

Effectiveness of Informational Pamphlet on Self-Care Practices Within Hypertensive Patients

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Abstract--- *Introduction-* Hypertension is said to be the most common health problem all over the world. Worldwide due to hypertension approximately 25% of the adult population is affecting. The prevalence of hypertension in India is 29.8%. *Objective:* The study investigated the effectiveness of Informational pamphlets on Self Care Practices among Hypertensive Patients. *Methods:* one group pre-test post-test design was used. 60 hypertensive patients were selected by the purposive sampling technique. Data was collected by using a structured questionnaire. *Results:* Maximum number 25(41.66%) of samples belong to the group of age of 46-60 years, The maximum number of samples 25(41.66%) belongs to secondary education, 18(30%) samples belong to graduate education. The majority number of samples 49 (81.66%) belongs to Hindu religion, The majority of Samples 40(66.66%) belong to the rural area, The maximum number of Samples 39(65%) belongs to their income of less than Rs.10000. Majority of Samples 22(36.66%) belongs to housewife, .A maximum number of samples 60(100%) had got the information regarding their disease from the book. the pre-test most of the samples were having average knowledge (70%) regarding self-care practices regarding hypertension and in the post-test majority (99.66%) were having good knowledge. The pretest mean was 12.08 and the post-test mean was 18.78 and the calculated t value was 6.70 found significant at the level of $p < 0.0001$. *Conclusion:* Study concluded that information pamphlet was found effective to improve the knowledge related self-care practices among hypertensive patients.

Keywords--- *Self Care Practices, Hypertensive Patients ,Informational Pamphlet*

I INTRODUCTION:

Hypertension (HTN) is a chronic and common medical condition peoples often suffer. A person is diagnosed with HTN when his blood pressure is elevated. Hypertension is a significant general wellbeing trouble and is part of an epidemiological change from transferable to noncommunicable sicknesses internationally[1]. Morbidity and mortality related to cardio cardiovascular disease is more in both developed and developing countries[2]. Hypertension is condition approximately 25% affecting to adult population worldwide[3]. Hypertension is said to be the most common health problem within the world. The occurrence of hypertension in India is

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29.8%.57% in India deaths due to stroke and 24% of deaths related to heart disease due to the cause of Hypertension[4].

In other studies within the world 31.1% of the population living with hypertension. 28.5% of deaths reported among countries having high-income while 31.5% of deaths reported in countries having low-and middle-income[5].Hypertension as a risk factor for renal and eye diseases[6].Increasing awareness regarding hypertension and more effective treatment of the hypertensive patient is the main focus of primary prevention of cardiovascular diseases[7]. Management of hypertension relies on the patient's level of knowledge of the condition and also treatment and lifestyle changes and pharmacological treatment[8].

Various studies have confirmed that the self-care practices are important for blood pressure control and reduction of further hypertension complications of cardiovascular and renal diseases. Hypertensive patients many times do not implement self-care practices and in the end they suffer from uncontrolled blood pressure[6]. Self-care practice regarding hypertension includes medication taking at the proper time, intake of diet having low sodium and fat, regular exercise, no alcohol, not smoking, weight reduction, self-monitoring blood pressure, regular follow-up, and management of stress[9]. In self-care programs, patients become aware of health condition, aware of when they need care, and gain adequate knowledge regarding the mode of treatment. Patients can monitor their symptoms and they do in time routine examinations without needing to refer to their physician[10]. Health professionals can play a critical role in training the general population about self-care activities[11].

Many people in India ignore the symptoms like hypertension. Because of the ignorance and their life-style, in the future they face problems like acute myocardial infarction, angina pectoris, parallelize stroke, coronary thrombosis, etc. and they get hospitalized. Then they realize, the present condition is due to the ignorance of small symptoms that were early observed. Thus it is very important to diagnose the early symptoms to avoid later complications. Despite different treatment & lifestyle interventions optimal control of BP remains a challenge for many patients. Effective management of HTN depends on the patient's understanding and knowledge of their condition & treatment and adherence to lifestyle & pharmacological treatments. Effective mass education material is feasible and widely transferable first step in promoting this goal. Thus the pamphlet should provide information reflecting the latest HTN guideline to provide a better quality life.

II METHODS:

One-group pre-testpost-test design was used to conduct the study among hypertensive patients.60 patients selected by using the purposive sample technique. The samples fulfilled the inclusion criteria. Samples willingly involved in the study, those who were having hypertension, and able to read and understand the Marathi language was included in this study.Study conducted at Krishna hospital Karad. Ethical permission was taken from the university after the presentation in front of the ethical committee. permission from the different authorities like principal, medical director was obtained. The patients were asked their permission, and informed consent was taken. Data was collected by using a structured questionnaire. A pre-test was conducted to assess their existing self-care

practices knowledge regarding hypertension. Informational pamphlets distributed to the patients then the post-test level of knowledge was assessed by using the same questionnaire.

II.I. Statistical analysis used:

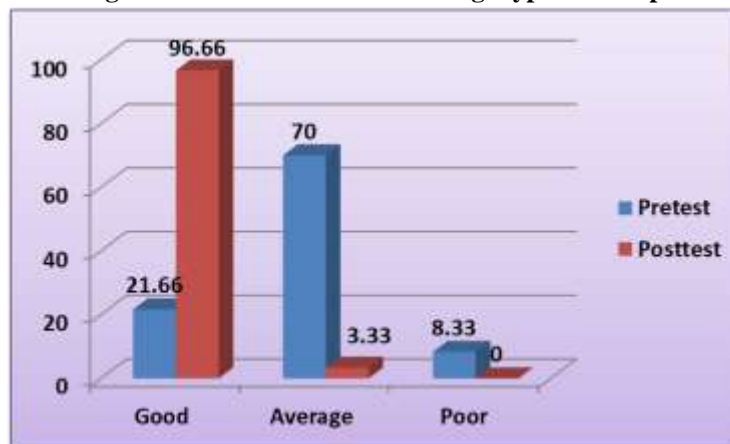
The means were compared by using a paired t-test was used and to find out the statistical association between pretest knowledge and demographic variables Chi-Square test was used.

