

# Awareness of Hypertension and Adult Education as a Preventive Measure among Adults in Ikereku Community of Akinyele Local Government Area, Oyo State, Nigeria

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## ABSTRACT

This study investigated the awareness of hypertension and adult Education as a preventive measure among adults in Ikereku community of Akinyele Local Government Area, Oyo State. The level and rate of awareness of hypertension among adults in Ikereku; steps to be taken by an individual and health workers in controlling the disease were the purpose of the study. Four research questions were generated and two hypotheses were formulated for the study. The descriptive research survey was used for the study involving male and female adults aged 18 years and above in Ikereku Community. Simple random sampling technique was used to select a sample size of 150 participants drawn across the community. Self-constructed questionnaire tagged "Awareness of Hypertension among Adults in Ikereku Community (AHAIC)" and "How Social Health Workers could help in controlling the disease (HSHWCD)" were used as instruments for the study. Data received were analyzed using descriptive statistics to answer the research questions while the research hypotheses were tested using Pearson Product Moment Correlation and ANOVA. Results of the findings showed that adults in Ikereku Community were aware of hypertension as a disease but not all of them are aware of their hypertensive status. Findings also revealed that social health workers are helping in controlling the disease by creating awareness of the disease, provisions of free medical care and many others. Therefore, it is recommended that individual should be going for regular checkup and endeavour to adhere strictly to instructions on food consumption.

**KEYWORDS:** Awareness, hypertension, social health workers, adults, Ikereku Community

## INTRODUCTION

High blood pressure (BP) or hypertension is the most common non-communicable disease and a significant risk factor for renal disease and cardiovascular diseases such as heart attacks, stroke, and left ventricular hypertrophy globally (Lim, Vos, Flaxman, Danaei, Shibuya, Adair-Rohani, Amann, Anderson, Andrews & Aryee, 2012). Sufferers of hypertension are usually unaware that they have the condition, thus many present with the complications or sudden death, and is therefore referred to as a 'silent killer' (Ekore, Ajayi & Arije, 2009; Ataklte, Erqou, Kaptoge, Taye, Echouffo-Tcheugui & Kengne, 2015; Adeloje, Basquill, Aderemi, Thompson & Obi, 2015).

In the 18th century, the health burden was on communicable diseases. Hypertension was not of interest then. Now with the epidemiological transition from communicable to non-communicable diseases, hypertension has been recorded as the major type of cardiovascular disease with attendant complications. Hypertension affects 600 million people worldwide. It is the most common cardiovascular disease among black Africans and a major cause of morbidity and mortality among Nigerians. Hypertension rarely has

symptoms, therefore one-third of the people affected do not know they have the disease as such it is called "The Silent Killer". Pathophysiology of high blood pressure reveals that the blood pressure at any time is determined by the cardiac output and the peripheral resistance. (Blood Pressure = Cardiac Output x Peripheral resistance). Hypertension is therefore associated with conditions affecting these two factors such as increased peripheral resistance, fluid and water retention and high renin secretion in some cases.

According to the World Health Organization (WHO), the prevalence of hypertension is highest in the African Region at 46% of adults aged 25 years and above while the lowest was found in the American region (WHO, 2011). The incidence of hypertension and cardiovascular mortality has been increasing in sub-Saharan Africa over the past few decades (Ataklte *et al.*, 2015) and is expected to nearly double by the year 2030 (Damasceno *et al.*, 2009). In a systematic review of articles published on hypertension between 2000 and 2013 in sub-Saharan Africa, Ataklte *et al.*, (2015) reported a pooled hypertension prevalence of 30% in

adults and a range from 14.7 to 69.9% depending on the sight and age.

