

CHAPTER I

INTRODUCTION

1.1 Background of the study

Medical Anthropology is a sub branch of anthropology that draws upon social, cultural, biological, and linguistic anthropology to better understand those factors which influence health and wellbeing. Medical anthropology directly related to human health. It is study different diseases in different community and culture, experience and distribution of illness the prevention and treatment of sickness, healing processes, the social relations of therapy management, and the cultural importance and utilization on medical systems. Hypertension is a health problem so medical anthropology study and describe it.

Hypertension has been defined various ways. The most authoritative organization in health, WHO has defined hypertension thus:

Hypertension, also known as high or raised blood pressure, is a condition in which the blood vessels have persistently raised pressure. Blood is carried from the heart to all parts of the body in the vessels. Each time the heart beats, it pumps blood into the vessels. Blood pressure is created by the force of blood pushing against the walls of blood vessels (arteries) as it is pumped by the heart (WHO, 2017).

Hypertension has become a significant problem in many developing countries experiencing epidemiological transition from communicable to non-communicable chronic diseases. The emergence of hypertension and other CVDs as a public health problem in these countries is strongly related to the aging of the populations, urbanization, and socioeconomic changes favoring sedentary habits, obesity, alcohol consumption, and salt intake, among others.

A cost-effective use of health services to control these emerging chronic diseases is particularly needed in developing countries because resources are limited and generally must be shared with the concurrent burden of persistent communicable diseases. High blood pressure is the most common risk factor

for heart attack and stroke Hypertension has been identified as an independent risk factor of cardiovascular system diseases and is the number one cause death all over the world. Hypertensions becoming a global epidemic in both young and adults (Park, 2016).

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A descriptive study was conducted in South East Asian countries on their public health and education campaigns and surveillance, to increase awareness to hypertension and other cardiovascular influencing factors. However, prevention and control of hypertension is complex. The 2025 vision or goal of global cardiovascular organizations including the International Society of Hypertension aims in 25% reduction in the prevalence of hypertension and its related complications by the year 2025 in South East Asia and worldwide (Chia, 2016).

1.2 Statement of the problem

Health is a management part of human life. Healthy peoples has been given good contribution to theirs society and nation. Before decade, there were a lot of health problem but there was not systematic research in the hypertension. Hypertension is a major public health burden due to its causal association with cardiovascular disease morbidity, mortality, disability and economic costs. It is becoming an increasingly common health problem local level as well as worldwide due to greater longevity in many countries. Hypertension is important not only because of its increasing prevalence worldwide but also because it is a major modifiable risk factor for cardiovascular disease (CVD).

According to world health organization “Worldwide, hypertension is estimated to cause 7.5 million deaths, about 12.8% of the total of all deaths. This account for 57 million disability adjusted life years, the overall prevalence of raised blood pressure in adults aged 25 and over was around 40% in 2008. Africa region has the highest prevalence 46% whereas lowest is in American region consist of 35 %”.(WHO, 2018).

Hypertension has become a significant problem in many developing countries experiencing epidemiological transition from communicable to non-communicable chronic diseases. The emergence of hypertension and other CVDs as a public health problem in these countries is strongly related to the aging of the populations, urbanization, and socioeconomic changes favoring sedentary habits, obesity, alcohol consumption, and salt intake, among others. All these activities are increasing the hypertension day to day in rural and urban area. So I am selected the hypertension topic in my study.

In sum, this study has centered around finding answers to the following research questions:

- a. What is the current prevalence in study area?
- b. What is the relationship between socio-cultural and hypertension disease?
- c. What are the various values prevalent among people regarding self-care practices on hypertension?
- d. How people have been practicing self-care practices in order to reduce the risk of hypertension?
- e. What is the level of awareness among people regarding hypertension?

1.4 Objectives of the study

The general objective of this study is to assess the self-care practice and prevalence on hypertension among the adults in the Pokhara city. However the specific objectives of this study are as follows:

- a. To investigate the prevalence of hypertension among adults people in Pokhara-27.
- b. To examine the level of awareness on hypertension among respondents.
- c. To explore self-care practice of respondents on hypertension.

1.5 Rationale of the study

Socioeconomic status in both urban and rural areas there no more difference. Similarly in Nepal various studies have shown that the prevalence of hypertensions in adult population is around 20% in urban population.

Hypertension is increasing day by day due to urbanization, globalization and industrialization. Even though many researchers have been conducted on hypertension people are still unaware about the preventive measure and prevalence is increasing

day by day. This study will provide baseline data to assist policy makers, new researcher and service providers in developing appropriate evidence based strategies to prevent hypertension. Understanding the extent of knowledge, attitude and practice of hypertension among the adult above 25 years is the significant issue for research.

1.5 Definition of the key terms

Poor knowledge: Respondent secured less than 50% of total secured.

Good knowledge: Respondent secured more than 50 % of total secured.

Self-care practice: The precaution and measure adopted by the people to protect themselves from hypertension.

Total score on practice related question was 16. Level of practice was determined as below:

Poor practice: Respondent secured less than 50% of total secured.

Good practice: Respondent secured more than 50% of total secured.

Hypertension: Those people under study who could have systolic blood pressure equal to or greater than 140 mm of Hg and/or diastolic blood pressure equal to or greater than 90 mm of Hg were considered as hypertensive.

Adult: The people above 30 years of age group

Knowledge: Aware of facts and information related to the hypertension.

Preventive practice: The precaution and measure adopted by the people to protect themselves from hypertension.

Prevalence: The number of who have a certain condition on hypertension at any given time.

1.6 Limitation of the study

Fundamentally, it is the academic study. It has been undertaken within the boundaries of limited time, budgets and others resources. It is the study of hypertension and respondents' prevalence and self-care practice on hypertension among the people in Pokhara-27. To make the study more feasible and to complete within a time, the scope of presents study was limited following respect.

- a. This study is only hypertension prevalence and self-care practices.

- b. This study was done in Pokhara -27, Kaski district.
- c. This study is fulfillment of academic process.
- d. The study was conducted within the limited time period and area.
- e. There was lack of resources for our study.

1.7 Organization of the study

The whole study is divided into seven chapters. First chapter includes introduction, second chapter include literature review, third chapter includes research methods, fourth chapter explains social cultural background of respondents. Similarly, fifth chapter includes description analysis on hypertension; sixth chapter includes self care practices related to hypertension; seventh chapter includes summary, conclusion and recommendation and reference as well as annex.

CHAPTER II

LITERATURE REVIEW

Literature review is an essential part of all studies. It is way to discover what other research in area of our problem has been uncovered. It is way to avoid investigating problems that already been definitely answered. For example an anthropologist is interested to study the impact of human cultural programme on about the how to develop the cultural in society.

Scientific research most be based on past knowledge. The previous studies cannot be ignore because they provide the foundation to the present study .Literature review is basically a stock taking of available.

Literature in ones field of research, Review of literature is key step in research process. It gives depth knowledge about the problems. Reviewed of literature are taken from different source such as related journals, articles etc. Various related literature are reviewed and some brief descriptions of the literature are as follows:

2.1 Concept review

A model and related concepts are present for ethnographic and comparative research on medical systems as cultural systems. The major structural and functional aspects of the health care system model are briefly sketched. Clinical realities, explanatory model (EM) transactions in health care relationships, a distinction between A model and related concepts are present for ethnographic and comparative research on medical systems as cultural systems. The major structural and functional aspects of the health care system model are briefly sketched. Clinical realities, explanatory model (EM) transactions in health care

2.1.1 Self-care practice on hypertension

Hypertension is a chronic condition of concern due to its role in the causation of coronary heart disease, stroke, and other vascular complications. It is the commonest cardiovascular disorder posing a major public health challenge to population in socio-economic and epidemiological transition.

“Globally, nearly one billion people have high blood pressure (hypertension); of these, two-thirds are in developing countries. Hypertension is one of the most important causes of premature death worldwide and the problem is growing; in 2025, an estimated 1.56 billion adults will be living with hypertension. Hypertension kills nearly 8 million people every year, worldwide and nearly 1.5 million people each year in the SEAR. Approximately one-third of the adult population in the SEAR has high blood pressure.”(WHO 2018)

2.1.2 Prevalence on hypertension

Prevalence refers to the number of who have a certain condition on hypertension at any given time “Prevalence is a statistical concept referring to the number of cases of diseases that are present in a particular population at a given time” (<https://www.medicinenet.com>).

2.2 Theoretical review

A description survey was conducted in china on Feb 2017 showed that the overall prevalence of hypertension as 27.2%. The basic characteristics of subjects with or without hypertension were included in this study. Hypertensive subjects tended to be older, drinkers, smokers, inactive physical exercisers, less education, members of lower family income, take higher salt and have a higher average (Wang L, 2017) .

