



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2020; 6(1): 36-38
www.allresearchjournal.com
Received: 25-11-2019
Accepted: 27-12-2019

Anand Kujur
Clinical Instructor/Nursing
Tutor IMS, BHU College of
Nursing, Varanasi,
Uttar Pradesh, India

S David
Professor Principal, C.M
Nursing Institute Bhilai,
Chhattisgarh, India

Knowledge regarding lifestyle modification of hypertension between industrial and non-industrial employees of Baikunthpur, Chhattisgarh

Anand Kujur and S David

Abstract

Background: Hypertension is a major health risk factors in causing many diseases. In person with high blood pressure, complication like heart attack are 3 times, stroke 7 times and congestive heart failure 4 times greater compared people with normal blood pressure. Since longevity and blood pressure levels are inversely related an early detection of hypertension is important, and that depends on making the people conscious of this fatal disorder. The objective of the study are to assess the level of knowledge regarding lifestyle modification of hypertension between industrial and non-industrial employees.

Methods: The research approach was comparative survey approach and the design was comparative descriptive research design. The main study conducted in industrial area in churcha mines and in non-industrial area in Shivpur, Baikunthpur, Chhattisgarh reliability of the knowledge questionnaire of lifestyle modification of hypertension among employees was established by using karlpearson's formula value $r = 0.98$. the tool was found to be statically reliable for the present study.

Results: Here investigators used non-probability convenience sampling technique sample of study comprises of employees of age 30 -60 yrs. total size of the sample was 120 in that 60 was from industrial area, i'e churcha mines, Baikunthpur (C.G) & 60 was from non-industrial area i'e Shivpur churcha, Baikunthpur (C.G) the inclusion criteria is employees of age group 30-60 yrs and working in churcha mines & Shivpur Baikunthpur (C.G) and exclusion criteria who are not present at the time of survey or study. self-structured questionnaire are seemed to be the most appropriate technique to collect the data in industrial employees the maximum mean 10.32, standard deviation 2.76. whereas the non-industrial employees the maximum mean 6.2, standard deviation 2.43. calculated T value for knowledge about lifestyle modification of hypertension between industrial and non-industrial area 6.8 respectively higher than the table value's test in the present study the total mean 10.32 with the standard deviation was 2.76 in industrial employees. in the non-industrial employees total mean was 6.2 with the corresponding standard deviation was 2.43.

Conclusion: The knowledge of participants in this study regarding life style modification of hypertension in industrial employees were had more knowledge than non-industrial employees but the knowledge about life style modification was not adequate in both groups.

Keywords: Knowledge, lifestyle modification, assess

1. Introduction

Hypertension is a major health risk factors in causing many diseases in person with high blood pressure, complication like heart attack are 3 times, stroke 7 times and congestive heart failure 4 times greater compared people with normal blood pressure the occurrence of hypertension, a chronic condition, is increasing in developing countries such as Thailand due to the sociological, political and economic changes and the associated alteration in people's lifestyles this follows similar trends in western countries these lifestyle changes can cause chronic health problems as a result of poor habits in food and alcohol consumption, lack of physical activity, smoking, and increased stress. in India, one out of every five has hypertension and 50% of people above 50 yrs. have hypertension target organ damage resulting from hypertension includes those affecting heart, brain kidneys and eyes. in addition the incidence of hypertension for current smokers, current non-smokers and quitters was 1.8%, 2.3% and 3.5% respectively hypertension or high blood pressure, sometimes called arterial hypertension, is a chronic medical condition in which the blood pressure in the

