

A Review on Impact of Training Program on Knowledge and Practice Regarding Hypertension among Accredited Social Health Activist

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Abstract

Hypertension (HTN) is the term used to describe high blood pressure (BP). One of the major causes of morbidity and mortality and a public health issue that affects all nations in the world is HTN. The low diagnosis of HTN in rural India is caused by a number of obstacles. Accredited Social Health Activist (ASHA) workers who work for mother and child health programs across the nation could be used to improve HTN control because rural India has low access to healthcare services. ASHAs can receive training to facilitate community-based group discussions focused on education and to assist people in controlling high BP. ASHAs may obtain training to support people and lead community-based group discussions on high BP management. Following the intervention, the ASHAs had a greater understanding of and use for HTN. According to the ASHAs, the training materials were easy to understand and effective at educating local populations. This study proved that health education provided by community health practitioners improved the adherence of HTN patients to low-sodium diets and medications. More health issues than any other condition are caused by HTN globally. Rural communities have lower levels of awareness of available HTN control options. We came to the conclusion after examining the available literature that training programs could improve the understanding and attitude of ASHA employees about HTN.

Keywords: Accredited social health activist, hypertension, knowledge, practice, training program.

INTRODUCTION

Blood pressure (BP) that is higher than usual is known as high BP or hypertension (HTN). Depending on your activity, your BP varies throughout the day. A diagnosis of high BP (also known as HTN) may be made when BP readings are frequently above normal.^[1]

As one of the major causes of morbidity and mortality, HTN, which accounts for 7.5 million premature deaths globally, is

a public health issue that affects all nations. Affecting 31% of adults worldwide, it is known as the “silent killer” and is frequently discovered by accident.^[2]

A disease like HTN increases the likelihood of developing illnesses in other organ systems such as the central nervous system, renal system, and cardiovascular diseases (CVSs). Numerous cardiovascular risk factors have been found to alter the metabolism of cerebral glucose, which eventually results in memory loss and the development of diabetes mellitus by generating insulin resistance. This affects the susceptibility to developing Alzheimer’s disease. Raised BP is one of the main risk factors for non-communicable diseases (NCDs), in contrast. Over 85% of all fatalities globally are attributable to NCDs, and over 71% of those deaths take place in low- and middle-income nations. The prevalence, which is reported to be 19.6% in Ethiopia, is rising in lower-income countries. One of the avoidable causes of premature mortality is elevated BP. However, the majority of people do not effectively manage

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their BP. Understanding high BP helps regulate and prevent the issues that could arise from it.^[3]

The low prevalence of HTN diagnosis in rural India is related to a number of obstacles. The obstacles can be divided into three groups: those that affect the individual, the health system, and social determinants. At the individual level, the degree of awareness and occasionally the readiness for a diagnosis of the present physical condition are key determinants and influencers. In a few instances, the psychological barrier to seeking diagnostic assistance is the fear of detection itself. The expertise and skills of health professionals, the accessibility of equipment, as well as the availability of necessary supplies, can all have an impact on system-level barriers. Advanced methods and point-of-care technologies are frequently not utilized at the grassroots level. Social determinants including age, place of residence, and other elements are also important. In addition, a significant portion of adults are excluded from the scope of targeted treatments because public health programs are primarily directed at reproductive age groups with a focus on maternal and child care.^[4]

OVERVIEW OF HTN

In India, the main cause of cardiovascular morbidity and mortality among the elderly and elderly population is HTN, which is a significant public health concern. According to the most recent National Family Health Survey-5, 20.2% of women and 22.7% of men in rural areas have HTN. This calls attention to the need to identify and manage HTN.^[4]

According to a 2010 study, high BP is South Asia's third-most significant risk factor for disease. The cardiovascular health status and healthcare systems in India are significantly impacted by HTN. About 57% of fatalities from stroke and 24% of deaths from coronary heart disease in India are directly attributable to HTN. HTN is one of the leading global causes of premature death, according to the World Health Organization. In a systematic review of population health statistics for attributable mortality and attributable disease load, the Global and Regional Load of Disease and Risk Factors study (2001) placed HTN in South Asia as second only to child underweight for age.^[5]