Hypertension is an important public health problem and the leading cause of cardiovascular disease globally. It accounts for about 6% of deaths worldwide and affects approximately 11–42% of Africans. Hypertension ranks first among non-communicable diseases in Nigeria with prevalence ranging from 8% to 46.4% in both men and women in rural and urban communities. A recent non-communicable disease survey in Abia State conducted by (Chimezie, Nnamdi, Oluchi, Uche, Nkechi & Okechukwu, 2016) obtained a prevalence of 31.8% among 2999 respondents. However, the awareness of blood pressure (BP) status among the participants was not assessed. Studies have shown that most people in the general population are not aware of their BP status. With relative lack of symptoms, most people with hypertension are unaware and some who are aware are non-adherent to prescribed pharmacologic and non-pharmacologic measures required for optimal BP control. One of the first steps toward the prevention of a disease is awareness of the disease. Longstanding hypertension is commonly complicated by widespread vascular endothelial dysfunction which in the kidney leads to proteinuria. Proteinuria in a person with high BP may be an indicator of declining kidney function. If the hypertension is not controlled, the person can develop chronic kidney disease (CKD) which can progress to end stage renal disease. On the other hand, CKD can lead to hypertension through salt and water retention in the body.

In Nigeria, the prevalence of hypertension has been on the increase affecting a significant number of highly productive populations. A review of prevalence among adults from 1990 to 2009 showed combined prevalence of 22% and range from a minimum of 12.4% to a maximum of 34.8% (Ekwunife and Aguwa, 2011). It was estimated that there were about 20.8 million cases of hypertension in Nigeria among people aged at least 20 years, with a prevalence of 28.0% and projected increase to 39.1 million cases with a prevalence of 30.8% by 2030 (Adeloye et al., 2015). A review with wider coverage (1968 -2015) found overall crude prevalence of hypertension to range from 2.1 to 47.2% in adults and from 0.1 to 17.5% in children depending on the study site, target population, type of measurement and cut-off value used for defining hypertension (Akinlua, 2015). Hypertension and its complications constitute approximately 25% of emergency medical admissions in urban hospitals in Nigeria (Ekere et al., 2005).

### Research Questions

1. How could an individual control the disease?
2. How could social health workers help in controlling the disease?

### Research Hypothesis

1. There is no significant relationship between the rate of awareness of hypertension and the level of education of adults in Ikereku Community.

### Literature Review

#### Concept of Hypertension

High blood pressure (BP) or hypertension is the most common non-communicable disease and a significant risk factor for renal disease and cardiovascular diseases such as heart attacks, stroke, and left ventricular hypertrophy

globally (Lim, Vos, Flaxman, Danaei, Shibuya, Adair-Rohani, Amann, Anderson, Andrews & Aryee 2012). Hypertension is a major worldwide public health problem because of its high prevalence with vascular disease, premature death, stroke, renal diseases and retinopathy (Bani, 2011).

Hypertension is defined as a medical condition in which the blood pressure in the arteries is elevated exceeding 140 over 90 mmHg. This elevation makes the heart work harder than usual to circulate blood through the blood vessels (Leconte & Ismael, 2012 & Allender, 2010). Many patients suffer from this disease are not aware about this condition early because it is usually occur without any symptoms. Hypertension takes a long time before diagnosed thereby causing major health problems as damage to organs as the brain and kidneys and so on are the long term effect of hypertension disease (Cunha & Marks, 2011).

Hypertension is defined as a sustained elevation in the blood pressure of an individual above levels considered normal for the individual. This definition implies that there has to be a reference value for an individual which is set arbitrarily based on the above mentioned biosocial indices, in other words there are various classifications for the diagnosis of hypertension which actually erupted as a result of different studies by various research groups and which became adopted by the World Health Organization (W.H.O) (American Heart Association 2003).

High blood pressure that is not caused by another condition or disease is called primary or essential hypertension. If it occurs as a result of another condition, it is called secondary hypertension (Markus, 2017).

**Primary hypertension** can result from multiple factors, including blood plasma volume and activity of the hormones that regulate of blood volume and pressure. It is also influenced by environmental factors, such as stress and lack of exercise.