This study was done in Pakistan where total, 226 subjects were sampled by the computer program from June to September, 2012. After excluding questionnaires missing essential data concerning drug adherence, BP readings and BP check-up. Most of the subjects (71.8%) were 50–69 years old. Among all subjects, 57.9% were males and 42.1% were females. The majority of subjects (77.5%) were from rural areas, 29.7% had an education beyond high school level, 81.3% had a sedentary life, 19.1% were current smokers, and 17.2% were alcohol drinkers. The BP control rate was 24.4%, and males had higher BP control (26.4%) than females (21.6%). of participants correctly identified normal SBP (76.6%) and DBP (78.9%) levels.(Ai L, 2016).

This survey was done in Philippines for age factor/risk people of Hypertension (HTN), where out of total of 3,730 adults, including 1,020 males and 2,710 females. Of these, blood pressure (BP) results were available on 986 males and 2,647 females

for a total of 3,633 adults. The male to female patient ratio approximated. The mean age of adult patients was 17.1 years. Analysis of the medical records from all clinic visits revealed that the overall prevalence of hypertension among adult patients

The analysis was conducted on a sample of 4629 participants of whom 72.18% lived in rural areas. The overall prevalence of hypertension in Burkina Faso was 18%. In urban areas the prevalence was 24.81% and 15.37% in rural areas. Increased Body was 47%. In 34 out of the 40 barangays more than 40% of patients has showed blood pressure readings consistent with a diagnosis of hypertension (Mobula LM, 2016).

A cross-sectional study was conduct where they have done. Survey involving face-to-face interviews with taking a total of 1676 participants for finalanalysis. We found that the prevalence of hypertension was 17.6%. The rates of hypertension awareness, treatment and control were 48.8%, 51.4% and43.2% respectively. Only 6.8% hypertensive were found to be managed by community health centers. (Yan X, Deng X, 2017).

A Cross sectional study was done in South Africa. Where 152 participants (23.1%) with significantgender difference where Male sex, age <45years, higher level of education, single status, currentemployment, higher monthly income, current smoking,alcohol usage, absence of diabetes and non-obese weresignificantly associated with hypertensionunawareness. Who were aware of hypertension nearly about 91.7%, were on antihypertensive medication and only 121participants (38.9%) achieved the BP treatment target. (Owolabi EO, 2017)

This study was conducted forHeart rate on admission in patients was significantly different between survivors and patients with fatal outcome with usingMann Whitney U test with higher levels in patients with fatal outcome. Mean heart rate in these patients was 102 bpm, while 87, were the mean values of heart rate on admission in the survivors. According to the outcome, in the total sample, there was significant difference in the incidence of heart rate lower / greater or equal to 80 beats per minute journal of clinical and experimental medicine (Davidovic G, 2013).

Mass Index (BMI) and older age were consistently associated with higher odds of HBP in both residential areas. In addition, being of male sex, fat intake, and family history of HBP and low level of HDL cholesterol were significantly associated with increased odds of HBP in rural residents (Soubeiga JK, 2017).

A qualitative study was conducted to estimate of hypertension prevalence for age and urban/rural distributions (by ethnicity and sex) at the time of each survey indicate that from 1980 to 2011 there was a statistically significant increase (P is less than 0.001) in that period. Hypertension prevalence in Turkey and Indian men and women and in men and women overall both ethnicities combined. Increases in hypertension over three decades (Abdullah A, 2011).

A survey was conducted in Delhi. In this study show that prevalence of hypertension increased from 23.0% to 42.2% and 11.2% to 28.9% in urban and rural area of Delhi, respectively between the two surveys. The increase in prevalence was by 83% in urban and 158% in rural. The rise in prevalence was more in men with 94% and 73% in urban areas and 191% and 125% in rural areas in men and women, respectively. The age-specific prevalence of hypertension revealed an increase in prevalence at all ages except in the highest age group (55–64 years) of urban men and women. The rise in age-specific prevalence was highest in the youngest age group (35–44) with a rise in prevalence of 153%, 115%, 239% and 336%, respectively (Amrit G 2016).

A Survey was conducted in Australia among school Children Of 2 238 eligible children aged 6 years 765 children were given parental permission to participate and 1 739 underwent examination (77.7%). A positive parental history of hypertension was given for 160 children (9.2%). Of these, 4.4%, 4.6% and 2.9% of children had mother, father or both mother and father who were hypertensive, respectively. Children with a positive family history of hypertension compared with those with family history (Gopinath, 2012).

A cross-sectional survey was carried out since February 2009 – September 2010. Where sample was taken randomly stratified, sample of 4,941 pupils aged 10–18 years where the mean values of systolic blood pressure in boys in rural areas were higher in every age group in comparison with the boys in urban areas. However, the differences were statistically significant only in the groups of 12-year and 16-year-olds, as well as in the whole population. Diastolic blood pressure was significantly higher in all age groups among the studied boys in rural areas, except for the groups of 10-year and 18-year-olds (Krzywinska-Wiewiorowska, 2017).

A cohort study was conducted in France in cardiac centers of hospitals, including public and private hospitals, one of them 28 were teaching hospitals. This study was

taken 1394 patients. In 1327 of these, blood pressure was measured at hospital discharge and information about previous history and risk factors for cardiovascular disease was available. Of these 1327 patients, 58 were lost to follow up and 22 died from unknown Causes. Thus 1247 patients formed the basis of this report. At hospital discharge, 518 patients (41.5%) were normotensive, 318 (25.5%) had controlled hypertension, and 411 (32.9%) had uncontrolled hypertension, of whom 276 (22.1%) were uncontrolled on the basis of systolic (Amar, 2002).

2.3 Review of previous studies

A cross sectional shows that genetic evolution to identify genes affecting a trait, understand their origins, and to refine our ability to do genetic screening. The reframing of questions about path physiology and disease in an It has been hypothesized that genetic factors, as manifested by skin color, play an important role in the genesis of hypertension among Blacks. A community-based study was carried out in Charleston County, South Carolina to test this hypothesis. The results of a ten year follow-up study suggest that social class and age were more consistently associated with the incidence of hypertension and levels of blood pressure. The association of hypertension with skin color was minimal and substantially less than that of social class. The incidence rate of hypertension (-150 and Introduction It has been known for some time that within the United States the prevalence of hypertension was substantially lower in Whites than in Blacks although this differential has been more pronounced in studies¹⁻⁴ reported from the Southeast. Only one U.S. community-based biracial incidence study has been reported to date, and it, consistent with the prevalence studies, indicated an approximately two times higher incidence rate of hypertension in Blacks than Whites. 5 Boyle not only confirmed a racial differential, but his cross-sectional study showed the first quantitative association with blood pressure (Robert, 2001).

A description study was conduct where they have done, Department of Epidemiology, School of Public Health, and University of North Carolina. This paper, submitted to the Journal in November 1976, was revised and accepted for publication January 24, 1977. 90 mm Hg) was three to four times greater when the study participants were of low social class than when they had higher social class scores at the beginning of this study. In contrast, the incidence rate was only 1.5 times higher for dark, than for

lighter skinned men, and the rates were almost identical when social class was comparable. Similar results emerged when blood pressure was treated as a continuous variable; blood pressure levels and pressure changes over time were consistently and significantly ($p < .01$) higher in those Blacks categorized as low social class, controlling for skin color (Am, 2018).

. A cross-sectional study was conduct where they have done. During the past several decades, blood pressure has been considered in an evolutionary paradigm. In the present discussion, the current state of this work is summarized. The first portion addresses the question of how blood pressure, in general, and hypertension, in particular, fit into the concept of Darwinian selection. The latter portion provides insights into understanding and studying hypertension in the context of evolutionary genetics. Does Darwinian Selection Apply to Hypertension? Natural selection reflects the observation made by Charles Darwin that individuals within a breeding population vary in their morphology and behavior and that these features are heritable (Robert, 2001).

A cross-sectional study was conduct where they have done. Traditionally, most anthropologists have studied small-scale societies, or relatively Small groups of people within a wider society. They have usually aimed at a holistic view of a particular culture or community, including how its different aspects are connected with one another – to understand, as Mars 1 puts it, ‘the articulation of family and kinship organization with grass-root political power and authority, the relation of these to religious beliefs and practices, and the place taken in all these affairs by the way goods and services are produced and distributed which has been affected on hypertension. Hypertension is a major community and society burden due to its causal association with cardiovascular disease morbidity, mortality, disability and economic costs. It is becoming an increasingly common health problem worldwide due to greater longevity in many countries. The rapid changes in lifestyles and migration from rural to urban regions is also influencing a concurrent increase in the risk of hypertension in many countries (Singh, 2017).

