



A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE ON LIFE STYLE PRACTICES OF PATIENTS SUFFERING FROM HYPERTENSION AT SELECTED HOSPITALS IN JAIPUR (RAJ.)

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ABSTRACT: The WHO has identified hypertension, or high blood pressure, as the leading cause of cardiovascular mortality. The aim of the study was to find out effectiveness of structured teaching programme on knowledge on life style practices of patients suffering from hypertension at selected hospitals in Jaipur (Raj.) 100 patients with suffering from hypertension were selected for the study. The effectiveness of structured teaching programme assess on the basis of overall pre test and post test score of patient which is describe as: The overall mean of pre test score is 17.73 whereas the mean of post test score is 29.88 with 12.15 mean differences. The median of pre test score is 18 and the median of post test score is 30 and the standard deviation of pre test was 1.96 whereas in post test the standard deviation was 1.52. The t value is 49.32. The tabulated value of „t“ is 1.96 at the 0.05 level of significance on 99 degree of freedom. The calculated value is higher than the tabulated value in all aspects of knowledge so we can say that the structured teaching programme regarding life style practice of hypertension can enhance the knowledge of patients. It means that the structured teaching programme regarding life style practice of hypertension is effective to improve the knowledge of patients suffering from hypertension. Some demographic variables has significant association with knowledge and some has not significant association with knowledge.

Key words: Evaluate, Effectiveness, Structured teaching programme, Knowledge, Life style practices, Hypertension.

INTRODUCTION

The WHO has identified hypertension, or high blood pressure, as the leading cause of cardiovascular mortality. The world hypertension league (WHL) an umbrella organization of 85 national hypertension societies and leagues, recognized that more than 50% of hypertension population worldwide are unaware of their condition. To address this problem the world hypertension league initiated a global awareness campaign on hypertension in 2005 and dedicated May 17 of each year as world Hypertension Day. Over the past three years more national societies have been engaging in World Hypertension Day and have been innovative in their activities to get the message to the public. In 2015 there was record participation from 47 member countries of World Hypertension League. During the week of World Hypertension Day all these countries in partnership with their local governments, professional society's nongovernmental organization and private industries promoted hypertension awareness among the public through several media and public rallies. Using mass media such as, internet, television, the message reached more than 250 million people. As the momentum picks up year after year, the World Hypertension League is confident that almost all the estimated 1.5 billion people affected by elevated blood pressure can be reached.

Coronary events such as heart attack are still the most common result of hypertension. Increased blood pressure level is related to increased severity of atherosclerosis, stroke, nephropathy, peripheral vascular disease, aortic aneurysm and heart failure. If hypertension is left untreated, nearly half of the hypertensive patients will die because of heart disease, one third will die of stroke and remaining 10-15% will die of renal failure. Hypertension is also a silent killer in the aetiology of many death attributed to stroke or heart disease.

Life is not merely to be alive, but to be healthy and wealthy. Every day we hear about new diseases and get fear and panicked. Hypertension is a major medical and public health issue. Blood pressure is a measurement of the force against the walls of arteries as the heart pumps blood through your body. The normal level of blood pressure is 120/80 mmHg, where 120 represents the systolic measurement and 80 represents the diastolic measurement. Hypertension is the term used to describe blood pressure above 140/90 mmHg.

Hypertension or high blood pressure is a cardiac medical condition in which the systematic arterial blood pressure is elevated. What that means is that the heart has to work harder than it should to pump the blood around the body. Hypertension is classified as either primary (essential) Hypertension or Secondary hypertension; about 90-95% of cases are categorized as "Primary Hypertension" means high blood pressure with no obvious medical cause. The remaining 5-10% of cases (Secondary hypertension) are caused by other conditions that affect all other system. When only the systolic BP number is high it is called isolated systolic hypertension which is common in older adults.

High blood pressure is nick named “The silent killer “because there are often no symptoms. While some people experienced headache and dizziness. The majority of people with high blood pressure feel just fine. Many people who have hypertension are unaware of it as the damage caused by hypertension and takes years or decades to become apparent in a person.

Hypertension is defined as a persistent systolic blood pressure $> 140\text{mmHg}$ diastolic blood pressure $> 90\text{mmHg}$. Hypertension means that the heart is working harder than normal, putting both the heart and blood vessels under strain. There is a proportional increase in the risk of myocardial infarction, heart failure, stroke and renal diseases with higher BP.

Hypertension often accompanies other risk factors for atherosclerotic heart disease, such as dyslipidaemia, obesity, diabetes mellitus, metabolic syndrome and sedentary life style.

STATEMENT OF PROBLEM

A study to evaluate the effectiveness of structured teaching programme on knowledge on life style practices of patients suffering from hypertension at selected hospitals in Jaipur (Raj.)

OBJECTIVES OF THE STUDY

- To assess the pre test knowledge on life style practices of patients suffering from hypertension.
- To assess the post test knowledge on life style practices of patients suffering from hypertension.
- To evaluate the effectiveness of structured teaching programme regarding knowledge on life style practices of patients suffering from hypertension.
- To find association of the knowledge of life style practice of the patients suffering from hypertension with their selected demographic variables.

HYPOTHESIS

H₁:- There is significant difference between pre test and post test level of knowledge score regarding life style practice among hypertensive patients.

H₂:- There is significant association between knowledge regarding life style practice among hypertensive patients with the selected demographic variables.

ASSUMPTIONS

- The study assumes that individual may have some knowledge regarding hypertension
- have positive life style practices towards hypertension

RESEARCH METHODOLOGY

Research design : Pre experimental Research Design

Research Setting: Shri Nidaan Hospital, Jaipur.

Population: Patients suffering from hypertension admitted in Shri Nidaan Hospital, Jaipur.

Sample Size: 100 patients suffering from hypertension.

