

**UNIVERSITY OF MALAWI
KAMUZU COLLEGE OF NURSING**

**KNOWLEDGE, ATTITUDE AND PRACTICE OF HYPERTENSIVE
CLIENTS ABOUT SELF-CARE HOME MANAGEMENT AT LCH
(OPD II) MEDICAL CLINIC**

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MRN/RM**

**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF
THE REQUIREMENT OF THE AWARD OF BACHELOR OF
SCIENCE DEGREE IN COMMUNITY HEALTH NURSING**

OCTOBER, 2004

DECLARATION

I hereby declare that this proposal is a result of my own effort and hard work. It has not been submitted for a degree at any other institutions in Malawi.

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DEDICATION

I dedicate this work to my dear husband Stephano, and our beloved children Louis and Gillian for their love and prayers.

ACKNOWLEDGEMENT

First and foremost I would like to thank my Research Supervisor, Mrs. Chimango, a Senior Lecturer at KCN and Head of Department for Community and Mental Health, for her advice and support she gave me during the write-up of this proposal. My gratitude also goes to my dear husband for his encouragement.

Many thanks also go to the Malawi Government for sponsoring this scholarship to study the Bachelor of Science in Nursing. I owe many thanks to the Librarian and his members of staff for sourcing information on the internet and lending me books in the library for literature review.

Lastly, I would like to thank my friends who were willing to share some of the information used in this study.

I also thank the Almighty God for His love and wisdom He gave me in producing this work.

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ACRONOMYS

M.O.H -	Ministry of Health
L.C.H. -	Lilongwe Central Hospital
O.P.D. -	Out-Patient Department
W.H.O.	World Health Organisation
C.V.A. -	Cerebral Vascular Accident
B/P	Blood Pressure
mm Hg	Millimeter of Mercury
I.E.C.	Information, Education and Communication
BSc.	Bachelor of Science
STI	Sexually Transmitted Infection

inside w/ KCH

ABSTRACT

about what

A descriptive, quantitative and qualitative study was conducted at Kamuzu Central Hospital (OPD II) medical clinic. Experiences from the health workers at Kamuzu Central Hospital (KCH) had shown that the hypertensive clients lacked knowledge on the disease process hence clients do not know what actually happens in their bodies (Ozitioka, 2004). In this view, it was important to conduct a study whose purpose was to find out if hypertensive clients have got knowledge about how they can manage their condition at home. The study focused on knowledge, attitude, drug compliance and practice of hypertensive clients in the control of high blood pressure.

Nursing literature in Malawi lacks information on the self-care home management for hypertensive clients. No such study has ever been conducted in Malawi. Orem's self-care model was used to guide the study with emphasis on self-care home management of hypertensive clients.

Sample size of twenty participants was drawn from KCH Medical Clinic (OPD II) using a simple random sampling method. A pilot study was conducted at Likuni Hospital to ensure validity and reliability of the research instrument. Data was collected using an interview guide. Data was analysed manually using descriptive statistics and content analysis to describe qualitative data.

Study findings revealed lack of adequate knowledge for hypertensive clients about the disease process and its cause, need for psychological support from health workers and also the usefulness of the medical clinic for the general public. Recommendations were made basing on the results, emphasizing the importance of the information, education and communication (IEC) to hypertensive clients and also establishment of other medical clinic services within the Central Region to cater for those clients living in other districts in order to promote health and maintain self-care management at home.

In conclusion, we have seen that participants' lack of knowledge on the disease process was related to inadequate information, education and communication, low level of education, and poor communication between clients and health workers.

CHAPTER ONE

INTRODUCTION

Hypertension is a condition in which there is a sustained elevation of the arterial blood pressure (Walsh, 1997). Hypertension is a condition of middle adulthood involving over 35 million individuals worldwide. It is estimated that one in six individuals have high blood pressure. ^{one} Individuals at high risk for hypertension due to age, race, family history (hereditary), increased sodium diets, increased fat calories, smoking and obesity which may be caused by increased body weight in the middle age (Walsh, 1997).

The most problematic aspect of the disease is that it is asymptomatic until pathologic and sometimes fatal complications occur. It has been shown that proper treatment can greatly reduce the incidence of complications, this emphasizes the need for educating both the lay public and health professionals as to the importance of obtaining early treatment and follow-up for all clients with hypertension (Walsh, 1997).

There are two types of hypertension which are essential (primary) and secondary hypertension. The cause of essential hypertension is not known but it develops due to contributing factors like hereditary, diet and stress. Secondary hypertension may be caused by tumors developing in the brain and kidney failure.

Information, education and communication (IEC) to hypertensive clients is crucial for self-care management. The doctors, nurses and clinical officers conducting these medical check-ups must be conversant with the important tips of information to be given to hypertensive clients. The client is thus instructed and oriented on the principles of high blood pressure to achieve self-care.

This study will focus on knowledge, attitude and practice of hypertensive clients in the control of high blood pressure, who attend medical clinic at Lilongwe Central Hospital OPD II. Since no study has been done on this topic, there is need to conduct one.

*This is
now a
report*

BACKGROUND

Blood pressure varies from person to person and from time to time, a reading of 140/90 mm Hg or above is considered abnormal when measured at rest (Medical Encyclopedia, 1995). Incidence of hypertension is higher in Blacks than in Whites and increases with age in all groups. High blood pressure is associated with a significantly elevated risk of heart attack, stroke and kidney failure, with extremely high blood pressure, retinal damage and encephalopathy (brain tissue dysfunction) (Medical Encyclopedia, 1995). source

The management of hypertension includes both health education and medications. (Brunner and Suddarth, 1992) states that clients are very unlikely to adhere to complex health regimes. It is very important for the clients to be provided with adequate knowledge if compliance with anti-hypertensive drugs is to be achieved.

The medical clinics in Malawi are found in all central hospitals, namely: Queen Elizabeth, Kamuzu, Zomba and Mzuzu central hospitals. Kamuzu Central Hospital's statistics show that approximately 130 clients are seen at the medical clinic every month.

If the hypertension is secondary, treatment is directed towards correcting the primary condition. In essential alcohol intake as it increases risks of obesity which cause high blood pressure. Other areas which need to be emphasized are on changing lifestyle such as to stop smoking, to have regular exercises and stress management.

STATEMENT OF THE PROBLEM

Hypertension has been known to affect the elderly and of late, the middle aged group has fallen victims. It is a chronic condition which requires clients to play a great role on carrying out self-care management at home in terms of continuing taking their medication

, maintaining diet, exercises checking their lifestyles on smoking and stress management to promote their health.

It is observed that some of the clients do not comply with their medication at home, as a result, fatal complications have been observed in our hospitals such as sudden rise in blood pressure leading to stroke or even to death due to Cerebral Vascular Accident (CVA) (Ozitosauka, 2004). The researcher has found it an interesting area to study so as to assess clients' knowledge, attitude and practice towards hypertension.

avoid personal

PURPOSE OF THE STUDY

The purpose of the study is to find out if the hypertensive clients have got knowledge about how they can manage their condition at home.

GENERAL OBJECTIVE

To explore knowledge level, attitude and practice of hypertensive clients about self-care home management at KCH (OPD II) Medical clinic in order to improve the information, education and communication (IEC) .

SPECIFIC OBJECTIVE

- To determine the level of knowledge of clients with hypertension concerning their condition.
- To find out if hypertensive clients are given adequate information on the importance of drug compliance, exercise and diet.
- To identify factors that lead to non-compliance of the treatment regimen.
- To determine the attitude of clients towards self-care home management of hypertension.
- To investigate various practices related to hypertension that that clients get involved in at home.

SIGNIFICANCE OF THE STUDY

The study is important as it will help clients to know the importance of complying with their medications and therapeutic regimes at home. The findings of the study will enable the medical health workers at Lilongwe Central Hospital OPD II medical clinic to improve their approaches when giving instructions and health education to hypertensive clients about their condition. Through dissemination of the findings of this study, Lilongwe District Hospital will adopt new strategies on early detection of hypertension in order to prevent serious complications.

CHAPTER TWO

LITERATURE REVIEW

Many studies have been done on hypertension worldwide. W.H.O., (1990) a longitudinal population study carried out since 1970 in developing countries shows that the prevalence of hypertension ranged from 1% to 30% in some African countries. In many Latin American countries, death rates from hypertensive disease were declining, changes also ascribed to the effects of dietary alteration.

Prevalence was low in rural areas of developing countries where the diet was low in salt. This signifies that intake of low salt diet will help to control the development of hypertension.

