

# FACTORS INFLUENCING LOW BLOOD PRESSURE AMONG ADULTS IN UMUKABIA, EHIME MBANO L.G.A. IMO STATE

BY

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## ABSTRACT

This study determined the factors influencing low blood pressure among adults in Umukabia, Ehime Mbanano L.G.A. Imo State. The study was guided by five specific objectives. Five research questions were raised and answered by the study. Five hypotheses were formulated and tested at 0.05 level of significance. The study adopted Descriptive survey research design. The estimated target population of adults in Umukabia community is three thousand eight hundred and seventy-two (3872). The sample size for this study is 351. A multistage sampling technique was used to select the study sample among adults in Umukabia. The instruments used in carrying out the survey include researcher-administered structured questionnaire, sphygmomanometer for measurement of blood pressure in millimeters of mercury (mmHg) and stethoscope. A reliability coefficient of 0.82 was obtained for the instrument. Two methods were employed to collect the required data. They include: administration of questionnaire and blood pressure measurement. Descriptive method was used to describe the data characteristics. Tables of distribution were constructed for variables in the data and they were all expressed in percentages. Similarly, some of the distributions were represented on statistical charts such as bar chart. Chi square test was performed at 5% level to test for significant association between food consumption pattern, medications, demographic characteristics, family medical history and hypotension among adults in Umukabia. Probability value (p value) was used to interpret the results and p value less than 0.05 was considered significant. The study found that overwhelming majority of the respondents has normal blood pressure reading while very few have high blood pressure reading. On the food consumption pattern among the studied population, the study found that a clear majority of the adults studied indicated that their most preferred food is garri/fufu while few picked other classes of food which was not indicated in the study. Based on the findings of this study, the study thus concludes that socio-demographic variables of the respondents, blood pressure reading, food consumption pattern, commonly used drugs and family medical records of the respondents have a relationship with the low blood pressure among adults in Umukabia community. The study recommended among others that regular checkups of patients by qualified health workers in order to prevent low blood pressure and other related cardiovascular diseases and that Government officials to partner with health programmers in areas related to health and low blood pressure.

## INTRODUCTION

Hypotension is an overwhelming global challenge, and one of the causes of mortality. The epidemic of hypotension is not only an important public health problem, but it also has a big economic impact as a significant proportion of the productive population becomes chronically ill or die, leaving their families in agony. Hypotension increases the risk for cardiovascular diseases (CVD) in both wealthy and poor nations (Rutstein and Johnson, 2011). Hypotension is a state of reduced systemic blood pressure which is commonly asymptomatic. It is a major cardiovascular risk factor that is closely associated with lethal complications like coronary artery disease, cerebro-vascular accidents, heart and renal failure, (Joel, Delisa, Bruce, Nicholas, and Walsh, 2005).

However, the burden of chronic non-communicable diseases (NCDs) in developing countries has risen sharply in recent years. Hypotension is a silent killer and most patients are detected to have it incidentally when they are admitted to hospital for unrelated diseases or subjected to pre-employment or preoperative medical checkups. The exact cause of low blood pressure is not known, but several factors and conditions may play a role in its development (World Health Organization, 2013). Factors such as family medical history, certain medications,

cardiovascular diseases, food type, demographic factors, and environmental conditions could be associated to hypotension. Hypotension was once regarded a problem only in high-income countries, but recent studies indicate that hypotension has become a significant public health problem in low income countries. Among African adults, the prevalence of hypotension has risen to rates similar to and sometimes exceeding that in many high income countries (Park, 2007). The increasing prevalence of hypotension in low income countries represent a substantial public health problem with associated economic and social impacts. However, to the best of the researcher's knowledge, there is relatively dearth of empirical work on hypotension in Nigeria when compared with hypertension.

