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 - (a) Research papers that move away from orthodoxy and which really break new grounds in terms of methodology and findings.
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In this edition, eighteen (18) manuscripts scale through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: effect of cold compress on the reduction of musculoskeletal pain, swelling and hemarthrosis among orthopaedic patients in Lautech Teaching Hospital, Ogbomoso, Oyo State, Nigeria; Awareness of Prostate Cancer Screening Among Male Civil Servants In Egor Local Government Area, Edo State, Nigeria; Knowledge, Perception And Utilization Of Maternal And Child Health Care Among Women In Ogbomosho, Oyo State, Nigeria; Assessment Of Knowledge And Utilization Of Electronic Medical Records Among Nurses In Secondary Health Care Facilities In Jigawa State, Nigeria; Effect Of Midwife Led Educational Intervention On Knowledge Of Anaemia And Risk Factors Among Pregnant Women Attending Ante-Natal In Selected Primary Health Care Facilities In Osun State, Nigeria; Knowledge Of Health Implications Of Rape And Associated Factors Among Male Undergraduates In Ahmadu Bello University Zaria, Nigeria; Effectiveness Of Family Caregivers Centered Nursing On Knowledge Of Pressure Ulcer Prevention In A Tertiary Health Facility In Kano, Nigeria; Knowledge And Practice Of Malaria Prevention Among Expectant Mothers In Selected Primary Health Centers In Mushin Local Government Area, Lagos State, Nigeria; Prevalence Of Sexual And Psychological Abuse In Almajiri System Of Education In Zaria Local Government Area, Kaduna State, Nigeria; Assessment Of Male Involvement In Maternity Care In Selected Health Facilities In Ado Ekiti, Ekiti State, Nigeria; Educational Intervention On Knowledge Of Prevention And Self-Care Practices Of Selected Lifestyle Diseases Among Civil Servants In State Secretariat Oke-Mosan, Abeokuta Ogun-State, Nigeria; Nursing In An Age Of Change In Nigeria; Knee Replacement Surgery: The Role Of The Nurse In Patient Safety In The Operating Room, The Nigerian Perspective; Choice Of Places Of Delivery Among Women Attending Ante Natal Clinic At Ngwo Health Centre; Systematic Review On Adolescent Girls' Knowledge And Practice Of Menstrual Hygiene In Nigeria; Knowledge And Prevention Of Hypertension Among Patients Attending Medical Outpatient Department Of Garki Hospital, Abuja, Federal Capital Territory, Nigeria And Socio-Cultural Factors Influencing Nutritional Status In Under-Five Children In Akure North Local Government, Ondo State, Nigeria.

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TABLE OF CONTENTS

1. Effectiveness Of Family Caregivers Centered Nursing On Knowledge Of Pressure Ulcer Prevention In A Tertiary Health Facility In Kano, Nigeria Idris Abdulrashid; Dalhat Khalid Sani; Abdurrahman Salihu Kombo; Husaini Muhammad Aikawa; & Adamu Dalhatu	1
2. Knowledge Of Health Implications Of Rape And Associated Factors Among Male Undergraduates In Ahmadu Bello University Zaria, Nigeria Musa-Maliki, A. U.; Abdulraheem Amina; Balarabe F.; Sani H. M.; Yunusa U.; Balarabe R.; & Raymond T. L.	9
3. Effect Of Cold Compress On Musculoskeletal Pain, Swelling And Hemarthrosis Among Orthopaedic Patients In Lautech Teaching Hospital, Ogbomosho, Oyo State, Nigeria Bidmus, Lateef Iyanda	16
4. Awareness Of Prostate Cancer Screening Among Male Civil Servants In Egor Local Government Area, Edo State, Nigeria Oyana N. E., Asadu L. Chinenye & Edo-Osagie Chinenyenwa	36
5. Knowledge, Perception And Utilization Of Maternal And Child Health Care Among Women In Ogbomosho, Oyo State, Nigeria Abiodun Funmilayo Layeni & Victoria Bolanle Brown	44
6. Assessment Of Knowledge And Utilization Of Electronic Medical Records Among Nurses In Secondary Health Care Facilities In Jigawa State, Nigeria Salihu A. K.; Auwalu Yusha'u; Abdullahi M.; Sani M. S.; Dalhat K. S.; Hadiza, M. S.; Attahir, I.; Farooq, M. A.; Hayat I. M. Gommaa; Yunusa Ahmad; & Salisu Aliyu	57
7. Effect Of Midwife Led Educational Intervention On Knowledge Of Anaemia And Risk Factors Among Pregnant Women Attending Ante-Natal In Selected Primary Health Care Facilities In Osun State, Nigeria Abioye, Abigail Adebisi; Owopetu, Christiana Adetoun; Sowunmi, Christiana Olanrewaju Adamu-Adedipe Foyekemi. O.; Opatunji Florence Omowunmi; & Afolabi, Adebukunola O.	72
8. Knowledge And Practice Of Malaria Prevention Among Expectant Mothers In Selected Primary Health Centers In Mushin Local Government Area, Lagos State, Nigeria Abosedede Adekunbi Farotimi; Temitope Ebunoluwa Oshinyemi; & Vera Onyinyechi Tasié	85

