

**KNOWLEDGE AND PRACTICES ON PREVENTION
FROM COMPLICATIONS OF HYPERTENSION
AMONG THE CLIENTS IN CHITWAN**

By

Yojana Panta

T.U. REGD. No: 4-1-39-16-2006

Research Report Submitted in Partial Fulfillment of the Requirements
Of the Bachelor in Nursing Program (Hospital Major)
Tribhuvan University, Institute of Medicine
Nursing Campus, Birgunj

September, 2014

RESEARCH APPROVAL SHEET

Research on “**Knowledge and practices on prevention from complications of Hypertension among the clients**”, my bonafide work, is being submitted for approval to Tribhuvan University, Institute Of Medicine Nursing Campus Birgunj, to fulfill of requirement of Post Basic Bachelor in Hospital Nursing.

Student:

.....

Yojana Panta
PBBN 2nd year

Research Report Approved By:

Campus Chief:

.....

Assoc. Prof. Muna Rana
T.U. IOM
Nursing Campus, Birgunj

Research Advisor:

.....

Instructor, Ms.Ganga Panta
T.U. IOM
Nursing Campus, Birgunj

B.N Programme

Co-ordinator

.....

Instructor, Ms.Sita Oli
T.U.IOM
Nursing Campus Birgunj

Date.....

ABSTRACT

Hypertension is the fast emerging as the modern epidemic in the world. It contributes to the high mortality rate. Therefore, A study on “Knowledge and practices on prevention from complications of Hypertension among the clients” conducted to identify the knowledge and practices on prevention from complications of Hypertension among the clients in Chitwan. Many of the study addressed that adequate knowledge and practice can prevent the complications of Hypertension (HTN) and improved the quality of life of the clients.

Descriptive cross-sectional study design was adopted among 55 respondents. Non probability, purposive sampling technique was used to select the respondents in Bharatpur hospital, Bharatpur, Chitwan. A semi-structured interview questionnaire was used for data collection and the obtained data were analyzed by using descriptive statistics such as frequency, percentage, mean and inferential statistical chi-square test used to analyze the association between knowledge and practices and socio-demographical variables through academic table.

The study results revealed that, majorities (58.2%) of the respondents were literate and about half (52.7%) of the respondents didn't know meaning of hypertension. Almost all (94.5%) of the respondents answered that low salt intake is the main preventive measure of complications of HTN. 18.2% respondents had habit of smoking and 45.5% respondents had not practice of regular eye check up. 67.3% of the respondents had moderate knowledge . Likewise 67.3% of the respondents had good practices. Level of knowledge is statistically significant with literacy status ($p=0.047$). level of practice is statistically significant with occupational status ($p=0.044$).

It is concluded that majority of the respondents had average knowledge and good practices on prevention from complication of hypertension although clients had not good practices according to their knowledge. Based on findings, it is recommended that a well designed counseling and made more aware on hypertensive complications to the hypertensive clients from all health sectors.

ACKNOWLEDGEMENT

It is a great pleasure, delight and contentment to show gratefulness to the individuals who have provided their valuable advice, suggestions, motivation, opinion, recommendation, encouragement, inspirations and reinforcement that helped this study to completion.

First of all, I would like to express my sincere gratitude to Tribhuvan University, Institute of Medicine, Nursing Campus Birgunj, Parsa for providing opportunity to conduct this study as a partial fulfillment of post basic Bachelor in Nursing.

I would like to express my deepest gratitude to researcher advisor, Associate Professor Ms. Muna Rana, campus chief, nursing campus Birgunj to her enthusiasm, inspiration, for expert and skillful direction, valuable suggestions, proper guidance and facilitated to make this research promising.

I would like to express sense of gratitude to the Associate Professor Ms. Bhuwan Kumari Dangol and Ms. Lalita Rai, Birgunj Nursing Campus, Birgunj for arranging academic programs, providing constructive environment and excellent opinions and ideas.

I express my sincere thanks and gratitude to lecturers Ms. Puspa Gauro for sound advice, and excellent theoretical teaching, instructor and Ms. Ganga Panta to her constant encouragement, supervision, skillful direction, constructive feedback throughout the research period.

I owe gratitude to Bharatpur government hospital, Bharatpur, Chitwan for giving permission, to carry out this research as well as providing support during data collection period.

I would like to thank Lecturer Pramod Poudel for assisting in statistical analysis and English editor Ms. Ranjana Kumari Jha.

I have reserved grateful to library, different faculty members and administrative staffs of Nursing Campus Birgunj for their kind co-operation. I express the deepest gratitude to all my colleagues for their co-operation, encouragement and suggestions in completion of this study.

I am indebted to all the respondents for their participation, involvement in research and providing precious information. This study would have been at stake without their trust and co-operation.

At the last but not least, I would like to acknowledge to all who helped me directly or indirectly during this study.

Yojana Panta

TABLE OF CONTENTS

Contents	Page no.
TITLE PAGE	i
RESEARCH APPROVAL SHEET	ii
ABSTRACT	iii
ACKNOWLEDGEMENT	iv
TABLE OF CONTENTS	.vi
LIST OF TABLES	viii
LIST OF FIGURE	.ix
CHAPTER I : INTRODUCTION	1-7
1.1 Background of the Study	1
1.2 Statement of the Problem	2
1.3 Rational for Study	3
1.4 Objectives of the Study	4
1.5 Significance of Study	4
1.6 Variables	.5
1.7 Conceptual Framework	5
1.8 Research Question	7
1.9 Operational Definition	.7
CHAPTER II : LITERATURE REVIEW	8-12
2.1 Introduction	8
2.2 Review the Related Literature	8
2.3 Summary of the Literature	12
CHAPTER III : RESEARCH METHODOLOGY	13-15
3.1 Research Design	13
3.2 Area of the Study/ Study Population	13
3.3 Sampling	13

3.4	Data Collection Method	13
3.5	Instrumentation	13
3.6	Data Collection Procedure	14
3.7	Data Analysis Procedure	14
CHAPTER IV : RESULTS OF THE STUDY		16-29
CHAPTER V : DISCUSSION, CONCLUSION AND RECOMMENDATION		30-34
5.1	Discussion	30
5.2	Conclusion	32
5.3	Limitation of the Study	33
5.4	Implications	33
5.5	Recommendation	33
5.6	Plan for Disseminations	34
REFERENCES		35-38
APPENDIXES		39
Appendix A: Scoring Key		
Appendix B: Informed Consent in English Version		
Appendix C: Questionnaire in English Version		
Appendix D: Informed Consent in Nepali Version		
Appendix E: Questionnaire in Nepali Version		
Appendix F: Administrative Letter from College of Nursing		
Appendix G: Administrative Letter from Study Area		

LIST OF TABLES

Table no.	Contents	page no.
1.	Socio-Demographic Characteristics of Respondents (Age, Sex, Education and Occupation)	16
2.	Socio- demographic Characteristics of Respondents (Duration of Disease Diagnosed, Family History, and sources of information)	18
3.	Knowledge on Hypertension (Meaning and Risk factors)	19
4.	Respondent's Knowledge on Sign and Symptoms, Complications and Preventive Ways	20
5.	Respondent's Knowledge on Risk Factors (Salt, Fatty foods, Alcohol and Smoking)	21
6.	Respondent's Knowledge on Prevention Preventive Measures (Morning Walk, Eye Check Up and Follow Up)	
7.	Knowledge on Stress as a Risk Factor and Way of Reducing Mental Stress	25
8.	Practice on Salt , Fatty Foods and Type of Foods Used	26
9.	Habit of Taking Alcohol, Smoking and Morning Walk	27
10.	Practices of Eye Checkup and Use of Stress Reduction Technique	28
11.	Experience on Side Effect, Technique Used for Reducing Side Effect, Regular Follow Up Visit and Frequency of Visit	29
12.	Level of Knowledge regarding Prevention from Complication of Hypertension	30
13.	Level of Practices regarding Prevention from Complication of Hypertension	30
14.	Association between Respondent's Level of Knowledge with age ,and literacy status	31
15.	Association between Level of Practices with Occupation and duration of disease diagnosed	32
16.	Association between Level of knowledge and practices	32

LIST OF FIGURE

Figure no.		Page no.
1.	Conceptual Framework	6

CHAPTER-I

INTRODUCTION

1.1 Background of the Study

Hypertension (HTN) is one of the most crucial health problems and most chronic disease in developed and developing countries, which is called silent killer as diagnosed suddenly. It is preventable and treatable condition usually without treatment. It leads to serious and life threatening complications such as heart, kidney, brain, and eyes destruction and disabilities (Sabouhi, Babae, Nail & Zade, 2009).

Globally, 92 million of the population affected with Hypertension daily, 57 million people were disable and estimated that 7.5 million to cause death which is about 12.8% of the total all death. Nepal ranks 115 in the world amongst the countries with the highest number of Hypertensive patients (WHO, 2013).

HTN is a single most important risk factor for mortality in South Asia. Approximately 35% of the adult population has HTN, which accounts for nearly 1.5 million deaths annually, 9.4% of the total deaths are attributed to Hypertension. Among the South Asian countries, Nepal, Indonesia, Myanmar has increasing trend in prevalence of Hypertension and less than 50% of the subjects are aware about Hypertension (Maharjan, Kazi, Sharma & Velhal, 2014).

The prevalence of HTN has been threefold increasement in the same location in Kathmandu Valley. Hypertensive population was unaware of their Hypertensive condition. The prevalence was high because of changing life style such as increased salt intake and increased Body Mass Index. Study indicates that about 50 -75% of diagnosed Hypertensive patient do not have adequate knowledge on control of HTN (Vaidya, Pathak & Pandey, 2012).

Study shows that, respondent's knowledge on Hypertension was poor. Before the diagnosis of disease (HTN) 90% of them were non-vegetarian but after diagnosis the percentage of non-vegetarian was reduced by only 10%. There was no significant

difference between before and after diagnosis of Hypertension on salt intake, saturated fat consumption but there were significant relationship between physical exercise, stress reduction, behavior change in smoking and drinking alcohol (Acharya & Chalise, 2011).

The assessment of knowledge and practice is very essential for nurses and other health professional because the complications of hypertension can be reduced by lifestyle modifications such as necessary changes in dietary patterns, regular exercise, quitting habit of smoking, alcohol drinking etc.

