



ISSN: 2395-7476
 IJHS 2017; 3(3): 97-98
 © 2017 IJHS
 www.homesciencejournal.com
 Received: 19-07-2017
 Accepted: 20-08-2017

Pankhuri Sharma
 M.Sc student, Department of
 Home Science Swami Vivekanad
 Subharti University, Meerut,
 Uttar Pradesh, India

Deepika Pal
 Assistant Professor,
 Department of Home Science
 Swami Vivekanad Subharti
 University, Meerut,
 Uttar Pradesh, India

Knowledge regarding hypertension in young, middle and late adulthood

Pankhuri Sharma and Deepika Pal

Abstract

In India, the prevalence of hypertension is increased by 30 times in urban population and by 10 times among in rural population and the prevalence of hypertension is slightly higher among male than female. Descriptive Research Design was selected to study the prevalence and other demographic influences on the Hypertension in Young, Adulthood and Late Adulthood. Purposive sampling design was used to locate the Hypertension in Young, Adulthood and Late Adulthood. High blood pressure by Community Health First, Medicare Advantages Plans, Community Health Plan of Washington, Approved for blood pressure survey. 2009. The sample was collected from the different hospitals. Mean and percentage was calculated for the categories of age group that is Young adulthood, Middle adulthood and late adulthood. In the present study, the information was collected on knowledge of hypertension in Young adulthood, Middle adulthood and late adulthood. It was found that Late adulthood (Males= 63.8 and Females= 50), the score of Middle adulthood (Males= 58.3 and Female= 43.7) and the scores young (Males= 20 and Females= 8.3). The Late adult were found to have the better knowledge as compared to the Middle and Young adults, out of which the males had the highest knowledge of scores (63.8) as compared to other categories. Therefore present study was conducted to explore the knowledge of hypertension in Young adulthood, Middle adulthood and late adulthood.

Keywords: Hypertension, Prevalence, Blood vessels, systolic B.P, Diastolic B.P.

1. Introduction

In India the prevalence of hypertension is increase by 30 times in urban population and by about 10 times among in rural population and the prevalence of hypertension is slightly higher among man than woman ^[1]. According to WHO, Hypertension is also known as high 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. Blood pressure is created by the force of blood pushing against the wall of blood vessels (arteries) as it is pumped by the heart. The higher the pressure, the harder the heart has to pump ^[2].

Table 1: Classification of Blood pressure measurement ^[3]

Category	Systolic blood pressure (mm of Hg)	Diastolic blood pressure (mm of Hg)
Normal	< 120	< 80
Pre-hypertension	120-139	80-90
Hypertension		
Stage 1	140-159	90-99
Stage 2	≥160	≥100

A diet which is too high in sodium and too low in potassium puts a major risk for High Blood Pressure ^[4]. Another risk factor may be high amount of table salt, eating processed food; physical inactivity and consumption of alcohol, smoking and chewing tobacco immediately raise Blood Pressure ^[5]. Endurance exercise training reduce systolic and diastolic Blood Pressure in approximates 75% of people have essential hypertension, these reduces the approximately 10mmHg Blood pressure ^[6]. The increased Knowledge about hypertension is directly proportional to increase in the detection, prevention and control of high Blood Pressure. In 2003 to 2004, 75% adults with hypertension were aware while 65% were being treated and 37% had their controlled Blood pressure ^[7]. The literature is limited on the

Correspondence

Pankhuri Sharma
 M.Sc student, Department of
 Home Science Swami Vivekanad
 Subharti University, Meerut,
 Uttar Pradesh, India

knowledge of hypertension in different age groups. Taking all this into consideration, present study was conducted with the objective to assess the knowledge of Hypertension in young adulthood, middle adulthood and late adulthood.

1.1 Specific Objectives

- To assess the Knowledge regarding hypertension in young adulthood.
- To assess the Knowledge regarding hypertension in middle adulthood.
- To assess the Knowledge regarding hypertension in late adulthood.