There had been reports of low blood pressure among patients and clients attending Primary Health Centre in Umukabia, Imo State, Nigeria. This aroused the interest of the researcher to this deviation from the usual reports of hypertension among clients visiting health facilities in other areas in the state. This study intends to validate the existing report from the health facility by conducting a blood pressure check among adults and to determine factors that influence low blood pressure among adults in Umukabia community. This will form input for appropriate program to address this concern. The population of interest is the adults aged 31years to 64years. This target group is selected due to the fact that low blood pressure is commonly reported among adults in the community and will also form a good representation of the target population.

The variables of interest for this study include the food consumption pattern, occupation, family medical history, and drugs commonly used by adults in Umukabia. The findings of this study will raise awareness among policy makers and the public at large, on the effect of low blood pressure and its associated factors which will form input in the design of appropriate interventions, hence the need for this study.

### **Statement of the Problem**

Usually more persons who report for health care are found to have elevated blood pressure than low blood pressure globally. Surprisingly, the contrast was reported by health care workers at the primary health centre Umukabia, Ehime Mbano Local Government Area, in Imo State where cases of low blood pressure were remarkably higher than those with high blood pressure among adults attending this health centre.

This observation of low blood pressure among adults in the community aroused the interest of the researcher regarding factors that may be peculiar to this environment that contribute to the state of low blood pressure found in many adults attending the health facility as reported. Moreover, there has been no research conducted on low blood pressure in Umukabia community. This study is hence designed to determine factors influencing low blood pressure among adults in Umukabia community.

### **Objectives of the Study**

The overall objective of this study is to determine the factors influencing low blood pressure among adults in Umukabia, Ehime Mbano L.G.A. Imo State. The specific objectives of the study are;

1. To ascertain the socio demographic characteristics of adults in Umukabia community, Ehime Mbano L.G.A.
2. To determine the blood pressure readings among adults in Umukabia, Ehime Mbano L.G.A.
3. To determine the food consumption pattern among adults in Umukabia community, Ehime Mbano L.G.A.
4. To ascertain the family medical history of adults in Umukabia community, Ehime Mbano L.G.A.
5. To determine the types of medication commonly used by adults in Umukabia community, Ehime Mbano L.G.A.

### **Research Questions**

In the scope of this research, the following questions were looked into:

1. What are the socio demographic characteristics of adults in Umukabia community, Ehime Mbano L.G.A?
2. What are the blood pressure readings of adults in Umukabia community, Ehime Mbano L.G.A?
3. What is the food consumption pattern among adults in Umukabia community, Ehime Mbano L.G.A?
4. What is the family medical history of adults in Umukabia community Ehime Mbano L.G.A?

5. What are the types of medication commonly used by adults in Umukabia community Ehime Mbano L.G.A?

### Research Hypotheses

The following hypotheses were formulated and tested at 0.05 level of significant

1. There is no significant relationship between the socio-demographic characteristics and low blood pressure among adults in Umukabia community.
2. There is no significant relationship between the blood pressure reading and low blood pressure among adults in Umukabia community.
3. There is no significant relationship between the food consumption pattern and low blood pressure among adults in Umukabia community.
4. There is no significant relationship between family medical history and low blood pressure among adults in Umukabia community.
5. There is no significant relationship between the types of medication used and low blood pressure among adults in Umukabia community.

### METHODOLOGY

The study adopted Descriptive survey research design. The study was conducted at Umukabia which is one of the communities in Ehime Mbano Local Government Area, Imo State. The estimated target population of adults in Umukabia community is three thousand eight hundred and seventy-two (3872) as at 2006 national census (National Population Census, 2006). The sample size for this study is 351. A multistage sampling technique was used to select the study sample among adults in Umukabia. The instruments used in carrying out the survey include researcher-administered structured questionnaire, sphygmomanometer for measurement of blood pressure in millimeters of mercury (mmHg) and stethoscope. The questionnaire consists of five sections (A to E). Section A contained seven items which sought information on personal and socio-demographic characteristics (age, educational level, marital status, occupation) of respondent. Section B contained two items which sought information on the blood pressure status among adults in Umukabia. Section C contained ten items which sought information on the food consumption pattern among adults in Umukabia. Section D contained twelve items which sought information on family medical history, while section E contained four items which sought information on commonly used drugs among adults in Umukabia community. For blood pressure measurement, original Accoson Sphygmomanometer was used to ascertain the blood pressure.

