

PREVALENCE OF HYPERTENSION AND ASSOCIATED RISK FACTORS AMONG ADULTS IN SHIRATI VILLAGE, RORYA DISTRICT

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ABSTRACT

Background: Hypertension is a growing public health problem in many developing countries including Tanzania. However, its prevention and control has not yet received due attention from the government, policy makers and other stakeholders. This study aimed to determine the prevalence of hypertension (HT) and associated risk factors in the adult population of Shirati village in Rorya district.

Methods: A community based cross-sectional study was conducted in December 2014 in three sub villages of Shirati, Rorya district. A total of 300 adult participants (156 men and 144 women) aged 18 years and older were recruited using systematic random sampling technique. Data were collected using a structured questionnaire through face-to-face interview technique after verbal informed consent was obtained. Additionally, weight, height and blood pressure (BP) of participants were measured following standard procedures. Hypertension was defined as having Systolic BP >140 mmHg or Diastolic BP > 90mmHG or reported use of regular anti-hypertensive medications prescribed by professionals for raised BP. Data were collected by the principal investigator and research assistant (enrolled nurse) and then entered into a computer using Microsoft Excel and exported to SPSS version 16 for analysis. Pearson's chi-square test (χ^2) test, multiple logistic regressions were employed and odds ratios with 95% confidence intervals were used determine statistical significance and identify associated factors.

Results: Mean systolic BP was 119.7 ± 20.8 mmHg and mean diastolic BP was 76.6 ± 18 mmHg. The prevalence of HT was 17% in study subjects, with the prevalence being slightly more among males (14.7%) as compared to females (13.2%). The prevalence of HT increased with age, being highest in the 50- to 59-year-old age group (28.9%) but lower again in the 60+ age group. The Chi Square statistical test showed that HT was associated with the determinants of socio economic status of the study population. The prevalence of cigarette use, alcohol consumption, excessive salt intake, obesity and family history of HT were 9.3%, 39%, 52.3%, 28% and 21% respectively. The average consumption of vegetable and fruit in a typical week was 5.02 and 2.9 days per week respectively. The majority of study participants had low level of knowledge on HT signs and symptoms, risk factors, complications and medication adherence. In Multiple regression analysis increasing age, occupation, excessive alcohol consumption, BMI and family history of HT were strongly associated with the prevalence of HT.

Conclusions: This study suggests that HT prevalence in this rural part of Tanzania is on the rise compared to previous studies done. The country is undergoing a rapid demographic and epidemiologic transition in both urban and rural areas. Hypertension is the key driver of cardiovascular complications and other NCDs. Efforts to prevent high blood pressure could lead to a substantial reduction of morbidity and mortality. We recommend the design and implementation of community based screening programs and providing health education to the public to create awareness on these chronic preventable diseases.