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Prevalence and Predictors of Hypertension Among Adult Traders in Ibadan Metropolis, Oyo State, Nigeria

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Abstract:

Hypertension, also known as high or raised blood pressure, is a condition in which the blood vessels have persistently raised pressure, putting them under increased stress. It is a major risk factor for chronic heart disease, stroke, and coronary heart disease and also a major cause of mortality and morbidity globally. This study aimed to examine the prevalence and predictors of hypertension among adult traders in Ibadan metropolis, Oyo State, Nigeria. A descriptive cross-sectional survey was employed in this study. A semi-structured questionnaire was used to collect the data. The simple random sampling method was used to select Ibadan North West Local Government Area among the five urban local government areas in Ibadan metropolis. All the six (6) markets under this local government were included in the study. All the eligible adult traders that consented were interviewed using a semi-structured questionnaire. Association between categorical variable was assessed using chi-square statistical method at 5% level of significance. The overall prevalence of hypertension was 13.3%. The sex distribution of hypertension by gender shows that male has prevalence of 11.5% and female 16.5%. Hypertension is more prevalent among traders of 40 years and above with 21.3% and widows/widower 50.0%. The prevalence of hypertension among the traders' ethnicity shows that Igbos has 16.0% followed by Yorubas 13.1% and Hausas 9.6%. Among the traders 5.9% were

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underweight, 7.7% were normal, 19.1% were overweight and 17.9% were obese. 9.9% has less than 4 children while 19.1% has 4 and above. The study revealed a high prevalence of hypertension among older traders. Therefore, it was recommended among others that the government should create awareness on social media on the importance of regular checks of blood pressure to promote health status and also reduce the complications of hypertension.

Keywords: Hypertension, prevalence, predictors, traders,

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Introduction

Traders comprise of men and women that deals with buying and selling of goods. This group of people seems to be affected with hypertension because of the stress linked to their means of livelihood and sedentary lifestyle. Often, some of them sit down for hours or more within their sales period. The hustle and bustles of their work may predispose them to have high blood pressure. Hypertension also known as high blood pressure (BP) is a worldwide public health challenge. It is a chronic medical illness in which the BP in the arteries is increased. The more the pressure in blood vessels the harder the heart needs to work to pump blood, thereby making it work beyond its capacity. It is popularly referred to as the "silent killer" because it has no specific signs and symptoms in the early stage (Ajayi, et al, 2016).

Hypertension does not spare any social class or vocation including traders. Both lower and higher socio-economic groups may be at high risk of having hypertension. The cause of hypertension is multifaceted. Apart from socioeconomic factors, genetic factors, and several behavioral factors can expose an individual to risk. Metabolic risk factors like obesity, diabetes and elevated cholesterol, can also lead to the development of hypertension and its consequences. Lifestyle modification is very crucial for the prevention and management of hypertension (Ajayi, et al, 2016).

High blood pressure is a common illness that can eventually cause health problems, such as heart disease. Blood pressure is determined both by the amount of blood the heart pumps and the amount of resistance to blood flow in the arteries. The more the heart pumps into narrowed arteries, the more elevated is the blood pressure (Mayo Foundation for Medical Education and Research (MFMER), 2018). Hypertension can develop for years without any symptoms. Even without symptoms, damage to blood vessels and the heart lingers and can be detected. Uncontrolled high blood pressure escalates the risk of serious health challenges, including heart attack and stroke (MFMER, 2018).

There are submissions that the burden of non-communicable diseases (NCDs) such as hypertension is rising in epidemic proportions in Africa. World Health Report (2002) showed that NCDs led to 22% of the total mortality in the region in the year 2000; cardiovascular diseases alone led to 9.2% of the total deaths; even more than malaria. Indeed, it has already been predicted that about three-quarters of the world's hypertensive population will be residing in developing countries by the year 2025 (Kearney, et al., 2005). With more prevalence of hypertension and its greater economic and health burden, its impact in Nigeria will be felt more due to her population size. This problem is further escalated by the scarceness of data which may mislead that these diseases are not truly in existence (Akintaro, 2015). According to Alexander (2019), he opined that hypertension is the most rampant primary diagnosis in the United States. It has affected about 86 million adults (>20 years) in the United States and is a major risk factor for chronic kidney disease, myocardial infarction, vascular disease and stroke. The WHO World Health Statistics 2015 reported the worldwide prevalence of hypertension as 24.8% among females and 25.9% among males (Kahkashan & Ismail, 2017).