The research questionnaire was constructed by the researcher and was given to the supervisor and two other experts in the field of public health for their inputs which was used to modify the final version of the instrument. The researcher ensured that the sphygmomanometer is in a good working condition by calibrating the instrument before use. A pre-test was carried out at Umuezeala community, in Ehime Mbano Local Government Area which is outside the area of study but has similar characteristics and population with the study area. The result was scaled for consistency test via Crombach Alpha reliability test. A reliability coefficient of 0.82 was obtained. Two methods were employed to collect the required data. They include: administration of questionnaire and blood pressure measurement. Data analysis was performed using Statistical Package for the Social Sciences (SPSS) version 21. Descriptive method was used to describe the data characteristics. Tables of distribution were constructed for variables in the data and they were all expressed in percentages. Similarly, some of the distributions were represented on statistical charts such as bar chart. Chi square test was performed at 5% level to test for significant association between food consumption pattern, medications, demographic characteristics, family medical history and hypotension among adults in Umukabia. Probability value (p value) was used to interpret the results and p value less than 0.05 was considered significant.

### RESULTS

#### Socio-demographic characteristics of adults in Umukabia community, Ehime Mbano L.G.A

Data presented in Table 4.1 shows the socio-demographic characteristics of the respondents. The data shows that majority 199 (56.7%) of the respondents are female while the remaining 152 (43.3%) are male. Majority 130 (37.0%) of the respondents falls within the range of 51-60 years while up-to 101 (28.8%) falls within the range of 61-64 years, 90 (25.6%) falls within the range of 41-50 years and 30 (8.6%) falls within the range of 31-40 years. Majority 232 (66.1%) of the respondents had secondary education as their highest level of education. About 97 (27.6%) had primary education as their highest level of education; up-to 20 (5.7%) had

tertiary education as their highest level of education while 2 (0.6%) of the respondents had no formal education. Overwhelming majority 329 (93.7%) of the respondents are married while just 3 (0.9%) are separated. About 12(3.4%) of the respondents are divorced while up-to 7 (2.0%) of the respondents are single. Overwhelming majority 339 (96.6%) of the respondents are Christians while up-to 8 (2.3%) of them are traditional worshippers. About 4 (1.1%) of the respondents are Muslim. On the occupation of the respondents, majority 147 (41.9%) are traders while about 100 (28.4%) are farmers. Up-to 76 (21.7%) of the respondents are artisans while 28 (8.0%) are civil servants. Majority 234 (66.7%) of the respondents' daily activities does not involve manual labour while 117 (33.3%) of them daily activities involve manual labour.

**Table 4.1: Distribution of respondents by socio-demographic characteristics in Umukabia community, Ehime Mbanu L.G.A**

S/N	Item description	Frequency	Percentage
1	<b>Sex:</b>		
	Male	152	43.3
	Female	199	56.7
2	<b>Age Range:</b>		
	31-40	30	8.6
	41-50	90	25.6
	51-60	130	37.0
	61-64	101	28.8
3	<b>Highest level of education achieved:</b>		
	No Formal education	2	0.6
	Primary education	97	27.6
	Secondary education	232	66.1
	Tertiary education	20	5.7
4	<b>Marital Status:</b>		
	Single	7	2.0
	Divorced	12	3.4
	Married	329	93.7
	Separated	3	0.9
5	<b>Religion:</b>		
	Christianity	339	96.6
	Islam	4	1.1
	Traditional Religion	8	2.3
6	<b>Occupation:</b>		
	Farmer	100	28.4
	Trader	147	41.9
	Civil servant	28	8.0
	Artisans	76	21.7
7	<b>Do your daily activities involve manual labor?</b>		
	Yes	117	33.3
	No	234	66.7

#### **Blood pressure readings of adults in Umukabia community, Ehime Mbanu L.G.A**

Data on Table 4.2 shows details of the blood pressure readings of the respondents. The data obtained shows that overwhelming majority 224(63.8%) of the respondents have normal blood pressure reading while about 77 (21.9%) have low blood pressure reading and 50 (14.2%) have high blood pressure reading.