**Secondary hypertension** has specific causes and is a complication of another problem. It can result from; diabetes, due to both kidney problems and nerve damage; kidney disease; pheochromocytoma, a rare cancer of an adrenal gland; Cushing syndrome, which can be caused by corticosteroid drugs; congenital adrenal hyperplasia, a disorder of the cortisol-secreting adrenal glands; hyperthyroidism, or an overactive thyroid gland; hyperparathyroidism, which affects calcium and phosphorous levels; pregnancy; sleep apnea; obesity; and Chronic Kidney Disease (CKD).

Treating the underlying condition should see an improvement in blood pressure.

The American Heart Association (2003) graded hypertension as follows: normal, high normal, grade 1, grade 2, and grade 3.

1. **Normal blood pressure** - Systolic Blood Pressure < 130mmHg and Diastolic Blood Pressure of < 85mmHg.
2. **High normal blood pressure - Systolic Blood Pressure** 130mmHg – 139mmHg and Diastolic Blood Pressure of 85mmHg – 90mmHg.
3. **Grade 1 (Mild hypertension)**-Systolic Blood Pressure 140mmHg– 150mmHg and Diastolic Blood Pressure of 90mmHg – 99mmHg.

4. **Grade 2 (Moderate hypertension)**-Systolic Blood Pressure 160mmHg – 175mmHg and Diastolic Blood Pressure of 100mmHg – 109mmHg.
5. **Grade 3 (Severe hypertension)** -Systolic Blood Pressure  $\geq$ 180mmHg and Diastolic Blood Pressure of  $\geq$ 110mmHg.

#### Awareness of hypertension

Awareness of hypertension refers to having been informed of one's hypertensive status by a health professional (American Heart Association, 2003).

Hypertension is an increasingly important health issue, not just in the developed nations but also in the developing countries of the world including those of Sub-Saharan Africa (BeLue, Okoror, Iwelunmor, Taylor, Degboe & Agyemang, 2009). Hypertension, once rare in West Africa is emerging as a serious endemic threat.

Studies from various countries identify hypertension as a disease burden that requires concerted preventive and control efforts. It has been referred to as a "silent killer" because it often has no detectable symptoms while causing continuous and progressive damage to vital (target) organs in the body. It is an important causes of Coronary Heart Disease (CHD), cerebrovascular disease, heart failure, peripheral vascular disease and renal failure in both men and women (World Health Organisation, 2003 & Graham, et al., 2007). It is the leading global risk for mortality, being responsible for about 7.5 million deaths (13%) annually, and the fifth leading contributor to the global burden of disease WHO (2009).

#### Causes of Hypertension

There are several causes of high blood pressure/hypertension, Markus, (2017) has highlighted some to include the following:

- **Age:** Hypertension is more common in people aged over 60 years. With age, blood pressure can increase steadily as the arteries become stiffer and narrower due to plaque build-up.
- **Ethnicity:** Some ethnic groups are more prone to hypertension.
- **Size and weight:** Being overweight or obese is a key risk factor.
- **Alcohol and tobacco use:** Consuming large amounts of alcohol regularly can increase a person's blood pressure, as can smoking tobacco.
- **Sex:** The lifetime risk is the same for males and females, but men are more prone to hypertension at a younger age. The prevalence tends to be higher in older women.
- **Existing health conditions:** Cardiovascular disease, diabetes, chronic kidney disease, and high cholesterol levels can lead to hypertension, especially as people get older. Other contributing factors include:
  - physical inactivity
  - a salt-rich diet associated with processed and fatty foods
  - low potassium in the diet
  - alcohol and tobacco use
  - certain diseases and medications: A family history of high blood pressure and poorly managed stress can also contribute.

#### Symptoms of Hypertension

A person with hypertension may not notice any symptoms, and it is often called the "silent killer." While undetected, it can cause damage to the cardiovascular system and internal organs, such as the kidneys. Regularly checking your blood pressure is vital, as there will usually be no symptoms to make you aware of the condition.

It is maintained that high blood pressure causes sweating, anxiety, sleeping problems, and blushing. However, in most cases, there will be no symptoms at all. If blood pressure reaches the level of a hypertensive crisis, a person may experience headaches and nosebleeds.