9. **Prevalence Of Sexual And Psychological Abuse In Almajiri System Of Education In Zaria Local Government Area, Kaduna State, Nigeria**
Bature F. U.; Alkali, M. A.; & Nwanneri, A. C. 97
10. **Assessment Of Male Involvement In Maternity Care In Selected Health Facilities In Ado Ekiti, Ekiti State, Nigeria**
Gbemisola Bolanle Ogbeye; Folakemi Esther Ayo-Ige; Joel Ojo Aluko & Nifemi Tunrayo Babalola 107
11. **Educational Intervention On Knowledge Of Prevention And Self-Care Practices Of Selected Lifestyle Diseases Among Civil Servants In State Secretariat Oke-Mosan, Abeokuta Ogun-State, Nigeria**
Komolafe O. Folasade; Okafor N. Anthonia; & Abaribe E. Chidinma 119
12. **Nursing In An Age Of Change In Nigeria**
Agbedia, C.; Aikabeli, P.; & Munge, M. 135
13. **Knee Replacement Surgery: The Role Of The Nurse In Patient Safety In The Operating Room, The Nigerian Perspective**
Aikabeli, Priscilla O. & Enunwaonye, Hossanna C. 142
14. **Choice of Places of Delivery Among Women Attending Ante Natal Clinic At Ngwo Health Centre**
Eze, Uchechukwu Elias, Eze, Uchenna Augustina & Ndie, Elkenah Chubike 152
15. **Adolescent Girls' Knowledge And Practice Of Menstrual Hygiene In Nigeria: A Systematic Review**
Adekemisola R. Jimoh & Elizabeth M. Joseph-Shehu 159
16. **Knowledge And Prevention Of Hypertension Among Patients Attending Medical Outpatient Department Of Garki Hospital, Abuja, Federal Capital Territory, Nigeria**
Chinedum I. Ahaiwe; & Oparanma Florence U. 170
17. **Socio-Cultural Factors Influencing Nutritional Status In Under-Five Children In Akure North Local Government, Ondo State, Nigeria**
Oyewumi Zaccheus Opeyemi; Akinbowale Busayo Temilola & Oyewumi Lydia Omowumi 181

KNOWLEDGE AND PREVENTION OF HYPERTENSION AMONG PATIENTS ATTENDING MEDICAL OUTPATIENT DEPARTMENT OF GARKI HOSPITAL, ABUJA, FEDERAL CAPITAL TERRITORY, NIGERIA

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ABSTRACT

This study was carried out to assess the knowledge and prevention of hypertension among patients attending the medical outpatient department of Garki Hospital, Abuja, FCT. This work investigated the knowledge and prevention of hypertension among patients attending the Medical Outpatient Department (MOPD). A descriptive research design was adopted for this study, and a total of 100 patients were selected who participated fully in the study. A well-developed questionnaire was used for data collection, and the collected data were analyzed using simple percentages and Chi-square. The socio-demographic characteristics of respondents revealed that the majority of respondents were within 28 to 37 years (33%), female (68%), and Christians (72%). Further findings showed that the majority of respondents were single (63%), with tertiary education (78%), and employed (66%). This study revealed that respondents were highly knowledgeable about hypertension (72%) and hypertension preventive measures among patients were very high (75%). The following recommendations were made: there should be more awareness about hypertension among both educated and illiterate people; there should be general health education about the causes of hypertension; and there should be a new policy on hypertension health care in Nigeria.