A study done by Sanusi, et al., (2005) on the prevalence of hypertension and obesity amongst market men and women in Ibadan city revealed 26.2% of obese women had

hypertension while out of obese men, 64.8% were hypertensive. This suggests the prevalence of obesity might be increased among sedentary market women and men and the level of obesity influences the prevalence of hypertension. Treating and controlling high blood pressure depends partly on awareness of one's blood pressure status, its often asymptomatic, it may remain concealed and undiagnosed until it results in grave events. Information on the prevalence of undiagnosed high blood pressure, therefore, needs to be filled in the literature especially as such data will aid in planning policies for effective prevention, diagnosis, treatment and control of hypertension (Vicent-Onabajo, et. al, 2017).

The high illness and death rate of hypertension has prompted the researcher to determine the prevalence and predictors of hypertension among adult traders in Ibadan metropolis, Oyo State. This study specifically examined:

1. the prevalence of hypertension among adult traders in Ibadan;
2. the level of knowledge of traders about hypertension;
3. the predictors of hypertension among traders;
4. the association between respondent prevalence of hypertension and hypertension status; and
5. the association between respondent knowledge of risk factors of hypertension and having hypertension.

Research Questions

The following research questions were raised for this study:

1. What is the prevalence of hypertension among adult traders in Ibadan?
2. What is the level of knowledge of traders about hypertension?
3. What are the predictors of hypertension among traders?

Research Hypotheses

The following research hypotheses were postulated for this study:

1. There is no association between respondent prevalence of hypertension and hypertension status
2. There is no association between respondent knowledge of risk factors of hypertension and having hypertension

Methodology

A market-based cross-sectional design was employed in this study. The study population for this study was composed of male and female adult traders from three ethnic groups in the Ibadan metropolis, Nigeria. They are Igbo, Yoruba and Hausa traders that resided in Ibadan city. The age range is from 18years above with different levels of education. The study population was 596 respondents recruited from different tribes. The Yorubas were 260 respondents, Igbos were 200 while Hausas were 136. The random sampling method was used to select Ibadan North West LGA which is one of the urban local governments in Ibadan. All six (6) markets under this LG were included in the study. Each of the six markets was treated as a cluster and the eligible adult traders that consented were administered with semi-structured questionnaire.

Four major instruments were used for this study. These were used to obtain information concerning the variables of the study, which are knowledge, prevalence, and predictors of hypertension. Demographic variables measures were taken to determine

respondent gender, tribes, and age. The instruments used to collect the data for this study was a self-structured questionnaire, weighing scale, measuring tape for height, sphygmomanometer and stethoscope. The questionnaire was divided into four sections. Fourteen (14) research assistants were recruited for the study, one Ph.D. student from the University of Ibadan in the department of Anatomy, six student nurses (300L and 100L) from the College of Nursing and Midwifery Eleyele, Ibadan, four students from University of Ibadan and three other youths. These assistants were trained for two days to facilitate the collection of data.

After the collection of data, the instrument was checked for completeness and clarity. Data were analysed quantitatively based on the study objectives. Quantitative analysis was applied for close-ended questions that were provided by the respondents with alternative responses from which to choose. Data were processed using Statistical Packages for Social Sciences (SPSS) version 21.0. Frequency distributions, percentages, mean score, standard deviation, and charts were computed and tabulated. Chi-square was employed for bivariate and regression analysis of data collected. The level of significance was set at $P<0.05$.

Results

Research Question 1: What is the prevalence of hypertension among adult traders in Ibadan?

Table 1: Respondents' distribution on the prevalence of hypertension

Variables	Hypertension Status	
	Not hypertensive	**Hypertensive**
Age group (Years) < 40 ≥ 40	 321 (92.5%) 196 (78.7%)	 26 (7.5%) 53 (21.3%)
Sex Male Female	 340 (88.5%) 177 (83.5%)	 44 (11.5%) 35 (16.5%)
Marital status Single Married Widow/er	 183 (92.0%) 329 (85.0%) 5 (50.0%)	 16 (8.0%) 58 (15.0%) 5 (50.0%)
Ethnicity Yoruba Igbo Hausa	 226 (86.9%) 168 (84.0%) 123 (90.4%)	 34 (13.1%) 32 (16.0%) 13 (9.6%)
No of children < 4 children ≥ 4children	 338 (90.1%) 179 (81.0%)	 37 (9.9%) 42 (19.0%)
No years in business < 20years ≥ 20years	 393 (89.3%)	 47 (10.7%)

	124 (79.5%)	32 (20.5%)
Body mass index Underweight Normal Overweight Obese	 16 (94.1%) 252 (92.3%) 157 (80.9%) 92 982.1%)	 1 (5.9%) 21 (7.7%) 37 (19.1%) 20 (17.9%)

Table 1 reveals that The overall prevalence of hypertension in this study was 13.3%. The traders that were diagnosed of hypertension before the screening were 9.6%, it implies that 3.7% of the traders were diagnosed of hypertension during the course of this study. This showed that the study has contributed in identifying the prevalence of hypertension among the traders.