OVERVIEW OF ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA)

In 2005, the Indian government established the ASHA workers as a new cadre of non-physicians as part of the National Rural Health Mission. As a bridge between the community and the public health system, ASHAs in India work to increase community awareness of health and its social determinants, support the primary healthcare system in facilitating care specifically for maternal and child health, and improve access to healthcare services. They are female village inhabitants who receive payment on a fee-for-service basis for specific primary healthcare tasks. Maternal and child care have been the main

areas of attention in earlier assessment studies of ASHAs. The public health system has trained ASHAs from 100 pilot districts in 21 States since the National Program for the Prevention and Control of CVS, Diabetes, Cancer, and Stroke was established in 2010 to prevent and manage chronic diseases such as diabetes and HTN as well as their risk factors.^[6]

ASHAs can be taught to facilitate community-based group educational conversations and to assist people in controlling high BP, according to a recent study. According to study participant and researcher Pallab Maulik from the George Institute for Global Health, CVS, the main cause of early death and disability in India, is greatly influenced by HTN. ASHA workers, who work for mother and child health projects nationwide, could be used as a potential solution to improve HTN control because access to healthcare is inadequate in rural India.^[7]

OVERVIEW OF HTN PREVALENCE IN RURAL AREAS

The prevalence of HTN was determined to be 17%, and it was revealed that females were more likely to have the condition than males were – 170 females outnumbered 153 males by a margin of 18.3%. It was shown that older people had a higher prevalence of HTN. It was discovered that it was 5.26 times greater in the elderly (>50 years) age group compared to the younger (30 years). Pre-HTN was detected in 65.74% of participants, Stage I HTN in 11.33% and Stage II HTN in 5.69%. The results of the present study indicated that rural Western Uttar Pradesh in Central India has a high prevalence of HTN.^[8]

The prevalence and determinants of HTN were the subjects of the investigation. HTN was present in 31.5% of people (95% confidence interval [CI]: 27.1–35.9). Age, education level, occupation, socioeconomic class, cigarette use, waist circumference, waist-hip ratio, and nutritional status were all significantly ($P = 0.05$) associated with BP. The logistic model excluded associations between education, diet, and employment status that were significant in the univariate analysis. (Adjusted odds ratio [AOR]: 3.06; 95% CI: 1.75–5.35) and socioeconomic classes IV and V (AOR: 2.24; 95% CI: 1.17–4.31) had greater rates of HTN, respectively. The majority of the identified predictors were controllable, and there found a high prevalence of HTN in the rural population.^[9]

In rural Kerala, India, a community-based cohort research was carried out to determine the prevalence of HTN and associated risk factors. In this study, the rates of incident HTN related to awareness, therapy, and control were 42.9%, 22.9%, and 11.4%, respectively. There was a high incidence of HTN in this rural population. This emphasizes the necessity for lifestyle adjustment interventions that target those with high-normal BP, central obesity, and current smoking as the primary prevention of HTN. The level of awareness, treatment, and management of HTN in this population has to be improved by the healthcare system.^[10]

OVERVIEW OF AWARENESS IN COMMUNITY REGARDING HTN

In Ward 14, Gwanda District, Matabeleland South, Zimbabwe, a community-based cross-sectional study on knowledge, attitudes, and practices of HTN was conducted. This study came to the conclusion that inadequate education and low socioeconomic status were linked to inadequate knowledge of HTN. Medication shortages, inadequate healthcare funding, and inadequate health education initiatives all contributed to lower community awareness and HTN control. Consequently, there was a need to improve community HTN awareness, care, and management.^[11]