INTRODUCTION

Hypertension, defined as a medical condition characterized by elevated blood pressure exceeding 140 over 90 mmHg, poses a significant health risk to individuals. This condition places added strain on the heart as it works harder to circulate blood through the arteries. Complicating matters, hypertension often progresses without manifesting noticeable symptoms, making early detection challenging for many patients (El-Hay & El-Mezayen, 2015). Blood pressure readings are

typically represented as two values: systolic and diastolic. The systolic value reflects the highest pressure exerted on the arteries during heart contraction, while the diastolic value represents the lowest pressure just before the heart begins to contract again. For instance, a blood pressure reading of 120/80 mmHg is articulated as "120 over 80" millimeters of mercury (Mark et al., 2003). Hypertension is diagnosed when the systolic pressure at rest averages 140 mmHg or higher and the diastolic pressure averages 90 mmHg or higher. In some cases, particularly among older individuals, isolated systolic hypertension may occur, where systolic pressure is high (140 mmHg or more) while diastolic pressure remains normal or low (less than 90 mmHg).

Hypertension is a significant public health issue and is a primary contributor to illness and death worldwide. It is a significant autonomous risk factor for cardiovascular and cerebrovascular events, such as stroke, cardiac mortality, coronary heart disease, heart failure, abdominal aortic aneurysm, and peripheral vascular disease (Kokubo & Matsumoto, 2017). Each year, almost 9.4 million fatalities are linked to complications of hypertension, indicating a significant and continuous rise in the global incidence of the condition (Rajan et al., 2019). It is sometimes referred to as "the silent killer" since it often remains asymptomatic for many years until it causes harm to a crucial organ. This highlights the need to give sufficient consideration to hypertension and hypertensive diseases, especially in resource-limited countries such as Nigeria, where there is limited access to healthcare and a low inclination among the

public to seek medical help (Adedini et al., 2014).

Hypertension denotes elevated blood pressure, irrespective of its underlying reason. Elevated blood pressure that is not regulated raises the likelihood of complications such as stroke, aneurysm, cardiac failure, myocardial infarction, and renal impairment (Mark et al., 2003). Hypertension is a prevalent and intricate chronic condition that poses a significant global burden. It is characterized by a consistent increase in blood pressure above the typical range of 115–120 mmHg systolic and 75–80 mmHg diastolic pressure (Famakinwa, 2002). Hypertension often manifests as a silent ailment without distinct early signs. However, it is the most widespread contributor to cardiovascular accidents and congestive heart failure. Additionally, it often leads to complications such as coronary artery disease and renal failure. According to the World Health Organization (2006), blood pressure below 140/90 mmHg is considered normal, whereas blood pressure above 160/90 mmHg or more is categorized as hypertensive.

It is apparent that most people are hypertensive without even knowing it; about 4.33 million Nigerians within the age group of 15 years and older are hypertensive (Ogah, 2006). Hypertension is known to be a common chronic disorder, a complex health problem, and a major challenge in healthcare. It is usually an insidious condition with no specific perceptible symptom at an early stage, yet it is the most prevalent cause of cardiovascular accidents and congestive heart failure. A significant percentage of Nigerian adults are hypertensive, and it is more prevalent among adult servants and business executives (Famakinwa, 2002). It was also discovered that blacks have high consequences for the disease. Various reports of work carried out revealed that Nigeria has a prevalence rate of about 10–12%. Efforts to control hypertension have included improving public knowledge and awareness of the risks and complications of hypertension (Oliveria et al., 2005). However, it is unclear if this translates to proper

knowledge and an appropriate attitude in the general public as well as in individuals already diagnosed with hypertension. It is, therefore, paramount that information concerning all aspects of the disease be readily available to the general population, but particularly to patients with elevated BP. Based on this argument, the purpose of the study was to assess the knowledge of hypertension among patients attending the medical outpatient department of Garki Hospital, Abuja, FCT. Various risk factors contribute to the development of hypertension. Genetic predisposition and a family history of the condition are significant factors. Additionally, lifestyle choices such as tobacco use, a diet high in salt and saturated fat, and a sedentary lifestyle increase the risk of hypertension. Other contributing factors include diabetes mellitus, stress, poor sleep, and pregnancy (Okeke et al., 2017).