2.4 Conceptual frame work

A conceptual framweralseork is an analytical tools with several variations and contexts.It can be applied in different categorise of work where an overall picture is

needed. It is used to make conceptual distinctions and organize ideas. A study conceptual framework contains sufficient information to allow other investigators to adopt or replicate your methodology.

Independent variables

Dependent variables

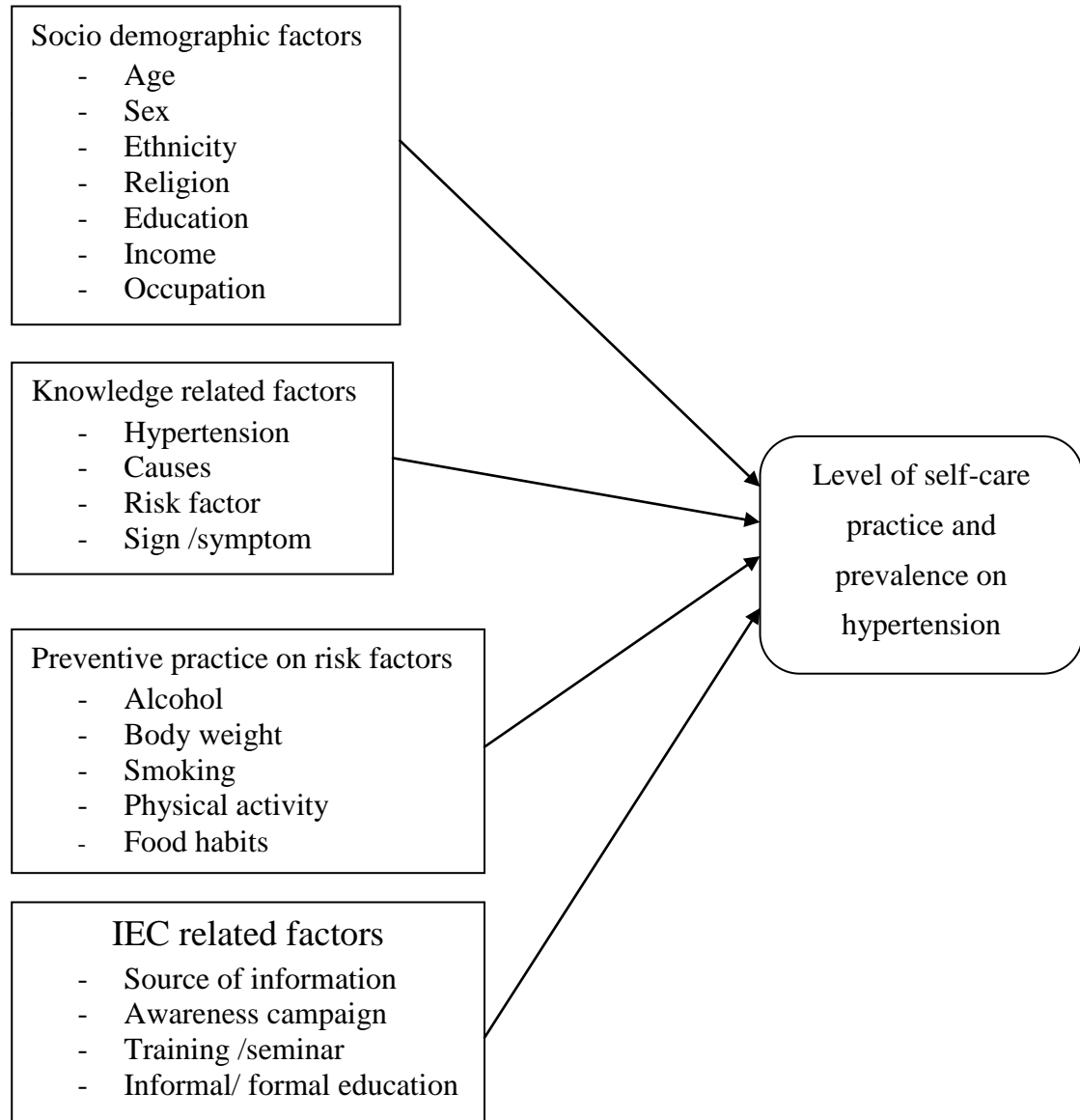


Figure 2.1: Conceptual framework

The above conceptual framework shows relationship between independent variable and dependent variable. Main objective of study prevalence and self-care practices on hypertension is the dependent variable. Independent variable influences to dependent variable. Prevalence and self-care practices result is dependent up on the socio demographic factors (age, sex, ethnicity, education, occupation and income). Knowledge related factor (hypertension, causes, symptoms and risk factors) are determine awareness level of respondents.

CHAPTER III

RESEARCH METHODOLOGY

This chapter contains the brief explanation of research methods employed in study. The result of research depends on the careful selection appropriate research methods. Similarly, methodology is a systematic rules and procedure, which is based upon research. It is the science of method or rules of game. The research methodology used to collect the qualitative and quantitative data needed for the present study. Various research methods include such as research design nature and source of data, data collection techniques adopted to carry out this study are presented below.

3.1 Rationale for selection of research site

The main location of this study was Pokhara metropolitan-27, Kaski, district. In addition with this, population density is high and dynamic group of caste mix up in this community.

The main reason behind selecting this place as the study area is that most of the households Brahmin, Khatri and ethnicity, they were migrated from Lampung Passaging, Parbat Sadakharka and Syangja Sirubari. They are adapted new place and their cultures. Another reason for selection of this place as study area is familiar with place to observe the socio-economic cultural and educational dimensions as well as the impacts of adaptation. The research is hopeful on finding the true facts.

3.2 Research design

"Research design is the plan, structure and strategy of investigations conceived as to obtain answers to research questions and control variance". – F. N. Kelinger, 1973

The study design was description (Analytical). This study was carried out under the exploratory research and descriptive analysis and was used qualitative and quantitative method.

3.3 Sampling design

Sampling is a process of selecting a number of study units from a definite population. Sampling design is the process selecting a subset of observations for the proposed of drawing conclusions about that larger set of all possible observation.

I employed a convenience sampling method while selecting the respondents. The whole population of my study is the total number of adults aged between 25 and 60 who live in ward no 27 of Pokhara Municipality. I interviewed 384 respondents. I selected them on the basis of my convenience. Some of them were those whom I met the Health Post where I worked, in Women's Group meeting, Tea Shops, and in Ward Office.

3.4 Nature and sources of data

Primary data is used in this study. Primary data is collected from fieldwork using various methods, tools and techniques. The secondary data is taken from various studies such as books, published and unpublished documents from related literature and government documents from different libraries and institutes. Both qualitative and quantitative data are used in this study.

3.5 Data collection technique

Face-to-face in interview and blood pressure measurements for the prevalence, self-care practice. The effectiveness and the efficiency of data depended on the choice of effective and efficient choice of the tools of data collection proper selection of data collection tools helps together the valid and reliable information. After approval of proposal, very simple and under set and able questions were both open and close in nature. Primary data for this study was collected through tools like observation, group discussion, interview, case studies and key information (Intellectual persons were many key persons in this study and questions were provided to them).

3.5.1 Interview schedule

The interview is conversation with a purpose and therefore is more than a more oral exchange of information.

"The interview is face to face interpersonal sole-situation in which one person, the interviewer, asks a person being interviewed the respondent, questions designed to obtain answer pertinent to the purpose of the research problem" (F. N Kerlinger).

Interview was taken by answer givers and key informants about the causes of prevalence of hypertension, self-care practice, smoking, alcohol consumption and physical exercises on the study area through organized questionnaires. It will provide to watch their facial expression, physical appearance and even the place. Interview

technique had used as a main method for the collection of primary data. The universe was unknown and household and the selected samples were 384 households.

3.6 Data processing and analysis

Data entry and analysis was done in statistical package for social science (SPSS). Data were converted quantitative/qualitative form; percentage, pie chart and bar diagram were used for the demonstration of data.

Data analysis is most important aspects of any research project because information speaks nothing unless they are systematically reviewed, classified, organized and presented in tables, charts and graphs. The data collection was processed, edited presented by the use of Computer Software MS Excel and SPSS as well other necessary software according to the need of research. The qualitative data which are not quantifiable will be manually managed and such data will be descriptively analyzed.

All the collected data from the field works was analyzed to fulfill the objectives. In this research, some descriptive statistical tools such as calculation of percentage ratios were calculated. The collected data were presented with the help of tables.