1.2 Hypothesis

- There is significant gender difference between in the knowledge regarding hypertension.
- There is significant no difference between the knowledge the hypertension amongst Young adulthood, Middle adulthood and late adulthood.

2. Materials and Methods

Descriptive Research Design was selected to study the prevalence and other demographic influences on the

Hypertension in Young, Adulthood and Late Adulthood. Purposive sampling design was selected to locate the Hypertension in Young, Adulthood and Late Adulthood. High blood pressure by Community Health First, Medicare Advantages Plans, Community Health Plan of Washington, Approved for blood pressure survey. 2009 was used as tool. The sample was collected from the different hospitals. Mean and percentages were calculated for the categories of age group (Young adulthood, Middle adulthood and late adulthood).

3. Results and Discussions

In the present study, the information was collected on knowledge of hypertension in Young adulthood, Middle adulthood and late adulthood. The assessment of knowledge of high blood pressure in the patient was done. In Table 2, it was found that Late adulthood (Male= 63.8 and Female= 50), the scores of middle (Males= 58.3 and Female= 43.7) and the scores young (Males= 20 and Females= 8.3). The Late adult were found to have the better knowledge as compared to the Middle and Young adults, out of which the males had the highest knowledge of scores (63.8) as compared to other categories

Table 2: Knowledge of patient with high blood pressure in Young Adulthood, Middle Adulthood and Late Adulthood.

	Young Adulthood		Middle Adulthood		Late Adulthood	
	Male%	Female%	Male%	Femal%	Male%	Female%
Yes	20	8.3	58.3	43.75	63.8	50
No	18.75	22.9	46.5	68.75	52	60.4
Don't Know	0	0	3.41	2.08	6.91	6.25

A study was conducted by Kishore *et al.* (2016) [8] showed that hypertension was significantly higher in individuals more than 35 years than those less than 35 years.

A study revealed that the prevalence was higher in males (12.9%) as compared to females (6%) and the prevalence of hypertension was highest in the age of 30-39year males (45.7%) while it was highest in the age group of 40-49 females (7%) [9].

4. Conclusion

The knowledge of Hypertension in hypertensive patient of different age group i.e young adulthood, middle adulthood and late adulthood is needed to detection, prevention and control the high Blood Pressure.

5. References

1. Burt VL, Whelton P, Roccella EJ, Brown C, Cutler JA, Higgins M *et al.* Prevalence of Hypertension in the US adult population. *Hypertension*, 1995; 25(3):305-313. <http://www.uptodate.com/home>, Accessed april6, 2015.
2. Alwan A. Global status report on noncommunicable diseases 2010. World Health Organization, 2011.
3. McPhee SJ, Papadakis MA, Tierney LM. (Eds.). *Current medical diagnosis & treatment*. New York: McGraw-Hill Medical, 2010.
4. Kaplan NM. *Kaplan's clinical hypertension*. Lippincott Williams & Wilkins, 2010.
5. Go AS, Mozaffarian D, Roger VL, Benjamin EJ, Berry JD, Borden WB *et al.* Executive summary: heart disease and stroke statistics - 2013 update: a report from the American Heart Association. *circulation*, 2013; 127(1):143-152.
6. Hagberg JM, Brown MD. Does exercise training play a role in the treatment of essential hypertension? *Journal of*

cardiovascular risk, 1995; 2(4):296-302.

7. Ong KL, Cheung BM, Man YB, Lau CP, Lam KS. Prevalence, awareness, treatment, and control of hypertension among United States adults 1999-2004. *Hypertension*, 2007; 49(1):69-75.
8. Kishore J, Gupta N, Kohli C, Kumar N. Prevalence of hypertension and determination of its risk factors in rural Delhi. *International journal of hypertension*, 2016.
9. Raina SK, Chander V, Prasher CL, & Raina S. Prevalence of hypertension in a tribal land locked population at high altitude. *Scientifica*, 2016.