Scitron et. Al., (1992), conducted a study on sodium restriction in hypertensive women. In some women low sodium diet may minimize pharmacological therapy or retard the development of hypertension. These findings justify that restricted sodium intake help in lowering blood pressure. This measure can be adopted in self-care management at home so that the clients remain health and continue with activities of daily living.

W.H.O., (1995), reports on the inter-salt study; (multinational study), involving 52 centres in 32 countries around the world. They found that uncontrolled body weight in obesity, increased alcohol and mineral intake determine the progressive rise in blood pressure. This indicates that one's lifestyle can contribute to the development of hypertension.

W.H.O., (1995) conducted a study to find out the prevalence of cardiovascular diseases in France. The results showed that between 1970 and 1997 in France, there was a six-fold increase in the diagnosis of hypertension. This shows that cardiovascular diseases are becoming important cause of high morbidity and mortality rate as well. Therefore,

control of hypertension should be emphasized to reduce the prevalence of hypertension through the maintenance of self-care management at community level.

American Heart Foundation, (1990) conducted a study to find out the mortality rate due to hypertension in America. They found out that hypertension was found to be a major chronic health problem which affected some 37 million Americans. Hypertension was found out to be a "silent killer" which had been identified as a direct cause of approximately 32,000 deaths per year and also a significant causative factor in the more than 3 million heart attacks and strokes suffered annually. They also found out that even though hypertension can be devastating, control of the condition is possible for most clients. This indicates that control of hypertension by adhering to medical and therapeutic (diet and lifestyle regimens) can help to reduce unexpected deaths and fatal complications due to hypertension.

Castelein, P. & Kerr J.R., (1995) carried out a study in Canada, to examine the relationship between success with a recommended cardiac lifestyle and client satisfaction with a cardiac rehabilitation programme, that was one year after discharge from the hospital. The findings included successful lifestyle dimensions such as exercises, stop smoking and alcohol and reduction of body weight. This indicates that lifestyle can help to improve the condition of the clients on rehabilitation at home.

Becker and Maiman, (1990) conducted a study on factors that influence compliance with medical regimen. They found out that there was need for the client satisfaction regarding the proposed regimen, their relationship with health care providers (both physicians and nurses) and good health care delivery system. Other influencing factors included the knowledge of the regimen and its rationale, social support and the patients' attitudes towards the medical regimen. This shows that rapport which health workers build with the hypertensive clients can motivate the clients to comply with their medical and therapeutic regimen at all times.

In Malawi, literature review indicates that no study has ever been done in relation to these variables knowledge, attitude and practice of hypertensive clients about self-care management (Madhlopa, 2004). This means that health workers in Malawi use information collected from studies done abroad to teach hypertensive clients about self-care management.

SUMMARY

The literature review indicate that the most common health problem people with hypertension encountered is managing the disease process. It is important that hypertensive clients be empowered with knowledge in these areas;

- The hypertensive clients should be able to control their blood pressure to remain within the normal range,
- to describe the diseases process and the factors contributing to hypertension,
- be able to describe health behaviors needed to manage hypertension and
- clients should actively participate in the management activities to achieve self-care, (Walsh, 1997).

CHAPTER THREE

THEORETICAL FRAMEWORK: OREM'S THEORY OF SELF-CARE

The concept of caring and self-care helps to convey the message that nursing is a caring profession that aims to assist others to better care for themselves, Caliandra G., (1990). Orem's theory of self-care has been found suitable for this study on hypertensive clients about self-care management at home.

Orem's theory of Self-care has four major concepts which need to be understood if the self-care theory is to be understood. The concepts are:

1. **SELF-CARE:** It is the performance or practice of activities that individuals initiate and perform on their own behalf to maintain life, health and well being.
2. **SELF-CARE AGENCY:** It refers to human's acquired ability or power to engage in self-care. This is affected by basic conditioning factors.
3. **BASIC CONDITIONING FACTORS:** These include age, gender, developmental state, health state, pattern of living, family system factors, environmental factors, socio-cultural factors and healthcare system factors. It consists of behaviours or actions that people do for their own health. An adult is able to care for himself but in case of children and aged ones, they require assistance with self _care activities, parents and guardians perform this for them {Orem 2004}

THERAPEUTIC SELF-CARE DEMAND

It is the totality of self-care actions to be performed for some duration in order to meet known own self-care requisites by using appropriate methods and related sets of operations and actions. Thus actions deliberately performed by some members of a

society to benefit themselves. An example is that of a hypertensive client being advised to do exercises at home like jogging and playing football for health promotion.

Self-care requisite: is defined as the reasons for which self-care is undertaken, they express the intended results (Orem,2001).

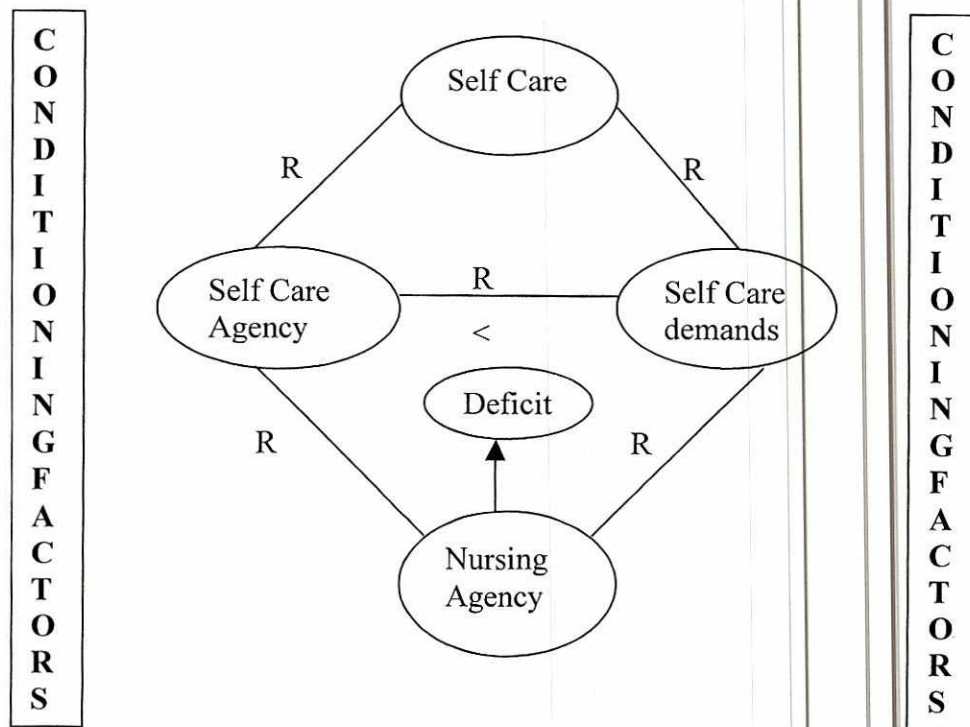
Orem presents three categories of self-care requisites or requirements as; universal, Developmental and health deviation.

- Universal requisites are common human basic needs an individual has to meet, such as sufficient intake of air, water and food, maintenance of a balance between activity and rest.
- Developmental requisites include conditions that promote development process throughout the life process, example; adjusting to body change as is the case with aging.
- Health deviation requisites are associated with genetic and constitutional defects and human structural and functional deviations and with their effects, medical diagnosis and treatment {Caliandro, G.& Judkins, B.L.,1990}. They are activities performed to adjust the changes resulting from illness, physiological stress, for example, seeking health care because of illness, being aware of pathological states and attending to its effects and results and effectively carrying out medically prescribed diagnostic, therapeutic and rehabilitative measures {George,J.B.,2002}. It also includes learning to live with effects of pathological conditions and the effects of medical diagnosis and treatment as is the case with chronic condition such as Hypertension.

workers, the person starts experiencing some symptoms such as headache, blurred vision and heart palpitations (Walsh, 1997). This means that self-care demand is high and there is self-care deficit existing and that the self-care agency of the person has been exceeded. In this case, the person cannot care for himself, will now seek help from the nursing system (self-care deficit). There are basic conditioning factors which influence the self-care agency and self-care demand. Now the nursing agency will enable the nurse to assess the potential, at self-care deficit of a person and construct a nursing system to address the deficit (Nursing agency and Nursing system). In this case, the Hypertensive client will be examined by the health worker and be given medication, advised to monitor the side effects and report to the clinic if any, be encouraged to observe diet, maintain exercise, stop smoking and comply to medication (self-care agency). All this need adequate knowledge for an individual to meet self-care requisites.