CHAPTER IV

SCIO CULTURAL BACKGROUND OF RESPONDENTS

This chapter focuses on the hypertension analysis, interpretation and discussion of the data collected from the respondents. The study area is lies in Pokhara metropolitan-27, in kaki district, Nepal. It has been place in second city of Nepal. Arghauchowk, Talc wok, Rithepane, Kumalgaun, Kharanefat and Archdale are the core place of the community. Archdale is the birth place of poet Shiroma Lekhanath Poudyal. Prthivi highway divided into two part in east west to the ward number 27. Study area is the naturally so nice. Generally, from overall site we can observe mountain pickup (Annapurna, Fishtail and Dhaulagiree), Ponds and Pokhara regional airport.

Social cultural background is study by the anthropologist. It is the understanding culture and society. Social cultural background is described whole social structure including gender, family type, religion, economic condition, occupation etc. Most anthropologists have studied small-scale societies, or relatively small groups of people within a wider society. They have usually aimed at a holistic view of a particular culture or community, including how its different aspects are connected with one another – to understand.

Family and kinship organization with grass-root political power and authority, the relation of these to religious beliefs and practices, and the place taken in all these affairs by the way goods and services are produced and distributed.

4.1 Respondents background

Demographics are characteristics of a population. Characteristics such as race, ethnicity, gender, age, education, profession, occupation, income level, and marital status, are all typical examples of demographics that are used in surveys. Mar 12, 2012. In this chapter provide the information of the social demographic.

4.1.1 Percentage distribution of respondent's by age

Different age group is provided the special information of respondents in particular time period. An age group is the people in a place or organization who were born during a particular period of time. Age grouped data were presented to the following table.

Table 4.1
Percentage distribution of respondent's by age

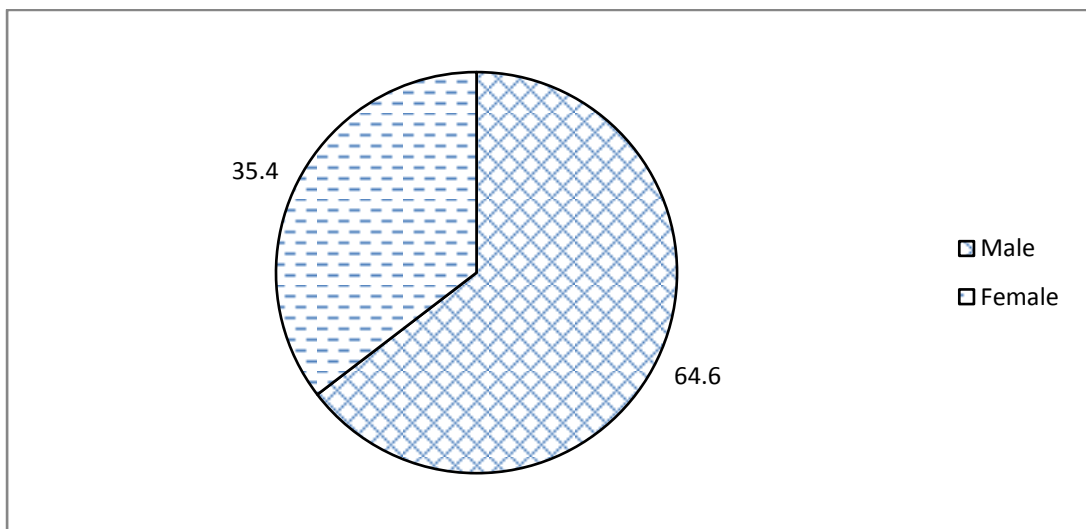
Characteristics	Parameters	Frequency(n)	Percentage (%)
Age-group	25-35 (years)	83	21.61
	35-45 (years)	200	52
	45-50 (years)	76	19.91
	50-60 (years)	25	6.5
Total		384	100

Source: Field survey 2019

Above table shows most of the age group of 35-45 are with higher frequency among the other age group responders and are at higher percentage of Hypertension whereas age group above 50-60 are at lowest frequency and percentage of Hypertension because interview and blood pressure measurement had conducted more in public area where respondents participated in this age group.

In the simple term gender is the male female. It is the basic element for the social, cultural and human community. Gender identity is the personal sense of one's own gender. Gender identity can correlate with assigned sex at birth or can differ from it. All societies have a set of gender categories that can serve as the basis of the formation of a person's social identity in relation to other members of society.

Figure 4.1: Percentage Distribution of respondent's by gender



Source: Field survey 2019

Prichard showing male gender seems more prone to hypertension compared to female with higher frequency of male participation this shows female are still lagging behind in participation despite of low percentage of hypertension.

4.1.2 Percentage distribution of respondent's by family type

Anthropologists have mentioned about different types of families found in different cultures. Classification of families is generally done on the basis of organization (nuclear and join).

Table 4.2
Percentage distribution of respondent's by family type

Characteristics	Parameters	Frequency(n)	Percentage (%)
Family type	Single	248	64.6
	Joint family	136	35.4
Total		384	100

Source: Field survey 2019

Generally table 4.2 has been described about the family type. Single family majority percentage is high due to migrated people has become usually single. People they, I was visited in the public area in my research process.

4.2 Percentage distribution of respondent's by religion

Religion is a process of socialization. In other term, it is a social-cultural system of designated behaviors and practices, morals, worldviews, texts, sanctified places, prophecies, ethics, or organizations that relates humanity to supernatural, and spiritual elements. Religion directly or indirectly influence to human health.

Table 4.3
Percentage distribution of respondent's by religion

Characteristics	Parameters	Frequency(n)	Percentage (%)
Religion	Hindu	263	68.5
	Buddhist	104	27
	Islam	9	2.3
	Christian	8	2
Total		384	100

Source: Field survey 2019

Table shows that majority respondents are of Hindu religion with higher percentage of HTN with lowest of Christian religion as Nepal comprise of huge number of Hinduism followers.

4.2.1 Percentage distribution of respondent's by ethnicity

An ethnic group or ethnicity is a category of people who identify with each other, usually on the basis of a presumed common genealogy or ancestry or on similarities such as common language or dialect, history, society, culture or nation.

Table 4.4

Percentage distribution of respondent's by ethnicity

Characteristics	Parameters	Frequency(n)	Percentage (%)
Ethnicity	Brahmin	167	43.5
	Chhetri	63	16.4
	Janajati	112	29.2
	Dalit	33	8.6
	Muslim	9	2.3
Total		384	100

Source: Field survey 2019

Table showing ethnicity socio-demographic structure of Pokhara Lekhanath-27, on the basis of caste where large percentage i.e. 43.5% of participants were included from Brahmin, with least from Muslim community, shows lagging of so called lower caste community in public participation.

4.2.2 Percentage distribution of respondent's by education status

Education is also the process socialization and it is facilitating learning, to help to get knowledge, skills, values, beliefs, and habits. Educational methods include storytelling, discussion, teaching, training, and directed research

Table 4.5**Percentage distribution of respondent's by education status**

Characteristics	Parameters	Frequency(n)	Percentage (%)
Education Status	Illiterate	9	2.9
	Literature	68	17.7
	Basic	87	22.7
	Graduation	109	28.4
	>Graduation	11	2.86
Total		384	100

Source: Field survey 2019

Education status of my study showed that most of the participants have above graduation 28.4% similarly 22.7% were basic education, 17.7% were informal education, and 2.9% Illiterate. Most respondent's education status has been seen poor which affected on their live hood process as well as health.

4.2.3 Percentage distribution of respondent's by occupation

Occupation is the basic process to the livelihood programme for the person or group. Generally, people engage themselves in such activities on a regular basis and are said to be engaged in their occupation. Thus, occupation means keeping oneself engaged or occupied in some gainful economic activity on a regular basis to earn one's livelihood. Occupation is the various type, which is the influence the human health.

Table 4.6**Percentage distribution of respondent's by occupation**

Characteristics	Parameters	Frequency(n)	Percentage (%)
Occupation	Business	92	24
	Agriculture	65	16.9
	Government	50	13
	Non-government	93	24.2
	Private	57	14.8
	Foreign employer	22	5.7
	Labor	5	1.3
Total		384	100

Source: Field survey 2019

The occupation status of participants showed that majority had non-government services similarly participants with 24% were business is 24% participants who had agriculture were 16.9%. Participants, government service were 13%, similarly private services were 14.8%, foreign employer was 5.7% and labor was 1.3%. Income source is also affected on hypertension. If person have good income source his/her daily life style may be luxurious which is affected on hypertension.

