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**Perceived Socio-Economic Factors Associated with
Hypertension in Delta North Senatorial District of Delta
State: Implications for Health Education**

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Abstract

The focus of this study was to determine the socio-economic factors associated with hypertension in Delta North Senatorial District of Delta State and implications for Health Education. The researcher raised three research questions and three hypotheses. The major instrument used for the study was the descriptive survey method, and the population for the study was 360, while the sample size was 90 respondents. The instrument was validated and the reliability index was 0.78. The data collected was tallied and analyzed using simple percentage for research questions and multiple regression analysis used for hypotheses. The findings of the study revealed that loss of job, lack of financial support after retirement from service and broken marriage promise contributed to incidence of hypertension in Delta North Senatorial District. Based on the findings of the study recommendations were made such as individuals should learn how to control their emotions by not allowing emotion to becloud their sense of reasoning to the level of developing hypertension. Individuals should accept failure in good faith and start planning for retirement period alongside with life expectancy, among others.

Introduction

Hypertension, otherwise known as high blood pressure as stated by Achalu (2008), Bruner, Emersion, Fergusson and Suddarth (1992), Vincent (1994) Ross and Wilson (2005), is a physical sign of stress on the blood vessels, and not a disease. Stanley and Ronald (2003) opined that over 20 percent of the adult population have high systolic blood pressure with only 10 percent of the people have a raised diastolic blood pressure which is even more serious than the systolic blood pressure. The World Health Organization (1999) stated that about 600 million people worldwide have high blood pressure while about 3 million deaths every year as a result of hypertension.

Hypertension has become a threat to life and its other ugly effects on man. It may exist within the body for more than 10 years without manifesting its symptoms; hence it is referred to as a "silent killer". It is a silent killer because, unless it is identified with blood pressure "measuring instrument" sphygmomanometer, an individual may not know if he is suffering from it and may also not know the harm it may cause if not controlled. Medical Records Statistics (2010) in the hospitals have revealed that hypertension is affecting a large population. For instance, visits to private clinics, individuals' homes in communities, and government hospitals in the stated area of study (Delta North Senatorial District) showed that cases of hypertension appeared to be on the high side.

Hypertension is a dangerous condition because of the possible complications associated with it such as ventricular failure, renal failure, ischemic heart disease, eye problem (retinal hemorrhage) and (stroke) cerebrovascular accident (Meckean and Jones 1985, Achlu 2008). Launer (2003) in his study showed that middle-aged men with hypertension are likely to suffer from impaired memory judgment once they reach their late 70's. This is because in every ten-point increase in systolic blood pressure, there is likelihood of diminished brain function by 9 percent (McEwen, 1993). The number of persons passing through post retirement period with stroke arising from hypertension appear to be increasing every

day in Nigeria today. Nemat, (2004) stated that too many people are dying of disease associated with hypertension at very short notice and so should be avoided.

Thompson (2004) stated that a good number of people suffering from high blood pressure have resorted to traditional (herbal) medicine rather than going for orthodox treatment, which they appear to have lost faith in. Hypertension has developed very negative effects in socio-economic life.

Nelson (1994) stated that socio-economic factors such as loss of job, occupation with lower financial reward, expose individuals to health hazardous environment, coupled with greater employment insecurity or instability which have the tendency to result in hypertension because of worry and psychological stress imposed on the body.

Statement of the Problem

Hypertension may exist in the body for many years without individuals knowing that they are suffering from high blood pressure. The cause of hypertension is old age, alcohol, smoking, and other secondary causes which may include renal failure, ventricular failure, stroke, toxemia of pregnancy etc. These causes generate a lot of effects on individuals such as morning headache, fatigue, a sense of nervousness, dyspnoea, palpitation, giddiness and blackouts indicating central nervous system involvement. Hypertensive patients are affected by financial problems because they need money to buy their drugs, go for regular medical check-ups, as well as carry out routine responsibilities in the home.