1.2 Statement of the Problem

Hypertension is one of the major risk factor for cardiovascular disease and renal failure. Incidence of hypertension is globally increasing in trend (WHO, 2013). Globally 92 million of the population affected with hypertension daily, 57 million people were disable and estimated that 7.5 million to cause death which is about 12.8% of the total all death. The prevalence of hypertension and its complication is high. Though there is progress in the area of the public awareness and control, yet improvement is needed to minimize the risk of hypertension complication. (WHO, 2013).

Hypertension is a non communicable disease. Among non communicable disease risk factor the percentage of death attributable to hypertension is highest i.e. 13%.Due to unhealthy dietary habit, alcohol consumption, smoking, stress the rate of hypertension is increasing. Though the condition hypertension is increasing rate but there is no more specialized hospital and also it is very expensive to treat the hypertension complication like heart failure, renal failure (Maharjan, Kazi, Sharma & Velhal, 2014).

Study was conducted on complication of hypertension in adult urban people by department of medicine study shows that of all medical admission 15.6% were due to hypertension with its complication. It showed that there is urgent need of health education to inform the people about the dangers of uncontrolled hypertension and encourage them to measure their blood pressure periodically thus to improve the early

detection and initiation of antihypertensive treatment to prevent the complication of hypertension (Shaikh, Yakta & Kumar, 2012).

Study shows that Patients knowledge score of Hypertension was 49.1% and patient's practice score of Hypertension was 49.2%. Likewise, 47.0% reported that often they have adhered to the doctor or health care provider's recommendations about Hypertension management, about 50% reported that sometimes they had regular exercise while 31.6% had rarely, 36.8% always used low salt diet, 36.3% have tried to decrease their stress according to recommendation.(Sabouhi, Babae, Naji & Zade, 2009).

Nepal ranks 115 in the world amongst the countries with the highest number of the hypertensive patient (WHO, 2013). There were 140,000 people who have Hypertension in Nepal (DoHS, 2068). Due to changing life style such as increased body mass index and salt intake the prevalence of hypertension was high. The prevalence of hypertension is increasing threefold in Kathmandu valley (Vaidya, Pathak & Pandey, 2012).

Study that was in Sahid Gangalal National Heart Center showed that respondent's knowledge regarding hypertension was poor. Likewise the study shows that only 62% of hypertensive patient had knowledge about the complication of hypertension and 62% were using different measures to reduce stress and only 64% had regular exercise. Therefore the assessment of knowledge and practice in prevention from complication of hypertension in hypertensive patient is very essential (Acharya & Chalisae, 2013).

1.3 Rational for Study

Incidence of hypertension is globally increasing in trend (WHO, 2013). There were 138426 hypertensive clients in Nepal, where as in Chitwan there were 5369 (DoHS, 2066/2067).

Hypertension (HTN) is a major health problem and often remains iceberg due to rarely causes symptoms. The people are prone to suffer from the complications related to Hypertension and leads to an increase in mortality and morbidity. It is a

major risk factor for Heart Failure, Coronary Heart Disease, Stroke, Renal Failure etc. It is preventable and self manageable although many Hypertensive clients have not adequate knowledge and practices regarding preventive measures (Vaidhya, 2007).

It is necessary to assess the knowledge and practices regarding prevention from complication of Hypertension. Nurses have a major role to improve the public health by proper health education, counselling and awareness programme.

1.4 Objectives of the Study

1.4.1 General Objective

To identify the knowledge and practices of Hypertensive clients on prevention from complications of Hypertension.

1.4.2 Specific Objectives

To assess the knowledge of the Hypertensive clients on introduction, risk factors, sign and symptoms, complications and preventive measures for complications of HTN.

To assess the practices of Hypertensive clients on preventive measures of complications of Hypertension.

To assess the association between knowledge with age and education.

To assess the association between practictices with occupation and duration of disease diagnosed.

To identify the association between knowledge and practices on preventive measures of complications of Hypertension.

1.5 Significance of Study

The result of this study will be used as,

Useful as Source of base line data for further study

Useful to health care providers for planning and implementation on counseling and awareness programme.

Useful in developing information, education, communication materials related Hypertension for the different institution.

Useful to the researchers for further study in this area.

1.6 Variables

1.6.1 Independent variables

Educational Level

Mass media (T V, Radio, Newspaper, Others)

Family history of HTN

Duration of disease diagnosed (HTN)

1.6.2 Dependent Variable

Knowledge and practice of Hypertensive clients on preventive ways of complications of Hypertension.

1.7 Conceptual Framework

This conceptual framework shows the relationship between different variables. In the view of the investigator the educational level of the respondents, Duration of the disease diagnosed, Family history of Hypertension, Mass media are independent variables and knowledge and practice of Hypertensive clients on preventive ways of complications of Hypertension is a dependent variables. The conceptual framework is based on Health Promotion model (Pender, 1979). It is a popular model for health promotion.

Individual Experiences and Characteristics

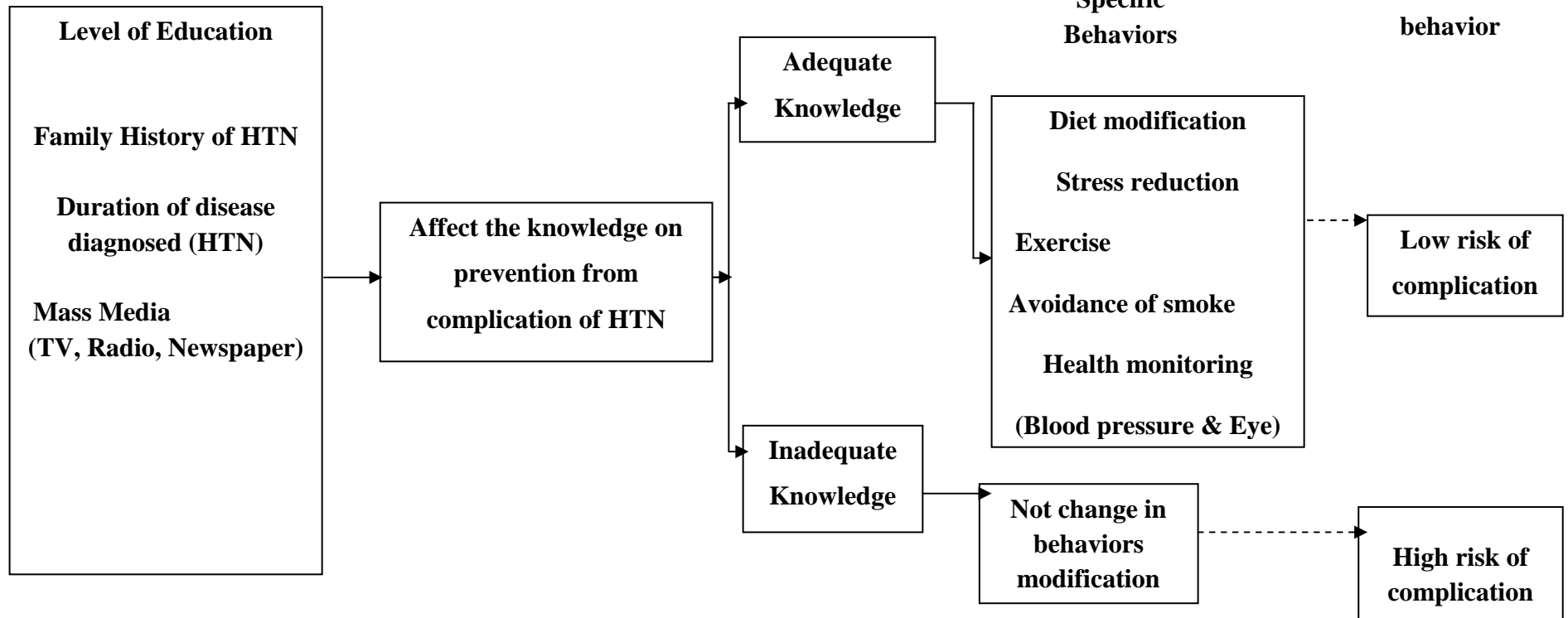


Figure no.1 Conceptual Framework

1.8 Research Question

What is the existing knowledge regarding Hypertension?

What are the practices of Hypertensive clients regarding prevention from complications of Hypertension?

1.9 Operational Definition

Knowledge: Knowledge is correct responses obtained from the Hypertensive clients regarding HTN as measured by questionnaire on (Sign & symptoms, risk factors, complications and preventive measures of complications on the basis of diet modification(fat, salt, alcohol), stress reduction, exercise(morning walk), habit of smoking and health monitoring(eye & blood pressure check up) and expressed in terms of knowledge score i.e.,

Adequate knowledge: score above 80%

Moderate knowledge: score between (51-79%)

Inadequate knowledge: score below 50%

Practices: It refers to correct behaviors of Hypertensive clients regarding preventive measures of complications of Hypertension as measured by questionnaire on the basis of dietary modification(fat, salt, alcohol) stress reduction, exercise (morning walk), avoidance of smoking and health monitoring(eye & blood pressure check up) in terms of knowledge score i.e.,

Very good: score above 80%

Good : score between (51-79%)

Poor : score below 50% (Hunt, n.d.)

Clients: It refers to the all Hypertensive adult clients, who are already diagnosed by physician along with under antihypertensive medications at least six months.

CHAPTER –II

LITERATURE REVIEW

2.1 Introduction

The supporting literatures for the study has been broadly obtained from written textbooks, published articles in journals and online data bases.

2.2 Review the Related Literature

A cross-sectional study conducted in Filipino, New York city, on Awareness, treatment, and control of HTN. Among 566 American immigrants to identify the rates of HTN awareness, treatment and control. Study shows that only 72.1% were aware of their Hypertensive status, 56.5% were on under medication, 21.76% had controlled BP. The factors related awareness included old age, worse self reported health, family history of HTN etc. Study concluded that Hypertensive Filipinos exhibit poor HTN management So, warranting increased efforts to improve awareness, treatment and control of HTN (Rhodora, 2014).

A cross-sectional study conducted at Shiva Nagar Urban Slum on Assessment of KAP, Risk factors and Associated Co-morbidities in HTN patients to assess the KAP of Hypertensive patients and risk factors on 340 respondent's. Study shows that poor knowledge on KAP i.e, 83.42%, 69.11%, 73.24% respectively. Study concluded that poor practices regarding HTN is the main reason for higher BP, Body mass index, lack of awareness. So emphasize that there is need for encouraging health services including health education through mass media, targeting to various risk factors and promotion of regular physical exercise. There was significant relationship between KAP (Mahajan, Kazi, Sharma & Valhalla, 2012).