4.2.4 Percentage distribution of respondent's by income sources

Source of income simply means where the money came from. For example if you have a job, the company you work for is the source of income. If you have investments or savings that earn interest, then the interest (the bank) is the source of the income.

Table 4.7

Percentage Distribution of respondent's by income sources

Characteristics	Parameters	Frequency(n)	Percentage (%)
Income source	Business	92	24
	Agriculture	65	16.9
	Government	50	13
	Non-government	93	24.2
	Private	57	14.8
	Foreign employer	22	5.7
	Labor	5	1.3
Total		384	100

Source: Field survey 2019

The Income status of my participants shows that majority had non-government services similarly participants with business is 24.2% participants who had Business is 24%. Participants who had government service is 13% similarly private services was 14.8% remittance is 5.7% and labor was 1.3%.

4.2.5 Percentage Distribution of respondent's by marital status

Marital status is the distinct options that describe a person's relationship with a significant other. Married, single, divorced, and widowed are examples of such status and sometimes may be a source of discrimination

Table 4.8

Percentage distribution of respondent's by marital status

Characteristics	Parameters	Frequency(n)	Percentage (%)
Marital status	Married	359	93.5
	Unmarried	25	6.5
Total		384	100

Source Field Survey

The marital status of participants showed that majority had married (93.5) similarly participants with 6.5% were unmarried.

4.2.6 Percentage distribution of respondent's by annual income

Annual income is the amount of total income, which somebody earn in one fiscal year. Annual income includes everything from your yearly salary to bonuses, commissions, overtime, and tips earned.

Table 4.9

Percentage distribution of respondent's by annual income

Characteristics	Parameters	Frequency(n)	Percentage (%)
Annual income	Agriculture	65	16.9
	Government	50	13
	Business	77	20
	Remittance	21	5.6
	Non-government	57	14.9
	Private	98	25.6
Total		384	100

Source: Field survey 2019

The Income status of my participants shows that majority had Private services (25.6), similarly participants with business is 24% participants who had agriculture is 16.9%. Participants who had government service are 13% similarly private services were 14.8% remittance is 5.7% and labor was 1.3%.

CHAPTER -FIVE

KNOWLEDGE AND PRACTICES RELATED TO HYPERTENSION

This chapter provides the analysis of respondents' awareness regarding hypertension and various self-care practices practiced by the respondents in order to reduce the risk of hypertension. Self-care practice is precaution and measure adopted by the people to protect them from hypertension. Knowledge is aware of facts and information related to the hypertension. Preventive practice is the precaution and measure adopted by the people to protect them from hypertension.

5.1 Prevalence of hypertension

This Chapter is provided the prevalence of hypertension. Prevalence is the number of who have a certain condition on hypertension at any given time. Prevalence refer to the number of who have a certain condition on hypertension at any given time. Prevalence is a statistical concept referring to the number of cases of a disease that are present in a particular population at a given time.

5.1.1 Percentage distribution of respondent's BP measurement

Measurement is the assignment of a number to a characteristic of an object or event, which can be compared with other objects or events. The scope and application of measurement are dependent on the context and discipline.

Table 5.1

Percentage distribution of respondent's BP measurement

	Parameters	Frequency(n)	Percentage (%)
Blood pressure measurement	BP Normal(120-80mmhg)	275	71.6
	BP prehypertension (120/80mmhg-140/90mmhg)	24	6.27
	Hypertension (>140-90mmhg)	85	22.1
Total		384	100

Source: Field survey 2019

Above table shows that majority 71.6% were normal blood pressure among participants. 22.1% were blood pressure high and 6.27% were prehypertension. Prevalence is show 22.1% percentage. Hypertension is greater in urban areas than in rural areas reflecting the acquisition of several risk factors, including sedentary lifestyles, consumption of fatty foods, obesity and smoking. It risk factors are also show influence to hypertension in my study. Hypertension is positively associated with higher socioeconomic status in both urban and rural areas. Similarly in Nepal various studies have shown that the prevalence of hypertensions in adult population is around 20% in urban population. The objective of this study was to assess the prevalence, self-care practice of hypertension among adults in the Pokhara-27, Kaski district. In this study is shows the 22.1 percentage hypertension of total respondents. Generally it is the high rate in the urban and rural area in Nepal.

5.2 Awareness/ knowledge on hypertension

Knowledge is a familiarity, awareness, or understanding of someone or something, such as facts, information, descriptions, or skills, which is acquired through experience or education by perceiving, discovering, or learning. Knowledge can refer to a theoretical or practical understanding of a subject.

5.2.1 Distribution of respondent's by understanding of the term HTN

Understanding is a psychological process regarding to an abstract or physical object, such as a person, situation, or message whereby one is able to think about it and use concepts to deal adequately with that object. Understanding is a relation between the knower and an object of understanding.

Table 5.2

Distribution of respondent's by understanding of the term HTN

Characteristics	Parameters	Frequency(n)	Percentage (%)
Understand the term HTN	Yes	317	82.6
	No	67	17.4
Total		384	100

Source: Field survey 2019

The table above provides information about the respondent understands of the term hypertension (HTN). As the table reveals that majority i.e. 82.6 percent understand

the meaning of the term hypertension. Similarly, 17.4 percent of them replied that they didn't understand the term. Majority people of HTN term understanding has been leading to decrease, prevalence of HTN in the coming day.

5.2.2 Percentage Distribution of respondent's know of HTN

The aim of this study was to search the effect of knowledge about hypertension and socio-demographic characteristics on controlling high blood pressure levels among patients diagnosed with hypertension.

Table 5.3
Percentage Distribution of respondent's know of HTN

Characteristics	Parameters	Frequency(n)	Percentage (%)
Know of HTN	Yes	317	82.6
	No	67	17.4
Total		384	100

Source: Field survey 2019

The table shows that among those who knew about hypertension most 82.6% of the respondents said causes of hypertension. Similarly participants with 17.4% were unknown about the hypertension. Most respondents have known about the causes of hypertension. It has been indicated that hypertension prevalence rate has been down in the coming day

5.2.3 Percentage distribution of respondent's by causes of HTN

What was the cause of the hypertension? The reason or motive for some respondent's action.

Table 5.4
Percentage distribution of respondent's by causes of HTN

Characteristics	Parameters	Frequency(n)	Percentage (%)
Cause of HTN	Smoking	186	48
	Body fat	184	47.9
	Drinking alcohol	178	46.4
	Spicy food	109	28.4
	Less physical activity	77	20
Total		384	100

Source: Field Survey 2019

Less than half 47.9% of participants tell that HTN is caused by fat, 46.4% alcohol, Smoking 48%, spicy foods 28.4%, and low physical activities 20%.

5.2.4 Percentage distribution of respondent's by symptom of HTN.

Symptom of hypertension is designed to help understand of respondent idea about the hypertension.

Table 5.5

Percentage distribution of respondent's by symptom of HTN.

Characteristics	Parameters	Frequency(n)	Percentage (%)
Sign symptom HTN	Headache	256	66.7
	Dizziness	210	54.7
	Vomiting	15	30.5
Total		384	100

Source: Field survey 2019

The table shows that among those who knew about hypertension majority of the respondents said sign and symptoms of hypertension as severe headache, Majority 66.7% of the participants says headache was sign and symptoms of HTN. 54.7% was dizziness, followed by dizziness 54.7% said unconsciousness and 30.5% vomiting, body ache, vomiting.

5.2.5 Percentage distribution of respondents by associated diseases of HTN

Associated is the connected with something or another person. Here diseases influences to HTN

Table 5.6

Percentage distribution of respondents by associated diseases of HTN

Characteristics	Parameters	Frequency(n)	Percentage (%)
Associated disease due to HTN	Yes	251	66.7
	No	133	34.6
Total		384	100

Source: Field survey 2019

Table 4.14 shows that majority 66.7% had good knowledge regarding hypertension associated diseases and 34.6% not aware about the hypertension associated diseases.

5.2.6 Percentage distribution of respondent's by Diseases due to HTN

Diseases due to hypertension is understand and find out respondents knowledge about the hypertension.

Table 5.7

Percentage distribution of respondent's by Diseases due to HTN

Characteristics	Parameters	Frequency(n)	Percentage (%)
Diseases due to of HTN	Hyperthyroidism	147	38.3
	Glumeronephraitis	53	13.8
	Diabetes	42	10.9
	Stress	9	2.3
Total		384	100

Source: Field Survey 2019

The table shows that 38.3% of respondents are understanding that hyperthyroidism is associated with HTN. As well as 13.8% are associated with Glumeronephraitis similarly diabetes is 10.9% and stress is 2.3%.