Correspondence Author:
Anand Kujur
Clinical Instructor/Nursing
Tutor IMS, BHU College of
Nursing, Varanasi,
Uttar Pradesh, India

arteries is elevated the occurrence of hypertension, a chronic condition, is increasing in developing countries such as Thailand due to the sociological, political and economic changes and the associated alteration in people’s lifestyle. The purpose of reducing the blood pressure to this level in these patients is to slow the progression of kidney damage. patient with diabetes may also benefit from blood pressure that is maintained at level lower than 130/80. In line with the thinking that the risk of end –organ damage from high blood pressure represents a continuum, statistical analysis reveals that beginning sat a blood pressure of 115/75 the risk of cardiovascular disease doubles with each increase in blood pressure of 20/10. hypertension is one of the leading causes of preventable mortality, morbidity and disability in the industrialized world hypertension is a major contributor to cardiovascular morbidity in India and worldwide. in India one out of every five has hypertension and 50% of people above 50 yrs have hypertension. There is a need for clinical study of hypertension emergencies in order to recognize this condition as early as possible, so as to reduce burden associated with it in terms of morbidity and mortality of our society. dietary and lifestyle changes can improve blood pressure control and decreases the risk of associated health complications healthy life style changes are an important first step for lowering blood pressure. current guidelines recommend that people should exercise at least 30 minutes a day maintain normal weight, reduce sodium intake, increases potassium intake, limit alcohol consumption to no more than one or two drinks a day, consume a diet rich in fruits, vegetables and low-fat dairy products while reducing total and saturated fat intake.

2. Methodology

In this study the research approach was the comparative survey approach as selected. The research design is a plan structure & strategy of investigator of answering the research question. in the study independent variable is the pamphlet regarding the lifestyle modification of hypertension. in the study dependent variable is knowledge of industrial employees and non-industrial employees present population comprised employees of selected industrial and non-industrial area of Baikunthpur the industrial employees, who were residing in churcha mines, Baikunthpur (C.G) & non-industrial employees, who were residing in Shivpur, churcha Baikunthpur (C.G). here investigators used non-probability convenience sampling technique sample of study comprises of employees of age 30 -60 yrs. total size of the sample was 120 in that 60 was from industrial area, i’e churcha mines, Baikunthpur (C.G) & 60 was from non-industrial area i’e Shivpur churcha, Baikunthpur (C.G). the inclusion criteria is employees of age group 30-60 yrs and working in churcha mines & Shivpur Baikunthpur (C.G) and exclusion criteria who are not present at the time of survey or study. Self-structured questionnaire are seemed to be the most appropriate technique to collect the data here the data has arranged section-I socio demographic data and section 2 self-structured questionnaire related to knowledge regarding life style modification of hypertension. Self-structured questionnaire method was developed based on review of books, journals, articles, project reports. Data collection method used was interview and the technique used was self-structured questionnaires. to ensure the content validity of the tool, it was submitted to five experts they were requested to give their opinion on the

appropriateness and relevance of items in the tool the modified tool contains 36 items after incorporating the suggestion. Data collection was carried out from date 4.1 2013 to 20.01.2013 the investigator collected data from employees (30-60yrs) using self-structured questionnaire. investigator approaches 120 out of them 60 were selected. Investigator had spent 20-25 minutes with each employee. The investigator will use descriptive, statistical techniques such as standard deviation, arithmetic mean, correlation and coefficient, the analyse data will be presented in forms of tables, diagram and graph descriptive and inferential statistic was used for analysis of data based on the objective of the study the research problem and objective was approved in the research committee informed written consent was taken from the participant and confidentiality of the data was maintained.

3. Result

Table 1 shows that in industrial employees the maximum mean 10.32, standard deviation 2.76 whereas the non-industrial employees the maximum mean 6.2 standard deviation 2.43. calculated T value for knowledge about life style modification of hypertension between industrial and non-industrial area 8.68 respectively higher than the table value’s test in present study the total mean 10.32 with the standard deviation was 2.76 in industrial employees. in the non-industrial employees total mean was 6.2 with the corresponding standard deviation was 2.43.

Table 1: Comparison of knowledge score between industrial and non-industrial employees.

Area	Mean	SD	CV	Unpaired ‘t’ value	significance
Industrial	10.32	2.76	26.74	8.68	P<0.0001 highly significant
Non-industrial	6.2	2.43	39.19		

Table 1. shows that in industrial employees the maximum mean 10.32, standard deviation 2.76. whereas the non-industrial employees the maximum mean 6.2, standard deviation 2.43. calculated T value for knowledge about lifestyle modification of hypertension between industrial and non-industrial area 6.8 respectively higher than the table value’s test in the present study the total mean 10.32 with the standard deviation was 2.76 in industrial employees. in the non-industrial employees total mean was 6.2 with the corresponding standard deviation was 2.43.