**Table 4.2: Distribution of respondents by blood pressure reading**

S/N	Item description	Frequency	Percentage
1	<b>What is the blood pressure reading?</b>		
	Low	77	21.9
	Normal	224	63.8
	High	50	14.2
2	<b>Average values of the blood pressure readings obtained:</b>		

Low		77	21.9
Normal	224		63.8
High		50	14.2

### Food consumption pattern among adults in Umukabia community, Ehime Mbanjo L.G.A

Data on table 4.3 shows overwhelming majority 226 (64.4%) of the respondents picked Garri/Fufu as their most preferred food while 46 (13.1%) picked potatoes, 36 (10.6%) picked rice, 26 (7.4%) picked beans, 15 (4.3%) picked yam and 2 (0.6%) picked other type of food. Overwhelming majority 327 (93.2%) of the respondents eat thrice on average every day. About 20 (5.7%) of the respondents eat twice on average every day, 2 (0.6%) eat once on average every day and 2 (0.6%) eat more than three times on average every day. Majority 338 (96.3%) of the respondents are not placed on any special diet by physician while 13 (3.7%) are placed on special diets by physician. Overwhelming majority 294 (83.8%) of the respondents always consume salty foods, up-to 48 (13.7%) sometimes consume salty foods and 9 (2.6%) do not consume salty foods. Results on how frequent the respondents consume alcohol shows that about 290 (82.6%) consume it sometimes, about 37 (10.5%) do not consume it while up-to 24 (6.8%) always consume it. Among those that consume alcohol, majority 208 (59.3%) of them takes alcohol during social events only while few 10 (2.8%) takes it monthly. About 70 (19.9%) of the respondents takes alcohol weekly while up-to 30 (8.5%) takes it daily. Overwhelming majority 247 (70.4%) of the respondents always take tea, about 89 (25.4%) take it sometimes while up-to 15 (4.3%) do not take tea. Majority 338 (96.3%) of the respondents agreed that there is a traditional food frequently eaten in the village while about 13 (3.7%) of the respondents disagreed. Overwhelming majority 327 (93.2%) of the respondents identified oil bean as the traditional food eaten in the community while about 13 (3.7%) identified bread fruit and about 11 (3.1%) identified local beans (Akidi). For the respondents that consume this traditional food, overwhelming majority 338 (96.3%) of them consume it sometimes while few 13 (3.7%) consume it always.

**Table 4.3: Distribution of respondents by food consumption pattern in Umukabia community, Ehime Mbanjo L.G.A**

S/N	Item description	Frequency	Percentage
<b>1</b>	<b>What is/are your most preferred food?</b>		
	(a) Garri/ fufu	226	64.1
	(b) Potato	46	13.1
	(c) Beans	26	7.4
	(d) Yam	15	4.3
	(e) Rice	36	10.6
	(f) Others	2	0.6
<b>2</b>	<b>How many times do you eat each day on the average?</b>		
	(a) Once	2	0.6
	(b) Twice	20	5.7
	(c) Thrice	327	93.2
	(d) More than three times	2	0.6
<b>3</b>	<b>Are you placed under special diet by your physician?</b>		
	Yes	13	3.7
	No	338	96.3
<b>4</b>	<b>Do you consume salty foods?</b>		
	(a) Always	294	83.8
	(b) Sometimes	48	13.7
	(c) Never	9	2.6
<b>5</b>	<b>Do you consume alcoholic drinks?</b>		
	(a) Always	24	6.8
	(b) Sometimes	290	82.6
	(c) Never	37	10.5
<b>6</b>	<b>If you consume alcoholic drinks, how often do you take it?</b>		
	(a) Daily	30	8.5
	(b) Weekly	70	19.9
	(c) Monthly	10	2.8
	(d) During social events only	208	59.3
<b>7</b>	<b>How often do you take tea?</b>		
	(a) Always	247	70.4
	(b) Sometimes	89	25.4