A prospective and descriptive study carried out at Lique University of Medical and Health Sciences (LUMHS), on HTN knowledge, Attitude and practice in

Adult Hypertensive patients. Study shows that among the thousand patients enrolled, 48.6% had positive family history of HTN, 55.2% were smokers, 10% patients can explain the HTN who are mostly in higher education, 76% patients can tell that salt is not good for HTN, 6% have knowledge about complications. Study revealed that educated people have better understanding of HTN. Also concluded that a significant proportion of Hypertensive patients have knowledge about HTN (Saikh, Yakta & Kumar, 2012).

A qualitative phenomenological study conducted in Sub –urban Nigerian Community on Hypertension-related Knowledge, attitudes and life-style practices among 108 Hypertensive patients. Study shows that 61% knew HTN is a high blood pressure, 20% thought it meant excessive thinking and worrying, while 57% claimed that it was by heredity, 18% knew some risk factors. Only 36% adherent with treatment and fewer practices of life-style modifications. Study concluded that patient's knowledge of HTN is low and their attitude to treatment is negative so patients education, motivation and public enlightenment are important (Lyalomhe1 & Lyaiomhe2, 2010).

A quantitative cross –sectional descriptive study carried out in health care clinic in Botswana, on Knowledge and life style practices of hypertensive patients, to assess the life style practices during follow-up visit. Study shows that among the 446 participants, 78% stated that their biological parents had HTN, 14.1% stated that their grandparents and 3.7% indicated that others (uncle/aunts) had HTN. Likewise study shows that participants level of knowledge and practices is high and there were significant relationship between knowledge and practices, Study also concluded that HTN is a chronic disease but preventable thus, adequate knowledge and lifestyles modification are important features in its effective control and management (Zungu, & Djumbe, 2013).

Study shows that patients had adequate knowledge, attitude, awareness and practices about their diseases but still their Hypertension was not control due to treatment barriers. Patients knowledge score of Hypertension was moderate in 49.1% with mean of 50.50 (SD=17.66). Patient's practice score of Hypertension was high in 49.2%, with mean 73.7(SD=11.27). Likewise, 70.1% mentioned that they have referred monthly for BP check up in health center, 47.0% reported that often they have adhered to the doctor or health care provider's recommendations

about Hypertension management, about 50% reported that sometimes they had regular exercise while 31.6% had rarely, 36.8% always used low salt diet, 36.3% have tried to decrease their stress according to recommendations. There is no significant between knowledge and practice but significant relationship between awareness and knowledge (Sabouhi, Babae, Naji & Zade, 2009).

A descriptive study done on learning and knowledge needs of Hypertensive patients visiting in Medical Outpatient Department in Ludhiana, study shows that 50% respondents had never smoked, 53% never exercised, 26% were exercise for 2-3 days per week, only 4% respondents exercise every day. Likewise 65% indicated that they never drink while 35% indicated that they drink daily. Regarding the meaning of Hypertension, 2% respondents had fair knowledge, 15% respondents had some knowledge and 83% had no knowledge. So study recommended that there is need some attention for awareness programme to patients in order to realise that they are at risk for complications of Hypertension (Kaur, Sharma, Kaur, & Bajwa, 2009).

A descriptive study was conducted in the Primary Health Care setting of a large mid-western health system, among 1, 250 Hypertensive population to obtain information on patient's knowledge and awareness of Hypertension. Study shows that 90% of Hypertensive patients knew the lowering blood pressure would improve health, 82% of all patients correctly identify the meaning of Hypertension as "High blood pressure", 27% of patients with elevated blood pressure perceived that their blood pressure was high, 24% of patients did not know the optimal level of blood pressure. This results suggest that, general knowledge and awareness of Hypertension is adequate, although patients do not have a comprehensive understanding of this condition, for instances patients do not recognized the importance of alleviated blood pressure control. An opportunities exist to focused patient education programmes and interventions on the cardiovascular risk factors (Oliveria, Chen, Mccarthy, Davis & Hill, 2005).

A cross sectional study conducted in North Carolina Family Medicine Research Network, from mailed a questionnaire among 700 Hypertensive patients enrolled in a practice based research network. 22% of respondents had overall lower Hypertension knowledge and recommended that to educate the public that lifestyles modification can prevent Hypertension and that it usually causes no

symptoms need to continue. It seems especially important to develop messages or identification of gaps in people 's knowledge about Hypertension can aid in the development of message to enhance that knowledge (Viera, Cohen, Mitchell, & Sloane, 2008).

A descriptive study carried out on knowledge ,attitude and practices toward risk factors , study shows that 46.6% were male and 54.6% were female, stress and obesity are the commonest risk factors and the majority respondents respond the cardiac hypertrophy with heart failure as followed Stroke. Likewise the common preventive measures is a low salt intake i.e, 39.85 (Eward, 2004).

A cross-sectional study was conducted on Awareness of disease and self care among the Hypertensive patients attending in TUTH, Kathmandu, Nepal, to find out the awareness of Hypertensive patients about their own disease and self care. Study shows that 56% patients were aware about the meaning of the HTN, 68% symptoms, 34% causes, 62% prognosis and 62% complications, likewise 80% were not smokers, 84% were not alcoholic, 74% taking low fat and low salt diet, 70% doing regular follow up, more than 64% had regular exercise, 62% were using different measures to reduce stress, 72% were checking their BP regularly. Study concluded that the maximum knowledge score about HTN is 88.8% which was obtained by 10% respondents and minimum score was 22.2% which is obtained by 4% respondents. Likewise, maximum score of awareness about self care was 86.5% which was obtained from 4% respondents and minimum score was 26.5% respondents which were obtained from 2% respondents. Study suggested that there should be tackle these issues of awareness and self-care about HTN (Bhandari, Bhattari, Bhandari, & Jha, 2012).

A study was carried out in Sahid Gangalal National Heart Centre and TUTH, in Kathmandu, to determine the life style of patients before and after diagnosis of Hypertension. Among the 100 respondents who were over 30 years of age and attending in medical out patients department within 6 month to 2 years after first diagnosis of HTN. Study found that respondent's knowledge regarding HTN was poor. Regarding life style of Hypertensive clients, majorities (90%) of them were non vegetarian before diagnosis but after diagnosis of Hypertension the percentage of non-vegetarian was reduced by 10%. Similarly, the reduction in consumption of meat, eggs, ghee and oil (mustard, sunflower) by Hypertensive

patients was statistically significant difference($p=0.00$)after the diagnosis of HTN. Regarding soya-bean oil consumption, additional salty food and amount of salt intake there is no statistically significant difference between before and after diagnosis of Hypertension. But there were significant on physical exercise, stress reduction and change in drinking alcohol and smoking after the diagnosis of HTN (Acharya & Chalise, 2011).

2.3 Summary of the Literature

Different journals, national and international research report from the Internet were reviewed related to knowledge and practices on prevention from complications of Hypertension. From the above literature, found that Hypertension is the major health problem in developed and developing countries. Hypertension is now growing as public health emergence, As the silent killer has a potential contribution for heart attacks, stroke and kidney failure. It is also a major factor for cardiovascular diseases that account one fourth of total death in Nepal. Assessments of knowledge and practices is a crucial element for prevention from complications of Hypertension is a important. It is strongly related to obesity, alcohol consumption, salt intake, stress etc. Increasing the knowledge and practices will reduce the morbidity and mortality.

Lifestyle measures for lowering BP include reduced alcohol intake, reduced sodium chloride intake, increased physical activity, and control of overweight. Lifestyle interventions also have the potential to reduce the need for or the amount of medications in hypertensive and prevent the complications of Hypertensions. controlling and prevention of hypertension, promotion of their knowledge on hypertension seems necessary in prevention of subsequent complications.

CHAPTER-III

RESEARCH METHODOLOGY

3.1 Research Design

The design of the study was descriptive cross-sectional.

3.2 Area of the Study/ Study Population

The study was conducted at Bharatpur hospital, Bharatpur -10, Chitwan, Nepal. The study population was all primary Hypertensive clients along with under medications at least six months attending the Medical Outpatient Department.

3.3 Sampling (Sample size, Sampling technique and Inclusive criteria)

The total 55 Hypertensive clients were selected by using non-probability purposive sampling technique. All primary Hypertensive clients above 20 years without mental illness were included.

3.4 Data Collection Method

Data was collected by Semi- structured interview schedule.

3.5 Instrumentation

Structured interview schedule was developed by researcher herself. Questionnaire was developed into three parts,

Part I –Socio-demographic Information.

Part II-Knowledge on HTN

Part III-Practices regarding prevention from complication of Hypertension.

3.5.1 Validity/Reliability

Research validity was ascertained by consulting with the research expertise, concerned teacher and colleagues.

Reliability of the instrument was maintained by pre-testing the developed instrument in similar setting among 5 respondents in Medical OPD at Narayani Sub-Regional Hospital, Birgunj, who meet the inclusion criteria for accuracy of instrument. Necessary modifications was done as per the result.

3.6 Data Collection Procedure

Administrative approval was obtained from research committee of the Birgunj nursing campus, Birgunj. Written request for permission of conducting the study was sent from Nursing Campus, Birgunj campus to the concerned authority to Bharatpur Hospital, Bharatpur. Researcher obtained formal permission from the concerned authority, Bharatpur Hospital, Chitwan for data collection by submitting the written request letter. Day to day visited on Medical OPD of Bharatpur hospital, Chitwan, from 10am to 2pm except on holiday. An informed consent was obtained from the respondents prior to data collection by explaining the purpose of the study and explained that they can withdraw from the study at any time if they wished. Pivacy and confidentiality was maintained the respondents.

The investigator herself was collect the data at that time while they are waiting for their turn for check up and after finishing their check up and round. Data was collected through Semi-structured interview schedule. Questionnaire was translated from English to Nepali language and back translated from Nepali to English. Information obtained was used for research purposes only and the time of data collection was 15-20 mins.

3.7 Data Analysis Procedure

The data was checked, reviewed and organized for accuracy and completeness. And coded, organized and interred the data in SPSS version 20 and was analyzed using frequency, mean, percentiles , and Infential statistics chi-square

test was done for association between knowledge and practices and knowledge and practice with selected socio-demographic variables.