Hypertension often goes undiagnosed for extended periods, leading to severe health complications such as organ damage, particularly in the brain and kidneys. The long-term effects of hypertension underscore the importance of timely diagnosis and management. Age, gender, race, physical activity levels, obesity, smoking, dietary habits, and hormonal changes are identified as risk factors, and recognizing these elements is crucial for developing strategies to reduce preventable risk factors. These strategies may include addressing weight management, reducing salt intake, quitting smoking, and moderating alcohol consumption (El-Hay and El-Mezayen, 2015). Early identification and effective management of hypertension and its associated risk factors are imperative for promoting long-term cardiovascular health and preventing complications.

Hypertension is the most frequent underlying risk factor for cardiovascular disease in Sub-Saharan Africa. Prevention, diagnosis, treatment, and management of hypertension in this region are inconsistent and not optimal. Inadequate funding for healthcare systems, ineffective community-level preventative measures, unsustainable pharmaceutical

treatments, and barriers to full compliance with prescribed medications are the root causes of this (Okeke et al., 2017). In his research, Ogah (2006) found that the crude prevalence of hypertension was 11.2% based on a blood pressure threshold of 160/95 mmHg. After adjusting for age, the prevalence was 9.3%, indicating that almost 4.33 million Nigerians aged 15 years and older are hypertensive. According to Basuanhappa (2008), there are almost 25 million instances of hypertension in India, with a prevalence of 10% among the adult population in urban areas and 5% in rural areas.

The age-adjusted prevalence of hypertension in Nigeria was found to be 14.3% in research undertaken by the worldwide collaborative study of hypertension in blacks. The prevalence rates were 14.7% for males and 14.3% for women (Ogah, 2006). Significant advancements have been achieved in the identification, management, and regulation of hypertension in the United States during the last twenty years. From 1976 to 1980, half of people with hypertension were oblivious to their condition. 70% did not get treatment, while only around 10% had their blood pressure well managed. According to Ogah (2006), less than a quarter of Africans are aware that hypertension may result in stroke and heart disease.

According to a study by Viera et al. (2010) on Africans, from 2005 to 2009, almost 75% of adults were aware that they had hypertension, 65% were receiving treatment for it, and 37% had their blood pressure under control. Although progress has been made, hypertension continues to be a significant public health issue for African people. The number of those uninformed about hypertension has fallen by 25% since 1990, while the percentage of those with controlled blood pressure has climbed to 47%. Over 16 million Nigerian people today have uncontrolled blood pressure. Recent studies have shown inadequacies in the awareness, treatment, and management of hypertension, which are ascribed to patients' lack of

information, perception, and lifestyle.

Mohammedirfan et al. (2011) found that hypertension prevalence rose by 30 times in urban populations over 55 years and by 10 times in rural populations over 36 years. It is more prevalent among those in higher socioeconomic classes due to several reasons, including sedentary occupations, a lack of physical exercise, unhealthy food, alcohol consumption, smoking, obesity, and conditions like diabetes mellitus. Individuals in this category often encounter psychological distress. Urbanization, tiny or nuclear family structures, dual-income households, and issues related to wealth also have a role in causing mental stress. The overall prevalence of hypertension was determined to be 30.4%.

Hypertension prevalence in Nigeria is rising due to the expanding adult population and changes in Nigerians' lifestyles. Over the last twenty years, there has been an increase in prevalence research focusing on hypertension and other non-communicable disorders. In 2011, the prevalence of hypertension ranged from 6.2% to 48.9% in men and 10% to 47.3% in females, based on a blood pressure benchmark of 140/90 mmHg. The crude prevalence among Nigerian people aged 18 years and older was found to range from 2.1% to 47.2% with a 95% confidence interval (Ukoha-Kalu et al., 2020). If control measures are not implemented, about 56 million individuals will have hypertension by 2025 (Kongarasan & Shah, 2018). Hypertension often presents without symptoms and is often identified via regular screenings or incidentally while seeking medical attention for an unrelated issue at a hospital. Patients often only realize their target organ damage, congestive heart failure, peripheral vascular disease, or chronic kidney disease (Okeke et al., 2017).