#### Effects of Hypertension

Long-term hypertension can cause complications through atherosclerosis, where the formation of plaque results in the narrowing of blood vessels. This makes hypertension worse, as the heart must pump harder to deliver blood to the body. High blood pressure raises the risk of a number of health problems, including a heart attack.

Hypertension-related atherosclerosis can lead to:

- Heart Failure and heart attacks
- An aneurysm, or an abnormal bulge in the wall of an artery that can burst, causing severe bleeding and, in some cases, death
- Kidney failure
- Stroke
- Amputation
- Hypertensive retinopathies in the eye, which can lead to blindness

#### Control of Hypertension

1. **Maintain a healthy weight.** When it comes to hypertension prevention, your weight is crucial. People who are overweight should try to lose weight, and people of normal weight should avoid adding on any pounds. If you are carrying extra weight, losing as little as 10 pounds can help prevent high blood pressure. Talk with your doctor about the best weight for you.
2. **Eat a balanced diet.** Eating healthful foods can help keep your blood pressure under control. Get plenty of fruits and vegetables, especially those rich in potassium, and limit your intake of excess calories, fat, and sugar. Consider following the Dietary Approaches to Stop Hypertension, or DASH, diet, which has been shown to help manage blood pressure.
3. **Cut back on salt.** For many people, eating a low-sodium diet can help keep blood pressure normal. The higher the sodium intake, the higher the blood pressure. You can cut back on your total salt intake by avoiding high-sodium packaged and processed foods and not adding extra salt to your meals.
4. **Exercise regularly.** Get moving to prevent hypertension. Physical activity is crucial. The more exercise you get, the better, but even a little bit can help control blood pressure. Moderate exercise for about 30 minutes three times a week is a good start. Exercise can help bring your weight and blood pressure down. All you need is a 30-minute brisk walk each day. Sixty minutes of aerobic exercise--swimming, biking, or kickboxing—three times a week counts, too. Maintain a

regular exercise program and expect to see lower blood pressure in just one to three months (Farpour-Lambert, Aggoun, Marchand, Martin, Herrmann & Beghetti 2009; and Cornelissen & Smart 2013).

5. **Limit the alcohol.** Drinking too much alcohol can lead to high blood pressure.
6. **Monitor your blood pressure.** Make sure that you have your blood pressure measured regularly, either at your doctor's office or at home. High blood pressure often occurs with no symptoms, so only blood pressure readings will tell you if your blood pressure is on the rise. If your doctor determines that you have pre-hypertension — blood pressure in the range of 120-139/80-89 millimeters of mercury (mmHg) that puts you at increased risk of developing hypertension — your doctor may recommend extra steps as a safeguard.

### Prevalence of Hypertension

According to the World Health Organization (WHO), the prevalence of hypertension is highest in the African Region at 46% of adults aged 25 years and above while the lowest was found in the American region (WHO, 2011). The incidence of hypertension and cardiovascular mortality has been increasing in sub-Saharan Africa over the past few decades (Ataklte, Erqou, Kaptoge, Taye, Echouffo-Tcheugui & Kengne, 2015) and is expected to nearly double by the year 2030 (Damasceno, Azevedo, Silva-Matos, Prista, Diogo & Lunet, 2009). In a systematic review of articles published on hypertension between 2000 and 2013 in sub-Saharan Africa, Ataklte et al. reported a pooled hypertension prevalence of 30% in adults and a range from 14.7 to 69.9% depending on the site and age.