CHAPTER IV

RESULTS OF THE STUDY

This chapter deals with the analysis and interpretation of data regarding knowledge and practices on prevention from complication of Hypertension among the clients. All the obtained data was analyzed and interpreted on the basis of research objectives and presented in different tables.

TABLE 1

Socio-Demographic Characteristics (Age, Sex, Education and Occupation)

n=55

Variable	Frequency	Percent
Age group		
55-64	15	27.3
65-74	16	29.1
45-54	8	14.5
35-44	7	12.7
25-34	5	9.1
75+	4	7.3
Mean = 56.38	Maximum:82yrs	Minimum:25yrs
Sex		
Female	35	63.6
Male	20	36.4
Level of education		
Literate	32	58.2
Illiterate	23	41.8
If literate (n=32)		
Secondary level	13	70.7
Can read and write only	11	34.4
Above higher secondary	4	12.5
Primary level	3	9.4
Higher secondary level	1	3.1
Occupation		
Service	38	69.1
Agriculture	9	16.4
House hold	5	9.1
Business	3	5.5

Table 1 shows that the majority (29.1%) of the respondents were age group between 65-74 years followed by 27.3% were age group between 55-64 years,

Mean age of the respondents were 56.38 .Maximum age of the respondents were 82years and minimum age of the respondents were 25. There was 63.6% respondents were females and 36.4% were male. Out of 55 respondents, 58.2% were literate, Among them majority (70.7%) of the respondents had secondary level of education and 69.1% were from service.

TABLE 2

Socio- demographic Characteristics (Duration of Disease Diagnosed, Family History, and sources of information)

n=55

Variables	Frequency	Percent
Duration of disease diagnosed		
6 month-2 years	25	45.5
Above 8 years	11	20.0
6-8 years	7	12.7
2-4 years	6	10.9
4-6 years	6	10.9
Having family members with history of Hypertension		
No	37	67.3
Yes	18	32.7
Heard about source of preventive measures		
Yes	49	89.1
No	6	10.9
If yes** (n=49)		
Health worker	43	87.8
Radio	10	20.4
TV	9	18.4
Others (friends, relatives)	6	12.2
Newspaper	5	10.2
Duration of medicine used		
6 month-2 years	26	47.3
Above 8 years	10	18.2
6-8 years	8	14.5
4-6 years	6	10.9
2-4 years	5	9.1

*Multiple responses***

Table 2 revealed that less than half (45.5%) of the respondents were suffering from Hypertension for duration of 6 months to 2 years .While 18.2% were suffering from more than 8 years. Regarding family members with history of Hypertension, 67.3% of the respondents had no history of Hypertension. Most of

the respondents (89.1%) were heard about the preventive measures of complications of Hypertension. Among them, 87.8% were heard from health worker, Regarding the duration of medicine used, 47.3% of the respondents used medicine for 6 month-2 year.

TABLE 3

Knowledge on Hypertension (Meaning and Risk factors)

n=55

Variables	Frequency	Percent
Meaning of Hypertension		
Don't know	29	52.7
Emotional stress	18	32.7
Increase blood pressure in blood vessel*	7	12.7
Others (heart disease)	1	1.8
Risk Factors of Hypertension **		
Obesity	41	74.5
Stress	37	67.3
Use of salt	36	65.5
Alcohol use	32	58.2
Diabetes	29	52.7
Smoking	28	50.9
Don't know	8	14.5

** *Multiple responses*

* *Correct answer*

Table 3 shows that 52.7% of the respondents respond didn't know the meaning of Hypertension, regarding the condition for increasing blood pressure, 74.5% of the respondents respond for obesity, followed by 67.3% respond stress.

TABLE 4

Knowledge on Sign and Symptoms, Complications and Preventive Ways

n=55

Variables	Frequency	Percent
Sign and symptoms of Hypertension**		
Headache	47	85.5
Dizziness	45	81.8
Angry	43	78.2
Blurred vision	41	74.5
Fatigue	31	56.4
Complications of Hypertension**		
Heart attack	44	80.0
Paralysis	38	69.1
Kidney failure	17	30.9
Blindness	19	34.5
Don't know	9	16.3
Way for preventing complications of Hypertension**		
Low salt intake	53	96.4
Decrease obesity	42	76.4
Avoiding stress	42	76.4
Avoid smoking	38	69.1
Regular exercise	35	63.6
Regular follow up	19	34.5

** *Multiple responses*

Table 4 revealed that that 85.5% of the respondents respond headache is the main sign and symptom of Hypertension. Regarding the complications of Hypertension, 80% of the respondents respond for heart attack, 69.1% respond for paralysis. Regarding the way for preventing complications of Hypertension 96.4% of the respondents respond low salt intake, 76.4% from each category respond for decrease obesity.

TABLE 5**Knowledge on Risk Factors (Salt, Fatty foods, Alcohol and Smoking)**

n=55

Variables	Frequency	Percent
Salt is a risk factor		
Yes*	52	94.5
No	2	3.6
Don't know	1	1.8
If yes, quantity of salt (n=52)		
1/4 teaspoon*	38	73.1
1 teaspoon	10	19.2
1/2 teaspoon	3	5.8
3/4 teaspoon	1	1.9
Fatty Food		
Yes*	52	94.5
No	3	5.5
Type of food		
Green leafy vegetables, fruits, beans, whole grains*	54	98.2
Red meat, dairy products, liver, fried fish	1	1.8
Fried food, Butter, Pannier, curd	-	-
Sausage, chips, pickle, papad	-	-
Alcohol intake		
Yes*	48	87.3
Don't know	6	10.9
No	1	1.8
Smoking Habit		
Yes*	48	87.3
Don't know	6	10.9
No	1	1.8

* *Correct answer*

Table 5 represents that regarding the risk factors of complications of Hypertension, Almost all (94.5%) of the respondents answered that salt intake , among them 73.1% respond 1/4 teaspoon per day, 94.5% of the respondents respond fatty foods , 87.3% of the respondents respond Alcohol and 87.3% respond the smoking.

TABLE 6

Knowledge on Prevention Preventive Measures (Morning Walk, Eye Check Up and Follow Up)

n=55

Variables	Frequency	Percent
Regular morning walk can prevent Hypertension		
Yes*	48	87.3
Don't know	5	9.1
No	2	3.6
If yes, duration of morning walk (n=48)		
30-45 minutes per day*	40	83.3
Don't know	7	14.6
15 minutes per day	1	2.1
15-30 minutes per day	-	-
Regular eye checkup can prevent Hypertension		
Yes*	43	78.2
Don't know	9	16.4
No	3	5.5
If yes, duration of checkup to be performed (n=43)		
Once a year	23	53.5
Once in every 2 year*	14	32.6
Don't know	5	11.6
Once in every 3 years	1	2.3
If yes, duration of regular follow up visit to be performed		
Once in every 4 weeks	24	43.6
Once in every 2 weeks*	21	38.2
Don't know	10	18.2
Once in every 6 weeks	-	-

* *Correct answer*

Table 6 represent that, 87.3% of the respondents respond regular morning walk can prevent the complications of Hypertension, among them 83.3% respond 30-45 minutes per day duration of morning walk. Regarding regular eye checkup 78.2% of the respondents respond the knowledge on regular eye check up. Among them 32.6% respond once in every 2 year, 11.6% respond don't know. Cent percent (100%) of the respondents respond regular follow up can prevent the complications. Among them, 43.6% respond once in every 4 weeks as the duration of regular follow up visit to be performed.

TABLE 7**Knowledge on Stress as a Risk Factor and Way of Reducing Mental Stress**

n=55

Variables	Frequency	Percent
Stress is a cause of Hypertension		
Yes*	52	94.5
Don't know	2	3.6
No	1	1.8
If yes, way of reducing mental stress **		
Meditation	34	65.4
Yoga	33	63.5
Don't Know	12	23.1
Distraction	7	13.5

*** Multiple responses*** Correct answer*

Table 7 represent that Almost all (94.5%) of the respondents respond stress is a major risk for Hypertension, 3.6% respond don't know. Among those who respond yes, (65.4%) of the respondents respond meditation as the way of reducing mental stress, 63.5% respond yoga, 23.1% respond don't know and 13.5% respond distraction.

TABLE 8**Practice on Salt, Fatty Foods and Type of Foods Used**

n=55

Variables	Frequency	Percent
Limited use of salt in regular food		
Yes*	52	94.5
No	3	5.5
Limited use of fat in regular food		
Yes*	46	83.6
No	9	16.4
Type of Food Intake in daily Life (n=46)		
Green leafy vegetables, Fruits, beans, whole grains*	46	100.0
Red meat, dairy products, Liver, Fried fish	5	10.9
Fried food, Butter, Pannier, curd	3	6.5
Sausage, chips, pickle, papad	3	6.5

* *Correct answer*

Table 8 revealed that 94.5% of the respondents used the limited salt in regular foods. Four fifth (83.6%) of the respondents had intake of fatty diet in daily food, 100% of the respondents respond intake of green leafy vegetables, fruits, beans, whole grains,

TABLE 9**Habit of Taking Alcohol, Smoking and Morning Walk**

n=55

Variables	Frequency	Percent
Alcohol habit		
No*	48	87.3
Yes	7	12.7
If yes, quantity of taking alcohol (n=7)		
60-80 ml per day	4	57.1
Above 80 ml per day	3	42.9
Below 40 ml per day	-	-
40-60 ml per day	-	-
Smoking habit		
No*	45	81.8
Yes	10	18.2
Habit of regular morning walk		
Yes*	31	56.4
No	24	43.6
If yes, duration (n=31)		
30-45 minutes per day*	28	90.3
15 minutes per day	2	6.5
15-30 minutes per day	1	3.2
Others	-	-

* *Correct answer*

Table 9 shows that most of the (87.3%) of the respondents had not habit of alcohol. Regarding smoking habit, 81.8% of the respondents had not habit of smoking. Regarding habit of regular morning walk, 90.3% of the respondents respond for 30-45 minutes per day,

TABLE 10**Practice of Eye Checkup and Use of Stress Reduction Technique**

n=55

Variables	Frequency	Percent
Practice of eye checkup		
Yes*	30	54.5
No	25	45.5
If yes, frequency of checkup (n=30)		
Once a year	24	80.0
Once in every 2 year*	5	16.7
Others	1	3.3
Once in every 3 year	-	-
Use of stress reduction technique		
Yes*	29	52.7
No	26	47.3
Technique used for stress reduction** (n=29)		
Meditation	14	51.9
Yoga	11	40.7
Others	9	33.3
Distraction	3	11.1

** *Multiple responses** *Correct answer*

Table no.10 show that more than half of the respondents (54.5%) were regular follow up for eye checkup. Among them, 16.7% respondents respond for once in every 2 year and regarding the use of stress reduction technique, 52.7% of the respondents use the stress reduction technique. 51.9% of the respondents respond meditation as followed by 40.7% respond yoga, 33.3% responds others and 11.1% of the respondents respond distraction.