Approaches to Prevent Hypertension

Reducing salt intake can help keep blood pressure within normal ranges (Ogedengbe, 2012). To reduce salt intake, one can avoid packaged and processed foods and refrain from

adding extra salt after cooking meals. Limiting alcohol consumption is also crucial, as drinking alcohol can lead to high blood pressure. Alcohol consumption should be reduced to the bare minimum or completely avoided.

Regular monitoring of blood pressure is essential. High blood pressure often occurs without symptoms, so only blood pressure readings can confirm hypertension. Aerobic exercises, such as jogging, brisk walking, biking, and playing table tennis, can help burn more calories than active exercise (Beer et al., 2003). Understanding hypertension and its management can help lower high blood pressure in hypertensive individuals (Samal et al., 2007).

According to Wang et al. (2003), the awareness and preventive rate of hypertension in urban patients is 46.4%, while in rural patients it is 23.9%. The control rate of hypertension improves when patients' understanding and management of the condition is enhanced, regardless of whether they live in rural or urban areas. The combined impact of awareness of hypertension and control status might account for 30% of the variation in hypertension control rates between rural and urban patients. Wang et al. (2012) found a substantial relationship between knowledge of hypertension management and the actual rate of hypertension control. They suggested that health education could significantly enhance knowledge, perception, and control of hypertension. This study assesses the knowledge and prevention of hypertension among patients attending the medical outpatient department of Garki Hospital, Abuja, FCT.

OBJECTIVES OF THE STUDY

- i. To investigate the knowledge of Hypertension among patients attending Medical Outpatient Department (MOPD) of Garki Hospital Abuja, FCT.
- ii. To determine the prevention level of Hypertension among patients attending Medical Outpatient Department (MOPD) of Garki Hospital Abuja, FCT.

- iii. To assess effect of their knowledge of hypertension on the preventive measures among patients attending Medical Outpatient of Garki Hospital Abuja, FCT.

The corresponding research questions for the study were:

- i. What level of knowledge has the patients of Garki Hospital Abuja, FCT about Hypertension?
- ii. What is the prevention level of Hypertension among patients attending Medical Outpatient Department (MOPD) of Garki Hospital Abuja, FCT.
- iii. What is the effect of patients' knowledge on the preventive measures of Hypertension?

METHODOLOGY

Design: The research design used for this study was a descriptive non-experimental design. This design facilitated the collection of information on the knowledge of hypertension among patients in the Medical Outpatient Department (MOPD) of Garki General Hospital, FCT Abuja.

Setting and Population: The study population consisted of 100 patients from the medical outpatient department clinic and wards.

Sampling Technique: The total population was used.

Instruments: Data collection was conducted using self-structured questionnaires. The questionnaire was divided into three sections: Section A covered demographic data, Section B assessed knowledge of hypertension, and Section C focused on the prevention of hypertension.

Validity of the Tool: The questionnaire, along with the research objectives, was submitted to a jury of experts in nursing sciences and medicine. Necessary corrections and suggestions were incorporated into the final version. Content and face validity were established by aligning the study objectives and constructs within the framework with the specific questions on the instrument.

Reliability of the Tool: To ensure reliability, the instrument was pretested with 10 respondents, representing approximately 10% of the study population. Internal consistency was assessed to determine the correlation between multiple items in a test intended to measure the same construct. The reliability was analyzed using Cronbach's alpha, which yielded a reliability coefficient of 0.78. The reliability coefficient ranges between 0 and 1; the closer the coefficient is to 1, the more reliable the instrument. Therefore, the instrument is considered reliable.

Data Collection: Copies of questionnaires were shared among the patients to be filled and collected back immediately.

Data Analysis: The data collected analysed using simple percentages and Chi-square statistics.