When self-care is effectively performed, it helps to maintain structural integrity and human functioning and contribute to human development. For example, hypertensive clients are able to do some of the activities of daily living themselves (George, J.B., 2002).

DIAGRAM 2: RELATIONSHIP BETWEEN THIS STUDY AND OREM'S THEORY.



KEY

R= Relationship

< = Deficit relationship, current or projected

George, J.B., (2002).

Figure 2: Shows that at any given time an individual has specific self-care abilities as well as therapeutic self-care demands.

That is, if there are more demands than abilities, nursing care is needed. For example, when a hypertensive client has got a psychological problem or is anxious of anything, this means that self-care agency's abilities have been exceeded and there is a deficit. In this case, self-care demand is high which later on needs a nursing agency to provide psychological support to reduce the anxiety.

CHAPTER FOUR

METHODOLOGY

RESEARCH DESIGN

The research study used a descriptive approach whereby both qualitative and quantitative designs for data collection and analysis were applied. Research designs spell out strategies that the researcher adopts to develop information that is accurate, objective and meaningful, (Polit and Hungler, 1991). The rationale for this design is that the weakness of one design is offset by the other.

A quantitative design deals with numerical data that is statistically interpreted while a qualitative design is concerned with in depth study of human phenomena, (Bordens and Abbot, 1996). The qualitative design was used to give the subjects full opportunity to express themselves and behave in naturalistic way. As such the researcher would have deep understanding of knowledge level, attitude and practice of hypertensive clients. The advantage of this design is that a lot of information is collected in a fairly economic nature and usually the information is accurate, (Bordens and Abbot, 1996).

SAMPLE AND POPULATION

A sample size of 20 participants was drawn from the population by using a Simple Random Method. Simple Random Sample is a type of probability sampling that ensures that each element of the population has an equal and independent chance of being chosen, (Niaswiadomy, 1993).

In this method, a sampling frame was established first. Then pieces of papers with two distinct colours, white and blue, representing each element in the population was in a container to allow each participant to pick a piece of paper blindly. A desired sample was drawn from those elements who picked blue pieces of paper only.

The health workers at the KCH (OPD II) medical clinic review approximately 27 clients once every week which gives the population of about 108 every month.

This study comprised of adults, both male and female clients reporting at KCH medical clinic. The researcher recruited participants regardless of their stratum, thus, old clients who routinely come for check-ups, recently discharged clients from the ward and those not responding to treatment.

SETTING

The study was conducted at Kamuzu Central Hospital O.P.D.II Medical clinic. This place was chosen as it is the major referral hospital for Lilongwe District and all outlying district hospitals within the central region.

INSTRUMENT

Data collection refers to the process of sampling participants and gathering data from those participants, (Burns and Groove 2001). In this study an interview guide was used to collect data. The interview guide comprised of demographic data, data related to knowledge on hypertension, data related to attitude and practice of hypertensive clients on self-care home management. There was also information on compliance to treatment and therapeutic regimen. Both open and close-ended questions were used. (See appendix A).

PRETEST

The interview guide was pre-tested on four clients at Likuni Hospital in order to establish the clarity and comprehensiveness. Questions which were not clear were re-structured. Nieswiadomy (1993), stated that a pre-testing is done to verify for adequacy of conceptualization, the cooperation of individuals involved, the degree of refinement of the instrument to be used and the feasibility of the analytical procedures.

of what?

DATA COLLECTION AND ANALYSIS

two separate issues

Data collection was done through interviewing the participants using an interview guide. Data was analysed using descriptive statistical measures of central tendency; mean, mode and median (Nieswiadomy, 1993). Quantitative data was presented in tables, pie chart and bar graph while qualitative data was analysed using content analysis to summarise the results.

ETHICAL CONSIDERATIONS

As a form of consent to conduct the study, letters were written to Research and Publications Committee at Kamuzu College of Nursing and to the Hospital Director at Lilongwe Central Hospital (See Appendix C).

Each participant was given an informed consent form prior to interview so as to be well informed about the study. The nature and purpose of the study was explained to the participants. The participants were informed that their participation was entirely voluntary and refusal to participate was in no way prejudice the care provided to them, Reid, N.G and Boore, J.

R. P., (1992). All the benefits from the study findings whether direct or Indirect were communicated. Participants were assured that there were no risks to them in their participation in this study. Confidentiality was maintained for the participants by keeping data collected in sealed envelopes. Only the principal researcher had an access to data. It was a one to one interview in a separate room to ensure privacy and confidentiality. Names of the subjects were not used on the interview guide to ensure anonymity but only identity code numbers were used. At the end of the study all raw data was destroyed. Then the participants signed the consent form to show their willingness to participate in this research study.

style of presentation

CHAPTER FIVE

RESEARCH FINDINGS

This chapter presents findings of the study pertaining to knowledge attitude and practice of hypertensive clients in managing their condition at home. The results have been presented under the following themes: knowledge, compliance, attitude and practice.

Quantitative data was analyzed through descriptive statistics mainly frequency and will be presented in figures and table format. Qualitative data was analyzed using content analysis and will be presented in narrative form.

DEMOGRAPHIC DATA

AGE:

Figure 1:

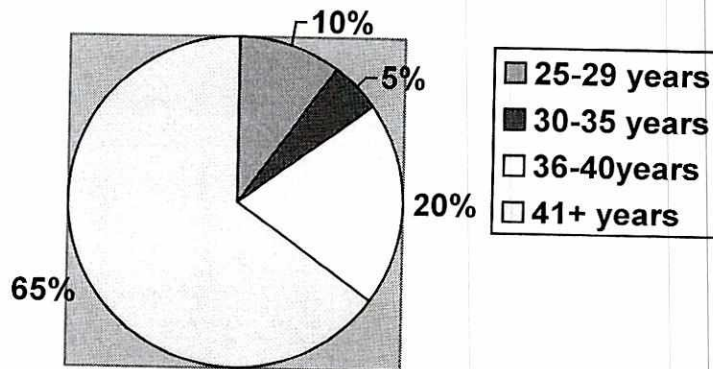


Figure 1 shows the demographic data of which participants were drawn from. Out of a total number of participants (n=20) 100%, most of the respondents fell in the age range of 41 years and above (n=13) representing 65% with mean age of 46.4.

SEX

This part presents type of sex, frequency and percentage of participants involved in this study as shown in Table 1 below.

TABLE 1: FREQUENCY AND PERCENTAGE OF RESPONDENT

SEX	FREQUENCY	PERCENTAGE (%)
Female	14	70
Male	6	30
TOTAL	20	100

Table 1 is showing that out of 100% (n=20), 70% (n=14) were females while 30% (n=6) were males.

MARITAL STATUS

Shows an overview of the marital status of the participants under study. See Table 2 below.

TABLE 2: FREQUENCY AND PERCENTAGE (%) OF PARTICIPANTS

MARITAL STATUS	FREQUENCY	PERCENTAGE (%)
Married	10	50
Single	3	15
Widowed	5	25
Divorced	2	10
TOTAL	20	100

The results in Table 2 shows that 50% of the participants are married, while 10% are divorced.

OCCUPATION

Information on occupation was sought to highlight the economic status of the participants as presented in Table 3 below.

TABLE 3: FREQUENCY AND PERCENTAGE OF PARTICIPANTS' OCCUPATION

OCCUPATION	FREQUENCY	PERCENTAGE (%)
Employed	5	25
Self employed	13	65
Farmer	2	10
TOTAL	20	100

Table 3 shows that 65% of the participants are engaged in self-employment such as small-scale business and housewives.