TABLE 11

Experience on Side Effect, Technique used for Reducing it and Practice on Regular Follow up Visit

Variables	Frequency	Percent
n=55		
Experience on side effect of antihypertensive drugs		
No	51	92.7
Yes	4	7.3
Technique used for reducing side effect (n=4)		
Consult a doctor*	2	50.0
Take rest	2	50.0
Self medicine take up	-	-
Consult with traditional healer	-	-
Regular follow up visit		
Yes*	47	85.5
No	8	14.5
If yes, frequency of visit (n=47)		
Once in every 4 weeks	35	74.5
Once in every 2 weeks*	7	14.9
Others	2	4.3
As need basis	2	4.3
Once in every 6 weeks	1	2.1

* *Correct answer*

Table 11 revealed that, 92.7% of the respondents had not experience of side effect of antihypertensive drugs. Among them who had experience, one half 50% of the respondents respond for consulting a doctor to manage the side effects of medicine .Regarding the regular follow up visit, 85.5% of the respondents follow the regular follow up visit. Among them, 14.9% respond once in every 2 weeks.

TABLE 12

Level of Knowledge on Prevention from Complications of Hypertension
n=55

Level of knowledge	Frequency	Percent
Moderate	37	67.3
Inadequate	10	18.2
Adequate	8	14.5

Table 12 shows that 67.3% of the respondents had moderate, 18.2% had inadequate and 14.5% had adequate knowledge regarding prevention from complication of Hypertension.

TABLE 13

Level of Practices on Prevention from Complication of Hypertension
n=55

Level of practice	Frequency	Percent
Good	37	67.3
Poor	16	29.1
Very Good	2	3.6

Table 13 shows that 67.3% of the respondents had well, 29.1% had poor and 3.6% had very good level of practice regarding prevention from complication of Hypertension.

TABLE 14**Association between Respondent's Level of Knowledge with Age and Literacy Status**

Variable	Level of Knowledge			p value*
	Inadequate	Moderate	Adequate	
n=55				
Age Group				
< 45	2 (20.0%)	7 (18.9%)	3 (37.5%)	0.508
>= 45	8 (80.0%)	30 (81.1%)	5 (62.5%)	
Literacy Status				
Literate	3 (30.0%)	22 (59.5%)	7 (87.5%)	0.047
Illiterate	7 (70.0%)	15 (40.5%)	1 (12.5%)	

* *p value is calculated using Contingency Coefficient*

Table 14 shows that respondent's level of knowledge is statistically significant with literacy status ($p=0.047$). It represent that literate clients had higher level of knowledge of disease than illiterate clients. However level of knowledge is not significant with age.

TABLE 15**Association between Level of Practices with, Occupation and Duration of Disease Diagnosed**

Variables	Level of Practice			p value*
	Inadequate	Moderate	Adequate	
n=55				
Occupation				
Indoor	3 (18.8%)	9 (24.3%)	2 (100.0%)	0.044
Outdoor	13 (81.2%)	28 (75.7%)	0	
Duration of Disease Diagnosed				
6 months - 4 years	7 (43.8%)	23 (62.2%)	1 (50.0%)	0.455
Above 4 years	9 (56.2%)	14 (37.8%)	1 (50.0%)	

* *p value is calculated using Contingency Coefficient*

Table 15 shows that, respondent's level of practices is statistically significant with occupational status ($p=0.044$). This represent that clients have well practices regarding prevention from complications those who had occupation. However it is not significant with duration of disease diagnosed

TABLE 16**Association between Level of Knowledge and Practices**

Level of Knowledge	Level of Practice			p value*
	Poor	Good	Very Good	
n=55				
Inadequate	6 (60.0%)	4 (40.0%)	0	0.097
Moderate	9 (24.3%)	27 (73.0%)	1 (2.7%)	
Adequate	1 (12.5%)	6 (75.0%)	1 (12.5%)	

* *p value is calculated using Contingency Coefficient*

Table 16 shows that Respondent's level of practices is statistically not significant with level of knowledge ($p=0.097$). This represent that there is no association between knowledge and practices.

CHAPTER V

DISCUSSION, CONCLUSION AND RECOMMENDATION

This study was conducted to assess the knowledge and practice on prevention from complications of Hypertension among the hypertensive clients attending in Medical OPD of Bharatpur Hospital, Chitwan. Semi- Structured questionnaire developed by researcher was used for data collection. Non probability purposive sampling technique was used and sample size was 55.

5.1 Discussion

Various books and textbook shows that Hypertension is seen mostly in later age of life. Study result shows that among 55 respondents, 29.1% were in the age group of 65-74 years with mean age of 56 years. In this study, majority (63.6%) of the respondents were female. Similar study done by Zungu and Djumbe (2013) revealed that 65.7% participants were females. Another study done by Edward, (2004) revealed that more than half (54.4%) of the respondents were females and the mean age of the respondents was 55 years.

Result shows that majority (58.2%) of the respondents were literate, A similar study carried out by Bhandari, Bhattari, Bhandari, & Jha (2012) revealed that more than half (64%) were literate.

The study showed that about two third (67.3%) of the respondents had no history of Hypertension. But this finding is contradiction with study done by Saikh, Yalta and Kumaar, (2012) which showed that half (48.6%) of the respondents had positive family history of HTN.

This study showed that 87.3% of the respondents didn't know the meaning of Hypertension. This finding is not supported by study carried out by Oliveria, Chen, Mccarthy, Davis & Hill, (2005) showed that 82% of all patients correctly identify the meaning of Hypertension and study carried out by Bhandari, et al.,

(2012) revealed that 56% patients were aware about the meaning of the HTN.

Data showed that three-fourth (74.5%) of the respondents respond obesity is the main risk factor for increasing blood pressure, But Study done by Eward, (2004) revealed that majority (48%) of the respondents respond stress is the commonest risk factors of Hypertension.

In this study most (80%) of the respondents said that heart attack is the main complications of Hypertension, A similar study done by Bhandari et al., (2012) in Tribhuvan University Teaching Hospital, Kathmandu shows that most of the (62%) of the respondents respond heart attack is a major complications of Hypertension. Likewise this finding is supported by study done by Eward, (2004) study shows that the commonest complication of hypertension mentioned was cardiac hypertrophy with heart failure 26.3%.

Study revealed that almost all (94.5%) of the respondents answered that salt is a risk factor for complication of Hypertension. A prospective and descriptive study carried out by Saikh, et al., (2012) at Lique University of Medical and Health Sciences (LUMHS), 76% patients respond salt is a major risk for HTN.

Result shows that cent percent of the respondents respond regular follow up visit can prevent Hypertension, 38.2% respond visit for once in every 2 weeks and 18.2% respond don't know. A study done by Bhandari, et al., (2012) showed that 72% were done regular follow up visit.

Almost all (94.5%) of the respondents answered that used to put limited salt in regular foods. But this findings is contradiction with study done by Sabouhi, Babae, Naji and Zade, (2009) revealed that 36.8% used low salt diet.

The study showed that about one fifth (18.2%) of the respondents had habit of smoking. A similar study done by Patel, et al., (n.d) shows that 22% of the patients had habit of smoking.

Data showed that majority (56.4%) of the respondents had regular morning walk habit. A contradictory study done by Eward, (2004) revealed that only 17.9% of the respondents had regular morning walk practice.

Study revealed that most (85.5%) of the respondents had regular follow up visit . A quit similar study done by Sabouhi, et al., (2009) revealed that 70.1%, respondents had a regular follow up visit.

Regarding the association between respondent's level of knowledge with age , and literacy status, level of knowledge is statistically significant with literacy status ($p=0.047$) But it was not significant with age ($p=0.508$). Respondents had moderate knowledge level on prevention from complications of Hypertension. A similar study done by Saikh, et al., (2012) revealed that educated people have better understanding of HTN and respondent had moderate knowledge on prevention from complications of Hypertension.

Likewise the association between respondent's level of practices on prevention from complication of Hypertension Respondent's level of practices was good Likewise this findings is similar with study conducted by Sabouhi, et al., (2009) reveled that there was very good practices.

In this study, there was not significant relationship between knowledge and practices. ($p=0.097$). The similar study done by Sabouhi, et al., (2009) reveled that there was not significant relationship between knowledge and practice ($p=0.5$).

5.2 Conclusion

On the basis of the study findings, It is concluded that the Hypertension is seen mostly in later ages of life. Majority of the respondents were literate. It is found that more than half of the respondents didn't know the meaning of Hypertension. Data shows that three-fourth of the respondents respond obesity as is the main risk for increasing blood pressure. Most of the respondents respond the heart attack as the complications of Hypertension.

Study result revealed that majority of the respondents had moderate knowledge on prevention from complication of Hypertension. Although there is lack of knowledge on meaning of Hypertension, risk factors, complications as well as lack of good practices on regular exercise, good habit, and regular eye checkup. The knowledge of disease is adequate in literate clients than illiterate and clients

had good practices those who are involved in occupation. There was not good practices according to their knowledge level. Literate clients had better knowledge than illiterate and clients had good practices those who are involved in occupation.

5.3 Limitation of the Study

The study was conducted in Bharatpur Government hospital, So it cannot be generalized in other settings.

The study was conducted in a small scale, so it lacked external validity.

5.4 Implications

The study might be useful for the health professionals and health planners to plan the health education strategies, interventions and programmes to increase the awareness and the importance of good practices in managing the disease and lessening the complications of Hypertension.

Findings of the study can provide baseline data to carryout further study.

5.5 Recommendation

This study can be replicated in a large sample and in different setting to increase the knowledge and good practices on prevention from complications of Hypertension.

An intervention study can be conduct on this topic and assess effectiveness of intervention package which will be beneficial to make protocol.