RESULTS

Table 1 observed that the age range of respondents is as follows: 18–27 years (19%),

28–37 years (33%), 38–47 years (28%), 48–57 years (11%), 58–67 years (6%), and 68 years and above. The gender distribution of respondents includes 32% male and 68% female. The findings reveal the religious affiliations of respondents as Christianity (72%), Islam (28%), and traditional religions (0%). Marital status of respondents shows that 29% are married, 63% are single, 3% are divorced, 3% are widowed, and 2% are separated. The educational qualifications of respondents include primary education (1%), secondary education (12%), tertiary education (78%), and non-formal education (9%). Employment status of respondents indicates that 66% are employed, 12% are unemployed, 20% are self-employed, and 2% are retired. The socio-demographic characteristics of respondents reveal that the majority of respondents are within the age range of 28 to 37 years (33%), female (68%), and Christian (72%). Further findings show that the majority of respondents are single (63%), have tertiary education (78%), and are employed (66%).

Table 1: Socio-demographic data

S/N	Variable	Frequency Number	Percentage (%)
1	Age:		
	18 – 27	19	19
	28 – 37	33	33
	38 – 47	28	28
	48 – 57	11	11
	58 – 67	06	06
	68 – 70	04	04
	70 and above	01	01
	Total	100	100
2	Gender:		
	Male	32	32
	Female	68	68
	Total	100	100
3	Religion:		
	Christianity	72	72
	Islam	28	28
	Traditional	0	0
	Total	100	100

4	Marital Status:		
	Single	29	29
	Married	63	63
	Divorced	03	03
	Widow	03	03
	Separated	02	02
	Total	100	100
5	Qualification:		
	Primary	01	01
	Secondary	12	12
	Tertiary	78	78
	Non-formal education	09	09
	Total	100	100
6	Employment:		
	Employed	66	66
	Unemployed	12	12
	Self-employed	20	20
	Retired	02	02
	Total	100	100

Table 2 reveals a high level of knowledge about hypertension among respondents. Most respondents learned about hypertension from hospitals (40%) and parents (24%), with nearly all (99%) correctly defining the condition. A significant majority (93%) acknowledged hypertension as a cause of early death, and 75% recognized headaches and a rise in blood

pressure as its primary symptoms. Furthermore, 95% agreed that heredity is a predisposing factor, and 84% saw a link between food intake habits and hypertension. Overall, 72% of respondents were highly knowledgeable about hypertension, indicating effective awareness and educational initiatives within the community.

Table 2: Knowledge Assessment of the Respondents

SN	Statements	SA	A	SD	D
1	Hypertension is a persistent raise in blood pressure	77	1		
2	Hypertensions is one of the causes of early death	52	41	5	2
3	Regular check of blood pressure helps to know one's status	80	20		
4a	What are the common signs and symptoms of Hypertension? Headache	5	3		
4b	Rise in blood pressure	9	6		
4c	All of the above	60	15	1	
5	Hereditary can be a pre-disposing factor for hypertension	52	43	5	
6	There is a relationship between food intake habit and hypertension	43	41	15	1
7	Hypertension poses a significant health risk to individual	34	6		
8	prevalence of hypertension is more in men than women	35	5		
9	Hypertension often presents without symptom	19	1	52	20

Table 3 shows the level of hypertension preventive measures. 88% of the respondents agreed that patients who control their pressure live longer than others, while 2% disagreed that patients who control their blood pressure live longer than others. This shows that the majority (88%) of the respondents agreed that patients who control their blood pressure live longer than others. How to prevent hypertension: 7% of the respondents agreed that by eating adequate diets, 9% of the respondents agreed that by performing adequate exercises, 79% of the respondents agreed that by eating adequate diets and by performing adequate exercises, and 4% of the respondents disagreed. This shows that the highest percentage (79%) of the respondents agreed that hypertension can be prevented by eating adequate diets and by performing adequate exercises. To reduce or

prevent the incidence of hypertension, 97% of the respondents agreed that a reduction in salt intake reduces or prevents the incidence of hypertension, while only 3% of the respondents disagreed. This shows that the majority (97%) of the respondents agreed that a reduction in salt intake reduces or prevents the incidence of hypertension.