EDUCATIONAL LEVEL

Shows an overview of the level of education of participants under study. See Figure 2 below:

FIGURE 2: EDUCATIONAL LEVEL OF THE PARTICIPANTS

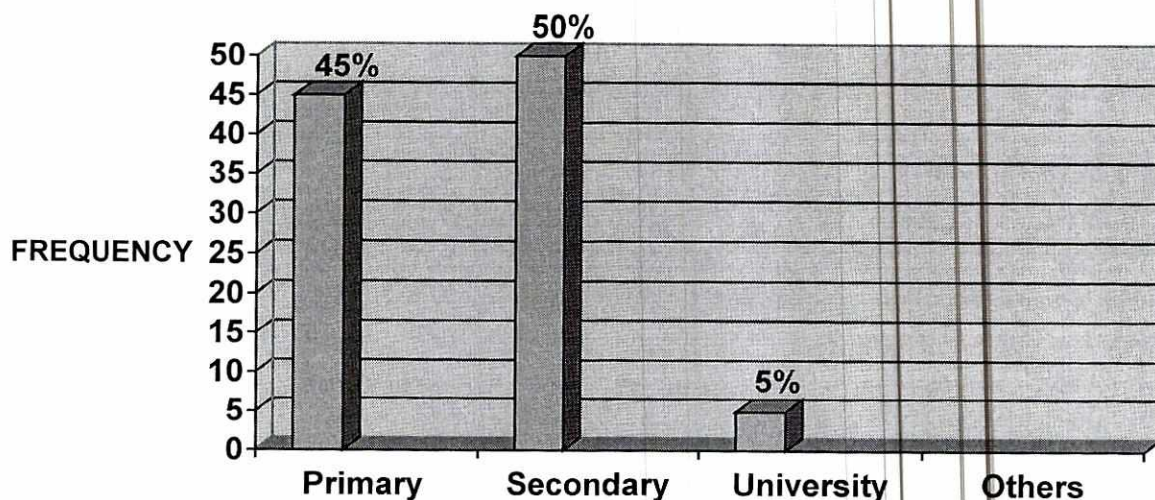


Figure 2 above is showing that 45% of the participants had gone up to the primary level of education, 50% achieved secondary level of education and 5% had gone up to the University of Malawi.

RELIGION

To have an overview of the religion of the participants, frequency and percentage are seen in Table 4.

TABLE 4: FREQUENCY AND PERCENTAGE OF RESPONDENTS' RELIGION

DENOMINATION	FREQUENCY	PERCENTAGE (%)
CCAP	9	45
Roman Catholic	9	45
Islamic Faith	0	0
Other	2	10
TOTAL	20	100

Results in Table 4 shows that 45% of participants belong to CCAP, the other 45% belong to Roman Catholic while 10% belong to other denominations like United Living Gospel church and New Apostolic Faith. However, none belonged to the Islamic Faith.

TRIBE

This part is showing the tribe allocation of participants within the study - see Table 5 below.

TABLE 5: FREQUENCY AND PERCENTAGE OF PARTICIPANTS' TRIBE

TRIBE	FREQUENCY	PERCENTAGE (%)
Ngoni	4	20
Yao	1	5
Lomwe	2	10
Others	13	65
TOTAL	20	100

Table 5 shows that 20% of the participants are Ngoni, 10% are Lomwe, 5% are Yao while 65% are among other tribes such as Tumbuka, Chewa, Tonga, Lambia, Sena and Southern Sotho (from Republic of South Africa).

KNOWLEDGE

Under this theme, when participants were asked to mention what they know about hypertension, several responses were given. Ten participants said that they do not know the term hypertension. Four participants explained that hypertension means pressure of blood in the body is high. Two participants indicated that hypertension refers to fast flow of blood in the body. Other two participants indicated that it is the rising of blood pressure. One of them had this to say, "*Hypertension means high blood pressure that can lead to stroke.*"

Another participant added that hypertension is high blood pressure in the blood vessels. One participant said that it means blood pressure is caused by fatty foods.

PERIOD OF ILLNESS

This section is showing an overview of age range of participants that they have had hypertension as seen in Table 6 below.

TABLE 6: FREQUENCY AND PERCENTAGE OF PARTICIPANTS' PERIOD OF ILLNESS

PERIOD OF ILLNESS (YEARS)	FREQUENCY	PERCENTAGE (%)
0-5	8	40
6-10	4	20
11-15	3	15
16-20	2	10
21-25	1	5
26-30	2	10
TOTAL	20	100

Table 6 shows that 40% of the participants fell within 0-5 years range, 20% fell within 6 to 10 years range, 15% fell within 11 to 15 years range, only 5% fell within the range of 21-25 years and 10% was within the range of 26-30 years.

CAUSES OF HYPERTENSION

When asked about the causes, most of the participants 45% (n=9) did not know the cause. Five participants mentioned obesity and psychological stress. Three participants indicated depression and fatty foods. One participant said, "*Hypertension can be caused by hereditary factors, fatty and salty foods.*"

One of the participants mentioned overworking, stress and bad feeding habits as the cause of hypertension.

Participants were further asked to mention symptoms of hypertension they know. The majority of the respondents, 70% (n=10), mentioned headache whilst seven of them indicated heart palpitations, pedal numbness and frequency of micturation. Two of them mentioned blurred vision and swelling of legs and general body pains. Only one participant indicated dizziness and faintness.

TABLE 7: FREQUENCY AND PERCENTAGE OF MEDICAL REGIMEN RECEIVED BY CLIENTS AT THE CLINIC

MEDICATION	FREQUENCY	PERCENTAGE (%)
Propranolol and Hydrochlorothizide (HCTz)	9	45
Hydrochlorothizide (HCTz)	4	20
Hydralazine and Propranolol	1	5
HCTz and Aspirin	2	10
Captopril and Frusemide	1	5
Propranolol and Amitrypylline	1	5
Propranolol, Diazepam and Magnesium tricillicate	1	5
HCTz, Aternol and Armilip	1	5

Table 7 shows that the majority of the participants, 45% (n=9), were put on the combination of Propranolol and Hydrochlorothizide. However, 5% (n=1) was on Captopril and Frusemide since her blood pressure was not stabilizing.

The respondents were also asked whether they had already taken their medication or not. Eleven respondents explained that they had already taken their medication at the time of interview while nine of them had not yet done so.

When asked to give reasons to support their responses, participants had given a range of responses. The most common reason given by seven participants for taking the medication early was that they were following doctor's instructions while the other two participants said it is a routine to take drugs in the morning. One participant said that he had not yet taken the medication since he had no anti-hypertensive drugs, it was the first time to attend the medical clinic. One participant said, "*I have also been scheduled for scanning therefore I have not yet taken my medication.*"

One of the participants said, that he takes drugs when necessary therefore he did not take his medication. Three participants said they had not yet taken their medication because they were finished sometime back. Another participant commented, "*I have not eaten anything in the morning so, it is dangerous to take drugs in an empty stomach.*" One of the participant said, "*I have not yet taken my drugs because they aggravate my condition, I become restless so, I opted to take plenty of water every morning. I feel better that way.*"

Only one participant said that he had just forgotten the drugs at home. However, two participants did not give any reasons for not taking their medication.

The participants were also asked whether they need to be reminded by someone to take their medication or not. All participants said that they do not need that kind of assistance because they do remember by themselves to take their medication.

Findings further indicated that eleven respondents had been given instructions about their medical regimen while nine participants were not given any instructions when asked about who gave them the instructions, seven participants said it was given to them by the

under what
Hence

clinical officer or the medical officer. The other four said that the instructions were given to them by the pharmacy assistants.

On the type of information given, ten participants said it was about frequency for taking drugs while one participant explained that it was about frequency and effects of drugs.

When the respondents were asked to mention the number of visits they make for medical check-up, twelve of the participants explained that they report to the clinic once a month. Four of the participants said that they visit the clinic irregularly whereas two participants added that they were instructed to report to the clinic once every two months. One participant had this to say, *“I report to this medical clinic weekly as instructed by the doctor since my blood pressure is not stabilizing at all.”* Only one respondent said that he had no clear picture of the medical clinic since that was the first appointment.

SUGGESTIONS ON NUMBER OF VISITS TO MAKE TO THE MEDICAL CLINIC

Participants were also allowed to make their suggestions on the number of visits to make to the clinic according to their preferences (see Table 8 below).

TABLE 8: FREQUENCY AND PERCENTAGE OF PARTICIPANTS’ SUGGESTIONS

SUGGESTION	FREQUENCY	PERCENTAGE (%)
Once a month	8	40
As doctor suggests	3	15
When necessary	3	15
Every fortnight	2	10
After two months	3	15
Weekly	1	5
TOTAL	20	100

Results in Table 8 shows that 40% of the participants preferred to visit the clinic once a month, only 15% had indicated as doctor suggests.

DRUG COMPLIANCE

Under this theme participants were asked whether they had any problems in adhering to their medical regimen or not. Most of them explained that they do comply with their medical regimen. However, a few of them indicated that they do find problems in adhering to their medical regimen.

Those participants who admitted failure to adhere to their medical regimen, gave their reasons as, he forgets to take the medication when going to work. One of them said that he usually forgets to take the medication with him when going on a trip. Other participants did not give reasons for their failure to comply with the medical regimen.

When participants were asked whether they do continue taking their anti-hypertensive drugs in presence of other illness such as Malaria, majority of them said that they do continue whereas a few only had said they do not continue.