As knowledge clients had not good practices so there is need of good counseling and made more aware on hypertensive complications from hospital side.

Nursing working in the hospital environment should be equipped with the knowledge and skills through the basic nursing education curriculum on modifications of lifestyle of hypertensive clients.

This comparative study can be done between the literate and illiterate groups to determine the educational needs of hypertensive clients related to their education.

5.6 Plan for Disseminations

The report will be disseminated to research committee, library of Nursing Campus, Birgunj and Bharatpur Government Hospital, Chitwan.

REFERENCES

- Acharya, R., & Chalise, H. (2011). *Life style of patient before and after diagnosis of Hypertension in Kathmandu*. Retrieved from <http://scirp.org/journal/health>. On March 20, 2014.
- Adhikari, J. (2012). *Essential research methodology* (2nd ed.). Dillibazar, Kathmandu, Nepal: Sopian Press Pvt.Ltd.
- Basaanthapa, B. T. (2007). *Nursing research* (2nd ed.). Jaypee Brothers Medical Publishers Pvt. Ltd.
- Bhandari, B., Bhattarai, M., Bhandari, M., & Jha, N. (2012). Awareness of disease and self care among hypertensive patients attending Tribhuvan University Teaching Hospital, Kathmandu, Nepal. *Journal of Nobel Medical College, 1*(2), 29-35.
- Eward, K. (2004). *Knowledge ,attitude and practices towards the risk factors and complications of Hypertension among the hypertensive patients*.
- George, J. (2011). *Nursing Theories*. India: Dorling Kindersley pvt.Ltd.
Government of Nepal ministry of health and population, (2066/2067, june) Annual Report.
- Hunt, D. (n.d.). Human Performance Enhancement. *The concept of knowledge and how to measure it*. Retrived from <http://www.emeraldinsight.com/1469-1930.htm> on August 2, 2014
- Khan, G., Thapa, R., Khakurel, R., Shrestha, G., Bhurtel, S., & Parajuli, K. (2013). Patient demographics and drug prescription pattern among Hypertensive patients of Pokhara Valley. *Journal of Chitwan Medical College, 32-35*.Retrived from: <http://cmc.edu.np/images/gallery/Original%20Articles/rAOksOriginal%20Articles%206.pdf> on April 3, 2014.

- Kaur, K., Sharma, S. K., Kaur, G., & Bajwa, H. (2009). Learning and knowledge needs of Hypertensive patients visiting in Medical OPD. *Midwifery and Nursing Research Journal* , 3 (16), 23-65. Retrived From <http://medind.nic.in/nad/t07/i1/nadt07i1p43.pdf> on Agust 1, 2014.
- Linda, M. (2010). *Knowledge, practices and attitude towards risk factors for Hypertension in Kinondoni Municipality, Daresalam*, 14(2), 59. Retrived from <https://hyper.ahajournals.org/content/31/5/1136> on March 16, 2014.
- Lyalomhe 1, G.B, & Lyalomhe 2, S. L. (2010). Hypertension related Knowledge, Atitudee and Life styles Practices among the Hypertensive Patients in a Sub-Urban Nigeria Community. *Journal of Public Health and Epidemiology*, 2 (4), 71-77. Retrived From www.academicjournals.org/article/1379344129 on March 16, 2014.
- Maharjan, H., Kazi, Y., Sharma, B., & Velhal, G. (2014). *Assessment of Knowledge ,Practices and Attitude , Risk factors and associated Co-morbidities in Hypertension Patients*. *Journal of Dental and Medical Science*, 1 (2), 06-14. Retrived from [from-www.iosrjournals.org](http://www.iosrjournals.org) on March 16, 2014.
- Nkosi, N., & Wright, S. (2003). *Knowledge related to nutrition and Hypertension management practices of adults in Ga-Rankuwa day clinics*. Retrived from <http://medind.nic.in/nad/to7/i1/nadt07i1p43pdf>. on March 16, 2014.
- Oliveria, S., Chen, R., Carthy, B., Davis, C., & Hill, M. *Hypertension knowledge, awareness, and attitudes in a Hypertensive population*. Retrived from: <http://www.ncbi.nlm.nih.gov/pubmed/24113806> on May 20th 2014.
- Pilot, D., & Chery, T. (2011). *Nursing Research* (9th Edition ed.). Wolters Kluwer.
- Rhodora, U. (2014). Awareness, Treatment and Control of Hypertension Among Phillipino Immigrants. *Journal of general internal medicine*, 29 (3), 455-461. Retrived from: <http://www.ncbi.nlm.nih.gov/pubmed/24113806> on March 24, 2014.

- Sabouhi, F., Babae, S., Naj, H., & Zade, A. (2009). Knowledge Attitude Awareness and Practices about Hypertension in Hypertensive Patients. *Journal of Nursing and Midwifery Research*, 16 (1), 35-41. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3127385/> on March 18, 2014.
- Shaikh, M. A., Yakta, D., & Kumaar, R. (2012). *Hypertension knowledge, attitude and Practices in adult Hypertensive patients at LUMHS*, 11(2), 2-14. Retrieved from :http://www.lumhs.edu.pk/jluimisk_phs/pdfs/vlln20004/pdf. On March 24, 2014.
- Smeltzer, S., Bare, B. G., Hinkle, J. L., & Cheever, K. H. (2011). *Burnar and Sudarth's Textbook of Medical-Surgical Nursing (12th ed.)*. India: Wolter Kluwer.
- Vaidhya, A. (2007). Exploring the iceberg of Hypertension:-A community based study in an eastern Nepal town. *Kathmandu University Medical Journal*, 5 (19), 349-359. Retrieved from :www.kumj.com.np/issue/19/349. on March 26, 2014.
- Vaidhya, A., Pathak, R. P., & Pandey, M. R. (2012). Prevalence of Hypertension in Nepalese community triples in 25 years:a repeat cross sectional study in rural kathmandu. *Journal of Indian Heart*, 128-181. Retrieved from:http://www.msmt.org.np/Publication/online_pub/Prevalence%20of%20Hypertension%20in%20nepalese%20community_IHJ.pdf on May 12, 2014.
- Viera, A. J., Cohen, W., Mitchell, C., & Sloane, P. (2008). High blood pressure Knowledge among Primary Care Patients Known Hypertension:A North Carolina family Medicine Research Network Study. *The Journal of the American Board of Family Medicine*. Retrieved from :jabfm.org/content/214/300.full on March 17, 2014.
- World Health Organization. (2009). Global Health Observatory. Retrieved from :<http://www.who.int/publications> on June 2nd, 2014.

World Health Organization. (2013). *Raised Blood Pressure Situation and Trends*.

Retrieved from

http://www.who.int/gho/ncd/risk_factors/blood_pressure_prevalence. On March 14, 2014

Zade, A. (2009). Knowledge Attitude Awareness and Practices about

Hypertension in Hypertensive Patients. *Journal of Nursing and Midwifery Research*, 16 (1), 35-41. Retrieved from:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3203297/> on May 12, 2014.

Zungu, L.I., & Djumbe, F.R., (2013). *Knowledge and Practice of Hypertensive*

Patients attending in Primary Health Care Clinic in Botswana. Retrieved from [uir.unisa.ac.za/bit stream /handle/10500/8684](http://uir.unisa.ac.za/bitstream/handle/10500/8684) on March 16, 2014.

APPENDIXES

APPENDIX : A

KEY SCORING

Knowledge and practices on Prevention on complication of Hypertension

Scoring for Knowledge

Each response was scored with 1 for correct answers and 0 for incorrect answers. Thus the total score of knowledge was calculated. The possible score was 39. The knowledge was classified into 3 levels. i.e. adequate level, moderate level, inadequate level. The respondents score on knowledge was calculated and categorized according to the percentage. The respondents score >80 percent (>31.2) was categorized as adequate level, those with score 50-79 percent (19.5-31.2) was categorized as moderate knowledge level and those with score <50percent (<19.5) was categorized as inadequate knowledge level (Hunt, n.d).

Scoring for Practices

Each practice will score with 1 for well practice and 0 for incorrect. Thus the total score of practice was calculated. The possible score of practices was 16. The practice was classified into 3 levels i.e. The respondents score on practice was calculated and categorized according to the percentage. The respondents score >80 percent (>12.8) was categorized as very good practices, those with score 50-79 percent (8-12.8) was categorized as good practices and those with score <50percent (<8) was categorized as poor practices (Hunt, n.d).

APPENDIX: B
TRIBHUVAN UNIVERSITY
INSTITUTE OF MEDICINE
NURSING CAMPUS
BIRGUNJ, PARSA
2071

INFORMED CONSENT

Namaskar! I am Yojana Panta, student of Bachelor in Nursing, final year in Nursing Campus Birgunj, Parsa. I am here for my academic research. The title of my research is "Knowledge and practice regarding prevention from complications of Hypertension among the clients". The objective of this study is to assess the knowledge and practice regarding prevention from complications of Hypertension among the clients. Your participation in this study will be voluntary and you can terminate from this study at any time. But I hope that you will contribute to success of this study by providing your valuable responses of the questionnaire. It takes 15-20 mins to complete the questionnaire. There are no foreseeable risks or harm in this study. The obtained information will be used for study purpose only and it will be kept confidential with anonymity.

Are you willing to participate in this study?

Yes

No

APPENDIX: C
TRIBHUVAN UNIVERSITY
INSTITUTE OF MEDICINE
NURSING CAMPUS
BIRGUNJ, PARSA

2071

SEMI-STRUCTURED INTERVIEW QUESTIONNAIRE

The purpose of this research study is to identify the knowledge and practices regarding prevention from complications of Hypertension among the Hypertensive clients.

Your sincere response will be highly appreciated. This will be beneficial for you to gain knowledge about Hypertension and its preventive measures of complications. The researcher would also like to assure you that your privacy and confidentiality will be maintained throughout this study.

Questionnaire consists of three parts which are as following,

Part -1 socio-demographic information.

Part – 2 knowledge related questionnaire on prevention from complications of Hypertension.

Part- 3 practice related questionnaire on prevention from complications of Hypertension.

Code No.....

Date Of Interview.....

