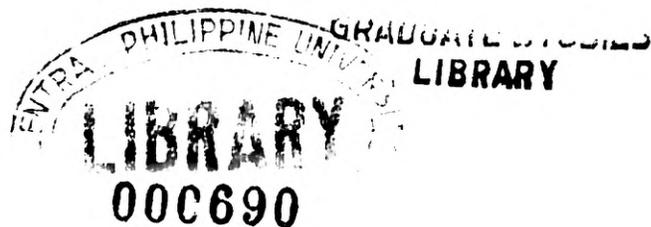


**THE INFLUENCE OF PERSONAL CHARACTERISTICS ON THE LIFESTYLE
OF HYPERTENSIVE MEN AND WOMEN IN FOUR BARANGAYS
IN ILOILO: A RETROSPECTIVE STUDY**

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ABSTRACT

In the Philippines, increasing life expectancy, urbanization and lifestyle changes have brought about a considerable change on the health status of the country. Globalization and social change has influenced the spread of non-communicable or lifestyle/degenerative diseases by increasing exposure to risk. As the country's per capita income increases, the social and economic conditions necessary for the widespread adoption of risky behaviors gradually emerge.

The life expectancy of Filipinos in 1999 has gone up to 69 years. The process of aging brings out myriad health problems which are degenerative by nature. Mortality statistics in 1997 shows that 7 out of 10 leading causes of deaths in the country are diseases which are lifestyle related (diseases of the heart and the vascular system, cancers, chronic obstructive pulmonary diseases, accidents, diabetes, kidney problems). Morbidity statistics show that diseases of the heart ranks 6th as the leading cause of illness in the country. (<http://www2.doh.gov.ph/healthylifestyle/hlprogram.htm>)

Hypertension (HTN), the major risk factors for cardiovascular disease (CVD), is emerging as a major public health problem globally. In the Philippines, age-standardized

mortality rates from hypertensive diseases increased from 21.0 to 45.6 and 15.6 to 25.5/100,000/year among men and women respectively, between the years 1963 to 1976. Further evidence to support this trend was provided by the Southeast Asian Medical Information Center (SEAMIC) which reported CVD as the leading cause of mortality in the Philippines from 1990-1993.

In 90 to 95 percent of high blood pressure cases, the cause is unknown. In fact, a person can have high blood pressure for years without knowing it. That is why it is known as a “silent killer”. When the cause is unknown, this is called essential or primary hypertension. Studies show that about 50 percent of essential hypertension is thought to be hereditary. There are many different genes that interact with each other and the environment to produce high blood pressure, but hypertension might only occur with the addition of one or more environmental factors.

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)¹ recommends lifestyle modification for all patients with hypertension (i.e., blood pressure of 140/90 mm Hg or higher) or prehypertension (i.e., blood pressure of 120/80 to 139/89 mm Hg), a new category developed by JNC 7 to draw attention to earlier intervention. Although some lifestyle modifications may seem to offer only minimal blood pressure-lowering effects, they should not be discounted. A reduction in systolic blood pressure of 5 mm Hg has been associated in observational studies with reductions of 14 percent in mortality caused by stroke, 9 percent in mortality caused by heart disease, and 7 percent in all-cause mortality.⁶ In addition, a weight loss of 10 lb (4.5 kg), a realistic goal for most individuals who are overweight, can reduce or prevent hypertension.

Smoking has also been identified as risk factors of hypertension cessation, nicotine released while smoking cigarettes is believed to impact blood pressure through arousal of the sympathetic nervous system followed by the release of norepinephrine and epinephrine. Reports that cigarette use causes a 4-mm Hg increase in systolic blood pressure and a 3-mm Hg increase in diastolic blood pressure compared with placebo. (<http://proquest.umi.com/pqdweb>)

Despite all that is known about its adverse health consequences, high blood pressure still is poorly controlled. In a recent study, it was reported that more than half of adult Filipino males are still smoking and local experts say that it is the most prevalent risk factor that account for the increasing incidence of deaths related to diseases of the heart and blood vessels. Filipinos are also smoking more than Americans, Japanese and Singaporeans. (www.psh.org.ph/v2/index.php?page=nnhes)

With hypertension claiming so many lives, it is important that control and prevention of this disease be advocated and programs to help control it be supported.

Conclusions

1. No significant association was found between personal characteristics such as age, civil status, educational attainment, and occupation and cigarette smoking. This means that the above personal characteristics of the respondents were not associated with cigarette smoking while sex and family history of hypertension are significantly associated with respondents' cigarette smoking habit. This means that a smoking is sex differentiated, male tend to smoke more than female and the family history of hypertension may influence the persons smoking habit, as

perceived threat to one's health, a person may avoid cigarette smoking. This finding is consistent to the recent study by Tiglaio et al, (2000) they reported that there were more male smokers than female. They furthermore reported that a higher proportion of those who smoked have no family history of hypertension.

2. No significant association was found between personal characteristics such as age, civil status, educational attainment, and family history of hypertension and alcohol drinking while gender and occupation were significantly associated with alcohol drinking habit of the respondents. This means that male has the tendency to drink alcohol than female and having family history of hypertension may cause the individual not to drink alcohol. This finding is consistent with the report of Lewis (2002), she reported that male drinks alcohol than female. It was also corroborated by the report of Black (2001), she reported that male tend to drink more than female and family history of hypertension may cause an individual to avoid alcohol drinking.
3. No significant association was found between personal characteristics such as age, sex, civil status, educational attainment, and occupation and exercise. This means that the above personal characteristics of the respondents were not associated with exercise while family history of hypertension is significantly associated with respondents' exercise. This means that family history of hypertension may influence the person's activity or exercise. This finding is consistent to the study of Dr. Deepak Chopra, he reported that regular exercise reduces stress and blood pressure, it is highly recommended as an integral part of life. Consistent aerobic exercise can both prevent and lower hypertension. In his

report, an individual with family history of hypertension, tend to start early in adult life and achieve, positive long-term effects on blood pressure and cholesterol levels. (Alternative Medicine (2002)

4. No significant association was found between personal characteristics such as civil status and occupation while age, sex, educational attainment, and family history of hypertension were significantly associated with respondents' pork consumption. This means that pork consumption is sex and gender differentiated and education and family history of hypertension influence the respondents' pork consumption. This finding were consistent to the report of Pender (2006), she reported that adult female, with significant knowledge regarding common problems of aging and specially those who have experienced caring a stroked family members will tend to avoid foods rich in saturated fat such as of pork.

Recommendations

Based on the conclusions derived from the findings in this study, the following are the recommendations:

1. with the knowledge of the result of these findings the Department of Health must strengthen their campaign on the importance of healthy lifestyle specially among adults and with history of hypertension,
2. government agencies should make more efforts of education and education materials to all levels of society,
3. importance of healthy lifestyle should be emphasize to children and adolescent,

4. Doctors and nurses should emphasize, promote and protects one's health and well-being by campaigning and promoting the following messages: don't smoke, have regular exercise, eat a healthy diet everyday, weight control, manage stress, and have regular health check up.
5. To further validate the findings of this study, a replication of the study must be done in other places, using other variables to determine other risk factors associated to adherence of the individual to a healthy lifestyle that would stop hypertension.