

# Daily life patterns Among Hypertensive School Teachers :A Comparative study

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## Introduction

It is estimated that hypertension causes 7.5 million deaths worldwide, about 12.8 percent of all deaths, and one in three adults worldwide has high blood pressure. Hypertension constitutes 57 million modified life-years with impairment (DALYS) or 3.7 percent of total DALYS. Worldwide, cardiovascular disease accounts for around 17 million deaths a year, about one-third of the number. Of those, per year hypertension complications account for 9.4 million deaths worldwide. Treating and managing elevated blood pressure below 140/90 mmHg is associated with a decrease in cardiovascular complications.

Hypertension is a coronary heart disease risk factor and the single most significant risk factor for stroke. It triggers around 50 percent of ischaemic strokes. Hypertension affects communities particularly in low- and middle-income countries where health services are poor. Attached to early diagnosis, appropriate care and effective management of hypertension are important health and economic benefits. Treatment of hypertension complications requires expensive care, such as heart bypass surgery, carotid artery surgery and dialysis, exhausting budgets for patients and governments.

The high prevalence of hypertension in India's urban and rural population poses a daunting challenge for the Indian health care system. In countries such as India, out-of-pocket spending on non-communicable diseases (NCDs) such as hypertension is heavy, reaching the poor households

Much. Much. Medicines for these chronic conditions constitute a significant portion of the budget. Population-based preventive measures also have a high impact and are cost-effective as these lifestyle changes aim. Interventions leveraging the power of public policy to minimise the consumption of salt, fat, sugar and alcohol through legislative and consumer education approaches; increased physical activity through sound community planning and environment-friendly activity; increased consumption of fruit and vegetables through effective agricultural and pricing mechanisms; and detailed tobacco contents

Teacher in the classroom who inspires, cultivates and enthuses the learning of pupils considered to be our nation's future. If the teachers are not safe, they would not be able to mould the pupil. Thus the researcher is undertaken to build information about teachers' lifestyle activities in the present report.

## Methodology

The research design adopted for the study was nonexperimental descriptive, comparative design and the setting chosen to conduct the study was Selected government and privet Schools in Dehradun. Uttarakhand.

The study's target group was schoolteachers with hypertension over the age of 30. 285 teachers were screened altogether. Date of birth, age, history of hypertension and duration of taking anti-hypertensive drugs have been requested. The participant's blood pressure was assessed by digital BP apparatus. The participants also calculated hip circumference, waist circumference, Waist hip ratio, height and weight.

The investigator developed the Standardized Awareness Questionnaire to gather information about the participant's demographic factors, personal and behavioural factors, nutritional factors, obesity, physical activity, and psychological factors. 5 experts have developed the tool's content validity. The tool's reliability was achieved using test retest method and was found to be  $r = 0.9$ . They considered the tool to be accurate. At Govt Matriculation School, Dehradun And Asian Public School, Kendriya Vidyalaya ,Dehradun, pilot study was conducted. Main research was carried out in the Dehradun and the Ann Mary Public School. In the analysis the participants met the sampling requirements.

## Results

The data gathered and analysed by using descriptive and inferential statistics manually. Interpretation was made on the basis of the objectives of the study. Among Government school teachers with hypertension majority 23(57.5%) were between 40-50 years of age, 36(90%) were females, 15(37.50%) were in the category of Bachelor degree in education, 32(80%) were Hindus, 23(57.50%) were coming from rural, 22(55%) were living in Joint family, 22(55%) were in the

family size between 1-4 members, 14(35%) had 3 children, 28(70%) were getting the salary between 20,001-30,000 rupees, 18(45%) were handling the students at secondary level, 18(45%) were in anti hypertensive medications for 3-6 years. Among private school teachers with hypertension majority 25(59.52%) were in the age group between 40-50 year, 42(100%) were females, 24(57.14%) were in the category of Master degree in education, 34(80.95%) were Hindus, 24(57.14%) were from rural, 31(73.80%) were living in Nuclear family, 32(76.19%) were in the family size between 1-4 members, 14(33.33%) were equally distributed in the category of one children and three children, 22(52.38%) were getting the salary between 20,001-30,000 rupees, 18(45%) were handling the students at secondary level, 20(47.61%) were in anti hypertensive medications for 3-6 years.

Among Government school teachers with hypertension among 40 participants majority 33(82.50%) had moderate daily life patterns and 7(17.50%) had poor lifestyle practices and no one had good daily life patterns whereas among Private school teachers with hypertension among 42 participants majority 26(61.9%) had poor lifestyle practice and 16(38.09%) had moderate daily life patterns and no one fell down in the category of good daily life patterns. Among Government school teachers with hypertension the obtained mean value was 47, SD 6.69, Range 23 Whereas among private school teachers with hypertension the obtained mean value was 56, SD 5.6, Range 24 and Mean difference of lifestyle practices between Government and private school teachers was 9 and the obtained t value was significant at the level of  $P < 0.05$ .

Among Government school teachers with hypertension the selected demographic variables Age, Gender, Education, Religion, Residential area, Type of family, Family size, Number of children, Monthly Income of the participant, Level of the students handled by the participant and Duration of anti hypertensive medications were not significant with life style practices at  $P < 0.05$ . Among private school teachers with hypertension the selected demographic variable monthly income of the participant was significant with life style practices at  $P < 0.05$ . Other variables Age, Gender, Religion, Residential area, Type of family, Family size, Number of children, Level of the students that the participants handling, Duration of anti hypertensive medications were not significant with the daily life patterns at  $P < 0.05$ .

## Conclusion

This research shows that there is a link between the participants' demographic factors and their daily life habits. Similar studies, in other nations, indicate a moderate to strong relationship between those variables. Hypertension is thus a chronic but preventable condition; and therefore sufficient knowledge of the condition and adjustment of the lifestyle are essential features of successful control and management. This study shows the need for a comprehensive programme of health education and health promotion that addresses the teachers at risk and the community at large. The curriculum should be focused on areas outlined by this study including general knowledge of hypertension, hypertension signs and symptoms and knowledge of the prescribed lifestyle activities. Behavioral strategies are needed to convert the information into behavioural change in behaviours and habits of everyday life.

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