In Nigeria, the prevalence of hypertension has been on the increase affecting a significant number of highly productive populations. A review of prevalence among adults from 1990 to 2009 showed combined prevalence of 22% and range from a minimum of 12.4% to a maximum of 34.8% (Ekwunife & Aguwa, 2011). It was estimated that there were about 20.8 million cases of hypertension in Nigeria among people aged at least 20 years, with a prevalence of 28.0% and projected increase to 39.1 million cases with a prevalence of 30.8% by 2030 (Adeloye, Basquill, Aderemi, Thompson & Obi, 2015). A review with wider coverage (1968 -2015) found overall crude prevalence of hypertension to range from 2.1 to 47.2% in adults and from 0.1 to 17.5% in children depending on the study site, target population, type of measurement and cut-off value used for defining hypertension (Akinlua, 2015). Hyper-tension and its complications constitute approximately 25% of emergency medical admissions in urban hospitals in Nigeria (Ekere, Yellowe & Umune, 2005).

Multiple factors have been demonstrated to be associated with the development of hypertension and its complications. These are grouped into modifiable and non-modifiable factors. However, the modifiable factors such as environmental and lifestyle factors rather than non-modifiable factors (genetics and sex) are mainly associated

with hypertension. Hypertension has a stronger association and causal link with five particular behaviours: Tobacco use, excessive use of alcohol, physical inactivity, unhealthy diet (high salt intake and, insufficient fruit and vegetable consumption) and obesity which are consequences of urbanization in developing countries Van de Vijver, Akinyi, Oti, Olajide, Agyemang, Aboderin & Kyobutungi, (2013).

Many prevalence studies have been conducted on adult hypertension in Nigeria but only few has been conducted among children and fewer looked at hypertension across all ages in a setting. Hypertension has hitherto not been seen as a problem in children but in adults. However, there is growing evidence of increasing prevalence in children Bugaje, Yakubu & Ogala, (2005); Samuels, (2012); Okoh & Alikor, 2013) with many adult hypertension beginning during childhood. In addition, hypertension in young people is largely undiagnosed and untreated especially in low-middle income countries (Samuels, 2012).

Hypertension prevalence data are crucial for understanding the magnitude of the problem, identifying groups at high risk for cardiovascular disease and evaluating the effects of interventions in policy and practice. To plan effective life course approach to prevention, the magnitude of the problem across all ages needs to be ascertained.

### Research Method

#### Research Design

This research was carried out by employing descriptive survey research design in which elements of the specified population were studied by collecting and analysing data with the results being representative of the entire population. The design was adopted in order to investigate the awareness of hypertension among adults in Ikereku Community.

#### Population

The population consisted of adults residing in Ikereku Community of Akinyele Local Government Area of Oyo State, male and female of ages 18 years and above. The population involved males and females living in this community.

#### Sample and Sampling techniques

The sample for the study consisted of One hundred and thirty-five (150) respondents drawn from the entire population of the community. The study employed simple random sampling technique to select the 150 respondents to make them representative of the entire population of males and females living in Ikereku community of Akinyele Local Government Area of Oyo State.

#### Instrument

The instrument used for the study was a self-constructed structured questionnaire which enabled the researcher to collect data for this study.

#### Data Analysis

The responses for each of the questions during interview were coded based on modified Likert Scale type of Yes or No.

**Results and Discussion****Research Question 1: How could an individual control the disease?****Table1: Descriptive analysis of research question one**

S/N	Items	Response			
		Yes	No	Total	
1.	Going for frequent checkup can help reduce the hazard of the disease	Frequency	132	18	150
		Percentage%	88.0%	12.0%	100.0%
2.	Regular visit to the hospital	Frequency	100	50	150
		Percentage%	66.7%	33.3%	100.0%
3.	Taking and measuring ones blood level regularly	Frequency	119	31	150
		Percentage%	79.3%	20.7%	100.0%
4.	Religiously taking ones prescribed drug from the hospital	Frequency	106	44	150
		Percentage%	70.7%	29.3%	100.0%
5.	Adhering to instructions on food consumption	Frequency	109	41	150
		Percentage%	72.7%	27.3%	100.0%
	Sum Total	Frequency	113	37	150
		Percentage%	75.5%	24.5%	100.0%