PART-1

SOCIO DEMOGRAPHIC INFORMATION

- 1) Age (years):
- 2) Sex
a) Male b) Female
- 3) Education:
a) Illiterate b) Literate
If literate in which level?
a) Can read and write only
b) Primary Level
c) Secondary Level
d) Higher Secondary Level
e) Above Higher Secondary Level
- 4) Occupation
a) Household b) Service
b) Agriculture d) Bussiness
- 5) For how long have you been suffering from HTN?
a) 6month – 2years b) 2-4 years
c) 4-6 years d) 6-8 years
e) above 8 years
- 6) Have you family history of Hypertension?
a) Yes b) No
- 7) Have you ever heard about the preventive measures of complications of Hypertension?
a) Yes b) No
If Yes, From which source you heard?
a) Radio b) Newspapers
c) Television d) Health Personnel e) Friends/Relatives
- 8) For how long have you been taking Antihypertensive drugs?
a) 6month – 2years b) 2years – 4years
c) 4years – 6years d) 6years – 8years
e) Above 8years

PART -2 Questions related to Knowledge on Hypertension

- 9) What do you mean by HTN?
- a) Increase in pressure of blood in blood vessel
 - b) Emotional Stress
 - c) Others.....
 - d) Don't know
- 10) In which condition there will be the risk of increasing blood pressure?
(Multiple Response)
- a) Obesity
 - b) Alcoholism
 - c) Diabetic
 - d) Stress
 - e) Smoking
 - f) Use of more salts
 - g) Aged people
 - h) Don't know
- 11) What are the sign and symptoms of Hypertension? (Multiple Response)
- a) Headache
 - b) Blurred Vision
 - c) Dizziness
 - d) Fatigue
 - e) Angry
 - f) Others.....
 - g) Don't know
- 12) What are the complications of Hypertension? (Multiple Response)
- a) Heart attack
 - b) Kidney damage
 - c) Paralysis
 - d) Blurred Vision
 - e) Don't know
- 13) How can we prevent the complications of Hypertensions? (Multiple Response)
- a) Decrease Obesity
 - b) Decrease Stress
 - c) Use of low salt diet
 - d) avoid smoking
 - e) Monitoring health regularly
 - f) Regular exercise
 - g) Others.....
 - h) Don't know
- 14) Does the more salt is risk factor for complications of Hypertension?
- a) Yes
 - b) No
 - c) Don't know
- If yes, how much salt can be taken per day by hypertensive patient?
- a) ¼ teaspoon salt.
 - b) ½ teaspoon salt.
 - c) 1 teaspoon salt
 - d) don't know
- 15) Does the fatty food is risk factor for complications of Hypertension?
- a) Yes
 - b) No
 - c) don't know

If yes, what foods can be taken daily?

- a) Green leafy vegetables, Fruits, beans, whole grains.
- b) Red meat, dairy products, Liver, Fried fish.
- c) Fried food, Butter, Pannier, curd.
- d) Sausage, chips, pickle, papad

16) Does the alcohol is a risk factor for complications of Hypertension?
a) Yes b) No c) don't know

17) Does the smoking is a risk factor for complications of Hypertension?
a) Yes b) No c) don't know

18) Does the regular morning walk will decrease raising the complications of Hypertension?
a) Yes b) No c) don't know

If yes, how often and long should be done?

- a) Less than 15 mins a day
- b) 15 to 30 mins a day
- c) 30-45 mins a day
- d) More than 45 mins a day

19) Does regular eye check up decrease the complications of Hypertension?
a) Yes b) No c) don't know

If yes how often should be done?

- a) Once in every year
- b) Once in every two year
- c) Once in every three year
- d) Once in every three year

20) Does a regular follow up decrease the complications of Hypertensions?
a) Yes b) No c) don't know

If yes how often should be done?

- a) Once in every two weeks
- b) Once in every four weeks
- c) Once in every six weeks
- d) Once in every eight years

21) Does the emotional stress is a risk factor of the complications of Hypertension?

a) Yes b) No c) don't know

If yes, what should be done to decrease the stress ?

a) Yoga
b) Meditation
c) Distraction
d) Don't know

PART- 3 PRACTICE RELATED QUESTION

22) Do you restrict the quantity of salt in your diet?

a) Yes b) No

23) Do you take the food that contain low fat in your daily diet?

a) Yes b) No

If yes, what types of food do you usually take in your everyday life?

a) Green leafy vegetables, Fruits, beans, whole grains.
b) Red meat, dairy products, Liver, Fried fish.
c) Fried food, Butter, Pannier, curd
d) Sausage, chips, pickle, papad

24) Do you take alcohol ?

a) Yes b) No

If yes, how much do you take? (One unit=10 ml)

a) 1- 40ml a day
b) 40-60ml a day
c) 60-80ml a day
d) 80-100ml a day

25) Do you smoke?

a) Yes b) No

26) Do you go a morning walk regularly?

a) Yes b) No

If yes, how often do you go?

- a) Less than 15 mins in a day
- b) 15 to 30 mins in a day
- c) 30-45 mins in a day
- d) More than 45 mins.

27) Do you check your eyes regularly ?

- a) Yes
- b) No

If yes, how often do you check your eyes ?

- a) Once in every in a year
- b) Once in every two year
- c) Once in every three year
- d) Others.....

28) Have you ever used the stress reduction technique?

- a) Yes
- b) No

If yes, what technique you have used to reduce the stress?

- a) Yoga
- b) Meditation
- c) Distraction
- d) others.....

29) Have you ever the side effects of anti hypertensive drugs?

- a) Yes
- b) No

If yes, what do you to reduce the side effects of anti hypertensive drugs?

- a) Consult to doctor
- b) Take rest
- c) Others
- d) Go to traditional healer

30) Do you have regular follow up ?

- a) Yes
- b) No

If yes, how often do you have?

- a) Once in 2 weeks
- b) Once in 4 weeks
- c) Once in 6 weeks
- d) Once in 8 weeks

APPENDIX: D

त्रि.वि.वि. चि.शा.अ.संस्थान

नर्सिङ्ग क्याम्पस, विरगंज

विरगंज , पर्सा

मन्जुरीनामा फारम

नमस्कार ! म योजना पन्त हाल नर्सिङ्ग क्याम्पस विरगंज, पर्सा,स्तानतक तह बि.एन. दोश्रो वर्षमा अध्ययनरत छात्रा हो । यहाँ म अध्ययनको शिलशिलामा अनुसन्धान गर्न गइरहेको कुरा अवगत गराउन चाहन्छु । मेरो अनुसन्धानको शिर्षक“उच्चरक्तचाप भएको विरामीहरुमा उच्चरक्तचापको ज्ञान र यसको जटिलताबाट बच्न उपाय हो”यस अध्ययन उद्देश्य उच्चरक्तचाप भएको विरामीहरुमा उच्चरक्तचाप सम्बन्धि ज्ञान र यसको जटिलताबाट बच्नको लागि गरेको अभ्यासको बारेमा पत्ता लगाउनु हो । यस विषयको अनुसन्धानको लागि सम्पूर्ण प्रक्रिया नर्सिङ्ग क्याम्पस विरगंजको रिसर्च कमिटीबाट पारित गरिसकेको छ । तपाईंको सहभागिता ईच्छा अनुरूप रहनेछ र बिचमा आफुले चाहे अनुरूप सहभागिताबाट छुटिन पनि सक्नु हुनेछ । तपाईंलाई यस अनुसन्धानमा कुनै पनि किसिमको प्रत्यक्ष वा अप्रत्यक्ष हानि नोक्सानी हुने छैन । तपाईंले यस अनुसन्धानबाट उच्चरक्तचाप सम्बन्धि केहि ज्ञान हासिल गर्न सक्नु हुनेछ । साथै थप जानकारीको लागि अनुसन्धान कर्ताबाट थप जानकारी लिन सक्नु हुनेछ । यस अनुसन्धानको लागि करिब १५-२० मिनेट समय लाग्ने छ । यो अनुसन्धान केवल अध्ययनको लागि मात्र भएको र तपाईंको सहभागिता जानकारी सबै कुरामा गोप्यनिता कायम गरिने छ । साथै यसको निष्कर्ष वा रिपोर्ट अध्ययन बाहेक अन्त प्रकाशित गरिने छैन । यहाँहरुको अमूल्य सहभागिताको अपेक्षा गर्दै अनुसन्धान प्रक्रियामा सहभागिता जनाईदिनुभएकोमा हार्दिक धन्यवाद अभार गर्दछु । मलाई यस अनुसन्धान विषयमा सबै कुरा अवगत गराइएको छ र मैले मन्जुरी नामापत्र पढेको/बुझेको छु र आफ्ने सोईच्छाले यस अनुसन्धान प्रक्रियामा भाग लिन मन्जुरी रही मन्जुरीनामा पत्रमा सहि छाप लगाएको छु ।

सहि :-

मिति:-

Appendix - E

त्रिभुवन विश्वविद्यालय
चिकित्सा शास्त्र अध्ययन
नर्सिङ क्याम्पस ,
विरगंज , पर्सा

२०७१

उच्चरक्तचाप भएको बिरामीहरुमा उच्चरक्तचापको ज्ञान र यसको जटिलताबाट बच्न अपनाइएको अध्यास सम्बन्धि प्रश्नावलीहरु:

यस अनुसन्धानको उद्देश्य उच्चरक्तचाप भएको बिरामीहरुमा उच्चरक्तचाप सम्बन्धी ज्ञान र यसको जटिलताबाट बच्नको लागि के-के व्यवहार अपनाउनु भएको छ भनेर पत्ता लगाउनु हो । अनुसन्धानकर्ताले उच्चरक्तचापको बिरामीहरुलाई अन्तर्वार्ता द्वारा प्रश्न सोधिने छ र बिरामीहरुले दिएको उत्तर अनुसार अनुसन्धानकर्ताले नै कोठा भित्र ठिक (✓) चिन्ह लगाउनु हुनेछ । तपाईंहरुले दिउको उत्तर प्रश्नसन्धिय हुनेछ । तपाईंको अमूल्य उत्तरको अपेक्षा गर्दछु र हजुरबाट पाएको प्राप्त तथ्यांक गोप्यनियता कायम गरिने कुरा पनि जानकारी गराउनु चाहन्छु । यस प्रश्नावलीमा ३ भागहरु रहेका छन् जस्तै ,

भाग-१ सामाजिक जनगणना सम्बन्धि प्रश्नावलीहरु
भाग-२ उच्चरक्तचाप सम्बन्धि ज्ञानको प्रश्नावलीहरु
भाग -३ उच्चरक्तचापको जटिलताबाट बच्न गरिने अभ्यास सम्बन्धि प्रश्नावलीहरु

अन्तर्वार्ता मिति :-

सि.नं. :-

प्रश्नावलीहरूः

भाग -१

सामाजिक जनगणना जानकारी

१. तपाईंको उमेरवर्ष

२. लिङ्ग

क) महिला

ख) पुरुष

३. शिक्षा

क)शिक्षित

ख) निरक्षर

यदि शिक्षित हुनुहुन्छ भने

क) पढ्न र लेख्न मात्र जान्ने

ख) प्राथमिक स्तर

ग) माध्यमिक शिक्षा

घ) उच्च माध्यमिक शिक्षा

ड)उच्च माध्यमिक शिक्षा भन्दा माथि

४. व्यवसाय

क) नोकरी

ख) घरेलु

ग) कृषि

घ) व्यवसाय

५. तपाईं उच्च रक्तचाप भएको कति समय भयो ?