	(c) Never	15	4.3
<b>8</b>	<b>Is there any traditional food eaten frequently in your village?</b>		
	(a) Yes	338	96.3
	(b) No	13	3.7
<b>9</b>	<b>Please specify the traditional food eaten in your community if any:</b>		
	(a) Bread fruit	13	3.7
	(b) Oil bean	327	93.2
	(c) Local beans (Akidi)	11	3.1
	(d) Others	0	0
<b>10</b>	<b>How often do you consume this traditional food?</b>		
	(a) Always	13	3.7
	(b) Sometimes	338	96.3
	(c) Never	0	0

### Family medical history of adults in Umukabia community Ehime Mbanu L.G.A

The data on Table 4.4 revealed that majority 267 (76.1%) of the respondents do not have history of hypertension in their family while few 84 (23.9%) do have it. On the history of heart diseases, 296 (84.3%) of the respondents do not have it while about 55 (15.7%) do have it. Overwhelming majority 345 (98.3%) of the respondents do not have a history of ulcer in their family while about 6 (1.7%) do have it. All 351 (100.0%) of the respondents do not have a history of kidney disease and stroke in their family. Majority 349 (99.4%) of the respondents agreed that there is no history of asthma in their family while few 2(0.6%) disagreed to that. All 351(100.0%) of the respondents do not have a history of mental illness in their family. Overwhelming majority 311 (88.6%) of the respondents do not have a history of hypotension in their family while about 40(11.4%) do have it. Majority 289 (82.3%) of the respondents said no to the statement that their father may have suffered from any of the above mentioned diseases while about 62 (17.7%) said yes to it. Also, majority 308 (87.7%) of the respondents said no to the statement that their mother may have suffered from any of the above mentioned diseases while about 43 (12.3%) said yes to it. Furthermore, overwhelming majority 350 (99.7%) of the respondents said no to the statement that their father may have suffered from any of the above mentioned diseases while about 1 (0.3%) said yes to it.

**Table 4.4: Distribution of respondent by family medical history in Umukabia community Ehime Mbanu L.G.A**

S/N	Item description	Frequency	Percentage
<b>1</b>	<b>Do you have a history of hypertension in your family?</b>		
	Yes	84	23.9
	No	267	76.1
<b>2</b>	<b>Do you have a history of heart disease in your family?</b>		
	Yes	55	15.7
	No	296	84.3
<b>3</b>	<b>Do you have a history of ulcer in your family?</b>		
	Yes	6	1.7
	No	345	98.8
<b>4</b>	<b>Do you have a history of kidney disease in your family?</b>		
	Yes	0.0	0.0
	No	351	100
<b>5</b>	<b>Do you have a history of stroke in your family?</b>		
	Yes	0.0	0.0
	No	351	100
<b>6</b>	<b>Do you have a history of asthma in your family?</b>		
	Yes	2	0.6
	No	349	99.4
<b>7</b>	<b>Do you have a history of diabetes in your family?</b>		
	Yes	12	3.4
	No	339	96.6
<b>8</b>	<b>Do you have a history of mental illness in your family?</b>		
	Yes	0.0	0.0

	No	351	100
<b>9</b>	<b>Do you have a history of hypotension in your family?</b>		
	Yes	40	11.4
	No	311	88.6
<b>10</b>	<b>Did your father suffer from any of the above mentioned diseases?</b>		
	Yes	62	17.7
	No	289	82.3
<b>11</b>	<b>Did your mother suffer from any of the above mentioned diseases?</b>		
	Yes	43	12.3
	No	308	87.7
<b>12</b>	<b>Did your brother/ sister suffer from any of the above mentioned diseases?</b>		
	Yes	1	0.3
	No	350	99.7

#### Types of medication commonly used by adults in Umukabia community Ehime Mbanjo L.G.A

Data on Table 4.5 shows that majority 291 (82.9%) of the respondents have gotten a prescription of medication by physician to lower their blood pressure. Majority 249 (70.9%) of the respondents are not currently on any prescribed drugs while 102 (29.1%) are on prescribed drugs. Among the respondents that are on prescribed drugs, majority 58 (56.7%) of them are on antihypertensive drug, about 42 (41.2%) are on other specified drugs while up-to 2 (1.96%) are on antidepressants/diuretics drugs. Overwhelming majority 254 (72.4%) of the respondents do not have any traditional roots and herbs that they commonly take while 97 (27.6%) do have it.