From Table 1 above, on item 1, 132(88.0%) of the respondents agreed that going for frequent checkup can help reduce the hazard of the disease, while 18(12.0%) of the respondents disagreed with the statement. On item 2, 100(66.7%) of the respondents agreed that regular visit to the hospital is another way of knowing ones status, while 50(33.3%) of the respondents disagreed. On item 3, 119(79.3%) of the respondents agreed that taking and measuring ones blood level regularly can help to know if they are having the disease, while 31(20.7%) of the respondents disagreed with the statement. On item 4, 106(70.7%) of the respondents agreed that religiously taking ones prescribed drug from the hospital is another way controlling the disease, while 44(29.3%) of the respondents disagreed. On item 5, 109(72.7%) of the respondents agreed that adhering to instructions on food consumption can help prevent the disease, while 41(27.3%) of the respondents disagreed with the statement.

**Research Question 2: How could social health workers help in controlling the disease?****Table2: Descriptive analysis of research question two**

S/N	Items	Response			
		Yes	No	Total	
6.	Health workers can help reduce the risk of hypertension by creating awareness of the disease	Frequency	123	27	150
		Percentage	82.0%	18.0%	100.0%
7.	They can also help through the provision of free medical care	Frequency	122	28	150
		Percentage	81.3%	18.7%	100.0%
8.	Organizing seminars for those suffering from the disease at least twice or thrice in a month	Frequency	109	41	150
		Percentage	72.7%	27.3%	100.0%
9.	Provision of anti-hypertensive drugs for the adults in the Local Government Area could help the people to be immune to the disease	Frequency	118	32	150
		Percentage	78.7%	21.3%	100.0%
	Sum Total	Frequency	118	32	150
		Percentage	78.7%	21.3%	100.0

From Table 2, on item 6, 123(82.0%) of the respondents agreed that social health workers can to help reduce the risk of hypertension by creating awareness of the disease, while 27(18.0%) of the respondents disagreed with the statement. On item 7, 122(81.3%) of the respondents agreed that health workers can also help through the provision of free medical care, while 28(18.7%) of the respondents disagreed. On item 8, 109(72.7%) of the respondents agreed that organizing seminars for those suffering from the disease at least twice or thrice in a month can help in controlling the disease, while 41(27.3%) of the respondents disagreed. On item 9, 118(78.7%) of the respondents agreed that provision of anti-hypertensive drugs for the adults in the Local Government Area could help the people to be immune from the disease, while 32(21.3%) of the respondents disagreed with the statement.

**Testing of Hypothesis**

There is no significant relationship between the rate of awareness of hypertension and the level of education of adults in Ikereku Community of Akinyele Local Government Area of Oyo State.

**Table3: Relationship between the rate of awareness of hypertension and the level of education of adults in Ikereku Community of Akinyele Local Government Area of Oyo State**

Correlations			
		Awareness	Education
Awareness of Hypertension	Pearson Correlation	1	-.109
	Sig. (2-tailed)		.184
	N	150	150
Level of Education	Pearson Correlation	-.109	1
	Sig. (2tailed)	.184	
	N	150	150

**P>0.05**

Table 3 above showed the significant level at 0.184 which is greater than the alpha level of significant 0.05. Since  $P > 0.05$ , therefore, the null hypothesis that there is no significant relationship between the rate of awareness of hypertension and the level of education of adults in Ikereku Community of Akinyele Local Government Area of Oyo State is hereby accepted. Therefore, the level of education of adults in Ikereku Community does not have anything to do with their level of awareness of the disease. That is, being educated or not does not determine their level of awareness.

### Discussion of Findings

Findings revealed that there are different measures to be taken by individual in order to control the disease, some of these measures are; taking and measuring ones blood level regularly, religiously taking ones prescribed drug from the hospital, and adhering to instructions on food consumption this result. This result is in agreement with the findings of Farpour-Lambert, Aggoun, Marchand, Martin, Herrmann & Beghetti (2009); and Cornelissen & Smart (2013) who posited that exercise can help bring your weight and blood pressure down. All you need is a 30-minute brisk walk each day. Sixty minutes of aerobic exercise--swimming, biking, or kickboxing—three times a week counts, too. Maintain a regular exercise program and expect to see lower blood pressure in just one to three months.

