specialties.48.8% were married, while 51.2% were un married.55.8% were having less than 5000 SAR monthly income / month, while 61.9% have family history of hypertension, and almost 90.00% were nonsmoker. In table 2, 45.1% have Opted the option (systolic'' for top number and ''diastolic'' for bottom number),38.5% agreed that both numbers are important. 70.7% agreed that people will able to lower their B.P.,88.4% considering HTN as a source of other health problems. 93.6% were agreed that it is important to maintain B.P level. In table 3 we have observed that 90.8% were agreed to reduce the salt in their diet.95.5% were considering the importance of regular check of B.P. 95.5% were agreed that regular medication is important in hypertensive Patients. 97.7% agreed the role of exercise. Table 4 showed that 75.8% measured their B.P, only when they visited the physicians.38.5% did not remember when they checked their B.P level.65.2% hade normal B.P in their last visit. Table 5 illustrated that 91.5% were agreed that diet rich in salt causes hypertension,71.5% agreed that smoking causes HTN .81.4% were in favor of that the obesity associated with hypertension. 94.1% considering excersizez is a beneficial activity for HTN. Table 6 depicted that fair correlations between knowledge and attitude, knowledge and practice, attitude and practice scores, p-values were not significant .

Table1: Demographic

Are you living in Abha city ?		
	Frequency	Percent
Yes	603	82.6
No	127	17.4
Age (Years)		
<20	94	12.9
21-30	317	43.4
31-40	114	15.6
above 40	205	28.1
Gender		
Male	218	29.9
Female	512	70.1
Educational Status		
	Frequency	Percent
Middle School	220	29.9
High School	472	64.7
College Graduate	38	5.2
Do you Work or Study in a Health Specialties ?		
	Frequency	Percent
Yes	25	3.0
No	705	97.0
Marital Status		
	Frequency	Percent
Married	356	48.8
Un Married	374	51.2
Income (inSAR)		
<5000	407	55.8
5000-15000	236	32.4
Above 15000	87	11.9
is there anyone of your family has hypertension ?		
Yes	96	13.2
No	634	86.9
Family History of Hypertension (is there anyone of your Family has Hypertension)		
Yes	452	61.9
No	278	38.1
Smoking Status		
	Frequency	Percent
No Smoker	663	90.8
X-smoker	30	4.1
Current smoker	37	5.1

Table 2: Knowledge

What does the two numbers reported for blood pressure mean?		
	Frequency	Percent
systolic'' for top number and ''diastolic'' for bottom number	329	45.1
diastolic'' for top number and ''systolic'' for bottom number	55	7.5
Don't know	346	47.4
Which Measure(s) is (are) More Important?		
Top	100	13.7
Bottom	69	9.5
Both	281	38.5
Don't know	280	38.4
Can People do things to Lower their Blood Pressure?		
Yes	516	70.7

No	90	12.3
Don't know	124	17.0
Can Hypertension lead to Problems to Kidney, Brain and Heart ?		
Yes	645	88.4
No	11	1.5
Don't know	74	10.1
Is it Important to Maintain Blood Pressure with Normal Range ?		
Yes	682	93.6
No	20	2.7
Don't know	28	3.8

Table 3: Attitude

Should we Reduce Salt Intake to Prevent Hypertension?		
	Frequency	Percent
Yes	663	90.8
No	53	7.3
Don't know	14	1.9
Do you think Regular Checking of your Blood Pressure Level is Important?		
Yes	697	95.5
No	18	2.5
Don't know	15	2.1
Do you think Regular Medication is Important in Hypertensive Patients ?		
Yes	697	95.5
No	11	1.5
Don't know	22	3.0
Should we Exercise Regularly for Healthy Life?		
	Frequency	Percent
Yes	713	97.7
No	7	1.0
Don't know	10	1.4

Table 4: Practice

How many time did you Measure your Blood Pressure ?		
	Frequency	Percent
Daily	345	4.7
Weekly	89	12.2
Monthly	54	7.4
Only when I visit a physician	553	75.8
When was your Last visit with your Physician?		
Last week	109	14.7
Last month	226	31.0
Last year	114	15.6
I do not remember	281	38.5
What was your Blood Pressure Level at your most Recent Visit ?		
	Frequency	Percent
o < 100/< 70 mmHg=	67	9.2
o < 120/< 80 mmHg	249	34.1
< 140/< 100 mmHg	78	10.7
o > 140 /> 100 mmHg	34	4.7
I do not remember	302	41.4
If you remember, What did you think your blood pressure level was at this visit?		
	Frequency	Percent
High	81	11.1
Normal	476	65.2
Low	46	6.3

Do not know	127	17.4
How many time do you do exercises ?		
	Frequency	Percent
Daily	119	16.3
Weekly	216	29.6
Monthly	144	19.7
I do not excersize	251	34.4

Table 5: Causes of HTN

Is the Diet Rich in salt causes Hypertension?		
	Frequency	Percent
Yes	668	91.5
No	35	4.8
Do not know	27	3.7
Is the smoking major cause of hypertension?		
	Frequency	Percent
Yes	522	71.5
No	38	5.2
Do not know	170	23.3
Is obesity associated with hypertension?		
	Frequency	Percent
Yes	594	81.4
No	52	7.1
Do not know	84	11.5
Is exercise having beneficial role in hypertension?		
	Frequency	Percent
Yes	687	94.1
No	13	1.8
Do not know	30	4.1

Table 6

Correlation between Knowledge, attitude and practice: r(p)			
	Knowledge	Attitude	Practice
Knowledge		0.34 0.62	0.29 0.54
Attitude	0.34 0.62		0.39 0.69
Practice	0.29 0.54	0.39 0.69	

DISCUSSIONS

Hypertension is one of the most common long-lasting diseases in many countries, and one of the most serious health conditions that cause death. One of the main reasons for HTN is a family history of high blood pressure. Most respondents accepted, in our report, that HTN is a major health problem. Most respondents accepted that Smoking is one of the main causes of HTN relative to other research. Which further associated with cardio, kidney, lungs and other disease .Our research is in support of other findings that have consistently shown exercise intervention results that moderate aerobic exercise reduces blood pressure in patients with mild to severe hypertension. Recent studies have also shown that exercise in treating patients with extreme hypertension and left ventricular hypertrophy is healthy and successful in further decreasing the blood pressure. The WHO strongly recommended reducing dietary salt intake as one of the top priority actions to address the global non-communicable disease crisis, and urged member nations to take action to reduce population-wide dietary salt intake to

reduce hypertension, cardiovascular disease and stroke deaths. Some scientists, however, also recommend an increased risk of Obesity is a major risk for essential hypertension, diabetes and other morbidity. Growing obesity and the size of related health problems has significant repercussions for individuals and government health systems. Excessive overweight remains one of the most overlooked problems of public health worldwide, although obesity is associated with growing rates of injury, disease and death. Cardiovascular diseases, the world's leading cause of death, particularly hypertension and diabetes, are the major diseases associated with obesity, which are in line with our findings.¹⁶⁻²² Our analysis is consistent with Fakhri et al. No major differences were found between awareness, attitude and scores of practice¹²

CONCLUSIONS

While patients had reasonably adequate information, attitude and experience about hypertension, they did need additional services, interventions to minimize all barriers associated with especially treatment-related barriers to uncontrolled hypertension. Findings suggest more research designed to find new successful methods for solving this problem.

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