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ABSTRACT

STATEMENT OF THE PROBLEM- A research study titled "A descriptive study to assess the knowledge of risk factors on Hypertension among the employees at Selected Schools in Sharda University Greater Noida, Uttar Pradesh."

AIM -The aim of the study is to assess the level of knowledge related to the risk factors of hypertension among the non-medical faculty. The findings of the study help them to live a comfortable life by knowing their risk factors of hypertension.

OBECTIVES OF THE STUDY -to assess the Knowledge regarding Hypertension among employees of Sharda University.

  ➢ to find the Risk factors of Hypertension among employees of Sharda University, Greater Noida.
  ➢ to determine the association between the knowledge of risk factors with selected demographic variables.

METHODOLOGY A Qualitative research approach was used, and the research design adopted for the present study was survey research design. The target population for the study was employees of selected schools at Sharda university, Greater Noida. Sample size was 200 data analysis was done based on objectives and hypothesis of study

RESULTS-. The result has shown that majority of the employee 114 (57%) had average level of knowledge, 86 (43%) of them were found in good level of knowledge and none of them were found in poor level of knowledge. There is no significant association between level of knowledge with demographic variables except for dietary pattern (p=0.006).

The study result shown that majority of the employees around 42% of them obese, about 72% of them have family history of hypertension, majority (63%) of them taking fatty diet, most (84%) of them had work pressure, around 70.5% of them having the habit of smoking and alcoholism, around 10.5% of them were not doing regular exercises, majority (51%) of them taking salt (sodium) more than required

CONCLUSION- the present study revealed that There is no significant association between levels of knowledge with demographic variables except for dietary pattern.

INTRODUCTION

"It is not length of life, but depth of life that matters." (Ralph Waldo Emerson)

Rapid rise of non-communicable diseases has been considered as a major health challenge in the present century, which threatens social and economic development of communities and people health. Such diseases impose half of the burden of diseases cost in the world. Following the present trend, it is predicted that patients will be responsible for over 70 percent of diseases by 2020. In this regard, hypertension has been considered as the first and the most common risk factor to cardiovascular diseases, stroke, and renal diseases; it has been known as a main modulated disability cause around the world so that hypertension caused at least 45 percent of mortality due to cardiovascular problems and 51 percent of stroke mortality rate. Among 17 million deaths due to cardiovascular problems in the world, 9.4 million occur as a consequence of complications of hypertension. It is essential to control hypertension to minimize the side effects of hypertension (International Journal of Hypertension)

Blood pressure is the force exerted by the blood against the walls of the blood vessels to maintain the tissue perfusion during activity and rest, due to the integration of both systemic and peripheral vascular effect. High blood pressure is defined as a persistent SBP >140mmhg, DBP>90mmhg. Hypertension means that the heart is working harder than normal, putting both the heart and the blood vessels under strain. Individuals having SBP of 120 to 139 mm hg and DBP of 80 to 89 mmhg said to have pre-hypertension and high risk of developing hypertension. Hypertension is increase with age. Classification of hypertension are pseudo hypertension, isolated systolic hypertension, occurs in younger age, the average SBP>140 mm hg and DBP>90 mm hg. The systolic blood pressure raises according to age, but the dysystolic blood pressure increases till age of 55 years than declines. (Chintamani, 1st edition, 2011)

NEED OF THE STUDY According to the Global Burden of Diseases study reported that hypertension led to 1.63 million deaths in India in 2016 as compared to 0.78 million in 1990 (+108%). The disease burden attributable to hypertension increased from 21 million in 1990 to 39 million in 2016 (+89%). Social determinants of hypertension are important and Indian states with greater urbanization, human development and social development have more hypertension. (Rajeev Gupta, Kiran Gaur & C. Venkata S. Ram) Journal of human hypertension (2018)

Eshah, Nidal F, Al-daken, Laila. Conducted a research study to identify the level of knowledge about hypertension among adults and to identify the difference in knowledge about hypertension on the basis of demographic and clinical variable. Total participants were 284 and mean total knowledge about hypertension was 73.65. The participant had higher knowledge about lifestyle and complications, lower score was identified for definition of hypertension and as well as relationship between diet and hypertension participants with higher education level. Who watched health programs, exercise regularly, visited their physician regularly and had other chronic diseases had greater knowledge about hypertension? The study was concluded that total level of knowledge about hypertension is good among the participants, more efforts are needed to improve all dimensions of hypertension related knowledge. socio-demographic and clinical variable have significant relationship with level of knowledge about hypertension. Journal of Cardiovascular Nursing

OBECTIVES OF THE STUDY - to assess the Knowledge regarding Hypertension among employees of Sharda University.