Types of exercise best for hypertensive patients: 7% of the respondents agreed on jogging, 27% of the respondents agreed on walking, 3% of the respondents agreed on cycling, 54% of the respondents agreed on jogging, running, walking, and cycling, while 3% of the respondents disagreed and 3% of the respondents agreed on none of the above. This shows that above average (54%) of the respondents agreed on jogging, running, walking, and cycling as the best types of

exercise for hypertensive patients. 99% of the respondents agreed that someone's knowledge of hypertension can help in its prevention and management, while only 1% disagreed. This shows that almost all the respondents (99%) agreed that someone's knowledge of hypertension can help in the prevention and management of the illness. The types of diet advisable for people with hypertension: 1% of the respondents agreed on carbohydrates, 1% of the respondents agreed on a fatty diet, 91%

of the respondents agreed on foods low in carbohydrates and fats with proteins and vegetables, and 4% of the respondents agreed on proteins. Although 3% of the respondents agreed on none of the above, this shows that the majority of the respondents agreed that a diet low in carbohydrates and fats with proteins and vegetables is advisable for people living with hypertension. This study noted that the level of hypertension preventive measures among patients is very high (75%)

Table 3: The level of hypertension preventive measures among patients

S/N	Variables	Responses			
		Strongly Agree	Agree	Strongly Disagree	Disagree
1.	Hypertensive patients who controls their blood pressure live longer than others	53	35	09	03
2.	How can hypertension be prevented?				
	Eat adequate diet	04	03	-	-
	Performing adequate exercise	07	02	-	-
	All of the above	61	18	01	-
	None of the above	03	01	-	-
3.	Reduction in salt intake reduces/prevents the incidence of hypertension	62	35	02	01
4.	What type of exercise is best for hypertensive patients?				
	Jogging	07	-	-	-
	Running	-	-	-	-
	Walking	15	12	-	-
	Cycling	01	02	-	-
	All of the above	44	10	03	-
	None of the above	-	03	-	-
5.	Exercise reduces the Incidence of hypertension	53	43	02	02

6. One's knowledge of hypertension can help in the prevention and management	65	34	01	-
7. What type of diet is advisable for people with hypertension?				
Carbohydrates	01	-	-	-
Fatty diet	-	01	-	-
8. Food low in carbohydrates and fats with protein and vegetables	67	24	-	-
proteins	02	02	-	-
None of the above	-	03	-	-
		48%		27%

Discussion of Findings

This study assesses the knowledge and prevention of hypertension among patients attending the medical outpatient department of Garki Hospital, Abuja, FCT. The socio-demographic characteristics of respondents revealed that majority of respondents are within 28 to 37years, female and Christians. Further finding show that majority of respondents are single, with tertiary education and employed.

Knowledge of Hypertension

The patients at Garki Hospital are highly knowledgeable about hypertension. This study agrees with the research of Wang *et al.* (2012), who found that their respondents are knowledgeable This result is also consistent with the report of El-Hay and El-Mezayen (2015) on their respondents' knowledge on hypertension

Knowledge about the preventive measures of hypertension

This study noted that the level of hypertension

preventive measures among patients is very high. This study agrees with the findings of Ogedengbe (2012), who found that their respondents preventive level of hypertension is high. This study is also consistent with the work of Ukoha-Kaluet *al.* (2020), who found that there is a direct relationship between a patient's knowledge of hypertension and the management of their illnesses.

CONCLUSION

The study sheds light on the commendable awareness levels among respondents regarding hypertension, its causes, and preventive measures. The findings underscore the importance of continued health education efforts to empower individuals in proactively managing their cardiovascular health and mitigating the risks associated with hypertension. According to the research findings, a substantial number of respondents became acquainted with information about hypertension through diverse channels, including hospitals, parents, books, friends, and media, highlighting the multi-faceted nature of public awareness efforts. Key insights from the study indicate a high level of

understanding among respondents, with 99% recognizing hypertension as a persistent elevation in blood pressure. Impressively, 82% of respondents identified key lifestyle factors, including obesity, excessive alcohol and salt intake, emotional states, and unnecessary stress, as primary contributors to hypertension.

RECOMMENDATIONS

Based on the findings, it was recommended to enhance public awareness programs about hypertension by strengthening and expanding efforts, emphasizing its status as a "silent killer" and the importance of regular blood pressure monitoring. Additionally, diversifying information channels by utilizing various platforms, including hospitals, media, books, and social networks, to disseminate information about hypertension should be continued. Exploring new platforms to reach a broader audience should also be considered.

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