क) ६ महिना- २ वर्ष

ख) २-४ वर्ष

ग) ४-६ वर्ष

घ) ६-८ वर्ष

ड) ८ वर्ष भन्दा माथि

६. तपाईको परिवारमा उच्चरक्तचाप भएको कोहि व्यक्ति हुनुहुन्छ / हुनुहुन्थ्यो ?
- क) हुनुहुन्छ / हुनुहुन्थ्यो ख) हुनुहुन्न / हुनुहुन्नहुन्थेन
७. के तपाईलाई उच्चरक्तचापको जटिलताबाट बच्ने निवारक उपायहरुको बारेमा कुनै श्रोतबाट सुन्नु/पढ्नु भएको छ ?
- क) छ ख) छैन
- यदि छ भने कुन-कुनश्रोतबाट
- क) रेडियो ख) पत्रपत्रिका
- ग) टेलिभिजन घ) स्वास्थ्य कर्मचारीहरु
- ड) साथि/नातेदार
८. तपाईले उच्चरक्तचापको औषधि खानु भएको कति समय भयो ?
- क) ६ महिना-२ वर्ष ख) २-४ वर्ष
- ग) ४-६ वर्ष घ) ६-८ वर्ष
- ड) ८ वर्ष भन्दा माथि

भाग - २

उच्चरक्तचापको ज्ञान सम्बन्धी प्रश्नहरु

९. उच्चरक्तचाप भन्नाले के बुझ्नुहुन्छ ?
- क) शरिरको रक्त नलिमा रगको चाप बढ्नु
- ख) मानसिक आवेगको अवस्था
- ग) अन्य.....
- घ) थाहा छैन

१०. तलका मध्ये कुन -कुन अवस्थामा रक्तचाप बढ्ने जोखिम हुन्छ ?(बहुउत्तर)

क) मोटोपन

ख) अल्कोहलको प्रयोग

ग) मधुमेह

घ) मानसिक तनाव

ङ) धुम्रपान

च) धेरै ननुको प्रयोग

छ) बुढोपन

ज) थाहा छैन

११. उच्च रक्तचाप भएको बेलामा के-के लक्षणहरु देखिन सक्छ ?(बहु उत्तर)

क) टाउको दुख्ने

ख) आँखा धमिलो हुनु

ग) रिंगाँटा लाग्नु

घ) थकाई लाग्नु

ङ) रिस उठ्ने

च) अन्य.....

छ) थाहा छैन

१२. उच्च रक्त चापको जटिलताहरु के-के हुन् ? (बहुउत्तर)

क) हृदयघात

ख) मृगौला घात

ग) पक्षघात

घ) दृष्टिघात

ङ) अन्य.....

च) थाहा छैन

१३. उच्चरक्तचापको जटिलताहरुलाई कसरी रोक्न सकिन्छ ?

क) मोटोपन घटाएर

ख) तनावमुक्त बनेर

ग) नुनको मात्राकम गरेर

घ) धुम्रपान मुक्त बनेर

ङ) नियमित स्वास्थ्य अनुगमन गरेर

च) नियमित शारिरीक

व्यायम गरेर

छ) अन्य.....

ज) थाहा छैन

१४. के धेरै नुनउच्चरक्तचापको जटिलताहरुको लागि जोखिम छ ?

क) छ

ख) छैन

ग) थाहा छैन

यदि छ भने उच्च रक्तचापको विरामीहरुले एक दिनमा कति नुन प्रयोग गर्नु पर्छ ?

क) १/४ चम्मच

ख) १/२ चम्मच

ग) ३/४ चम्मच

घ) १ चम्मच

१५. के चिल्लोदार खाना उच्च रक्तचापको जटिलताहरुको लागि छ ?

क) छ

ख) छैन

यदि छ भने उच्च रक्तचापको विरामीहरुले कस्तो खाना खानु पर्छ ?

क) हरियो सागपात , फलफुल , गेडागुडि , सिमि

ख) रातो मासु , कलेजो , दुधको परिकारहरु , तारेको माछा

ग) तारेको खाना , पनिर , दहि , बटर

घ) ससेज , चिप्स , अचार , पापड

१६. के मद्यपान(रक्सी)उच्चरक्तचापको जटिलताहरुको लागि जोखिम हो ?

क) हो

ख) होइन

ग) थाहा छैन

१७. के धुम्रपानले उच्चरक्तचापको जटिलताहरुको लागि जोखिम हो ?

क) हो

ख) होइन

ग) थाहा छैन

१८. के नियमति विहानको हिडाईले उच्चरक्तचापको जटिलताहरुलाई कम गर्न सहयोग गर्छ ?

क) गर्छ

ख) गर्दैन

ग) थाहा छैन

यदि गछ्छ भने कति समय बिहानको हिडाई हिड्नु पछ्छ ?

क) दिनको १५ मिनेट

ख) दिनको १५-३० मिनेट

ग) दिनको ३०-४५ मिनेट

घ) अन्य.....

१९. के नियमित दृष्टि जाचँले उच्चरक्तचापको जटिलतालाई कम गर्न सकिन्छ ?

क) सकिन्छ

ख) सकिन्दैन

ग) थाहा छैन

यदि सक्छ भने कति - कति समयमा जाचँ गर्नु पछ्छ ?

क) वर्ष १ पटक

ख) २ वर्षमा १ पटक

ग) ३ वर्षमा १ पटक

घ) अन्य.....

२०. के नियमति स्वास्थ्य अनुगमनले उच्चरक्तचापको जटिलतालाई कम गर्न सकिन्छ ?

क) सकिन्छ

ख) सकिदैन

ग) थाहा छैन

यदि सकिन्छ भने कहिले कहिले नियमति स्वास्थ्य अनुगमनगर्नु पछ्छ ?

क) हरेक दुई हप्तामा १ पटक

ख) हरेक ४ हप्तामा

१ पटक

ग) हरेक छ हप्तामा १ पटक

घ) अन्य.....

२१. के मानसिक तनाव उच्च रक्तचाप बढाउने तत्व हो ?

क) हो

ख) होइन

ग) थाहा छैन

यदि हो भने मानसिक तनाव हटाउन के गर्नु पछ्छ ?

क) योग

ख) ध्यान

ग) विकेन्द्रकरण

घ) अन्य.....

भाग-३

उच्च रक्तचापको जटिलता घटाउनको लागि गरिने व्यवहार सम्बन्धि प्रश्नहरु

२२. तपाईंले आफ्नो दैनिक खानामा नुनको प्रयोग कम गर्नु हुन्छ ?

क) गर्छु

ख) गर्दिन

२३. तपाईंले आफ्नो दैनिक खानामा चिल्लोद्वारा खाना कम खानु हुन्छ ?

क) खान्छु

ख) खादिन

यदि खानु हुन्छ भने कस्तो खाना खानु हुन्छ ?

क) हरियो सागपात , फलफुल , गेडागुडि , सिमि

ख) रातो मासु , कलेजो , दुधको परिकारहरु , तारेको माछा

ग) तारेको खाना , पनिर , दहि , बटर

घ) ससेज , चिप्स , अचार , पापड

२४. तपाईंले मद्यपान (रक्सी) गर्नु हुन्छ ?

क) गर्छु

ख) गर्दिन

यदि गर्नु हुन्छ भने एक दिनमा कति गर्नु हुन्छ ?

क) १-४०मिलि

ख) ४०-६०मिलि

ग) ६०-८०मिलि

घ) अन्य

२५. तपाईं धुम्रपान गर्नु हुन्छ ?

क) गर्छु

ख) गर्दिन

२६. तपाईं विहानको हिडाई हिड्नु हुन्छ ?

क) हिड्छु

ख) हिड्दिन

यदि हिड्नु हुन्छ भने दिनको कति समय हिड्नु हुन्छ ?

क) दिनको १५ मिनेट

ख) दिनको १५-३० मिनेट

ग) दिनको ३०-४५ मिनेट

घ) अन्य.....

२७. तपाईंले नियमितरूपले आफ्नो आखाँ जाचँ गराउनुभएको छ ?

क) गराउँदछु

ख) गराउँदिन

यदि गराउनु हुन्छ भने कति-कति समयमा गराउनु हुन्छ ?

क) वर्ष १ पटक

ख) २ वर्षमा १ पटक

ग) ३ वर्षमा १ पटक

घ) अन्य.....

२८. तपाईंले तनाव कम हुने उपाय अपनाउनु हुन्छ ?

क) अपनाउँछु

ख) अपनाउँदिन

यदि अपनाउनु हुन्छ भने के-के अपनाउनु हुन्छ ?

क) योग

ख) ध्यान

ग) विकेन्द्रिकरण

घ) अन्य.....

२९. तपाईंलाई कहिलेसम्मै रक्तचाप बिरुद्ध औषधिको असर देखेको छ ?

क) छ

ख) छैन

यदि छ भने यसलाई समाधान गर्न के-के गर्नु हुन्छ ?

क) डाक्टरको परामर्श

ख) आराम

ग) औषधिको उपयोग

घ) धामीभाक्किको सल्लाह

३०. तपाईं नियमित स्वास्थ्य अनुगमन गर्नु हुन्छ ?

क) गर्छु

ख) गर्दिन

यदि गर्नुहुन्छ भने कहिले-कहिले गर्नु हुन्छ ?

क) हरेक २ हप्तामा

ख) हरेक ४ हप्तामा

ग) हरेक ६ हप्तामा

घ) हरेक ८ हप्तामा

ड) अन्य.....

धन्यवाद!!!