5.2.7 Percentage Distribution of respondent's by dietary habit

Dietary Habits are the habitual decisions of individuals or group of people regarding what foods they eat. Proper dietary choices require the consumption of vitamins, minerals, carbohydrates, proteins and fats. Dietary habits and choices play a significant role in human health.

Table 5.8

Percentage Distribution of respondent's by dietary habit

Characteristics	Parameters	Frequency(n)	Percentage (%)
Dietary habit	Vegetarian	45	11.7
	Non vegetarian	339	88.3
Total		384	100

Source: Field Survey 2019

Above table shows that majority 88.3% had non-vegetarian and 11.7% were vegetarian.

Table 5.9**Percentage Distribution of respondent's meat eaten habit by their awareness**

Characteristics	Parameters	Frequency(n)	Percentage (%)
Meat eating habit	Daily	55	14.3
	Weekly	138	35.9
	Twice a week	74	19.2
	Some time	72	18.7
Total		339	88.2

Source: Field survey 2019

The table shows that most weakly respondent's weakly meat eating percentage is 35%, respectively, Daily meats with frequency of 55, Compared to largest numbers other respondent's frequency. This clears that daily meat eating respondents are at risk of hypertension compared to respondents who eat weekly, twice weekly or sometime.

Table 5.10**Percentage distribution of respondent's by diet time per day.**

Characteristics	Parameters	Frequency(n)	Percentage (%)
Diet time per day	One time a day	0	0
	Two time a day	156	40.6
	Three time a day	202	52.6
	More than three	26	6.77
Total		384	100

Source: Field survey 2019

Majority respondents 52.6% of participants says that three time a day, 40.6% were said that two time a day as well as 6.77% were said that more three time. Three time smokers are majority which behavior of respondents, to indicate risk behavior has been going on among the respondents.

Table 5.11

Percentage Distribution respondents by history relatives

Then two species broke off into separate lineages.

Characteristics	Parameters	Frequency(n)	Percentage (%)
Relative History of HTN	Yes	44	10.7
	No	340	89.3
Total		384	100

Source: Field survey 2019

The table shows that majority 89.3% is not relation, 10.7% were relative of hypertension. This table background show that majority of respondents no history of hypertension, this analysis data indicates that

CHAPTER VI

SELF CARE PRACTICES RELATED TO HYPERTENSION

6.1 Analysis of Hypertensions

Hypertension is a chronic condition of concern due to its role in the causation of coronary heart disease, stroke, and other vascular complications. It is the commonest cardiovascular disorder posing a major public health challenge to population in socio-economic and epidemiological transition. Hypertension mean Systolic level 140 mmHg or higher and Diastolic level 90 mmHg or higher. It is one of the major risk factor for cardio vascular mortality, which accounts for 20-50% of all death. Hypertension is supernatural power disease to the community people. The Cultural concept is emerging new on about HTN. Hypertension, also known as high or raised blood pressure, is a condition in which the blood vessels have persistently raised pressure. Blood is carried from the heart to all parts of the body in the vessels. Each time the heart beats, it pumps blood into the vessels. Blood pressure is created by the force of blood pushing against the walls of blood vessels (arteries) as it is pumped by the heart.

Hypertension is a major community and society burden due to its causal association with cardiovascular disease morbidity, mortality, disability and economic costs. It is becoming an increasingly common health problem worldwide due to greater longevity in many countries. The rapid changes in lifestyles and migration from rural to urban regions is also influencing a concurrent increase in the risk of hypertension in many countries and rural areas. Similarly in Nepal various studies have shown that the prevalence of hypertensions in adult population is around 20% in urban population. The objective of this study was to assess the knowledge, attitude and preventive practice of hypertension among adults in the Pokhara valley of Kaski district.

6.2 Self-care practiced on hypertension

Self-care practice is understand to preventive of hypertension.

6.2.1 Percentage Distribution of respondent's by use tobacco.

Tobacco smoking is the practice of smoking tobacco and inhaling tobacco smoke. A broader definition may include simply taking tobacco smoke into the mouth, and then releasing it, as is done by some with tobacco pipes and cigars.

Table 6.1

Percentage Distribution of respondent's by use tobacco

Characteristics	Parameters	Frequency(n)	Percentage (%)
Tobacco use pattern	Yes	26	6.8
	No	358	93.2
Total		384	100

Source: Field survey 2019

The use tobacco status 6.8% of participants showed, majority of respondents (93.2%) were not use tobacco. Formal, informal education, advertisement of radio, television and health worker advice help to aware in less use of tobacco. Stills 6.8 percentage are at risk of hypertension.

6.2.2 Percentage Distribution of respondent's by smoking use

The relationship between smoking and hypertension control is complex: Nicotine itself acts as both a stimulant and appetite suppressant and the act of smoking triggers behavior modification that prompts smokers to snack less. Smoking also might make food less tasty for some smokers.

Table 6.2

Percentage Distribution of respondent's by smoking use

Characteristics	Parameters	Frequency(n)	Percentage (%)
Use smoking	Yes	126	32.8
	No	258	67.2
Total		384	100

Source: Field survey 2019

The use of smoking of participants showed that majority 67.2% nonsmoker, respondents with 32.8% were smoked. Smoking Out of the total, 126 (32.8%) participants were currently smoking. Half of the current smokers initiated smoking

before 17 years of age and 20% had been smoking continuously from the last 40 years. Almost all (57 of 60) smokers smoked manufactured (branded) cigarettes of an average of 10 sticks per day. Thirty-six (6.8%) respondents were using smokeless tobacco.

Table 6.3

Percentage Distribution of respondent's by smoking stick per day

Characteristics	Parameters	Frequency(n)	Percentage (%)
Smoking stick per day	1-5 stick per day	77	20.1
	6-10 stick per day	43	11
	11-20 stick per day	1	0.3
	More than 20 stick	1	0.3
	No smoking	262	68.2
Total		384	100

Source: Field survey 2019

Majority respondents 68.2% were no smoking, 31.8% were cigarettes smoked on of them 20.1% were taken 1-5 stick cigarettes per day, 11-20 stick cigarettes were taken 0.35 respondents as well as more than 20 stick cigarettes were taken 0.3% respondents. Smoking Out of the total, 61 (17.6%) participants were currently smoking.

6.2.3 Percentage distribution by use alcohol

Alcohol use disorder (which includes a level that's sometimes called alcoholism) is a pattern of alcohol use that involves problems controlling your drinking, being preoccupied with alcohol, continuing to use alcohol even when it causes problems, having to drink more to get the same effect, or having withdrawal.

Table 6.4

Percentage Distribution by use alcohol

Characteristics	Parameters	Frequency(n)	Percentage (%)
Use of alcohol	Yes	82	21.4
	No	302	78.6
Total		384	100

Source: Field survey 2019

The alcohol use of participants showed that majority 78.6% were not use of alcohols similarly participants with 21.4% were used of alcohol. Data show that various majority people did not use the alcohol. So we can says that no danger of hypertension in study area.

Alcohol consumption over a quarter of the participants (21.4%) had consumed alcohol at least once in past 30 days.

6.2.4 Percentage distribution of respondents by alcohol taking time per day

It is the habitual action on alcohol drinking hypertension. Which is helped to increases the hypertension.

Table 6.5

Percentage Distribution of respondents by alcohol taking time per day

Characteristics	Parameters	Frequency(n)	Percentage (%)
Alcohol taking time per day	Daily	26	6.8
	Weekly	7	1.6
	Occasional	49	12.8
	No alcohol drinking	302	78.6
Total		384	100

Source: Field survey 2019

The alcohol taking time per day status of responded showed that majority 78.6% similarly participants with 6.8% were daily used, 1.6% weekly and 12.8% were occasional.

Table 6.6

Percentage Distribution by performed exercise

Characteristics	Parameters	Frequency(n)	Percentage (%)
Perform exercise	Yes	127	33.1
	No	257	66.9
Total		384	100

Source: Field survey 2019

The perform exercise of participants showed 33.1%, similarly participants with 66.9% were not perform exercises. Majority respondents are no perform exercises is high. It is show that risk behavior people are more. Still now hypertension his been increased chances more in this committee.

Majority 71.6% were normal blood pressure among participants. 22.1% were blood pressure high and 6.27% were prehypertension. Prevalence is show 22.1% percentage. Hypertension is greater in urban areas than in rural areas reflecting the acquisition of several risk factors, including sedentary lifestyles, consumption of fatty foods, obesity and smoking. It risk factors are also show influence to hypertension in my study. Hypertension is positively associated with higher socioeconomic status in both urban and rural areas. Similarly in Nepal various studies have shown that the prevalence of hypertensions in adult population is around 20% in urban population. The objective of this study was to assess the prevalence, self-care practice of hypertension among adults in the Pokhara-27, Kaski district. In this study is show the 22.1 percentage hypertension of total respondents. Generally it is the high rate in the urban and rural area in Nepal. As follows self-care practices has been show of the respondents.