III RESULTS:

Description of sample characteristics:

Maximum number 25(41.66%) of samples belong to the group of age of 46-60 years, 19(31.66%) Samples belong to the age group of 61-75 years. The majority of Samples 39(65%) belong to the male gender group and 21(35%) A sample belongs to the female gender group. The maximum number of samples 25(41.66%) belongs to secondary education, 18 (30%) samples belong to graduate education. The majority number of samples 49 (81.66%) belongs to Hindu religion, 6 (10%) belongs to the Christian religion, 3(5%) belongs to the Muslim religion, The majority of Samples 40(66.66%) belong to the rural area, 20(33.33%) belongs to an urban area. The maximum number of Samples 39(65%) belongs to their income of less than Rs.10000. Majority of Samples 22(36.66%) belongs to housewife, 17(28.33%) were doing the job. A maximum number of samples 60(100%) had got the information regarding their disease from the book.

Knowledge of Practices of self-care among Hypertensive patients:



Graph no. 1 Frequency and Percentage Distribution of pre-test and post-test Knowledge Score

Graph no.1 shows that majority of the samples (70%) had average knowledge level, (21.66%) had good knowledge level, (8.33%) had poor knowledge level in pretest whereas in the post-test majority of the samples (99.66%) had good knowledge level, (3.33%) had average knowledge level, (0%) had poor knowledge regarding self-care Practices.

Effectiveness of Informational Pamphlet on Knowledge Regarding Self-Care of Hypertension:

Table No.1 pre-test and post-test mean Score, SD and computed t-test

Phase	Mean	SD	t value	P-Value
Pre Test	12.08	3.82	6.70	<0.0001
Post Test	18.78	1.52		

Table no. 1 shows that the mean and standard deviation of knowledge score obtained before and after administering the Informational Pamphlet. This is considered to be an extremely significant improvement in knowledge regarding self-care practices. The pre-test mean was 12.08 and the post-test mean was 18.78 and the t value was 6.70 found significant at the level of $p < 0.0001$.

The statistical association of pre-test knowledge level of patients with hypertension

Table no. 2 Association between pre-test level of knowledge and their selected demographic variables.

Demographic Variables	Good	Average	Poor	Chi-Square	P-Value
AGE					
25-30	0	2	0	2.923	0.9391
31-45	3	8	2		
46-60	5	16	4		
61-75	4	14	1		
Above 75-	0	1	0		
GENDER					
Female	4	14	3	0.2177	0.8968
Male	8	27	4		
EDUCATION					
Primary	0	11	1	19.627	0.0032
Secondary	1	20	4		
Graduate	8	8	2		
Illiterate	3	2	0		
RELIGION					
Hindu	11	36	2		
Christian	1	2	3		

Muslim	0	2	1	16.244	0.0125
Other	0	1	1		
RESIDENCE					
Urban	7	10	3	5.136	0.0767
Rural	5	31	4		
MONTHLY INCOME					
Below10000	4	30	5	17.284	0.0083
11-20000	5	5	0		
21-30000	3	4	0		
Above30000	2	2	2		
OCCUPATION					
Business	7	8	2	10.970	0.2034
House-wife	5	15	2		
Majuri	0	4	1		
Kusalkam	0	2	0		
Farming	0	12	2		

Table no.2 describes the statistical association of pre-test knowledge level of patients with hypertension with their selected demographic variables, using the chi-square test. No significant association found between the knowledge level of hypertensive patients with Age of (2.923), Gender (0.2177), Residence (5.136), & Occupation (10.970). Statistically significant association found between Education (19.627), Religion (16.244), and Monthly income (17.284)

IV DISCUSSION:

Results of the present study show that in the pre-test most of the samples were having average knowledge (70%) regarding self-care practices regarding hypertension and in the post-test majority (99.66%) were having good knowledge. The pre-tests mean was 12.08 and the post-test mean was 18.78 and the calculated t value was 6.70 found significant at the level of $p < 0.0001$. Education, Religion, and Monthly income shows an association between knowledge score at the level of $p < 0.05$. Similar to our study in another reported that education integration into the usual care along with using SMS and other educational materials may improve the efficient and effective adherence strategies [11]. The findings of different studies also indicate that self-care practices were improved after providing education to the patients. Another study also indicated that the knowledge given was effective in improving

lifestyle habits and practices of the patients with hypertension [12]. Study conducted by Ademe S et al. reported participants lack a source of information and poor self-care practices [6]. The education to the patient having hypertension is such a crucial factor to improve their knowledge of patients related to practices to control of hypertension. Adherence to the advice given by health personnel not only helps to control blood pressure but also to prevent further complications [6].

V CONCLUSION:

Based on the analysis of the findings, this study concluded that information pamphlets were found effective to improve the Knowledge regarding self-care practices among hypertensive patients.

VI ACKNOWLEDGMENT:

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VII CONFLICTS OF INTEREST: THERE ARE NO CONFLICTS OF INTEREST.

VIII FINANCIAL SUPPORT AND SPONSORSHIP: NIL

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