**Table 4.5: Distribution of respondents by the types of medication commonly used by adults in Umukabia community Ehime Mbanjo L.G.A**

S/N	Item description	Frequency	Percentage
<b>1</b>	<b>Have you been prescribed of any medication by your physician to lower your blood pressure?</b>		
	Yes	60	17.1
	No	291	82.9
<b>2</b>	<b>Are you currently on any prescription drug?</b>		
	Yes	102	29.1
	No	249	70.9
<b>3</b>	<b>What type of drug are you on?</b>		
	(a) Antihypertensive drugs	58	16.5
	(b) Antidepressants/Diuretics	2	0.6
	(e) Others (specify)	42	12.0
<b>4</b>	<b>Is there any traditional roots and herbs you commonly take?</b>		
	(a) Yes	97	27.6
	(b) No	254	72.4
	Specify if yes	0.0	0.0

#### Hypothesis 1

There is no significant relationship between the socio-demographic characteristics and low blood pressure among adults in Umukabia community.

**Table 4.6: Chi-Square test of influence of socio-demographic characteristics of adults in Umukabia community on low blood pressure**

	Df	$\chi^2$	Sig.	Alpha Level	Remark
Pearson Chi-square	14	129.4	0.01	0.05	S, R

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 Number of Valid Cases

351

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 Df = degree of freedom,  $\chi^2$  = chi-square calculated, Sig. = P-value; P < 0.05, S= Significant, R= rejected

Table 4.6 shows a chi-square significant value of 0.01 which is less than the 0.05 level of significance at 14 degree of freedom. This indicates that there is a significant relationship between socio-demographic characteristics and low blood pressure among adults in Umukabia community. Therefore, the null hypothesis which states that there is no significant relationship between the socio-demographic characteristics and low blood pressure among adults in Umukabia community is rejected.

### Hypothesis 2

There is no significant relationship between blood pressure reading and low blood pressure among adults in Umukabia community

**Table 4. 7: Chi-Square test of influence of blood pressure reading of adults in Umukabia community on low blood pressure**

	Df	$\chi^2$	Sig.	Alpha Level	Remark
Pearson Chi-square	11	187.2	0.00	0.05	S, R
Number of Valid Cases	351				

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 Df = degree of freedom,  $\chi^2$  = chi-square calculated, Sig. = P-value; P < 0.05, S= Significant, R= rejected

Table 4.7 shows a chi-square significant value of 0.00 which is less than the 0.05 level of significance at 11 degree of freedom. This indicates that there is a significant relationship between blood pressure reading and low blood pressure among adults in Umukabia community. Therefore, the null hypothesis which states that there is no significant relationship between blood pressure reading and low blood pressure among adults in Umukabia community is rejected.

### Hypothesis 3

There is no significant relationship between food consumption pattern and low blood pressure among adults in Umukabia community

**Table 4.8: Chi-Square test of influence of food consumption pattern of adults in Umukabia community on and low blood pressure**

	Df	$\chi^2$	Sig.	Alpha Level	Remark
Pearson Chi-square	13	727.0	0.00	0.05	S, R
Number of Valid Cases	351				

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 Df = degree of freedom,  $\chi^2$  = chi-square calculated, Sig. = P-value; P < 0.05, S= Significant, R= rejected

Table 4.8 shows a chi-square significant value of 0.00 which is less than the 0.05 level of significance at 13 degree of freedom. This indicates that there is a significant relationship between food consumption pattern and low blood pressure among adults in Umukabia community. Therefore, the null hypothesis which states that there is no significant relationship between food consumption pattern and low blood pressure among adults in Umukabia community is rejected.