Furthermore, findings revealed that there are different ways in which social health workers can help to control the disease like creating awareness of the disease, provision of free medical care, Provision of anti-hypertensive drugs for the adult in the Local Government in order to help the people to be immune from the disease and so on. The result is in agreement with the position of Maher, Smeeth & Sekajugo (2010) who posited that the provision of reliable information to the public, educational approaches also assist the individual development of decision making skills. In addition to that, it also provides a platform for the public to explore and share common health attitudes.

Result from Research Hypothesis 1 revealed that there is no significant relationship between the rate of awareness of hypertension and the level of education of adults in Ikereku Community, Oyo State, Nigeria. That is being educated or not does not determine their level of awareness. This result was in disagreement with the view of (Wolf-Maier, et al (2000) that the risk of hypertension amongst the illiterate and those with less than high school diploma was 8.7 and 6.5 times respectively compared to subject with high school diploma or more.

### Conclusion

The result of this study revealed that the level of awareness of hypertension as a disease among the people of Ikereku Community, Oyo State was very high compared to their level of awareness of their hypertensive status. As a result of ignorance about their status, those that were hypertensive are not under any form of treatment due to their ignorance about their status.

### Recommendations

Based on the findings of this study, the following recommendations are hereby made:

1. Health education on importance of routine medical check-up, potential complications and risk factors associated with hypertension be undertaken at every health facility providing primary care will enhance health seeking behaviour in the population.
2. Provision of anti-hypertensive drugs for adult in Ikereku Community of Oyo State could help the people to be immune from the disease.

3. Public enlightenment on healthy lifestyle be undertaken by the Public Health Departments of various State Ministries of Health and Primary Health Care Departments of Local Governments would go a long way in reducing vulnerability to hypertension.
4. Individuals in Ikereku Community should be going for frequent checkup in order to reduce the hazard of the disease.
5. The people should endeavour to adhere strictly to instructions on food consumption.

### References

- [1] Adeloje, D., Basquill, C., Aderemi, A.V., Thompson, J.Y. & Obi, F.A., (2015). An Estimate of the Prevalence of Hypertension in Nigeria: a Systematic Review and Meta-analysis. *J. Hypertens.* 33(2):230-242.
- [2] Akinlua J.T., Meakin R., Umar A.M. & Freemantle N. (2015). Current Prevalence Pattern of Hypertension in Nigeria: A Systematic Review. *PLoS ONE* 10(10):e0140021.
- [3] American Heart Association, (2003). Understand Your Risk for High Blood Pressure. [http://www.heart.org/HEARTORG/Condition/HighBloodPressure/UnderstandYourRiskforHighBloodPressure/Understand-Your-Risk-for-High-Blood-Pressure\\_UCM\\_002052\\_Article.jsp](http://www.heart.org/HEARTORG/Condition/HighBloodPressure/UnderstandYourRiskforHighBloodPressure/Understand-Your-Risk-for-High-Blood-Pressure_UCM_002052_Article.jsp). Accessed February 12, 2014.
- [4] Ataklte F., Erqou S., Kaptoge S., Taye B., Echouffo-Tcheugui J.B. & Kengne A.P. (2015). Burden of Undiagnosed Hypertension in Sub-Saharan Africa A Systematic Review and Meta-Analysis. *Hypertension* 114
- [5] Bani I. A., (2011). Prevalence and Related Risk Factors of Essential Hypertension in Jazan Region, Saudi Arabia. *Sudanese Journal of Public Health*, 2011; 6(2): pp 45-50.
- [6] BeLue R., Okoror T.A., Iwelunmor J., Taylor K.D., Degboe A.N. & Agyemang C., (2009). An Overview of Cardiovascular Risk Factors in Sub-Saharan Africa: A Socio-Cultural Perspective. *Global Health* [serial online]. 2009 [cited 2009 Dec 20]; 5(10) [12 pages]. Available from <http://www.globalizationandhealth.com/content/5/1/10> accessed on 6/01/10
- [7] Bugaje M.A., Yakubu A.M. & Ogala W.N., (2005). Prevalence of Adolescent Hypertension in Zaria, Nigeria. *J. Paediatr.* 32(4):77-92.
- [8] Cunha J. P. & Marks J. W. High Blood Pressure (hypertension). Available: [http://www.medicinenet.com/high\\_blood\\_pressure/article.html](http://www.medicinenet.com/high_blood_pressure/article.html). Accessed 27 February, 2011.
- [9] Damasceno A., Azevedo A., Silva-Matos C., Prista A., Diogo D. & Lunet N. (2009). Hypertension Prevalence, Awareness, Treatment, and Control in Mozambique: Urban/Rural Gap During Epidemiological Transition. *Hypertension* 54:77-83.