Inclusion criteria:

- Patients suffering from hypertension
- Patients admitted in selected hospital in Jaipur.
- Patients present at the time of data collection
- Patients who want to participate in the study.

Exclusion criteria:

- Patients suffering from other disease except hypertension
- Patients admitted in other hospital in Jaipur.
- Patients was not present at the time of data collection
- Patients won't want to participate in the study.

Tool Description: The final draft of the tool was prepared considering the suggestions of validators. It comprises of 2 sections.

Section I: This section is the first section seeking information on demographic background of patients suffering from hypertension i.e. age, gender, religion, qualification, area of residence, occupation and take any medicine.

Section II: This section is the second part of structured knowledge questionnaire, which consists of 34 questions related to life style practice of hypertension.

DATA ANALYSIS AND INTERPRETATION OF FINDINGS

PART I: DESCRIPTION OF DEMOGRAPHIC VARIABLES OF THE PATIENTS SUFFERING FROM HYPERTENSION.

Table – 2: Description Of Demographic Variables Of The Patients

N = 100

| S. No. | Demographic Variables | Frequency | Percentage (%) |
|--------|--------------------------|-----------|----------------|
| 1. | Age (in year) | | |
| | 30 – 35 | 22 | 22% |
| | 36 – 40 | 18 | 18% |
| | 41 – 45 | 20 | 20% |
| | Above 45 years | 40 | 40% |
| 2. | Gender | | |
| | Male | 55 | 55% |
| | Female | 45 | 45% |
| 3. | Religion | | |
| | Hindu | 38 | 38% |
| | Muslim | 25 | 25% |
| | Christian | 22 | 22% |
| | Sikh | 15 | 15% |
| 4. | Qualification | | |
| | Illiterate | 28 | 28% |
| | Middle | 32 | 32% |
| | Senior Secondary | 25 | 25% |
| | Graduation & above | 15 | 15% |
| 5. | Area of residence | | |
| | Urban | 60 | 60% |
| | Rural | 40 | 40% |

| Occupation | | | |
|------------|------------------|----|-----|
| 6. | Private services | 35 | 35% |
| | Government | 30 | 30% |
| | Business | 20 | 20% |
| | Other | 15 | 15% |

| Do you take any medicine | | | |
|--------------------------|-----|----|-----|
| 7. | Yes | 65 | 65% |
| | No | 35 | 35% |

The table No. 2 shows that:

- Most of samples 40 (40%) were from age group of above 45 years of age, followed by 22 (22%) from age group of 30 – 35, some was 20 (20%) from age group of 41 – 45 and remaining 18 (18%) from age group of 36 – 40.
- Most of samples 55 (55%) were male and remaining 45 (45%) samples were female.
- Most of samples 38 (38%) were Hindu followed by 25 (25%) were Muslim, some of them 22 (22%) were Christian and remaining 15 (15%) were Sikh.
- The qualification of most of sample 32 (32%) was middle class standard, some of them 28 (28%) was illiterate; 25 (25%) was senior secondary and remaining 15 (15%) was graduation and above.
- Most of samples 60 (60%) were belong from urban area and remaining 40 (40%) belong from rural area.
- Most of samples 35 (35%) work as private sector followed by 30 (30%) from government sector, some 20 (20%) were have self business and remaining 15 (15%) were have other work.
- Most of samples 65 (65%) were taken hypertensive medicine and remaining 35 (35%) were not taken any medicine.

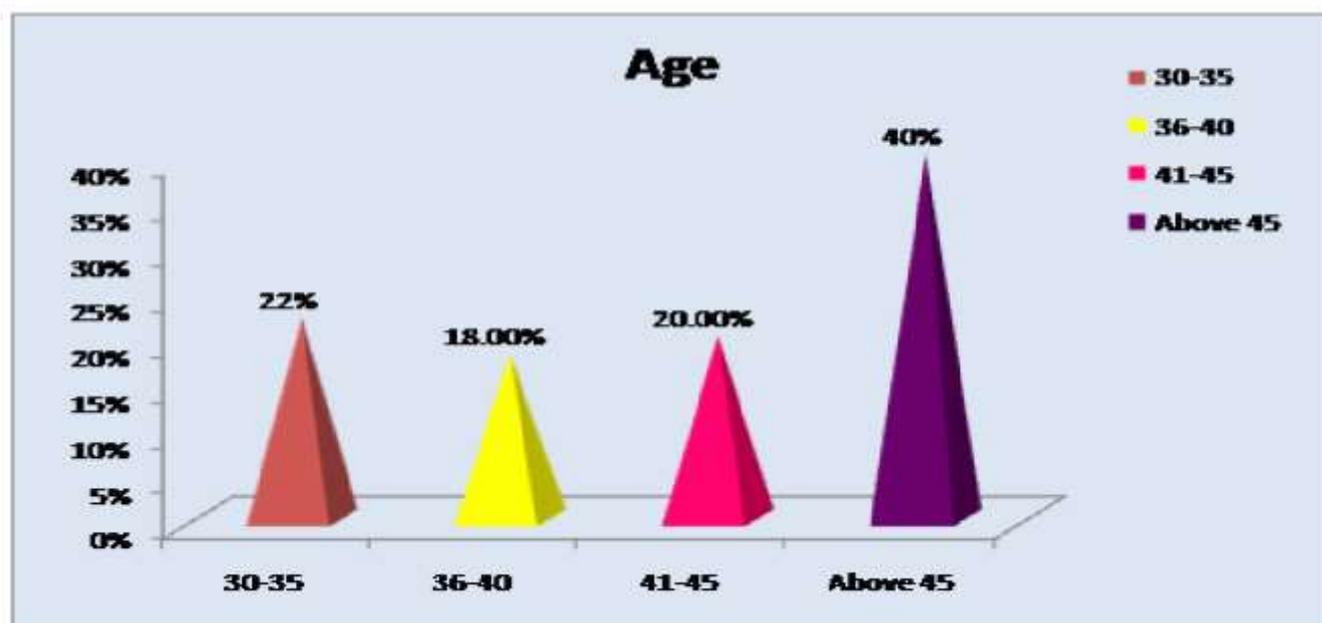


Figure No. 3: Pyramid Diagram Showing Percentage Distribution Of Samples By Their Age

Most of samples 40 (40%) were from age group of above 45 years of age, followed by 22 (22%) from age group of 30 – 35, some was 20 (20%) from age group of 41 – 45 and remaining 18 (18%) from age group of 36 – 40.