4. Discussion

The findings of the study were discussed in terms of objective and hypothesis stated for the study comparative research design was adopted to assess the knowledge of lifestyle modification of hypertension between employees which is a significant relevant phenomenon. As per stastical value it shows that maximum industrial employees were having good knowledge about lifestyle modification of hypertension that 3(5%) and 44(73%) have average knowledge and 13 (22%) have poor knowledge. In terms of non-industrial employees’ maximum non-industrial employees were having average knowledge about lifestyle modification of hypertension that 14 (23%) and 46(77%) have poor knowledge. in the present study as calculated T value for knowledge about lifestyle modification of hypertension between industrial and non-industrial area 8.68 respectively higher than the table value. mean 10.32,

standard deviation 2.76. whereas the non-industrial employees the maximum mean 6.2, standard deviation 2.43. result indicated were based on T-test value 8.68 respectively which is highly significant i'e greater than tabulated value. These data shows that industrial employees have more knowledge in comparison to the non-industrial employees due to lack of awareness, illiteracy, and poor socio-economic condition.

5. Conclusion

The knowledge of participants in this study regarding life style modification of hypertension in industrial employees were had more knowledge than non-industrial employees but the knowledge about life style modification was not adequate in both groups. There was need for health education regarding industrial and non-industrial workers regarding life style modification for hypertensive client.

6. Reference

1. Sasmaz CT, Bugdayci R, Tezcan H, Kurt AO. Hypertension prevalence, awareness, treatment, and control above 65-year olds in Mersin, Turkey. Original Research Articles Psychological changes of medical students: a prospective study-the third-year follow-up outcome. 2003; 1(1):8.
2. Chock lingam A, Abbott D, Bass M, Battista R, Cameron R, De Champlain J *et al.* Recommendations of the Canadian Consensus Conference on Non-Pharmacological Approaches to the Management of High Blood Pressure, Mar. 21-23, 1989, Halifax, Nova Scotia. CMAJ: Canadian Medical Association Journal. 1990; 142(12):1397.
3. Carruthers SG, Larochelle P, Haynes RB, Petrasovits A, Schiffrin EL. Report of the Canadian Hypertension Society Consensus Conference: 1. Introduction. CMAJ: Canadian Medical Association Journal. 1993; 149(3):289.
4. MacMahon S, Peto R, Collins R, Godwin J, Cutler J, Sorlie P *et al.* Blood pressure, stroke, and coronary heart disease: part 1, prolonged differences in blood pressure: prospective observational studies corrected for the regression dilution bias. The Lancet. 1990; 335(8692):765-74.
5. Cook NR, Cohen J, Hebert PR, Taylor JO, Hennekens CH. Implications of small reductions in diastolic blood pressure for primary prevention. Archives of Internal Medicine. 1995; 155(7):701-9.
6. Langham S, Thorogood M, Normand C, Muir J, Jones L, Fowler G *et al.* Costs and cost effectiveness of health checks conducted by nurses in primary care: the Oxcheck study. Bmj. 1996; 312(7041):1265-8.
7. Wonderling D, Langham S, Buxton M, Normand C, McDermott C. What can be concluded from the Oxcheck and British family heart studies: commentary on cost effectiveness analyses. Bmj. 1996; 312(7041):1274-8.
8. Stamler J, Stamler R, Neaton JD. Blood pressure, systolic and diastolic, and cardiovascular risks: US population data. Archives of internal medicine. 1993; 153(5):598-615.
9. Kitamura A, Iso H, Imano H, Ohira T, Okada T, Sato S *et al.* Carotid intima-media thickness and plaque characteristics as a risk factor for stroke in Japanese elderly men. Stroke. 2004; 35(12):2788-94.
10. Stamler R, Stamler J, Riedlinger WF, Algera G, Roberts RH. Weight and blood pressure: findings in hypertension screening of 1 million Americans. Jama. 1978; 240(15):1607-10.