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Methodology

Research Approach- Qualitative Research approach inductive

Research Design- Survey Research Design

Target Population: Employees working in selected schools at Sharda University

Accessible Population: Employees who are working in selected schools at Sharda University

Sampling technique: Purposive Sampling

Sample size: 200

Setting of the Study: Selected School in Sharda University, Greater Noida, UP

Data Collection: By Structured Knowledge Questionaries'

VERIABLES UNDER STUDY

Demographic variables: o Age of the employee, Gender, income, marital status, Occupation, Family history, Exercise, dietary pattern, Type of family, Religion, area of residence, Any medical history etc.

HYPOTHESIS - H01: - There will be no significant association between the Knowledge of hypertension and Risk factors of Hypertension among employees with selected demographic variables.

DATA COLLECTION TECHNIQUES AND TOOLS

1: Demographic proforma. Tool

The instrument was developed by the researcher. The tool was used to collect the background information of the participants. The tool had a total of 9 items such as employes age, gender, religion, income, marital status, type of family, dietary pattern, designation and qualification.

2: Self structured questionaries to assess the knowledge of risk factor of hypertension

The self –structured questionnaire' was constructed by the researcher to assess the level of knowledge and the risk factors of hypertension. Knowledge score was arbitrarily classified as inadequate knowledge (< 50), moderate knowledge (50-75%) and adequate knowledge is (> 75 %).

Content validity. The content validity was sought from experts in the department of Medical and Nursing field who had expertise in developing such instruments and the necessary modification was done accordingly.

ANALYSIS AND INTERPRETATION OF DATA

The SPSS statistical package (16.0) was used for the analysis of the data. Both inferential and descriptive statistics were used for the analysis.

SECTION: A DESCRIPTION OF SAMPLES ACCORDING TO THEIR DEMOGRAPHIC VARIABLES.

Frequency and percentage distribution of Sample according to their age group- Data analysis revealed that majority of the employees were 120 (60%) of them were belongs to 36-45 years, 60 (30%) of them were belongs to 25- 35 years, 19 (9.5%), of them were belongs to 46-55years and 1(0.5%) of them were belongs to above 55 years.

Frequency and percentage distribution of Sample according to their Gender -Data analysis revealed that the distribution of subject according to their gender. In this group majority were males 107 (53.5%) and 93 (46.5%) were females.

Frequency and percentage distribution of sample according to their religion- Data analysis revealed that majority of the employees were 182 (91%) of them were Hindus, 12 (6 %) of them were Muslims, 6 (3%), of them were Christians and none of them were belongs to Sikh.

Frequency and percentage distribution of sample according to their marital status- Data analysis revealed majority of the employees 167 (83.5%) of them were married, 33 (16.5%) of them were unmarried.

Frequency and percentage distribution of sample according to their type of family- Data analysis Revealed that majority of the employees were 160 (80%) of them had nuclear family, 40 (20%) of them had joint family.

Frequency and percentage distribution of sample according to their income- Data analysis Revealed that majority of the employees were 81 (40.5%) of them had income of above Rs 450000-540000, 49(24.5%) of them had the income of Rs 350000-450000, 35 (17.5%) of them had the income of Rs 550000-640000, 26 (13.0%) of them had more than 650000, and 9 (4.5%) of them had 250000-340000.

Frequency and percentage distribution of sample according to their dietary pattern-Data analysis Revealed that majority of the employees were 170 (85%) of them were vegetarian and 30 (15%) of them were non-vegetarian.

Frequency and percentage distribution of sample according to their education- Data analysis Revealed that majority of the employees were 160 (80%) of them were post graduate, and 33 (16.5%) of them were doctorate and 7 (3.5%) of them were graduate.

Frequency and percentage distribution of sample according to their designation-Data analysis Revealed that majority of the employees were 121 (60.5%) of them were assistant professor, 56 (28%) of them were associate professor and 18 (9.0%) of them were professor and 5(2.5%) were others.

