

ABSTRACT

The study of awareness and practices on prevention of hypertension was carried out among housewives in rural areas of Myit-Thar Township in 2015. The objectives of the study were to identify the knowledge, awareness and practices on prevention of hypertension among housewives of above 18 years of age. Cross sectional community-based analytic study design was conducted with semi-structured questionnaires. The participants were between the age of 18 to 70 years and total of 238 in numbers. The mean age of housewives was 43.95 years (SD =12.64), nearly 49% of the housewives were primary school level. Their median monthly family expenditure was 100,000 Kyats (IQR= 80,000 Kyats). About 40% of housewives had family history of hypertension. The awareness of hypertension was 57.1% among housewives. Almost 86% of housewives always added salt and salty sauce and 92.9% always used seasoning powder during cooking. Although most dietary practices were not satisfactory, 45.4% of the housewives used sesame oils. Nearly 30% of housewives ate more than or equal to 5 servings of fruits and vegetables and 40% did moderate intensity activities. About 39% of housewives reported that they had history of hypertension and this showed the possibility of high prevalence of hypertension in rural areas. There was statistically significant association between the hypertension related knowledge with education level ($p=0.036$) and habit of adding seasoning powder ($p= 0.047$). There was statistically significant association between younger age with the habit of eating processed food high in salt ($p= 0.002$) and older age with smoking ($p= 0.004$). There was also statistically significant association between presence of reported history of hypertension with habit of adding salt and salty sauce during eating ($p= 0.003$) and use of OC pills ($p= 0.032$). Basic health staffs should be given NCD prevention trainings so that BHS could contribute this health education to public and raise awareness on prevention of hypertension. Health education programs should include risk factors of hypertension, complications of hypertension and importance of taking regular treatment. CVD clinics should open in rural areas, so that the prevalence of hypertension and premature death due to complications of hypertension in rural areas would be reduced.