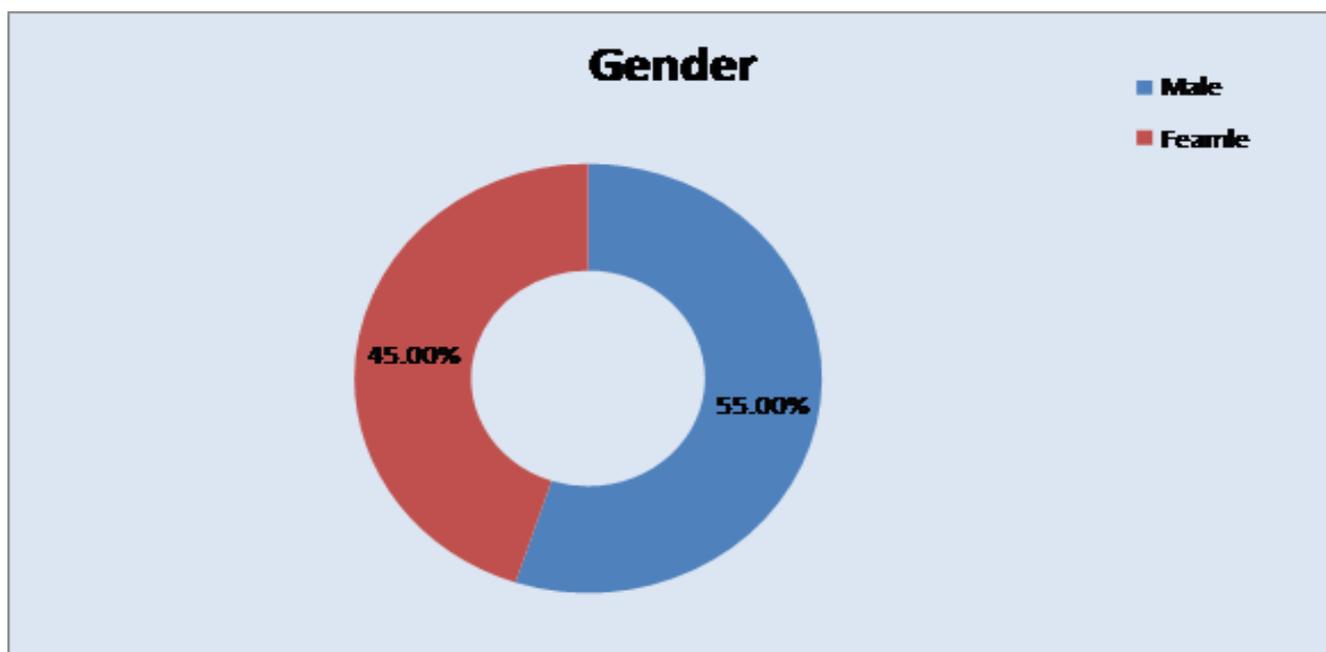


Figure No. 4: Pie Diagram Showing Percentage Distribution Of Samples By Their Gender

Most of samples 55 (55%) were male and remaining 45 (45%) samples were female.

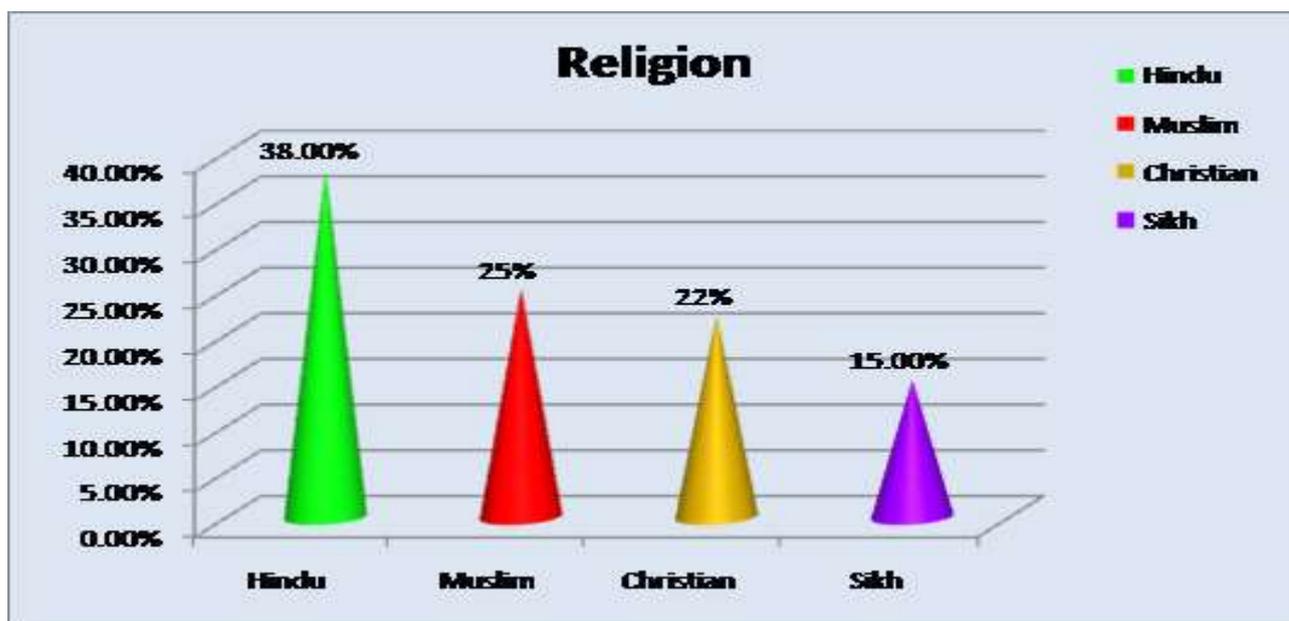


Figure No. 5: Cone Diagram Showing Percentage Distribution Of Samples By Their Religion

Most of samples 38 (38%) were Hindu followed by 25 (25%) were Muslim, some of them 22 (22%) were Christian and remaining 15 (15%) were Sikh.