Participants cited reasons for not continuing, for example, one participant said, *"drugs are too much for me during that period."*

Another participant said that he goes to the nearby health facility for consultation first. One of them had this to say, *"I am afraid of drug reaction in my body."*

Another participant said that he has not had malaria since discovery of Hypertension while only one participant did not give any reasons.

ATTITUDE

Under this theme, respondents were to comment whether they need psychological support from the health workers or not. Most of them explained that they need psychological support while the minority do not need that assistance.

The participants had indicated reasons why they need psychological support from the health workers. Three of them said that they want to know the exact problems and the cause of high blood pressure. Two of them said that they just need to be encouraged psychologically. One respondent said, *"I need this assistance because I have many problems with my son who is very troublesome and is at Maula Prison."*

Another respondent said that it encourages him to go to the medical clinic and also to adhere to the medical regimen. One of them said that he wants to know why he has to adhere to the medication at all times.

One of them gave his reason that she wanted to know about what is happening in her body. One respondent said, *"I have been referred from Bottom Hospital to this clinic, therefore, I am disappointed."*

Another respondent explained that psychological support could help to improve the condition while one of them said it reduces anxiety.

For those participants who said that they do not need psychological support from the health workers, they said that they are satisfied with the treatment given to them at the clinic. Some respondents did not comment anything.

Findings further showed that participants are satisfied with the care given to them at the medical clinic, however, some of them stated that they are not satisfied. Participants were also allowed to give their suggestions on how they would like the care at the medical clinic to be improved. One participant lamented that health workers must learn

to respect clients when checking them blood pressure and body weight, they must stop shouting at them.

Another participant said, "*sometimes clients are either given under dose at the pharmacy or they are told that drugs for Hypertension are out of stock hence must buy them at private pharmacies.*" So, she suggested that the government must procure adequate anti-hypertensive drugs. They are expensive not everyone can afford to buy. Another participant suggested that they should be given advice when necessary at the clinic. One of them suggested that she must be allowed to consult the doctor/clinical officer when she has any problems. Some suggestions were cited as; health workers must assess other problems and manage them accordingly, others said that the doctor/clinical officer reviewing them must re-examine them to verify blood pressure readings with his B/P machine and a stethoscope for consistency.

One participant said, "*I would like to be reviewed by the medical specialist since my blood pressure is not stabilizing.*"

However, there were other participants who did not reveal their suggestions.

The study results showed that most of the participants appreciated that the medical clinic is of great assistance to the public except one participant who was not sure what to say, as it was the first time to report to the clinic. When participants were asked to give reason to support their response, two participants indicated at the medical clinic they are able to know the status of their blood pressure easily. Six of the participants said that the clinic is helpful because they are getting better with the treatment given at the clinic and are able to work effectively at home. Two participants commented that the clinic is useful because their B/P is now controlled. One of them mentioned that at this clinic they are managed thoroughly than anywhere else.

One participant said, "*It is helpful because the health workers have time to concentrate and they give attention to Hypertension only,*" while another participant said, "*We get*

free consultation and drugs since anti-hypertensive drugs are expensive in private sectors.”

Another participant said that sometimes they are assisted both medically and psychologically. The other two just said that it is helpful.

The participants were also asked whether it is necessary for the government (MOH) to extend the medical clinic services to other places such as rural areas and district hospitals. All of the participants agreed with this idea. Then the participants gave their reasons to support the idea. Eleven participants said that everybody in the rural areas should have access to the medical services easily. Three participants explained that this could help people in rural areas to avoid long distances, which are too costly. Two of the participants said that this could help every hypertensive patient to get assisted within reach. Other two respondents stated that people in rural should also receive free services. The other two participants said, *“Most people in rural areas do not know that they are suffering from Hypertension, they just think it is just headache or Malaria.”*

PRACTICE

In this theme, when participants were asked to comment on the type of food they are advised to take at home, most of them said that they were advised to take low salt diet. Six of them explained that they take low fat diet. Other three participants said that they take nsima, beans, vegetables, beef and fish. One participant said, *“I take nsima, garlic daily, plenty of water every morning because this lowers my blood pressure.”*

The participants were also asked to mention the type of exercise they practice at home to promote their health. Several responses were given. Seven participants mentioned just walking around. Three of them indicated walking and performing household chores. Two participants said that they prefer to walk long distances than to take a mini bus. One of them mentioned stretching as an exercise while the other one said body movements. One participant pointed out playing volleyball, basket and football and chess. Another

participant mentioned jogging every morning. However, two participants did not give any responses.

When asked on the number of bottles of beer they take per day, majority of the participants, eighteen of them do not take beer. One participant said that he takes beer occasionally whereas one respondent explained that he stopped taking beer in the 1970s.

When participants were asked about the number of cigarettes they smoke per day, it was found that all participants do not smoke since birth.

CHAPTER SIX

DISCUSSION OF STUDY RESULTS

INTRODUCTION

This Chapter discusses the findings of the study by analyzing the demographic data and also the open-ended questions through interpretation and making assumptions generated from the emerging themes. The implications of the study are discussed later in the Chapter, recommendations and limitations are also included.

DEMOGRAPHIC DATA

The demographic data was collected in order to find out the relationship between age, sex, religion, marital status, occupation, tribe and knowledge, attitude and practice of hypertensive clients about their self-care management at home.

AGE

It was found out that most occurring age of participant fell in the range of 41 years and above. This is in line with literature according to Walsh (1997), which stated that Hypertension is a condition of middle adulthood involving 35 million individuals worldwide. Individuals at high risk for hypertension due to age, family history, increased sodium diets, increased fat calories, smoking and obesity, which may be caused by increased body weight in the middle age (Walsh, 1997).

SEX

Study findings shows that the majority of the participants under the study were females, 70% (n=14) where as 30% (n=6) were males. This implies that sex of an individual can determine the development of hypertension. This is so because women encounter many problems in their life that can cause stress, which may lead to the development of hypertension.

MARITAL STATUS

The study findings revealed that most of the participants were married, however, there were some participants who were single, widowed and divorced. This shows that one's marital status can affect her or his level of B/P due to the presence of so many stressors.

EDUCATION LEVEL AND OCCUPATION

The study findings showed that most of the participants are self-employed, that is, they are engaged in different small-scale businesses and others remain as housewives. This implies that most of them are not educated to qualify for better permanent jobs at an organization. This was evidenced by statistics obtained when the education level of the participants was enquired. Fifty percent of the participants went up to secondary education level and only five percent went up to university education level. The level of education also has some influence on their knowledge of hypertension and level of understanding of their medical and therapeutic regimen.

RELIGION AND TRIBE

The study showed that religion does not influence the prevalence of hypertension as evidenced by the statistics got where participants belonging to the Roman Catholic and C.C.A.P churches scored 45% each (n=9). However, a few participants belonged to other denominations such as the United Living Gospel and the New Apostolic churches and none from the Islamic faith.

The study further revealed that the majority of these participants came from other tribes such as Tumbuka, Chewa, Tonga, Lambia, Sena and Southern Sotho (RSA). However a few came from the Ngoni, Lomwe and Yao tribes.

The results showed that the prevalence of hypertension is high among the Tumbuka, Chewa, Tonga, Lambia and Southern Sotho. This implies that one's culture can influence the prevalence of hypertension.

KNOWLEDGE OF HYPERTENSION

When participants were asked to explain what they know about hypertension, several responses were given. The majority of the participants said that they did not know much about hypertension. This implies that most clients do not know actually what is happening in their bodies. This showed that most clients lacked knowledge on the disease process.

Most participants seemed to know the cause of hypertension, (n=11), 55%, however, some participants did not know the causes (n=9), 45%. They had actually said that they did not know its cause. Some participants had their responses as it was caused by fatty foods, others it was caused by depression. Lack of knowledge on the disease process and its cause has its implications because clients would only aim at controlling the symptoms of the condition and not the whole disease process.

On duration of illness, study results showed that the most occurring period of illness fell in the mode of 0-5 years. For example, two participants mentioned that they had been suffering since two years ago, one said since three years ago, another one mentioned that he had just been diagnosed one month ago, others mentioned 2 months and 4 months ago and even five years ago.

The results showed that a lot of people are being diagnosed or developing hypertension time to time. These findings support those of WHO (1995), which revealed that between 1970 and 1997 in France, there was a six-fold increase in the diagnosis of Hypertension. The results also support findings of WHO (1990) which revealed that since 1970 in developing countries, prevalence of hypertension ranged from 1% to 30% in some African countries.