- This study results shows that (33.1%) of the respondent did the physical exercise among them (62.5%) were male and (38.7%) were female .Less than one fifth (32.8%) practice on taking smoke among them (28.6%) male and(4.4%) female .More than one fifth (21.4%) of the respondent had the habit of drinking alcohol among them (50.5%) male and female (4.3%).The main source of the information on hypertension was formal and informal education (20%) and 80% others higher education, health workers.
- Majority non vegetarian 88.3% and 11.7% vegetarian were result showed on general food practices. Usually on food practice salty food, fatty food, Dairy product, fruits and crop item were used on theirs food practices.
- In this study result show that 6.8% tobacco, smoking 32.8% and alcohol use 21.4%. This data is leading to risk behavior respondents
- Almost half (33%) of the respondent did the physical exercise among them (62.5%) were male and (38.7%) were female .Less than one fifth (32.1%) practice on taking smoke among them (28.6%) male and(4.4%) female .More than one fifth (21.4%) of the respondent had the habit of drinking alcohol among them (95.5%) male and female (4.3%).

- Almost half (26.6%) of the respondent did the physical exercise morning walk among them (62.5%) were male and (38.7%) were female. Less than one fifth (6.8%) practice on taking tobacco among them (70%) male and (30%) female. Most (88.3%) of the respondent had taken the non-vegetarian food practices among them male and female are equal participated. 17.7% respondents were vegetarian.

Table 6.7

Percentage Distribution respondents by history relatives

Characteristics	Parameters	Frequency(n)	Percentage (%)
Relative History of HTN	Yes	44	10.7
	No	340	89.3
Total		384	100

Source: Field survey 2019

This table provides the information of past history of hypertension with in single family unit.

Non-communicable (Hypertension, Cancer, and Diabetes) diseases are pandemic worldwide and are major health challenges to global development. Despite the fact that medical science has made significant achievements in the twentieth century, it has been challenged by the burden of NCDs (Non-communicable) at present. Among the NCD Hypertension has been identified as a leading risk factor for mortality and ranked third as a cause of disability adjusted life years worldwide.

CHAPTER VII

SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter summarizes the study and provides conclusion. Based on the findings, some relevant suggestions are made. Summary of prevalence and self-care practices on hypertension. Draw the conclusion here relation between hypertension and self-care practices.

7.1 Summary

A discretionary study was among 384 adults in the Pokhara valley of Kaski district. The study period was from June to August 2019. Non probability convenient sampling technique was used to select sample. Formal written permission was obtained from the authorities prior to conduct and informed consent was obtained from the respondents prior to the data collection process. The pre testing of study was done in 5% of sample size in homogenous area. Data was obtained through face to face interview by using structured and semi-structured questionnaire. Data was analyzed using SPSS 20 version and MS excel. Hypertensions were higher in males when compared to females, an increasing trend was observed in both males and females with increasing age.

The study demonstrates that the level of knowledge and level of practice on hypertension is still low in people. Educational status of the respondent was significantly associated with the level of knowledge. Illiterate people did not had knowledge on hypertension as the educational status of the people increased level of knowledge also increased. Results show that the level of knowledge is significantly associated with the level of practice. People having good knowledge show good practice in their daily life. Out of total respondents, more than half of the respondent had positive attitude towards hypertension. Level of knowledge is significantly associated with the level of attitude. People having good knowledge had good attitude towards hypertension than the people having poor knowledge. Results show that Age and family type of the respondent did not have any association with level of practice. However, gender and educational background of respondent seemed to have an association with the level of practices. The practice of smoking, drinking alcohol and

physical exercise was found more in male as compared to female. Health personnel and mass media played the important role in providing knowledge to the people in terms of hypertension.. Hypertension is positively associated with higher socioeconomic status in both urban and rural areas. Similarly in Nepal various studies have shown that the prevalence of hypertensions in adult population is around 20% in urban population. 22.1% prevalence has been seen on this study. The objective of this study was to prevalence and self-care practice of hypertension among adults in the Pokhara city of Kaski district.

Most (52%) of the respondents were aged between 35-45 years. Gender distribution of respondents showed that the majority (53.1%) of participants were male and (46.9%) female. Most of the respondent were married (93.5%) and belongs to Nuclear family. Most (64.6%) of respondent had service as occupation. In this study only (82.6%) respondent had good knowledge the term of HTN, only (33.1%) had good practice on perform exercise and most (32.8%) of the respondent had positive attitude towards use smoking.. Almost half (33%) of the respondent did the physical exercise among them (62.5%) were male and (38.7%) were female .Less than one fifth (32.1%) practice on taking smoke among them (28.6%) male and(4.4%) female .More than one fifth (21.4%) of the respondent had the habit of drinking alcohol among them (95.5%) male and female (4.3%).

Almost half (26.6%) of the respondent did the physical exercise morning walk among them (62.5%) were male and (38.7%) were female .Less than one fifth (6.8%) practice on taking tobacco among them (70%) male and(30%) female. .Most (88.3%) of the respondent had taken the non-vegetarian food practices among them male and female are equal participated. 17.7% respondents were vegetarian.

The level of knowledge is significantly associated with the level of practice. People having good knowledge show good practice in their daily life. Level of knowledge is significantly associated with the level of attitude. Results show that Age and family type of the respondent did not have any association with level of practice. However, gender and educational background of respondent seemed to have an association with the level of practices.

7.2 Major finding of the study

7.2.1 Knowledge/ Awareness

- The study demonstrates knowledge and self-care practice on hypertension is still low in people. The study demonstrates prevalence of hypertension is increasing among the people
- Educational status of the respondent was significantly associated with the level of awareness. Literate people number or percentage is very high in this study but knowledge awareness on hypertension is increasing.
- Results show that the level of knowledge is significantly associated with the level of practice. People having good knowledge show good practice in their daily life.
- Out of total respondents, more than half of the respondent had positive attitude towards hypertension.
- People having good knowledge had good attitude towards hypertension than the people having poor knowledge.
- Results show that Age and family type of the respondent did not have any association with level of practice.
- However, gender and educational background of respondent seemed to have an association with the level of practices.
- The study demonstrates that the level of knowledge and level of practice on hypertension is still low in people. Educational status of the respondent was significantly associated with the level of knowledge.
- Illiterate people did not had knowledge on hypertension as the educational status of the people increased level of knowledge also increased.
- Results show that the level of knowledge is significantly associated with the level of practice. People having good knowledge show good practice in their daily life. Out of total respondents, more than half of the respondent had positive attitude towards hypertension.
- Level of knowledge is significantly associated with the level of attitude. People having good knowledge had good attitude towards hypertension than the people having poor knowledge.
- Results show that Age and family type of the respondent did not have any association with level of practice. However, gender and educational background

of respondent seemed to have an association with the level of practices. The practice of smoking, drinking alcohol and physical exercise was found more in male as compared to female. Health personnel and mass media played the important role in providing knowledge to the people in terms of hypertension.

7.2.2 Self-care practice on hypertension

- This study results shows that (33.1%) of the respondent did the physical exercise among them (62.5%) were male and (38.7%) were female .Less than one fifth (32.8%) practice on taking smoke among them (28.6%) male and(4.4%) female .More than one fifth (21.4%) of the respondent had the habit of drinking alcohol among them (50.5%) male and female (4.3%).The main source of the information on hypertension was formal and informal
- Education (20%) and 80% others higher education, health workers.
- Majority non vegetarian 88.3% and 11.7% vegetarian were result showed on general food practices. Usually on food practice salty food, fatty food, Dairy product, fruits and crop item were used on their food practices.
- In this study result show that 6.8% tobacco, smoking 32.8% and alcohol use 21.4%. This data is leading to risk behavior respondents.
- Almost half (33%) of the respondent did the physical exercise among them (62.5%) were male and (38.7%) were female .Less than one fifth (32.1%) practice on taking smoke among them (28.6%) male and(4.4%) female .More than one fifth (21.4%) of the respondent had the habit of drinking alcohol among them (95.5%) male and female (4.3%).
- Almost half (26.6%) of the respondent did the physical exercise morning walk among them (62.5%) were male and (38.7%) were female .Less than one fifth (6.8%) practice on taking tobacco among them (70%) male and(30%) female. .Most (88.3%) of the respondent had taken the non-vegetarian food practices among them male and female are equal participated. 17.7% respondents were vegetarian.
- Results show that Age and family type of the respondent did not have any association with level of practice. However, gender and educational background of respondent seemed to have an association with the level of practices. Almost half (33.1%) of the respondent did the physical exercise among them (62.5%) were male and (38.7%) were female.