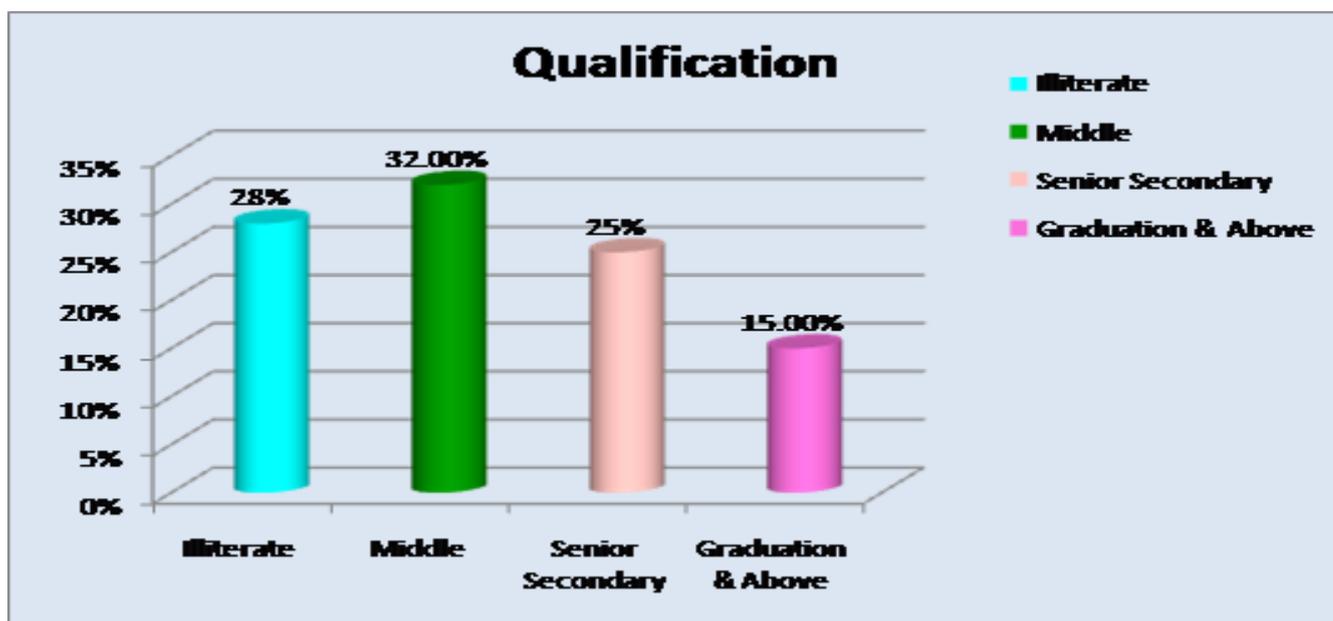


Figure No. 6: Cylindrical Diagram Showing Percentage Distribution Of Samples By Their Qualification

The qualification of most of sample 32 (32%) was middle class standard, some of them 28 (28%) was illiterate; 25 (25%) was senior secondary and remaining 15 (15%) was graduation and above.