There was Prevalence of HTN and Levels of Awareness in a Rural Population in Jazan. In all population groups, the prevalence of diagnosed HTN rose with age, rising most gradually in people under the age of 40 and then quickly and sharply in people above the age of 40. The study came to the conclusion that due to rapid changes in food and lifestyle choices, the prevalence of HTN is rising annually on a global scale. In addition, the Ministry of Health and researchers recommend creating a program to raise awareness and evaluate patient adherence to prescription medicine for the treatment of HTN due to the low antihypertensive adherence in rural Jazan.^[12] Awareness of hypertension has increased in a rural population in South Africa. According to the knowledge score, the majority of community members appeared to have an intermediate (74.3%) or good (14.0%) understanding of HTN, with only 11.8% of the population having low knowledge. The community appeared to have a good understanding of the risk factors for HTN. It was determined that poverty was a significant vulnerability in this community, restricting choices for healthy lifestyles such as wholesome diets, leisurely physical activity, and timely access to healthcare. Participants suggested using community-based initiatives to engage local residents in the prevention and treatment of HTN. To promote awareness of HTN in rural communities and to address poverty as a significant barrier to good lifestyle choices, this study emphasizes the need for greater health promotion initiatives.^[13]

OVERVIEW OF ROLE OF COMMUNITY HEALTH WORKER (CHW) IN HTN MANAGEMENT

Article published in 2014 and subjected to peer review on the role of community health professionals in the self-management of hypertension and compliance with medication. The findings of this study will improve the understanding of CHWs' work among academics, policymakers, and healthcare professionals. Particularly among underserved and diverse communities in the United States, CHWs are crucial provider allies for enhancing HTN prevention and self-management.^[14]

The work that CHWs do is extensive, diverse, and crucial for managing diabetes and HTN. Although training is *ad hoc* and non-standardized, a basic understanding of diabetes and HTN still exists. If community-based NCD

management is to be effective, these must be enhanced. Further, research is necessary to determine whether peer education can serve as a means to supplement formal training requirements, as well as to provide assistance and supervision at work.^[15]

In the Cape Peninsula region of South Africa, a study on the knowledge, attitudes, and beliefs of CHWs regarding HTN was conducted. The perspectives and attitudes of CHWs toward HTN are examined in this paper. Conclusions collected from the CHWs' comments revealed their limited understanding of HTN as a chronic lifestyle condition. In the meantime, they are anticipated to play a part in piquing locals' interest in the overarching concept of preventive health maintenance and follow-up. The planning of programs for health promotion can use the data from this study. Preventing HTN and enhancing the initial care of each suffering should be among them. Community nurses in primary healthcare institutions must be aware of these views and attitudes since they may differ from their own due to their close working relationships and connections with CHWs.^[16]

OVERVIEW OF IMPACT OF TRAINING PROGRAM ON HTN AMONG ASHA

An intervention study was conducted on the effectiveness of empowered community health professionals' health education in enhancing HTN treatment and diet adherence. The results of this study demonstrated that hypertensive patients in the intervention group knew more about HTN than those in the control group ($P < 0.05$). Following health education, the patient's satisfaction in the intervention group considerably increased ($P < 0.01$). Following health education in the intervention group, the percentage of patients with good medication adherence increased noticeably ($P < 0.01$) from 20% to 70%. In addition, the percentage of patients who adhered well to a reduced salt diet increased significantly ($P < 0.01$) from 39% to 85%. In contrast, the control group's adherence to a low-salt diet and excellent medication was generally consistent between pre-and post-test. This study demonstrated that community health professionals' health education increased HTN patients' adherence to low-sodium diets and medicines.^[17]

The effectiveness of a HTN training program for certified social health activists (ASHA) in rural India was examined. In this study, the average knowledge score of the ASHAs about HTN increased from 64% at baseline to 76% following training and 84% following the 3-month intervention. The community meetings were watched by research officers, who reported that ASHAs efficiently delivered the self-management curriculum without any additional help. The training materials, according to the ASHAs, were simple to understand and effective at educating neighborhood residents. ASHAs can receive training to provide community-based group talks on high BP management and to assist individuals.^[17]

CONCLUSION

Worldwide, HTN causes more health problems than any other condition. Less awareness exists about HTN management choices in rural areas. After reviewing the available literature, we came to the conclusion that ASHA workers' knowledge and attitude regarding HTN could benefit from training initiatives.

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CONFLICTS OF INTEREST

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