KNOWLEDGE ON SYMPTOMS AND MANAGEMENT OF HYPERTENSION

The participants had knowledge of the symptoms of Hypertension. They mentioned symptoms such as headache, dizziness, heart palpitations, blurred vision, others mentioned swelling of legs (oedema). This means that most of the hypertensive clients would be in a position to recognize symptoms of hypertension.

On management of hypertension findings revealed that the participants were conversant with their medical regimen. This was evidenced by the responses mentioned by the participants. For instance, most of the participants mentioned that they take Propranolol and Hydrochlorothizide (HCTZ). Others mentioned the combination of Hydralazine and Propranolol, one mentioned Captopril and Frusemide. According to the study findings, it showed that clients are managed according to the severity of their blood pressure (B/P). The medication varies with the readings of the B/P. When stable, the B/P, the dosage is lowered. However, in severe cases, clients are prescribed Captopril and Frusemide and are advised to report to the nearest health facility for daily B/P check.

The findings also revealed that most of the participants had also good knowledge on the time they have to take their medication. When asked at the time of interview, the majority of the participants (n=11), 55%, had already taken their medication. However, a few of them (n=9), 45% had not yet done so. The participants who took their medication in the morning gave reasons to support their responses, which were valid. The most common reason given for taking the medication early in the morning was that they were following the doctors' instructions while others said it was a routine to take drugs in the morning.

From the above findings, it has been noted that patients take drugs just to follow orders. The patients do not know why they have to take drugs.

Some participants gave their responses for not taking their medication in the morning as “I have been scheduled for scanning,” another one said that he takes drugs when necessary, one of them said that he cannot take drugs in an empty stomach. Some participants added that they had not yet taken their medication because they were finished sometime back. One of them commented that drugs aggravates her condition, she become restless when she takes the drugs.

These study findings are in line with Orem’s theory of self-care, which states that self-care Agency is affected by basic conditioning factors. Basic conditioning factors consist of behaviours or actions that people do for their own health. These factors include age, gender, developmental state, health state, pattern of living, family system factors, environmental factors, socio-cultural factors and health care system factors (George, 2002).

KNOWLEDGE ON FREQUENCY FOR MEDICAL CHECK-UP

Study results showed that clients report to clinic differently. Clients whose B/P is under control are instructed to report to the clinic once a month. Others are instructed to report to the clinic weekly if their B/P is still high whereas other clients report to the clinic irregularly when symptoms disappear and they feel that they are not sick at anymore. This shows that most clients do not know the relevance for visiting the clinic as per appointment. The irregular visits that clients make to the medical clinic can have negative impact on their health. Some complications may arise suddenly such as shooting up of the blood pressure leading to unnecessary admission of the client at the hospital. Some clients can experience Cerebral Vascular Accident (CVA) leading to sudden deaths.

Suggestions also were made pertaining to the number of visits that participants would like to make to the clinic. Their suggestions did not vary much with what the health workers at the clinic tell them. This means that most clients are satisfied with the number of visits they make to the clinic, which depends on one’s blood pressure readings.

DRUG COMPLIANCE

Most of the participants explained that they did not find any problems in adhering to their medical regimen. Majority of them do comply with their medication, however, a few of the participants said that they do fail to comply. It was noted that some of them do not comply because of forgetfulness, especially when going to work or when they are on a trip to some other places.

Findings further revealed that the majority of participants do continue with their medication even when they suffer from other illness such as malaria. However, a few participants do not continue because of the increased number of drugs they have to take. Other participants said that they go for consultation first at the nearby health facility while others tend to be afraid of drug reaction. These findings indicate that not all clients are conversant with their medical regimen, therefore, they are subject to discontinue at one point or another because of fear of unknown origin. This shows that there is need to emphasize much on drug compliance with its rationales, so that clients know the importance of taking drugs even when ill. These findings are in line with those of Becker and Maiman (1990), on factors that influence compliance with medical regimen in which they had found that there was need for the client satisfaction regarding the proposed regimen, their relationship with care providers (physicians and nurses) and good health care delivery system. They also found that knowledge of the regimen and its rationale, social support and patients' attitudes towards the medical regimen was crucial.

ATTITUDE TOWARDS PSYCHOLOGICAL SUPPORT

Study results indicated that most of the participants need psychological support from the health workers, however, a few of them said that they do not need it. It was further noted that participants needed to be explained about their problem and know its cause in order to be acquainted of their condition. One of the clients said that she needs encouragement as she is experiencing many problems with her troublesome son while the other added

that it reduces anxieties. These results imply that most hypertensive clients lack psychological support from the health workers and that is why some of them fail to comply with their medical regimen and not conversant with the therapeutic one either. These results again support those of Becker and Maiman (1990) in which they found that other influencing factors with the medical regimen included the knowledge of the regimen and its rationale, social support and the patients' attitudes towards the medical regimen. The findings are also in line with Orem's self-care theory in which self-care requisites have to be met to accomplish clients' self-care management at home. For example, health deviation requisites which are activities performed to adjust the changes resulting from illness, physiological stress such as seeking health care because of illness, being aware of pathological stress and attending to its effects and results and effectively carrying out medically prescribed diagnostic, therapeutic and rehabilitative measures (George, 2002).

ATTITUDE TOWARDS CARE GIVEN TO CLIENTS AT THE MEDICAL CLINIC

Most of the participants showed satisfaction with the care given to them at the clinic, however, a few of them expressed their dissatisfaction and suggestions were made by participants pertaining to the services provided at the medical clinic on how they can be improved.

It was indicated that health workers must learn to respect clients when checking them blood pressure and weight, they must stop shouting at them. It was also noted that clients are either given under dose at the pharmacy or they are told that drugs for hypertension are out of stock and must buy at private pharmacies. The suggestion was that the hospital needs to purchase adequate anti-hypertensive drugs. These drugs are so expensive that not everyone can afford to purchase them. It was also suggested that if clients have got any other health problems, they must be allowed to consult the doctor right there at the clinic and be managed accordingly. Another suggestion was that the doctors/clinical officers attending to them must re-check the B/P readings with the B/P machine and also assess them with their stethoscope for consistency. One participant suggested that the

hospital must make the medical specialist available at the clinic to review them when their B/P is not stabilising.

According to these study findings, it showed that the health workers are doing recommendable work, however, they need to improve in their service delivery at the clinic on the areas suggested by the participants. These results also are in line with those of Becker and Maiman (1990) who found that there was need for client's satisfaction regarding the proposed regimen, their relationship with health care providers (both physicians and nurses) and good health care delivery system.

ATTITUDE TOWARDS MEDICAL CLINIC SERVICES TO THE GENERAL PUBLIC

The medical clinic services had been appreciated for its great assistance to the general public by most of the participants, except one, who was undecided as it was the first time he had attended the clinic.

The findings revealed that at the medical clinic, participants are able to know the status of their blood pressure easily. Results further showed that the clinic is helpful because participants do get better with the treatment given there and are able to work effectively at home. Participants also added that at this clinic, clients get free consultation and drugs and that they are assisted both medically and psychologically. The study results revealed that the medical clinic services are very important to the general public, therefore, all the participants indicated that it was necessary for the government (MOH) to extend the medical clinic services to other places such as rural areas and district hospitals. Participants unanimously supported this idea and said that every anti-hypertensive client in the rural areas should have access to the medical services easily. Some of the participants commented that clients in rural areas would avoid long distances, which is too costly. This was evidenced by those clients who were referred from Kasungu and Dowa district hospitals, while the other participant lamented that her date of appointment came while she was in Mchinji, her home district. This made her to miss the appointment

until a later date just because Mchinji District Hospital lacks these medical clinic services.

According to these findings, there is a great need to establish the medical clinic services in district hospitals so that clients living out there should access such services just like anyone else. This can help to promote health for all citizens of Malawi from grass root level.

PRACTICE

It has been learnt from the study results that most of the participants were advised to take low salt diet at home always. Some of the participants explained that they take low fat diet and another one explained that her friends advised her to take garlic daily and plenty of water every morning. These findings are in line with those of WHO (1990) which found out that in many Latin America countries, death rates from hypertensive disease were declining due to the effects of dietary alterations. They also found that the prevalence of hypertension was low in rural areas of developing countries low salt diet was advocated.

The findings also support those of Scitrone et al (1992) who also found out that in some women, low sodium diet may reduce the use of drugs hence retard the development of hypertension.