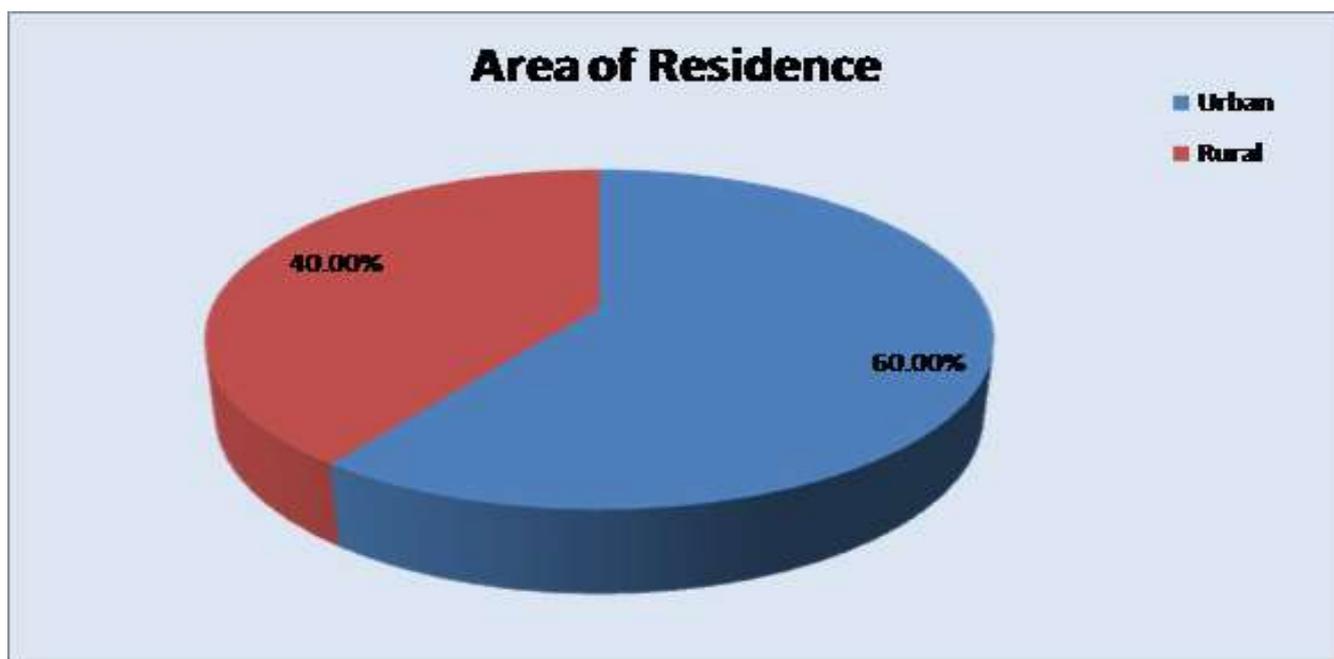
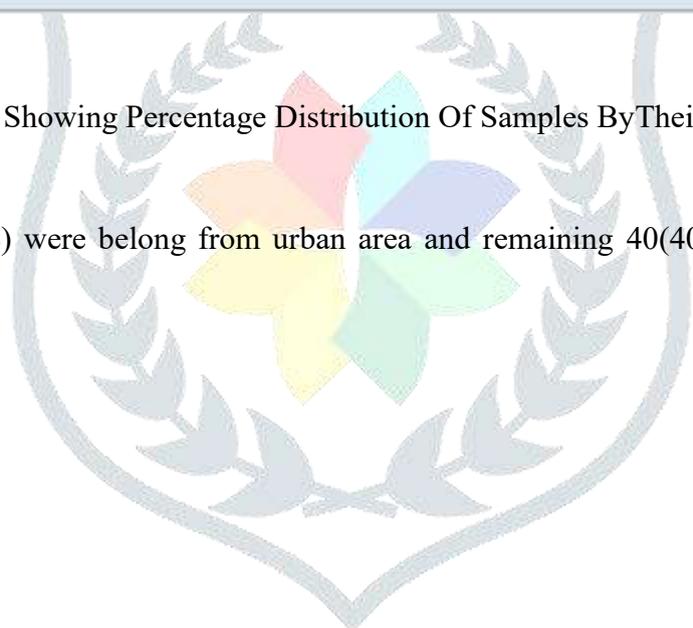


Figure No. 7: Pie Diagram Showing Percentage Distribution Of Samples By Their Area Of Residence

Most of samples 60 (60%) were belong from urban area and remaining 40(40%) belong from rural area.



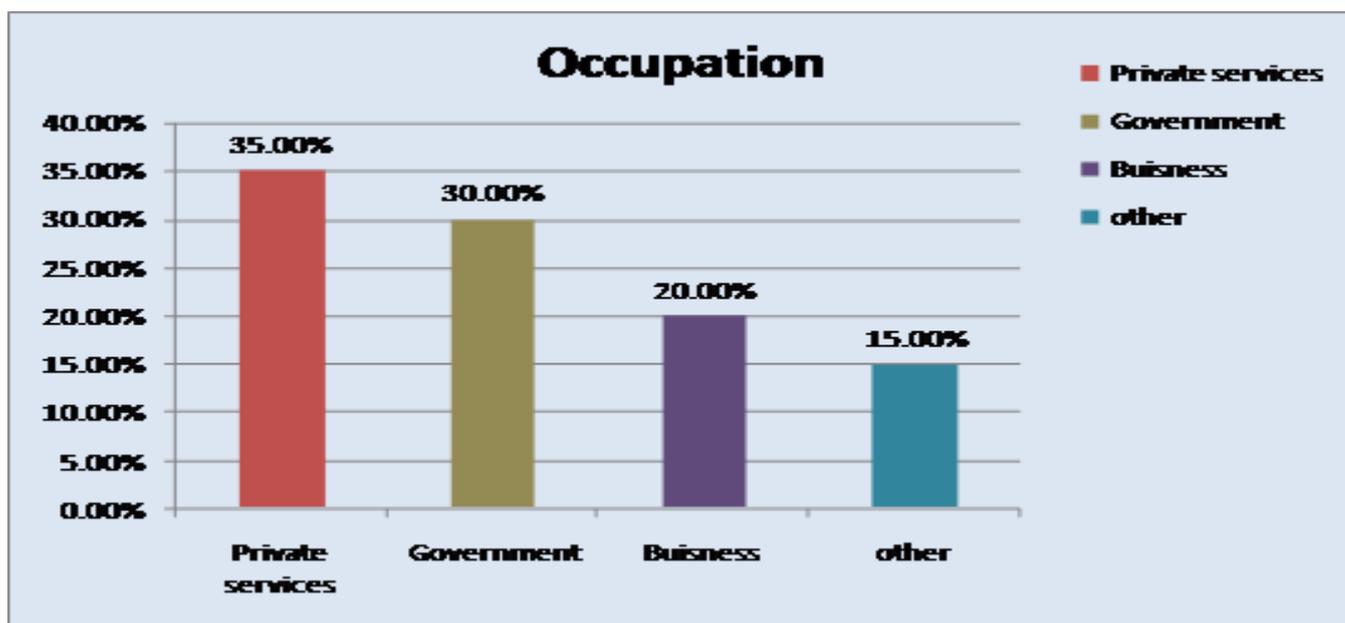


Figure No. 8: Column Diagram Showing Percentage Distribution Of Samples By Their Occupation

Most of samples 35 (35%) work as private sector followed by 30 (30%) from government sector, some 20 (20%) were have self business and remaining 15 (15%) were have other work.