SECTION 2: DESCRIPTION OF SAMPLES ACCORDING TO LEVEL OF KNOWLEDGE

Frequency and Percentage Distribution of sample based on level of knowledge on hypertension

KNOWLEDGE LEVEL	SCORING	NO	%
Poor	<9	0	0
Average	9-18	114	57
Good	18-26	86	43

Data analysis revealed that, majority (57%) of them have average level of knowledge, around 43% of them have good level of knowledge and none of them have poor level of knowledge on hypertension.

SECTION 3: DESCRIPTION OF SAMPLES ACCORDING TO RISK FACTORS OF HYPERTENSION

Frequency and Percentage Distribution of sample based on presence of risk factors for hypertension.

(N=200)

RISK FACTORS FOR HYPERTENSION	n	%
Presence of obesity		
Yes	84	42
No	116	58
Family history of hypertension		
Yes	154	77
No	46	23
Taking high fatty diet		
Yes	126	63
No	74	37
Presence of work pressure		
Yes	168	84
No	32	16
Habit of smoking and alcoholism		
Yes	141	70.5
No	59	29.5
Doing Regular exercises (Physical activities)		
Yes	179	89.5
No	21	10.5
Taking salt (Sodium) more than required daily allowances		
Yes	102	51
No	98	49
Presence of other co-morbidities		
Yes	128	64
No	72	36
Habit of taking coffee/energy drinks/beverages		
Yes	71	35.5

No					129	64.5

The data analysis revealed that, around 42% of them obese, about 77% of them have family history of hypertension, majority (63%) of them taking fatty diet, most(84%) of them had work pressure, around 70.5% of them having the habit of smoking and alcoholism, around 10.5% of them were not doing regular exercises, majority (51%) of them taking salt (sodium) more than required daily allowances, most (64%) of them were having co-morbidities and about 35.5% of them having habit of taking coffee/energy drinks/beverages.

Demographic variables	Level of Knowledge				Chi-square test (χ^2)	Df p value
	Average		Good			
1.Age in years	**n**	**%**	**n**	**%**	6.38	Df=3 p= 0.09 (NS)
25-35	40	35.1	20	23.3		
36-45	65	57.9	2	66.7		
46-55	7	6.1	12	14.0		
Above 55	1	0.9	0	0		
2. Gender					0.733	Df=1 p=0.71 (NS)
Male	58	50.9	49	57		
Female	56	49.1	37	43		
3. Religion					3.68	Df=2 p= 0.15 (NS)
Hindu	101	88.6	81	94.2		
Muslim	10	8.8	2	2.3		
Christian	3	2.6	3	3.5		
4. Marital status					0.71	Df=1 p= 0.44 (NS)
Married	93	81.6	74	86		
Unmarried	21	18.4	2	14		
5. Type of family					0.05	Df=1 p= 0.54 (NS)
Nuclear	91	79.8	69	0.2		
Joint	23	20.2	17	19.8		
6. Monthly income					0.68	Df=4 p= 0.95 (NS)
25-34 K	6	5.3	3	3.5		
35-44 K	29	25.4	20	23.3		
45-54 K	44	38.6	37	43		
55-64 K	20	17.5	15	17.4		
More than 65 K	15	13.2	11	12.8		
7. Dietary Pattern					7.61	Df=1 p= 0.006 (S)
Vegetarian	90	78.9	80	93		
Non-Vegetarian	24	21.1	6	7		
8. Qualification					5.96	Df=3 p= 0.11 (NS)
Graduate	4	3.5	3	3.5		
Post-graduate	85	74.6	75	87.2		
Doctorate	25	21.9	8	9.3		
9.Occupation					2.73	Df=3
Assist. Prof	72	63.2	49	57		

Associate. Prof	32	28.1	24	27.9	p= 0.43 (NS)
Prof.	7	6.1	11	12.8	
Others	3	2.6	2	2.3	

CONCLUSION- Most of the employees that, around 42% of them were obese, about 77% of them have family history of hypertension, majority (63%) of them taking fatty diet, most(84%) of them had work pressure, around 70.5% of them having the habit of smoking and alcoholism, around 10.5% of them were not doing regular exercises, majority (51%) of them taking salt (sodium) more than required daily allowances, most (64%) of them were having co-morbidities and about 35.5% of them having habit of taking coffee/energy drinks/beverages.

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