The study findings further revealed that most of the participants engage in different exercises at home for their health promotion such as walking, performing household chores, playing netball, football and running every morning. This showed that at least every participant was involved in physical activities to help keeping their bodies fit. The findings agree with those of Castelein and Kerr (1995), who found out that the successful lifestyle dimensions such as exercises, stopping drinking alcohol and tobacco smoking, and reduction of body weight were important for one's health promotion.

It was further noted that most participants did not either take beer or smoke tobacco. This implies that most of clients are conversant with the instructions given to them by health workers. These findings support Orem's Self-care theory which states that a self-care agency needs adequate knowledge to meet self-care requisites (George, 2002).

RECOMMENDATIONS AND IMPLICATIONS

Recommendations and implications have been made in line with nursing profession operationalisation as follows:

NURSING ADMINISTRATION

There are several problems in relation to nursing administration, which need to be addressed. It has been noted that sometimes the hospital runs short of anti-hypertensive drugs so that clients are given an under dose or are sent away to buy the drugs from the private pharmacies. It is the duty of the nurse managers to contribute to the formulation of hospital policies, which will emphasize the availability of anti-hypertensive drugs at all times. This will help to prevent clients from receiving under dose from the pharmacy and at the same time promote drug compliance.

In other words, the hospital would have a policy which will explain the availability of anti-hypertensive drugs, its adequacy throughout to allow all hypertensive clients access the drugs according to their recommended dosages at all times.

It has also been learnt that sometimes clients have to travel long distances, i.e. from rural areas or referred from district hospitals to Kamuzu Central Hospital medical clinic. This system has caused a lot of problems in trying to meet travel expenses. The nurse managers, therefore, should be on the forefront to initiate the idea to establish medical clinic services in those areas in a form of outreach or mobile clinics. This can be achieved through good hospital policy making to assist the rural poor. Therefore, KCH in liaison with the Lilongwe DHO should establish medical clinic services in its catchment area within the Central Region as outreach or mobile clinics. The services should cater for district, community and rural hospitals in the region.

NURSING PRACTICE

It has also been noted from the results that anti-hypertensive clients have a lot of needs to be met to achieve self-care home management. Nurses who attend to these clients, along with other health workers at the medical clinic, have a great role to play on provision of on-going education to clients. There should also be maintenance of rapport between the health workers and clients to reduce anxiety and promote clients' satisfaction. The medical and clinical officers should also re-check the clients' B/P to verify the initial readings. For those hypertensive clients whose B/P does not respond to the recommended medical regime, should be referred to the medical specialist for further management.

NURSING EDUCATION

Information, Education and Communication (IEC) to hypertensive clients is crucial to strengthen self-care management at home. The nurses, doctors and clinical officers must emphasize their client education on knowledge of hypertension and disease process, provide psychological support and on clients practice in relation to diet, exercises, lifestyles as in reducing beer- drinking, tobacco-smoking and drug compliance. This is very important for the control of blood pressure.

The kind of education should also point out the impact that hypertension has on the economic part. Compliance to the medical regimen, thus, will help to reduce government costs on purchasing of expensive anti-hypertensive drugs to treat complications of hypertension in hospitals. Therefore, health workers need to be up-dated on how they can handle and manage hypertensive clients through in-service education and seminars.

NURSING RESEARCH

Nursing research is very important because it will help to improve nursing practice. It also increases the body of knowledge on which nursing practice is based. There has been no research conducted in Malawi in relation to knowledge, attitude and practice of hypertensive clients about self-care home management. Therefore, there is need to carry

out one on the same topic on a wider scale. Another area of study is on cultural practices that can help anti-hypertensive clients to lower their B/P. Another topic of interest can be the study on the effectiveness of both medical and therapeutic regimen.

SCOPE AND LIMITATIONS OF THE STUDY

- The study was conducted at Kamuzu Central Hospital, medial clinic (OPD II) only and it comprised of a small sample of 20 participants. Therefore, generalization of findings was limited to this clinic only.
- Time was also limited since the study was being conducted in line with the clinic days, that is on Wednesday from 1 o'clock to 4.30 afternoon.
- There was also inadequate literature in relation to this topic available at Kamuzu College of Nursing Library.
- Despite all these constraints, the researcher managed to complete data collection within the planned time.

CONCLUSION

The study was conducted with an aim of finding out knowledge, attitude and practice of hypertensive clients about self-care home management. According to the findings, it has been noted that hypertensive clients lack adequate knowledge on different areas such as disease process, management of the condition both medical and therapeutically which affects their practice of self-care at home. Some clients lack knowledge on relevance of adhering to their medical regimen and also that these clients need psychological support from the health workers to help improve their condition.

Therefore, for self-care to be achieved, the health workers must impart adequate knowledge to hypertensive clients on the disease process, medical and therapeutic regimen. There should also be good relationship between the clients and the health

workers to promote client satisfaction. This practice will help to improve the condition, as clients will have positive attitude towards their regimen. This is important because hypertension is a chronic condition, which means that greater control of the B/P rests in the hands of clients.

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APPENDICES

APPENDIX: A

INTERVIEW GUIDE

ID CODE .. **INTERVIEWER'S NAME.....**

**TOPIC: KNOWLEDGE, ATTITUDE AND PRACTICE OF
HYPERTENSIVE CLIENTS ABOUT SELF-CARE HOME MANAGEMENT AT
KCH (OPDII) MEDICAL CLINIC**

A. DEMOGRAPHIC DATA

The following information will be helpful during data analysis. Tick where applicable.

1. Age:

- 25-29
- 30-35
- 36-40
- 41 and Above

2. Sex:

- Male
- Female

3. Marital Status:

- Married
- Single
- Widowed
- Divorced

4. Occupation:

- Employed
- Self-Employed
- Farmer
- OtherSpecify type of job.....
-

5. Education Level:

- Primary
- Secondary
- University
- Other.....Specify.....
-

6. Religion:

- C.C.A.P.
- Roman Catholic
- Islam
- OtherSpecify.....
-

7. Tribe:

- Ngoni
- Yao
- Lomwe
- Other.....Specify.....
-

B. KNOWLEDGE

8. What do you know about Hypertension?

.....
.....

9. How long have you had this condition?

.....
.....

10. What are the causes of Hypertension?

.....
.....

11. Mention any symptoms of Hypertension that you know.

.....
.....

12. What sort of medication do you receive at this clinic?

.....
.....

13. How many times do you take your medication per day.

.....

14. a) Have you already taken your medication today?

Yes

No

b)

Why.....

.....
.....

15. Who reminds you to take the medication?

.....
.....

16 a) Have you ever been given any information concerning your medical regimen?

Yes

No

b) If yes, mention by Whom?

.....

c) What was it all about?

.....

17. How often do you go for medical check-up in a month?

.....

18. Suggest number of visits to make to the medical clinic.

.....

C. DRUG COMPLIANCE

19a. Do you have any problems in adhering to your medical regimen

Yes

No

b) If yes, give reasons

.....
.....

20. What happens when you have Malaria do you continue taking your medication?

Yes

No

b) Explain why, if no.....

.....

2

D. ATTITUDE

21.a) Do you need any psychological support from the health workers?

Yes

No

b) If yes, explain why?

.....

22. Are you satisfied with the care given to you at the Medical Clinic?

Yes

No

23. If No to 21, suggest how you would like it to be.

.....

.....

24 a) Is this medical clinic of assistance to you?

Yes

No

b) Explain your reasons for your responses

.....

.....

25. a) Would you like to see Medical Clinic services being extended to the rural areas?

Yes

No

b) If yes explain your reasons

.....

.....

E. PRACTICE

26. What sort of food do you take at home?

.....
.....

27. What sort of exercise do you have at home?

.....
.....

28. How many bottles of beer do you take per day?

.....

29. How many cigarettes do you smoke per day?

.....

MAFUNSO

ID CODE

WOFUNSA

A. MBIRI YA MUNTHU

1. Muli ndi zaka zingati?

.....

2. Kodi muli pa banja?

Inde Ayi

3. Kodi ndinu wampingo wanji

.....

4.a) Munapitako ku sukulu?

Inde Ayi

b) Ngati munaphunzira, munasiyira pati

.....

5. Kodi mumagwira ntchito yanji

.....

B. MBIRI YA MATENDA OTHAMANGA MAGAZI

6. Kodi matenda othamanga magari ndiwotani

.....

.....

7. Mwakhala mukudwala kwa nthawi yayitali bwanji

.....

8. Kodi chomwe chimayambitsa matendawa ndi chiyani?

.....
.....