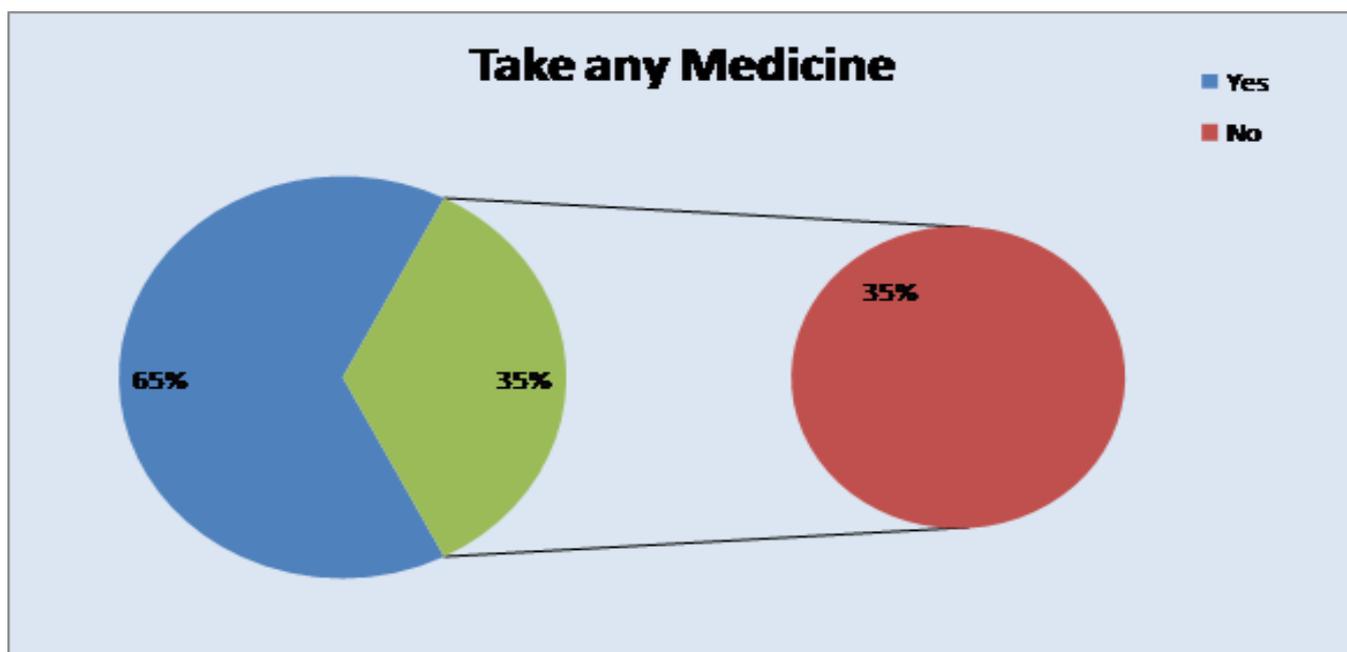


Figure No. 9: Pie Diagram Showing Percentage Distribution Of Samples By Their Take Any Medicine

Most of samples 65 (65%) were taken hypertensive medicine and remaining 35 (35%) were not taken any medicine.

PART II: COMPARISON OF PRE TEST AND POST TEST LEVEL OF KNOWLEDGE REGARDING LIFE STYLE PRACTICES OF HYPERTENSION OF PATIENTS SUFFERING FROM HYPERTENSION

Comparison Of Pre Test And Post Test Knowledge Score Of Patients Suffering From Hypertension

Table – 3: Comparison Of Pre Test And Post Test Level Knowledge

| Sr No. | Level Of Knowledge | Pre Test | | Post Test | |
|--------|---------------------|----------|-----|-----------|-----|
| | | F | % | F | % |
| 1. | Poor (< 50%) | 49 | 49% | 07 | 07% |
| 2. | Average (50 to 65%) | 46 | 46% | 18 | 18% |
| 3. | Good (>65%) | 05 | 5% | 75 | 75% |

Figure No. 10: Cylinder Diagram Showing Comparison Of Pre Test And Post Test Level Of Knowledge

The table no. 3 and figure no. 10 showed the comparison of pre test and post test level of knowledge regarding life style practice of hypertension of patients suffering from hypertension. With regard to scores, during pre test 49 (49%) patients had poor knowledge, 46 (46%) patients had average knowledge and 05 (05%) patients had good knowledge regarding life style practice of hypertension while during post test 07 (07%) patients had poor knowledge, 18 (18%) patients had average knowledge and 75 (75%) patients had good knowledge regarding life style practice of hypertension.

Area Wise Pre Test Knowledge Score Of Patients

Table – 4: Area Wise Pre Test Knowledge Score

| Sr. No. | Aspect Of Knowledge | Max. Score | Mean | Median | Standard Deviation |
|---------|---|------------|------|--------|--------------------|
| 1. | Questions related to concept of hypertension | 13 | 6.76 | 7 | 1.26 |
| 2. | Questions related to causes and clinical manifestations of hypertension | 09 | 4.72 | 5 | 0.99 |
| 3. | Questions related to management and prevention of hypertension | 12 | 6.25 | 6 | 1.14 |

The above table no. 4 shows the area wise pre test knowledge score of patients regarding life style practices of patients suffering from hypertension. The knowledge assess through the structured knowledge questionnaire. The structured knowledge questionnaire consists of three parts that is questions related to concept of hypertension, questions related to causes and clinical manifestation of hypertension and questions related to management and prevention of hypertension. The mean, median and standard deviation of first part that was related to concept of hypertension, were 6.76, 7 and 1.26 respectively. Regarding causes and clinical manifestation of hypertension, mean, median and standard deviation were 4.72, 5 and 0.99 respectively. About management and prevention of hypertension the mean, median and standard deviation was 6.25, 6 and 1.14.

