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A Study to Assess the Effectiveness of Structured Teaching Programme Regarding Lifestyle Modification Among Hypertensive Patients at Selected Hospitals, Jabalpur, M.P.

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ABSTRACT

Hypertension is a major global public health problem and a leading risk factor for cardiovascular diseases, stroke, and premature mortality. Rapid urbanization, demographic ageing, and unhealthy lifestyle practices have significantly contributed to the increasing prevalence of hypertension worldwide. Effective lifestyle modification plays a crucial role in the prevention and management of hypertension. The present study was conducted to assess the effectiveness of a Structured Teaching Programme (STP) regarding lifestyle modification among hypertensive patients at selected hospitals in Jabalpur, Madhya Pradesh.

A quantitative, educative, and evaluative research approach was adopted using a quasi-experimental non-equivalent control group before-and-after design. A total of 60 recently diagnosed hypertensive patients were selected through purposive sampling technique. Data were collected using a self-structured questionnaire to assess knowledge and practice regarding lifestyle modification. The Structured Teaching Programme was implemented, and post-test evaluation was conducted to measure its effectiveness.

KEYWORDS:

Structured teaching programme, lifestyle modification, hypertension, hypertensive patients.

Introduction

"A healthy body is the guest-chamber of the soul, a sick body is a prison."

- (Francis Bacon)

We live in a rapidly changing environment. Throughout the world, human health is being shaped by the same powerful forces: demographic ageing, rapid urbanization, and the globalization of unhealthy lifestyles. Increasingly, wealthy and resource-constrained countries are facing the same health issues. One of the most striking examples of this shift is the fact that non-communicable diseases such as cardiovascular disease, cancer, diabetes and chronic lung diseases have overtaken infectious diseases as the world's leading cause of mortality. And one of the cardiovascular diseases, by which most of the people are affected, is HYPERTENSION.

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'Hypertension, or high blood pressure, is defined as a persistent systolic BP greater than or equal to 140 mm Hg, diastolic BP greater than or equal to 90mm Hg, or current use of antihypertensive mediation.' (Sharon Lewis)

One of the key risk factors for cardiovascular disease is hypertension - or raised blood pressure. Hypertension already affects one billion people worldwide, leading to heart attacks and strokes. Researchers have estimated that raised blood pressure currently kills nine million people every year. But this risk does not need to be so high.

Globally cardiovascular disease accounts for approximately 17 million deaths a year, nearly one third of the total. Of these, complications of hypertension account for 9.4 million deaths worldwide every year. Hypertension is responsible for at least 45% of deaths due to heart disease, and 51% of deaths due to stroke

OBJECTIVES OF THE STUDY

a. To assess the level of knowledge and practice regarding lifestyle modification among hypertensive patients before and after the structured teaching programme.

b. To implement and evaluate the effectiveness of a structured teaching programme on the knowledge and practice regarding lifestyle modification among hypertensive patients.

c. To find out the relationship between knowledge and practice regarding lifestyle modification among hypertensive patients.

H3 – There will be a significant association between the level of knowledge and practice regarding lifestyle modification with selected demographic variables like age, gender, religion, marital status, education status, type of occupation, monthly income, type of family, dietary pattern, personal habits, residential area, family history of hypertension, when hypertension was diagnosed, and Body Mass Index.

METHODOLOGY

The research approach used for this study was a Quantitative, educative, and evaluative approach, and the research design was a quasi-experimental, non-equivalent control group before-and-after design. 60 patients who were recently diagnosed with hypertension were selected for this study by using a purposive sampling technique. Data were collected with the help of a self-structured questionnaire for assessing knowledge and practice. Descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (chi-square, paired 't' test, unpaired 't' test and correlation coefficient) were used to analyze the data and to test hypothesis.

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RESULT AND INTERPRETATION

As per the demographic characteristics in control group 17 (57%) were in the age group between 46 -60 years, 17 (57%) were female, majority of 25 (83%) were Hindus, majority of 28 (93%) were married, 15 (50%) had no formal education, 13 (43%) were unemployed, 11 (37%) were receiving the family income between 2,501 – 5,000 rupees, majority of 21 (70%) were residing in urban area, majority of 22 (73%) had no family history of hypertension, majority of 25 (83%) were non-vegetarian, 18 (60%) were not having any bad habit, majority of 25 (84%) has no associated illness, 17 (57%) were diagnosed as hypertensives after appearance of signs and symptoms and 19 (63%) had normal B.M.I.

- The frequency and percentage of pre-test and post-test levels of knowledge regarding lifestyle modification for hypertension in the experimental group. In pre- pre-test majority of 90% of clients had inadequate knowledge, and 10% moderately adequate knowledge, whereas in post-test, test majority of 90% of clients had moderately adequate knowledge
- The frequency and percentage of pre-test and post-test level of practice regarding lifestyle modification for hypertension in experimental group. In pre – test 53% of clients had poor practice, 43% had moderate practice and 4% had good practice. In post-test, 50% had moderate practice and 50% had good practice.
- The comparison of pre–test and post–test scores of knowledges in the experimental group. The mean pre–test score is 9.33, and the mean post–test score is 19.5. The Paired "t" test value was 18.09 when compared to the table value (1.69), which is high. It seems that a structured teaching programme makes a significant difference between pre–test and post–test scores of knowledges in the experimental group.
- That the comparison of pre – test and post – test scores of practices in experimental group. The mean pre – test score is 18.73 and mean post – test score is 29.43. the Paired "t" test value was 12.47 when compared to table value (1.69) is high. It seems that a structured teaching programme makes a significant difference between pre–test and post–test scores of practices in the experimental group.
- Analysis of the difference between the mean post-test score of knowledge in control and experimental group. The mean post-test value of control group was 10.7 which is lesser than the post-test value 19.5 of experimental group. The Unpaired t value was *7.27 when compared to table value (2) is high. The findings show there is significant increase in the level of

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knowledge in experimental group than control group. It indicates the effectiveness of structured teaching programme in increasing knowledge level regarding life style modification

Analysis of the difference between the mean post-test score of practice in control and experimental group. The mean post-test value of control group was 18.6 which is lesser than the post-test value 29.43 of experimental group. The Unpaired t value was

*3.35 when compared to table value (2) is high. The findings show there is significant increase in the level of practice in experimental group than control group. It indicates the effectiveness of structured teaching programme in increasing practice level regarding life style modification. The relationship between the mean post-test knowledge score and mean post- test practice score of experimental group, the correlation co-efficient was obtained. The post-test mean knowledge value, 19.5 was higher than the pre-test mean value, 10.7, and the post-test mean practice value, 29.43, was higher than the pre-test mean value

9.33. The obtained r value of 0.45 was significant at the 0.05 level. The findings show that when the post-test knowledge score was increased, the post-test practice score also increased. It indicates there was a positive relationship between the post-test score of knowledge and practice in the experimental group.

- There was a significant association between the post-test score of knowledge in the control group and marital status **(p<0.05)**
- There was a significant association between the post-test score of knowledge in the experimental group and BMI. **(P< 0.05)**

CONCLUSION

This study proved to be essential, as structured teaching programmes play an important role in enhancing knowledge and practice of lifestyle modification among hypertensive patients.

RECOMMENDATIONS:

1. A similar study can be conducted on a larger sample.

2. A similar study can be done using a true experimental design.

3. A similar study can be conducted with a post-test after 4 weeks, a 6-week interval to evaluate the retention of knowledge.

4. A similar study can be compared with other alternative programmes like the video-assisted teaching programme, the self-instructional module, etc.

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