As a result of these enumerated effects of hypertension, the researcher deemed it necessary to study this subject matter. The focus of the study was to determine the socio-economic factors associated with hypertension in Delta North Senatorial District of Delta State. In particular the researcher tried to find out the possible roles which loss of job/ unemployment, lack of financial support after retirement and marital instability from service have played in reported cases of hypertension in Delta North Senatorial District.

The purpose of the study was therefore to investigate the socio-economic factors

associated with Hypertension in Delta North Senatorial District.

Research Questions

The study attempted and found answers to the following questions.

1. Has loss of job/unemployment, contributed to the incidence of hypertension in Delta North Senatorial District?
2. Has lack of financial support after retirement from service contributed to cases of hypertension in Delta North Senatorial District?
3. Has marital instability contributed to cases of hypertension in Delta North Senatorial District?

Hypotheses

1. Loss of job/unemployment does not significantly contribute to incidence of hypertension in Delta North Senatorial District.
2. Lack of financial support after retirement from service does not significantly contribute to incidence of hypertension in Delta North Senatorial District.
3. Marital instability does not significantly contribute to incidence of hypertension in Delta North Senatorial District.

Significance of the Study

The result will be beneficial to health education, health workers, formulators of health policies, pensioners, and people close to retirement. All arms of the media will use the result provided in this study to educate the masses and civil servants on how to adjust before and after retirement.

Delimitation of the Study

The study was delimited to Government Hospitals in Delta North Senatorial District of Delta State. Selected hypertensive patients were used for the study. The study was restricted to variables that affect hypertension which include loss of job/unemployment, lack of financial support after retirement from service, and marital instability.

The descriptive survey method was considered appropriate for the study because

it helped to collect data, record, analyze and interpret or describe information as they exist in their natural settings.

Population of the Study

The population for this study was made up of high blood pressure patients undergoing treatment in General Hospitals in 9 Local Government Areas that make up the Delta North Senatorial District. The information available in medical records showed that a total of 360 patients were receiving treatment for high blood pressure in the 9 (nine) General Hospitals in the area of study between the month of July, 2011 to January, 2012.

Sample and Sampling Technique

The total number of respondents' (hypertensive patients), which the researcher used as sample for this study, was 90, that is, 10 respondents were drawn from each of the nine General Hospitals in Delta North Senatorial District. The number was decided upon because it was not generally common to have a very large number of hypertensive patients coming to the hospital for treatment at the time, when they were needed to complete the questionnaire. From the number of patients available at the time (which was greater than ten) in each hospital, the required number of respondents were picked, using the ballot method of random sampling technique.

Research Instrument

The instrument used for this study for the collection of data was a self-structured questionnaire. The questionnaire items were provided with optional answers from which the respondents chose those which suited them best.

The reliability of the instrument was ascertained through test-retest method.

The data generated from test-retest process was analyzed using Pearson Product Moment Correlation Co-efficient. The instrument was considered reliable because it had correlation co-efficient at value 0.75.

Procedure for Data Collection

The researcher visited the hospitals concerned and distributed the questionnaires to the parents involved, through the assistance of some nurses working in those hospitals. In

the same way, the retrieval of the questionnaire was done, with the assistance of the nurses. 90 Copies of questionnaire were distributed and same were returned. It was not possible to collect the questionnaire the same day so another visit was made to those hospitals within one week where the assisting nurses retrieved them from respondents. For the oral interview, the researcher used information gathered in this and was infused same into the discussion that

accompanied the analysis data.

Method of Data Analysis

Completed copies of the questionnaire were collected and the responses tallied to get their frequencies. Simple percentage statistics was used to analyze the research questions while multiple regression analysis was used to analyze the stated hypothesis at 0.05 level of significance.

Research Question 1.

Table 1: Loss of job/unemployment as a factor associated with hypertension.