- [10] Ekere A.U., Yellowe B.E. & Umune S., (2005). Mortality Patterns in the Accident and Emergency Department of an Urban Hospital in Nigeria. *Niger. J. Clin. Pract.* 8:14-18.
- [11] Ekore R. I., Ajayi I. O. & Arije A. (2009). Case Finding for Hypertension in Young Adult Patients Attending a Missionary Hospital in Nigeria. *Afr. Health Sci.* 9:193-199.
- [12] Ekwunife O.I. & Aguwa C.N. (2011). A Meta-analysis of Prevalence Rate of Hypertension in Nigerian Populations. *J. Publ. Health Epidemiol.* 3:604-607.
- [13] Farpour-Lambert N. J., Aggoun Y., Marchand L. M., Martin X. E., Herrmann F. R. & Beghetti M. (2009). Physical Activity Reduces Systemic Blood Pressure and Improves Early Markers of Atherosclerosis in Pre-pubertal Obese Children. *J Am CollCardiol.* 2009; 54: 2396-2406.
- [14] Leconte M. M. & Ismael V., (2012). Teaching Plan for High Blood Pressure Management, College of Technology, New York City, 2012, p 126.
- [15] Lim S.S., Vos T., Flaxman A.D., Danaei G., Shibuya K., Adair-Rohani H., Amann M., Anderson H.R., Andrews K.G., & Aryee M. (2012). A Comparative Risk Assessment of Burden of Disease and Injury Attributable to Risk Factors and Risk Factor Clusters in 21 Regions, 1990–2010: A Systematic Analysis for the Global Burden of Disease Study 2010. *Lancet* 380(9859):2224-2260.
- [16] Markus, M. (2017). Everything You Need to Know About Hypertension. Retrieved on 19 January, 2018 from [http://Hypertension\\_%20Causes,%20symptoms,%20and%20treatments.html](http://Hypertension_%20Causes,%20symptoms,%20and%20treatments.html)
- [17] Okoh B.A.N. & Alikor E.A.D. (2013). Childhood Hypertension and Family History of Hypertension in Primary School Children in Port Harcourt. *Niger. J. Paed.* 40 (2):184-188.
- [18] Van de Vijver S., Akinyi H., Oti S., Olajide A., Agyemang C., Aboderin I. & Kyobutungi C. (2013). Status Report on Hypertension in Africa - Consultative review for the 6th Session of the African Union Conference of Ministers of Health on NCD's. *Pan Afr. Med. J.* 16:38.
- [19] World Health Organisation, (2003). International Society of Hypertension Writing Group. 2003 World Health Organisation (WHO)/International Society of Hypertension (ISH) Statement on Management of Hypertension. *J Hypertens.* 2003; 21:1983-1992
- [20] World Health Organisation (2009). Global Health Risks: Mortality and Burden of Disease Attributable to Selected Major Risks. Geneva: WHO Press; 2009. 9-12.
- [21] World Health Organization, (2011). Global Status Report on Non-Communicable Diseases 2010. Geneva, Switzerland: World Health Organization.