- .Less than one fifth (32.1%) practice on taking smoke among them (28.6%) male and(4.4%) female .More than one fifth (21.4%) of the respondent had the habit of drinking alcohol among them (95.5%) male and female (4.3%).
- Almost half (26.6%) of the respondent did the physical exercise morning walk among them (62.5%) were male and (38.7%) were female .Less than one fifth (6.8%) practice on taking tobacco among them (70%) male and(30%) female. .Most (88.3%) of the respondent had taken the non-vegetarian food practices among them male and female are equal participated. 17.7% respondents were vegetarian.

7.2.3 Prevalence on the study

Table 7.2.1

Percentage distribution of respondent's BP measurement

Characteristics	Parameters	Frequency(n)	Percentage (%)
Blood pressure measurement	BP Normal(120-80mmhg)	275	71.6
	BP prehypertension (120/80mmhg-140/90mmhg)	24	6.27
	Hypertension (>140-90mmhg)	85	22.1
Total		384	100

Source: Field survey 2019

Above table shows that majority 71.6% were normal blood pressure among participants 22.1% were blood pressure high and 6.27% were prehypertension. Prevalence is show 22.1% percentage. Hypertension is greater in urban areas than in rural areas reflecting the acquisition of several risk factors, including sedentary lifestyles, consumption of fatty foods, obesity and smoking. It risk factors are also show influence to hypertension in my study. Hypertension is positively associated with higher socioeconomic status in both urban and rural areas. Similarly in Nepal various studies have shown that the prevalence of hypertensions in adult population is around 20% in urban population. The objective of this study was to assess the prevalence, self-care practice of hypertension among adults in the Pokhara-27, Kaski district. In this study is show the 22.1 percentage hypertension of total respondents. Generally it is the high rate in the urban and rural area in Nepal.

In this section show that, Prevalence of Hypertension is 22.1%. In this my study statistic shows that prevalence of hypertension is still high in urban rural area. Respondents factor/risk people of Hypertension (HTN) stills increasing. Where overall prevalence of hypertension among adult patients is increasing.

7.4 Conclusion

The objective of this study was to assess the prevalence and self-care practice on hypertension among adults in the Pokhara metropolitan-27 valley of Kaski district.

A descriptive study was among 384 adults in the Pokhara valley of Kaski district. The study period was from June to October 2019. Convenient sampling technique was used to select sample. Formal written permission was obtained from the authorities prior to conduct the study and informed consent was obtained from the respondents prior to the data collection process. The pre testing of study was done in 10% of sample size in homogenous area. Data was obtained through face to face interview by using structured and semi-structured questionnaire. Data was analyzed using SPSS 20 version and MS excel.

The study demonstrates that the level of knowledge and level of practice on hypertension is still low in people. Educational status of the respondent was significantly associated with the level of knowledge. Illiterate people did not had knowledge on hypertension as the educational status of the people increased level of knowledge also increased. Results show that the level of knowledge is significantly associated with the level of practice. People having good knowledge show good practice in their daily life. Out of total respondents, more than half of the respondent had positive attitude towards hypertension. Level of knowledge is significantly associated with the level of attitude. People having good knowledge had good attitude towards hypertension than the people having poor knowledge. Results show that Age and family type of the respondent did not have any association with level of practice. However, gender and educational background of respondent seemed to have an association with the level of practices. The practice of smoking, drinking alcohol and physical exercise was found more in male as compared to female. Health personnel and mass media played the important role in providing knowledge to the people in terms of hypertension.

The level of knowledge and level of practice on hypertension is still very low in people. Results show that the level of knowledge is significantly associated with the level of practice. People having good knowledge show good practice in their daily life. The level of knowledge and practice among adults is very poor. So, health programme and BCC should be conducted for raising awareness and for improving behavior of adults.

7.5. Recommendation

On the basis of findings it is recommended that;

- i Health promotion programme should be conducted for raising awareness in time to time
- ii. BCC should be conducted for improving behavior of person.
- iii. There should be intervention programmers in the urban areas friendly by targeting population at risk.
- iv. There should be conduct a large scale study in this issue

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ANNEX I
INFORMED CONSENT FORM

CODE NO

Namaste

I am student of master's degree of anthropology, two year, Tribhuwan university affiliated collage of Prithivi Narayana campus, Bhimkalipatan-1 Pokhra Kaski. This study is being conducted as the partial fulfillment of requirement of masters of anthropology. My research topic is **“PREVALANCE ANDSELF CARE PRACTICES HYPERTENSION AMONG THE ADULTS IN POKHARA CITY”** The purpose of this study is to find the prevalence and self-care practice of hypertension. For this, your information is very important. I would like to ask you a few questions about hypertension. I would be very grateful if you could spend few minutes to answer my questions. I will not put your name in the format. All the information you give will be kept strictly confidential. Your participation is voluntary and you are not obliged to any questions you don't want.

Do I have your permission to continue?

Yes

Serial No:

Date.....

-INTERVIEW SCHEDULE

**“PREVALENCE and SELF-CARE PRACTICES HYPERTENSION AMONG
THE ADULTS IN POKHARA CITY”**

QUESTIONNAIRE

Form No:

Date of Interview:

Place of Interview:

Ward No:

Part I Socio-demographic related factors

1. Date of Birth of Respondent.....
2. Gender
 - a) Male b) Female c) Third Sex
3. Type of Family
 - a) Single Family b) Joint Family c) Joint Family
4. Religion of Respondent
 - a) Hindu b) Cristian c) Islam d) Buddhist
 - v) Others (Specific)
- 5 . Ethnicity
 - a) Brahmin b) Chhetri c) Ethnicity d) Dalit e) Muslim
6. Educational status
 - a) Illiterate b) Informal education c) Basic education d) Graduation
 - e) > graduation
7. Occupation of Respondent?
 - a) Unemployment/House wife b) Business c) Agriculture d) Government services e) Private services f) Remittance g) Labor
8. Income Source of Family
 - a) Agriculture b) Government Services c) Private job d) Business

e) Labor

f) Remittance

g) Non-government services

9. Marital Status
 a) Married b) Unmarried c) Widow d) Male widow
10. Annual Income

Part II Awareness self-care practice related factors.

11. Have you heard about the term hypertension?
 a) Yes b) No
12. Do you know causes of hypertension? [If no go to the question number 17]
 a) Yes b) No
13. What are the cause of HTN?
 a) Body fat b) Drinking alcohol c) smoking
 d) Spicy food d) others (specific)
14. What are the signs/symptoms of hypertension?
 a) Headache b) Dizziness c) vomiting
 d) Others (specific).....
15. Are there any associated disease along with hypertension?
 a) Yes b) No
16. If yes, what may be the disease?
 a) Hyperthyroidism b) Glumeronephraitis
 c) Diabetics d) others (specific)
17. What is your dietary habit?
 a) Vegetarian b) Non-vegetarian c) Both types
18. If non-vegetarian, how often do you take the meat?
 a) Daily b) weekly
 c) Twice a week d) Sometimes

19. What type of food do you include?
- a) Dairy products b) Fatty foods c) Salty food d) Fruits/ Salad
- d) Others (specify)
20. How often do you include these foods in your diet per day?
- a) One a day b) Twice a day
- c) Thrice a day d) More than three
21. Do you ever use tobacco?
- a) Yes b) No
22. How long have you use tobacco?
-
23. Do you ever smoke?
- a) Yes b) No
24. If yes, how much stick do you used per day?
- a) 1- 5 sticks per day b) 6- 10 sticks per day
- c) 11-20 sticks d) < 20 sticks
25. Do you ever use alcohol?
- a) Yes b) No
26. If yes then, how often do you take alcohol?
- a) Daily b) weekly
- c) Occasionally
27. Do you perform any form of exercise?
- a) Yes b) No
28. If yes then, what type of exercise do you do?
- a) Morning walking b) Running c) Yoga d) Juggling
- e) Others (specify).....

29. How often do you perform this exercise?

- a) Daily b) weekly c) Occasionally d) Rarely

Part III Prevalence related factors

30. Blood pressure measurement

a) Systolic

b) Diastolic.....

31. Hypertension?

- a) Yes b) No

32. Is there any history of hypertension in family?

- a) Yes b) No

c) Do not know anything

33. If yes then, what is your relation?

- a) Father b) Mother

Appendix II Study of Area, Kaski District