Variable	Agree	%	Disagree	%
Loss of Job/Unemployment	65	72	25	28

Table 1 indicates that out of the ninety respondents suffering from hypertension that supplied information about loss of

job/unemployment as a factor that contributes to hypertensive cases, 65 (72%) agreed that loss of job causes of their hypertension

Research Question 2

Table 2: Lack of financial support after service as a factor associated with hypertension

Variable	Agree	%	Disagree	%
Lack of financial support after retirement from service may be the cause of hypertension	70	77.8	20	22.2
Lack of financial support may increase emotional/emotional stress	65	72	25	28
Summary	135	74.9	45	25.1

Table 2, shows that 70 (77.8%) respondents claimed that hypertension may be caused by lack of financial support especially after retirement from service, while 20 (22.2%) disagreed that lack of financial support after retirement from service caused their hypertension. Also 65 (72%) respondents that lack of financial support increased their mental and emotional stress, while 25 (28%) out of ninety respondents disagreed with the statement held that lack of financial support

resulted to their condition. From the summary it shows that 135 (75%) respondents agreed that lack of financial support after service is a factor associated with hypertension while 45 (25%) respondents said no.

Research Question 3

Has marital instability contributed hypertension in Delta North Sensational District of Delta State?

Table 3 Percentage analysis of marital status as a factor of hypertension

Variable	Status	Agreed	%	Disagreed	%	Total	%
Marital	Single	20	22.22	10	11.11	30	33.34
Instability	Married	50	55.55	10	11.11	60	66.66
	Total	70	77.77	20	22.23	90	100

Table 3 indicates that out of 90 respondents that supplied information on marital instability 20 (22.22%) single agreed, 10 (11.11%) disagreed with the statement that hypertension is associated with marital status. In other words, 50 (55.55%) married agreed, while 10 (11.11%) disagreed. Total of 70 (77.77%) agreed while 20 (22.23%) disagreed. This means that marital status is highly associated with hypertension in Delta

North Senatorial district.

Hypothesis 1

Loss of job/unemployment would not significantly contribute to incidence of hypertension.

Table 3 Hierarchical regression statistical analysis of loss of job/unemployment as a contributory factor to hypertension

Model	R	R2	R2 Adjusted	STID Error of the estimate
	0.331	0.098	0.088	12.12
ANOVA	DF	SS	MS	F
Regression	1	3085441	1651.963	
Residual	198	28968952	157.598	10648
Total	199	32861.86		
	Unstandardized Coefficient		Standardized Coefficient	
	B	SEB	B	T
Constant				
Loss of job/unemployment	5406	1.836	200	12149
	8.267	120		3.269

Table 3 shows that loss of job/unemployment has a significant relationship with hypertension among people who were involved in this study. The computed multiple R = 0.331 was found to be significant at $f = (1, 198) = 10648$ $P < 0.5$. Therefore, the null hypothesis, which states that loss of job/unemployment significantly contribute to incidence of hypertension was rejected. As shown in table 3, the factor

accounted for 4.2% of variance in incidence of hypertension.

Hypothesis 2

Lack of financial support after retirement from service does not significantly contribute to incidence of hypertension in Delta North Senatorial District.

Table 4: lack of financial support after retirement from service

Model	R	R2	R2 Adjusted	STID Error of the estimate
	0.41	0.089	0.089	12.31
ANOVA	DF	SS	MS	F
Regression	2	3096904	1682432	10648
Residual	197	79957422	152843	
Total	199	83194,755		
	Unstandardized Coefficient		Standardized Coefficient	
	B	SEB	B	T
Constant				
Lack of finance after retirement	100886	1.836	400	12.149
	-5400	186		-3890

Table 4 shows that lack of financial support after retirement from service has a significant relationship with hypertension with people involved in the study. The computed multiple R = 0.4 was found to be significantly at $F = (2 - 197) = 10, 826$. $P < 0.5$. Therefore, the null hypothesis which

states that lack of financial support after retirement from service do not significantly contribute to the incidence of hypertension was rejected. As shown in the table, the factor accounted for 4.3% of variance in incidence of hypertension. The computed beta weight lake of financial support after retirement from

130

service was 40 which yielded a significant value = 3, 89, $P < 0.5$. This means that lack of financial support after retirement from service contributes to hypertension in Delta North Senatorial district.