Area Wise Post Test Knowledge Score Of Patients

Table – 5: Area wise post test knowledge score

| Sr. No. | Aspect Of Knowledge | Max. Score | Mean | Median | Standard Deviation |
|---------|---|------------|-------|--------|--------------------|
| 1. | Questions related to concept of hypertension | 13 | 11.36 | 12 | 1.06 |
| 2. | Questions related to causes and clinical manifestations of hypertension | 09 | 8 | 8 | 0.78 |
| 3. | Questions related to management and prevention of hypertension | 12 | 10.52 | 11 | 0.89 |

The above table no. 5 shows the area wise post test knowledge score of patients regarding life style practices of patients suffering from hypertension. The knowledge assess through the structured knowledge questionnaire. The structured knowledge questionnaire consists of three parts that is questions related to concept of hypertension, questions related to causes and clinical manifestation of hypertension and questions related to management and prevention of hypertension. The mean, median and standard deviation of first part that was related to concept of hypertension, were 11.36, 12 and 1.06 respectively. Regarding causes and clinical manifestation of hypertension, mean, median and standard deviation were 8, 8 and 0.78 respectively. About management and prevention of hypertension the mean, median and standard deviation was 10.52, 11 and 0.89.

PART III: EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME BY COMPARING PRE TEST AND POST TEST KNOWLEDGE SCORE OF PATIENTS SUFFERING FROM HYPERTENSION REGARDING LIFE STYLE PRACTICES OF HYPERTENSION

There were 100 patients taken for the study. Each of them had to answer 34 questions. Their pre and post-test correct answers were checked and the mean, median, standard deviation, mean difference of the test scores and value of „t“ test were obtained and summaries as below:

Table – 6: Mean, Median, SD, Mean Difference And T Test Value

| Sr. No. | Aspect Of Knowledge | Pre Test | | | Post Test | | | Mean Difference | T Value |
|---------|---|----------|--------|------|-----------|--------|------|-----------------|---------|
| | | Mean | Median | SD | Mean | Median | SD | | |
| 1. | Questions related to concept of hypertension | 6.76 | 7 | 1.26 | 11.36 | 12 | 1.06 | 4.6 | 28.06 |
| 2. | Questions related to causes and clinical manifestations of hypertension | 4.72 | 5 | 0.99 | 8 | 8 | 0.78 | 3.28 | 25.95 |
| 3. | Questions related to management and prevention of hypertension | 6.25 | 6 | 1.14 | 10.52 | 11 | 0.89 | 4.27 | 31.01 |
| Total | | 17.73 | 18 | 1.96 | 29.88 | 30 | 1.52 | 12.15 | 49.32 |

Table no. 6 is showing the mean median standard deviation, mean difference and „t“ value of pre test and post test as per aspect of knowledge area.

The pre tests mean of part I that is related to concept of hypertension is 6.76 while post test mean is 11.36 with 4.6 mean difference. The pre test median is 7 while post test median is 12. The SD for pre test is 1.26 whereas post test SD is 1.06. The t value is the 28.06.

The pre tests mean of part II that is related to causes and clinical manifestations of hypertension is 4.72 while post test mean is 8 with 3.28 mean difference. The pre test median is 5 while post test median is 8. The SD for pre test is

0.99 whereas post test SD is 0.78. The t value is the 25.95.

The pre tests mean of part III that is related to management and prevention of hypertension is 6.25 while post test mean is 10.52 with 4.27 mean difference. The pre test median is 6 while post test median is 11. The SD for pre test is 1.14 whereas post test SD is 0.89. The t value is the 31.01.

The overall mean of pre test score is 17.73 whereas the mean of post test score is 29.88 with 12.15 mean differences. The median of pre test score is 18 and the median of post test score is 30 and the standard deviation of pre test was 1.96 whereas in post test the standard deviation was 1.52. The t value is 49.32.

The tabulated value of „t“ is 1.96 at the 0.05 level of significance on 99 degree of freedom.

The calculated value is higher than the tabulated value in all aspects of knowledge so we can say that the structured teaching programme regarding life style practice of hypertension can enhance the knowledge of patients. It means that the structured teaching programme regarding life style practice of hypertension is effective to improve the knowledge of patients suffering from hypertension.

The hypothesis H_1 that was significant difference between pre test and posttest level of knowledge score regarding life style practice among hypertensive patients is accepted.

PART IV: ASSOCIATION LEVEL OF KNOWLEDGE REGARDING LIFE STYLE PRACTICES OF HYPERTENSION AMONG PATIENTS WITH SELECTED DEMOGRAPHIC VARIABLES

Table – 7: Association Level Of Knowledge Regarding Life Style Practice Of Hypertension With Selected Demographic Variables

| Sr. No. | Variables | Level Of Knowledge | | | df | χ^2 Value | Table Value | Remarks |
|---------|--------------------|--------------------|---------|------|----|----------------|-------------|---------|
| | | Poor | Average | Good | | | | |
| 1. | Age (in year) | | | | 6 | 8.59 | 12.59 | NS |
| | 30 – 35 | 15 | 5 | 2 | | | | |
| | 36 – 40 | 10 | 5 | 3 | | | | |
| | 41 – 45 | 6 | 6 | 8 | | | | |
| | Above 45 years | 18 | 10 | 12 | | | | |
| 2. | Gender | | | | 2 | 6.69 | 5.99 | S |
| | Male | 9 | 12 | 34 | | | | |
| | Female | 16 | 12 | 17 | | | | |
| 3. | Religion | | | | 6 | 4.45 | 12.59 | NS |
| | Hindu | 12 | 11 | 15 | | | | |
| | Muslim | 10 | 7 | 8 | | | | |
| | Christian | 11 | 5 | 6 | | | | |
| | Sikh | 9 | 3 | 3 | | | | |
| 4. | Qualification | | | | 6 | 13.37 | 12.59 | S |
| | Illiterate | 11 | 5 | 12 | | | | |
| | Middle | 7 | 11 | 14 | | | | |
| | Senior Secondary | 12 | 4 | 9 | | | | |
| | Graduation & above | 11 | 1 | 3 | | | | |
| 5. | Area of residence | | | | 2 | 6.06 | 5.99 | S |
| | Urban | 17 | 13 | 30 | | | | |
| | Rural | 20 | 9 | 11 | | | | |

| | | | | | | | | |
|----|--------------------------|----|----|----|---|-------|-------|---|
| 6. | Occupation | | | | 6 | 14.22 | 12.59 | S |
| | Private services | 10 | 10 | 15 | | | | |
| | Government | 13 | 12 | 05 | | | | |
| | Business | 11 | 2 | 7 | | | | |
| | Other | 3 | 3 | 9 | | | | |
| 7. | Do you take any medicine | | | | 2 | 6.30 | 5.99 | S |
| | Yes | 15 | 20 | 30 | | | | |
| | No | 15 | 12 | 08 | | | | |