9. Tchulani zizindikiro za matenda othamanga magazi zomwe mukuzidziwa

.....
.....
.....

10. Kodi kuchipatala kuno mumalandirako mankhwala ati?

.....

11. a) Kodi mwamwa kale makhwala anu?

Inde

Ayi

b) Fotokozani yankho lanu

.....
.....
.....

12. Kodi alipo yemwe amakukumbutsani kumwa mankhwala

Inde

Ayi

13. Mumamwa kangati mankhwala anu?.....

14. a) Kodi munayamba mwalandirapo maphunziro okhudzana ndi mankhwala amenewa.

Inde

Ayi

b) Ngati ndi inde, tchulani ndani yemwe anakuphunzitsani.

.....

c) Anakuphunzitsani zotani?

.....
.....
.....

15. Kuchipatala kuno mumabwera kangati pamwezi?

.....

16. Mungakonde mutamabwera kuchipatala kuno kangati pamwezi.

C. KAMWEDWE KA MANKHWALA

17. a) Kodi mumakumana ndi mavuto ena aliwonse potsatira kamwedwe ka mankhwala?

Inde Ayi

b) Ngati ndi inde, perekani zifukwa zake

.....

18. Kodi munayamba mwayiwalapo kumwa mankhwala?

Inde Ayi

19.a) Kodi mukadwala malungo, mumapitiriza kumwa mankhwala anu?

Inde Ayi

b) Ngati ndi ayi, fotokozani zifukwa zake

.....
.....
.....

D. MAGANIZO ANU

20. a) Kodi mumasowa kulimbikitsidwa za matendawa ndi a zaumoyo/dotolo?

Inde

Ayi

21. Kodi mumakhutitsidwa ndi chisamaliro chomwe mumalandira kuchipatala kuno

Inde

Ayi

22. Ngati mukuti ayi, fotokozani mukanakonda zikukhala bwanji?

.....
.....
.....

23. Kodi chipatala chamatenda othamanga magazi ndi chothandiza ku moyo wanu?

Inde

Ayi

b) Fotokozerani yankho lanu

.....
.....
.....

24. a) Kodi mungakonde kuti chipatala chamatenda othamanga magazi chikhazikitsidwe m'midzi?

Inde

Ayi

b) Ngati mukuti Inde, fotokozerani zifukwa zake:

.....
.....
.....

E. ZIZOLOWEZI ZA ANTHU ODWALA MATENDA OTHAMANGA MAGAZI

25. Kodi mumadya zakudya zotani kunyumba kwanu?

.....
26. a) Kodi mumachita masewera aliwonse kunyumba kwanu?

Inde

Ayi

b) Atchuleni:.....
.....

27. Kodi mumamwa mabotolo angati amowa patsiku?
.....

28. Kodi mumasuta ndudu zingati zafodya patsiku?
.....

APPENDIX B

INFORMED CONSENT

My name is Isabella Muyakha, a student at Kamuzu College of Nursing, a constituent college of the University of Malawi. I am conducting a research study as part of the requirements for my course. The title of the proposed study is **“KNOWLEDGE, ATTITUDE AND PRACTICE OF HYPERTENSIVE CLIENTS ABOUT SELF-CARE HOME MANAGEMENT”**, whose purpose is to find out if the hypertensive clients have got knowledge about how they can manage their condition at home.

You have been randomly selected in order to participate in this study. There is an interview guide which I will use for asking you questions. The findings of this study will enable the health workers at KCH (OPD) medical clinic to improve their approaches in giving you instructions and health education about your condition and treatment regimen. There will be no any risks in relation to your participation in this study. Your participation will not expose you to physical or mental stress .The health workers will attend to you whether you participate or not.

Your identity will remain anonymous by use of code numbers on the interview guide. Data will be in envelopes and will be destroyed afterwards to ensure confidentiality. Also be informed that you are free to withdraw your consent and discontinue participation in the research study at any time without penalty. Your participation is voluntary.

I understand that I am free to withdraw my consent and discontinue participation from the study at anytime.

I have understood the above information and hereby consent to participate in this study.

Subject’s signature..... Interviewer’s signature.....

Date..... Date.....

CHILOLEZO

Ndine wophunzira za ukachenjede ku sukulu ya a namwino ku Kamuzu College of Nursing. Ndili m'chaka chachiwiri ndipo chomaliza. Kuti tilandire digiri imeneyi, timayenera kuchita kafukufuku kumbali ya zaumoyo. Kafukufuku yemwe ndikuchita ineyu mutu wake ndiwofuna kudziwa m'mene munthu amazisamalira yekha akakhala kwawo kumbali ya kudziwa zambiri za matenda othamanga magazi, makhalidwe ndi zizolowezi za anthu odwala matandawa.

Ndikufuna ndikupempheni mulowe nawo mukafukufuku ameneyu. Pali ndondomeko ya mafunso ndakonza kuti ndigwiritse ntchito pokufunsani. Mukhale omasuka, zomwe muyankhe pano zikhala zachinsinsi ndiponso zizathandiza popereka malangizo kwa anthu enanso omwe azapezeke ndi matendawa. Maina anu salembedwa, m'malo mwake tigwiritsa ntchito manambala. Kafukufukuyu mukulowa mwakufuna kwanu. Ndizakhala wokondwa ndi mayankho anu pakafukufukuyu.

Zikomo

Ndikhulupilira kuti ndamvetsa bwino kuti ndiri ndi ufulu wosiya kuchita kafukufuku mopanda kuwumirizidwa nthawi ina iliyonse. Ndamvetsa kufunika kwake kwa kafukufuku yu ndipo ndikuvomereza kuti mundifunse.

Sayini:..... Sayini ya Wofunsa:.....

Tsiku:..... Tsiku:.....

APPENDIX C

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

12th March, 2004.

The Chairperson,
KCN RPC
Private Bag 1
Lilongwe.

Dear Sir/Madam,

REQUEST FOR THE KCN RPC TO VET AND APPROVE MY RESEARCH PROPOSAL TITLED "KNOWLEDGE, ATTITUDE AND PRACTICE OF HYPERTENSIVE CLIENTS ABOUT SELF-CARE HOME MANAGEMENT"

Please refer to the above-mentioned subject matter where I am making a request to your office to vet my research proposal thus submitted to you.

I am a second year Bachelor of Science in Nursing student at the above-mentioned college, and in partial fulfillment of the programme, a research paper is required to be submitted.

Your favorable consideration on this matter would be greatly appreciated.

Yours faithfully,

Isabella Maria Muyakha (Mrs.)

University of Malawi
KCN
P/B 1
Lilongwe.
12th March, 2004.

The Hospital Director
LCH
P.O. Box 149
Lilongwe.

Dear Sir,

**APPLICATION FOR PERMISSION TO CONDUCT A STUDY AT KAMUZU
CENTRAL HOSPITAL**

I am a second year Bachelor of Science in Nursing student at the above-mentioned college. In partial fulfillment of the programme, a research project is required to be submitted.

I write to request for permission to conduct the research study at your hospital. The title of the research study is: **“KNOWLEDGE, ATTITUDE AND PRACTICE OF HYPERTENSIVE CLIENTS ABOUT SELF-CARE HOME MANAGEMENT”**, at OPD II medical clinic.

Your favorable consideration will be greatly appreciated.

Yours truly,

Isabella Maria Muyakha (Mrs.)

Cc: Principal Nursing Officer
Head of Medical Department
Sister-in-Charge OPD II
Unit Matron OPD II



University of Malawi
KAMUZU COLLEGE OF NURSING

RESEARCH AND PUBLICATIONS COMMITTEE

APPROVAL CERTIFICATE

PROPOSAL NUMBER...074/2004

TITLE: *KNOWLEDGE, ATTITUDE AND PRACTICE OF
HYPERTENSIVE CLIENTS ABOUT SELF-CARE HOME
MANAGEMENT*

INVESTIGATORS: *ISABELLA MARIA K. MUYAKHA*

DEPARTMENT/YEAR OF STUDY: *BSc.N (MATURE) YEAR TWO*

DATE CONSIDERED: *26TH MAY 2004*

DECISION OF THE COMMITTEE: *APPROVED*

SIGNATURE: *DR. CPN KAPONDA* 
DEAN, POSTGRADUATE STUDIES & RESEARCH

DATE: *20/07/04*

cc Supervisor:

DECLARATION OF INVESTIGATOR(S)

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. In case of any departure from the research procedure as approved, I/we will resubmit the proposal to the committee.

DATE.....SIGNATURE(S).....