Awareness and Information Sources of Hypertensive Diseases Among Aged Civil Servants in Southwest, Nigeria

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ABSTRACT

This article describes a study which investigates the awareness and information sources of hypertensive diseases among aged civil servants in Southwest, Nigeria. The study adopted a descriptive survey research design and the study focused on aged civil servants in south western Nigeria. A multistage sampling technique was used to select respondents for the study. The instruments used to obtain information from respondents was a questionnaire, divided into seven sections with respect to the objectives of the study. The psychometric properties of the instrument were also determined. The information obtained was subjected to analysis using the descriptive statistics. The findings of the study revealed that aged civil servants in the three selected states in south-western Nigeria have a high personal concern for hypertensive disease. Interventional strategies to curtail hypertensive diseases among aged civil servants are low. In addition, governments failed to provide necessary amenities and also do not pay salaries promptly for staff. To this end, aged civil servants seek medical care and services by themselves and in most cases, they do not give attention to such health needs. This can lead to a high tendency for the prevalence of hypertensive diseases. The study recommends that apart from paying salaries promptly, governments should provide interventional strategies such as providing better information through media, conducting workshops and seminars, providing health related teachings, among others for civil servants in south western Nigeria. This could increase the awareness of hypertensive disease and also of the various sources of care available for them.

KEYWORDS

Civil Servants, Hypertension, Information Awareness, Information Sources, Nigeria

INTRODUCTION

Hypertensive diseases are ranked one of the major non-communicable diseases and a public health challenge in Nigeria and globally. This has raised the need for increasing the awareness of the public about the issue because it posed great challenge especially among the work force of the nation such as the civil servants and in extension the aged civil servants. Examples of such effect include absenteeism from work; health related challenges and/or the loss of lives. On a general and global view, a healthy nation has a more productive people and tends to have a more vibrant economy when compared to others with low health status. Health problems such as hypertensive diseases are major issues militating against individuals and national development and seem to be high among developing countries such

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as Nigeria. Hypertension refers to having a blood pressure higher than 140 over 90 mmHg and also includes a wide range of illness and group of disorders such as heart failure, ischemic heart disease, hypertensive heart disease, and left ventricular hypertrophy (excessive thickening of the heart muscle).

According to the Global Burden of Death study (2013), hypertension has resulted in 1.07 million deaths showing an increase rate from 630,000 in 1990. Its prevalence is said to vary around the world and could be said to be severe in the rural areas and also in developing economies (Ulasi, Ijoma, Onwubere, Arodije, Onodugo and Okafor, 2011). Developing countries such as Nigeria face an enormous burden of such chronic non-communicable diseases such as hypertensive disease (World Health Organization, 2001; and Pavlopolous and Nihoyannopoulos, 2008). In Nigeria, hypertension prevalence ranges between 31.8% (Ogah, Madukwe, Onyeonoro, Chukwuonye, Ukaegbu, Akhimien and Okpech, 2013) and 32.8% (Ulasi, Ijoma and Onodugo, 2010). Zahida (2002) affirmed that hypertension is a major disease among pregnant women and occurs between 6-8% of all pregnancies.

According to Obinna, Patrick and Izuchukwu (2010) and Ulasi et al. (2011), hypertension is poorly controlled in Nigeria which reflects a very low personal concern. Osamor and Owumi (2011) have noted that citizens in Southwestern Nigeria have poor personal concern about hypertension. Adapting the theory of planned behavior by Ajzen (1991), important factors and variables that could help in the mitigation process of the high rate of hypertensive disease are understanding the information behavior of citizens such as their attitude towards, knowledge, and awareness of hypertension. Studies such as Abdullahi and Amzat (2011) have noted that attitude towards hypertension control is very low in Nigeria was male have very low attitude contradicting their knowledge of hypertension than the female. Also, Tesema, Disasa, Kebamo and Kadi (2016) noted that in developing countries which Nigeria could be part, the level of attitude towards hypertension is high, as many individuals embark on activities that could reduce the prevalence of hypertension. It has also been recorded that the knowledge, awareness and perception of people towards hypertensive diseases are very minimal especially in the developing countries such as Nigeria as compared to developed countries (Owolabi, Owolabi, OlaOlorun and Amole, 2014).

Knowledge, awareness and perception of people towards hypertensive disease play important role in the ability to successfully control the disease (Wizner, Grodzicki, Gryglewska, Kocemba and Grodzicki, 2000; Alexander, Gordon, Davis, and Chen, 2003). If according to Obinna, Patrick and Izuchukwu (2010) and Ulasi et al. (2011), hypertension is poorly controlled in Nigeria, then, it shows that the level of citizens’ knowledge, awareness and perception towards hypertensive disease could be said to be low thus the need for this study. However, Oliveria, Chen, McCarthy, Davis and Hill (2005); Abdullahi and Amzat (2011); Mahajan, Kazi, Sharma and Velhal (2012); Slark, Khan, Bentley and Sharma (2014); Azubuike and Kurmi, 2014; Anowie and Sarah Darkwa (2015); and Tesema et al. (2016) have stated that level of knowledge of hypertension in developing countries such as Nigeria is high. Dzudie, Kenge, Muna, Ba, Menanga and Kouam (2012), stated that level of awareness of hypertension disease in developing countries such as Nigeria is low. Another important aspect of this study is the sources of information of hypertension. Okwuonu et al. (2014) noted that major sources of information about hypertension are health talk on adherence to lifestyle modification from health personnel such as from doctors (24%), nurses (33%) and other sources (43%). These “other sources” are however unknown and there is need to provide and capture a wide spectrum of sources of information about hypertensive disease especially in Nigeria.

In addition, Hajjar and Kotchen (2003) noted that more than 20% of the aged are hypertensive with a very poor rate of control and only one third of hypertensive patients treated achieve the correct goal of blood pressure. It has also be stated by Hammami, Mehri, Hajem, Koubaa, Frih, Kammoun, Hammami and Betbout (2011) and Seow, Subramaniem, Abdin, Vaingankar and AnnChong (2015) that age is a determining and challenging demographic factor in the prevalence of arterial hypertension. There is however, a difference between the general population of Nigeria and the aged or rather the aging. Much have been known about the general population of Nigeria however, little is known about
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