Hypothesis 3

Marital instability would not significantly contribute to incidence of hypertension in Delta North Senatorial District.

Table 6: Regression analysis of marital instability as a factor associated with hypertension

Table 6 shows that marital instability

Model	R	R ²	R ² Adjusted	STD Error of the estimate
	0.068	0.136	0.146	1112
ANOVA	DF	SS	MS	F
Regression	3	2184222	2462336	12138
Residual	197	1396892	107359	
Total	199	12861.88		
	Unstandardized Coefficient	Standardized Coefficient		
	B	SEB	B	T
Constant	2201	1341	240	32450
Marital Status	9.220	221		4,208

has a significant relationship with hypertension among people who were involved in this study. The computed multiple $R = 0.068$ was found to be significant at $F(3,197) = 12138$, $P < 0.5$. Therefore, the null hypothesis which states that marital status does not significantly contribute to incidence of hypertension was rejected. As shown in table 6, the factor accounted for 4.1% of variance in incidence of hypertension.

The computed beta weight marital status was 24 which yielded a significant value = 4, 20 $P < 0.5$. Thus, it can be said that marital status is associated with hypertension in Delta North Senatorial district of Delta State.

Discussion

The findings obtained from table 3 shows that loss of job/unemployment is a major socio-economic factor associated with development of hypertension in the area of study. This is in line with Achala (2001). Watchtower (2006) said that loss of job/unemployment invites health problems such as emotional and psychological stresses resulting in hypertension for many people.

A good number of youths were discovered to have constant high blood pressure ranging from 160/100 to 190/120 whose diagnoses were concluded as being hypertensive. Medical history was also traced to pressure of strain from social life which

includes unemployment, inability to boost integrity as a financial member of their society due to loss of job or unemployment. Unemployment has plunged many adults to strenuous jobs, un-conducive environment while absence of well-paid jobs have contribution to incidence of hypertension. The finding also shows that a good number of retirees start experiencing hypertension after they have retired from service. It was discovered that some retirees developed high blood pressure as a result of not being able to maintain and established good living after retirement from service.

The findings are in line with Gerald (2005) Dustan, Rocella and Garrison (2004) who said that income improves individual self-confidence, self-identity and personality. They further stated that income gives a greater financial reward that permits good lifestyle, better nutrition, provide access to better medical care, better knowledge of health needs either to encourage or discourage certain health practices.

It was found that marital status was a major factor in hypertension. This is in line with Mc Ewen (1993) who stated that imbalanced marital status leads to emotional distress, psychological imbalance and rise in blood pressure. It was observed that a good number of people who were not married were not married, not because they were not interested in marriage but due to problems of

marriage choice. These people and some others faced the problem of marital instability. Marital status could be single, married, or divorced. All of these have their peculiar health problems which result to high blood pressure.

The findings of the study revealed that there is:

1. Loss of Job/Unemployment,
2. Lack of financial support after retirement from service which was socio economic factor associated with incidence of hypertension in Delta North Senatorial District of Delta State.
3. Marital instability was a significant factor to hypertension in Delta North Senatorial District. This means that loss of job and lack of financial support were the major causes of hypertension. Individuals who may allow emotions to becloud their sense of reasoning may develop high blood pressure as a result of uncontrollable stress.

Recommendations

The following recommendations were made from the observed findings:

1. Government should provide job opportunities for its citizens, most especially for hypertensive patients as a means of controlling hypertension.
2. There should be a Health care center provided for unemployed hypertensive patients where they will go for periodic medical check-up; and the services should be free of charge.
3. Workers should start planning for their retirement from the day they gain employment to their time of retirement, by saving up some money to run a business that will sustain them after retirement. Government organizations and individuals should provide microfinance banks where needy individuals can be easily supported financially.
4. Workers should not allow emotions to control them to the level of developing high blood pressure when their situations worsen.
5. Individuals, both single and married, should be attending marriage counseling sessions so as to reduce

problems that may arise from marital instability.

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132

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