The tabulated value of chi square at 6 df is 12.59 which is more than calculate value that is 8.59. So there is no significant association between the level of knowledge with age of patients regarding life style practices of hypertension at 0.05 level of significance.

The tabulated value of chi square at 2 df is 5.99 which is less than calculate value that is 6.69. So there is significant association between the level of knowledge with gender of patients regarding life style practices of hypertension at 0.05 level of significance.

The tabulated value of chi square at 6 df is 12.59 which is more than calculate value that is 4.45. So there is no significant association between the level of knowledge with religion of patients regarding life style practices of hypertension at level of significance.

The tabulated value of chi square at 6 df is 12.59 which is less than calculate value that is 13.37. So there is significant association between the level of knowledge with qualification of patients regarding life style practices of hypertension at 0.05level of significance.

The tabulated value of chi square at 2 df is 5.99 which is less than calculate value that is 6.06. So there is significant association between the level of knowledge with area of residence of patients regarding life style practices of hypertension at 0.05 level of significance.

The tabulated value of chi square at 6 df is 12.59 which is less than calculate value that is 14.22. So there is significant association between the level of knowledge with occupation of patients regarding life style practices of hypertension at 0.05 level of significance.

The tabulated value of chi square at 2 df is 5.99 which is less than calculate value that is 6.30. So there is significant association between the level of knowledge with do you take any medicine of patients regarding life style practices of hypertension at 0.05 level of significance.

DISCUSSION

In discussion the major finding of the study are as describe below:

- Most of samples 40 (40%) were from age group of above 45 years of age, followed by 22 (22%) from age group of 30 – 35, some was 20 (20%) from age group of 41 – 45 and remaining 18 (18%) from age group of 36 – 40.
- Most of samples 55 (55%) were male and remaining 45 (45%) samples were female.
- Most of samples 38 (38%) were Hindu followed by 25 (25%) were Muslim, some of them 22 (22%) were Christian and remaining 15 (15%) were Sikh.
- The qualification of most of sample 32 (32%) was middle class standard, some of them 28 (28%) was illiterate; 25 (25%) was senior secondary and remaining 15 (15%) was graduation and above.
- Most of samples 60 (60%) were belong from urban area and remaining 40 (40%) belong from rural area.
- Most of samples 35 (35%) work as private sector followed by 30 (30%) from government sector, some 20 (20%) were have self business and remaining 15 (15%) were have other work.
- Most of samples 65 (65%) were taken hypertensive medicine and remaining 35 (35%) were not taken any medicine.
- The pre test and post test level of knowledge regarding life style practices of hypertension of patients suffering from hypertension are as follow:
 - During pre test 49 (49%) patients had poor knowledge, 46 (46%) patients had average knowledge and 05 (05%) patients had good knowledge regarding life style practice of hypertension while during post test 07 (07%) patients had poor knowledge, 18 (18%) patients had average knowledge and 75 (75%) patients had good knowledge regarding life style practice of hypertension.

- The area wise pre test knowledge score of patients regarding life style practices of patients suffering from hypertension. The mean, median and standard deviation of first part that was related to concept of hypertension, were 6.76, 7 and 1.26 respectively. Regarding causes and clinical manifestation of hypertension, mean, median and standard deviation were 4.72, 5 and 0.99 respectively. About management and prevention of hypertension the mean, median and standard deviation was 6.25, 6 and 1.14.
- The area wise post test knowledge score of patients regarding life style practices of patients suffering from hypertension. The mean, median and standard deviation of first part that was related to concept of hypertension, were 11.36, 12 and 1.26 respectively. Regarding causes and clinical manifestation of hypertension, mean, median and standard deviation were 8, 8 and 0.78 respectively. About management and prevention of hypertension the mean, median and standard deviation was 10.52, 11 and 0.89.
- The effectiveness of structured teaching programme assess on the basis of overall pre test and post test score of patient which is describe as:
 - The overall mean of pre test score is 17.73 whereas the mean of post test score is 29.88 with 12.15 mean differences. The median of pre test score is 18 and the median of post test score is 30 and the standard deviation of pre test was 1.96 whereas in post test the standard deviation was 1.52. The t value is 49.32.
 - The tabulated value of „t“ is 1.96 at the 0.05 level of significance on 99 degree of freedom.
 - The calculated value is higher than the tabulated value in all aspects of knowledge so we can say that the structured teaching programme regarding life style practice of hypertension can enhance the knowledge of patients. It means that the structured teaching programme regarding life style practice of hypertension is effective to improve the knowledge of patients suffering from hypertension.
 - Some demographic variables has significant association with knowledge and some has not significant association with knowledge.
 - The study show that of the demographic variable such gender ($X^2_{(2)}=6.85$), qualification ($X^2_{(6)}=17.37$), area of residence ($X^2_{(2)}=6.93$), occupation ($X^2_{(6)}=12.70$) and take any medicine ($X^2_{(2)}=6.60$) of the samples indicates significant association with level of knowledge while age, ($X^2_{(6)}=4.89$), religion ($X^2_{(6)}=2.82$) indicate not significant association with knowledge at the level of $p \leq 0.05$ level.

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