### Hypothesis 4



There is no significant relationship between family medical history and low blood pressure among adults in Umukabia community

**Table 4.9: Chi-Square test of influence of family medical history of adults in Umukabia community on low blood pressure**

	Df	$\chi^2$	Sig.	Alpha Level	Remark
Pearson Chi-square	15	262.8	0.02	0.05	S, R
Number of Valid Cases					
351					

Df = degree of freedom,  $\chi^2$  = chi-square calculated, Sig. = P-value; P < 0.05, S= Significant, R= rejected

Table 4.9 shows a chi-square significant value of 0.02 which is less than the 0.05 level of significance at 15 degree of freedom. This indicates that there is a significant relationship between family medical history and low blood pressure among adults in Umukabia community. Therefore, the null hypothesis which states that there is no significant relationship between family medical history and low blood pressure among adults in Umukabia community is rejected.

### Hypothesis 5

There is no significant relationship between types of drugs used and low blood pressure among adults in Umukabia community

**Table 4.10: Chi-Square test of influence of types of drugs used among adults in Umukabia community on low blood pressure**

	Df	$\chi^2$	Sig.	Alpha Level	Remark
Pearson Chi-square	8	273.2	0.00	0.05	S, R
Number of Valid Cases					
351					

Df = degree of freedom,  $\chi^2$  = chi-square calculated, Sig. = P-value; P < 0.05, S= Significant, R= rejected

Table 4.10 shows a chi-square significant value of 0.00 which is less than the 0.05 level of significance at 8 degree of freedom. This indicates that there is a significant relationship between types of drugs used and low blood pressure among adults in Umukabia community. Therefore, the null hypothesis which states that there is no significant relationship between types of drugs used and low blood pressure among adults in Umukabia community is rejected.

### Discussion of Findings

The study was designed to determine factors influencing low blood pressure among adults in Umukabia community. The study found that overwhelming majority of the respondents has normal blood pressure reading while very few have high blood pressure reading. On the food consumption pattern among the studied population, the study found that a clear majority of the adults studied indicated that their most preferred food is garri/fufu while few picked other classes of food which was not indicated in the study.

The study found that majority of the respondents do not have history of hypertension in their family while few do have it. On the history of heart diseases, overwhelming majority of the respondents do not have it while few do have it. Overwhelming majority of the respondents do not have a history of ulcer in their family while few do have it. All the respondents do not have a history of kidney disease and stroke in their family. Majority of the respondents agreed that there is no history of asthma in their family while few disagreed to that. All of the respondents do not have a history of mental illness in their family. Overwhelming majority of the respondents do not have a history of hypotension in their family while few do have it. Majority of the respondents said no to the statement that their father may have suffered from any of the above mentioned diseases while few said yes to it. Also, majority of the respondents said no to the statement that their mother may have suffered from any of the

above mentioned diseases while few said yes to it. Furthermore, overwhelming majority of the respondents said no to the statement that their father may have suffered from any of the above mentioned diseases while very few said yes to it.

The study found that majority of the respondents have gotten a prescription of medication by physician to lower their blood pressure and also, majority of the respondents are not currently on any prescribed drugs while few are on prescribed drugs. Among the respondents that are on prescribed drugs, majority of them are on antihypertensive drug while few of them are on antidepressants/diuretics drugs. Overwhelming majority of the respondents do not have any traditional roots and herbs that they commonly take while few do have it.

## CONCLUSION

Based on the findings of this study, the study thus concludes that socio-demographic variables of the respondents, blood pressure reading, food consumption pattern, commonly used drugs and family medical records of the respondents have a relationship with the low blood pressure among adults in Umukabia community.

## RECOMMENDATIONS

On the basis of the findings of this thesis, the following recommendations were made:

- i. Regular checkups of patients by qualified health workers in order to prevent low blood pressure and other related cardiovascular diseases.
- ii. Government officials to partner with health programmers in areas related to health and low blood pressure.
- iii. Researchers to conduct more researches on blood pressure especially low blood pressure since there are few works done on low blood pressure.

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