

# Prevalence of Hypertension among Residents of Ebudu Community in Edo State, Nigeria

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## Abstract

**Background:** Hypertension (also known as high blood pressure) is a condition in which the blood pressure of a person is consistently too high. Hypertension is often called the “silent killer” because it may not present any warning signs or symptoms and therefore may not be detected until another serious medical condition is diagnosed. It is a major risk factor for heart disease, heart failure, and stroke, and can result in other serious medical complications, including blindness and kidney failure.

**Objective:** The aim of this study is to discover the prevalence of hypertension among people living in Ebudu Community in Edo, State, Nigeria.

**Methodology:** A systematic random sampling was used in recruiting seventy three (73) persons who participate in this study. The necessary information and blood pressure readings were taken. Results were analyzed using SPSS version 23.

**Results:** The mean age of the respondent were 55.25 + 14.53, 20 (27.4%) were between 56 – 65 years, 61 (83.6%) were female, 40 (54.8%) were farmers and 30 (41.1%) had secondary school education. 11 (14.4%) have normal blood pressure (100/60 – 120/80), 20 (28.0%) are pre – hypertensive/at risk (121/81 – 139/89), 24 (33.6) are at stage 1 hypertension (140/90 – 159/99) and 18 (25.2%) are at stage 2 hypertension (160/100) and above.

**Conclusion:** Hypertension is a non-communicable disease of public health concern as it is one of the causes of increased mortality across the globe. For these reasons, health education and promotion measures designed to prevent and control all the contributory risk factors of hypertension in the community should be strengthened and be focus of attention.

**Keywords:** Hypertension • Community • Chronic diseases • Blood pressure

## Introduction

Hypertension, also known as high blood pressure, is a condition in which the blood pressure of a person is consistently too high. Hypertension is often called the “silent killer” because it may not present any warning signs or symptoms and therefore may not be detected until another serious medical condition is diagnosed. Hypertension is a major risk factor for stroke and coronary heart disease, and is a major contributor to the onset and progression of chronic heart failure and chronic kidney failure. Guidelines by the National Heart Foundation of Australia [1] recommend that doctors caring for patients with hypertension should routinely provide advice on smoking, nutrition, alcohol use, physical activity and body weight.

The burden of chronic diseases is rapidly increasing worldwide. It has been calculated that, in 2001, chronic diseases contributed approximately 60% of the 56.5 million total reported deaths in the world and approximately 46% of the global burden of disease [2]. It is clear that the earlier labelling of chronic diseases as “diseases of affluence” is increasingly a misnomer, as they emerge both in poorer countries and in the poorer population groups in richer countries. This shift in the pattern of disease is taking place at an accelerating rate; furthermore, it is occurring at a faster rate in developing countries than it did in the industrialized regions of the world half a century ago [3].

Diet, lifestyle and physical inactivity has been identified many years ago as one of the key contributory risk factors responsible for chronic diseases. The need to address chronic disease prevention from a broad-based perspective was also recognized by the World Health Assembly in 1998 [4] and again in 1999 [5].

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In 2000, the World Health Assembly passed a further resolution on the broad basis of the prevention and control of non-communicable diseases [6], and in 2002 adopted a resolution that urged Member States to collaborate with WHO to develop a global strategy on diet, physical activity and health for the prevention and control of non-communicable diseases, based on evidence and best practices, with special emphasis on an integrated approach [7,8].

The need for action to strengthen control and prevention measures to counter the spread of the chronic disease epidemic is now widely recognized by many countries, but the developing countries are lagging behind in implementing such measures. Encouragingly, however, efforts to counteract the rise in chronic diseases are increasingly being assigned a higher priority.

## Methods

### Study area

The study was carried out in Ebudu community. Ebudu is one of the communities under Esan Central Local Government Area in Edo state. Most of the people in this community are farmers and traders. They speak Itsan language.

### Study population

The study population consists of seventy three (73) participants both male and female living in the Ebudu community of Esan Central Local Government Area in Edo state, Nigeria.

### Study design and sampling

This study was a cross-sectional descriptive study. A systematic random sampling was used in recruiting seventy three (73) participants for this study. Their socio-demographics information and blood pressure readings were taken.

### Data collection methods

The data was collected from seventy three (73) participants using appropriate tools. The data comprises of two sections namely socio-demographic

characteristics and blood pressure readings of the respondents.

## Data analysis

The results were analyzed using Statistical Package for Service Solutions (SPSS) Version 21.

## Ethical consideration

Informed consent was obtained from the participants and their confidentiality was ensured.

## Results

Socio demographic information and Blood Pressure Readings of the participants (Tables 1 and 2).

## Discussion

### Socio-Demographics Information of the Participants

The mean age of the respondent were  $55.25 \pm 14.53$ , 20 (27.4%) were between 56 – 65 years, 61 (83.6%) were female, 40 (54.8%) were farmers and 30 (41.1%) had secondary school education.

### Blood Pressure Readings of the Participants

The results shows that 11 (14.4%) have normal blood pressure (100/60–120/80), 20 (28.0%) are pre-hypertensive/at risk (121/81 – 139/89), 24

(33.6) are at stage 1 hypertension (140/90–159/99) and 18 (25.2%) are at stage 2 hypertension (160/100 and above).

## Conclusion

The findings revealed that reasonable percentage of people in the Ebudu community are already battling several stages of hypertension without any form of treatment initiated in addressing the health issues to prevent any complications that may arise from the disease. All efforts on health education and promotion aimed at prevention and control of hypertension must be implemented so as to sensitize the people on various factors that predispose one to hypertension. For the management of hypertension I will recommend diet and lifestyle modification as an important and effective first-line treatment strategy. Every individual who need to lower their blood pressure should be given advice and support to achieve and maintain healthy behaviours.

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**Table 1.** Socio-Demographics Information of the Participants.

Variables	Observable variables	Frequency	Percentage (%)
Age (years)	25 below	1	1.4
	26 – 35	9	12.3
	36 – 45	9	12.3
	46 – 55	14	19.2
	56 – 65	20	27.4
Mean $\pm$ Std Deviation (55.25 $\pm$ 14.53)	66 – 75	18	24.7
	76 above	2	2.7
	<b>Total</b>	<b>73</b>	<b>100</b>
Sex	Male	12	16.4
	Female	61	83.6
	<b>Total</b>	<b>73</b>	<b>100</b>
Occupation	Farmer	40	54.8
	Trader	30	41.1
	Others	3	4.1
	<b>Total</b>	<b>73</b>	<b>100</b>

**Table 2.** Blood Pressure Readings of the Participants.

Range	Frequency	Percentage (%)
Normal blood pressure 100/60 – 120/80	11	14.4
Pre – hypertension (at risk) 121/81 – 139/89	20	28
Stage 1 hypertension 1 40/90 – 159/99	24	33.6
Stage 2 hypertension 160/100 and above	18	25.2
<b>Total</b>	<b>73</b>	<b>100</b>

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