Research Question 2: What is the level of knowledge of traders about hypertension?

Table 2: Respondents' knowledge about hypertension

Knowledge variables	Frequency (%)
Are you aware of hypertension? Yes No	 469 (78.7) 127 (21.3)
Who in your own opinion is more prone to hypertension? < 40years ≥ 40years	 363 (60.9) 233 (39.1)
Systolic blood pressure above 140 is Normal Not normal	 292 (49.0) 304 (51.0)
Diastolic blood pressure above 90 is Normal Not normal	 238 (39.9) 358 (60.1)
In your own opinion, can high Bp cause the following; Stroke Yes No	 443 (74.3) 153 (25.7)
Kidney problem Yes No	 302 (50.2) 294 (49.3)
Heart problem Yes No	 371 (62.2) 225 (37.8)
Eye problem Yes No	 279 (46.8) 317 (53.2)

Losing weight usually makes blood pressure go down? Yes No	 266 (44.6) 330 (55.4)
People with high BP should take their drugs daily Agreed Disagreed	 429 (72.0) 167 (28.0)
Is high BP preventable? Yes No	 432 (72.5) 164 (27.5)

Table 2 shows respondents' knowledge of hypertension, 78.7% were aware of hypertension and 21.3% were not. 60.9% indicates that adult traders below 40years of age are more prone to hypertension while 39.1% indicated 40years and above. The same table reveals that 51.0% of respondents show that systolic blood pressure of 140 was not normal while 49.0% shows that is normal. 60.1% reveals that diastolic blood pressure of 90 was not normal while 39.9% reveals that is normal.

Based on respondents' opinions towards causes of hypertension, 74.3% believe that high BP can cause stroke while 25.7% disagree. 50.2% indicated that it can cause kidney problems while 49.3% did not consent to this. 62.2% agreed it can cause heart problems while 37.8% disagree. 46.8% shows it can cause eye problems while53.2% shows it cannot. 44.5% of respondents believe that losing weight makes high blood pressure to go down while 55.4% did not consent to this. 72.0% agreed that people with high BP should take their drugs daily but 28.0% disagreed. 72.5% consented that raised BP is preventable while 27.5% did not. It was deduced from this study that the respondents have good knowledge of hypertension. Therefore, the above table suggested that the respondents have good knowledge of hypertension.

Research Question 3: What are the predictors of hypertension among traders?

Table 3: Respondents' exposure to risk factors of hypertension

Do you live a sedentary lifestyle? Yes No	 91 (15.3) 505 (84.7)
Do you smoke a cigarette? Yes No	 61 (10.2) 535 (89.8)
Do you take alcohol? Yes No	 129 (21.6) 467 (89..8)
Do you go long hours without food? Yes No	 232 (38.9) 364 (61.1)
Do you manage your stress very well? Yes No	 446 (74.8) 150 (25.2)

Do you add extra salt to your food? Yes No	 93 (15.6) 503 (84.4)
Do you prescribe drugs for yourself? Yes No	 337 (56.5) 259 (43.5)
Do you check your Bp regularly? Yes No	 181 (30.4) 415 (69.6)
Do you take adequate fruits and vegetables? Yes No	 483 (81.0) 113 (19.0)
Do you check your body weight regularly Yes No	 164 (27.5) 432 (72.5)

In the above table, 15.3% of respondents live a sedentary lifestyle while 84.7% does not. This shows that majority of the respondents were very active. 10.2% of respondents smoke a cigarette while 89.8% do not smoke. 21.6% of them take alcohol while 78.4% does not taste it. The table also reveals that 38.9% of respondents go long hours without food while 61.1% take their food at the right time. 74. 8% consented that they manage their stress very well while 25.2% have poor management of stress. This poor management of stress suggested why few of them developed raised BP. 15.6% of respondents add extra salt to their food while eating but the majority of them (84.4%) prefer to eat their food whether tasty or not. The majority of respondents (56.5%) prescribe drugs for themselves while 43.5% do not.

The above table also reveals that 181(30.4%) of the respondents check their BP regularly while 415 (69.6%) do check their BP once in a while. 483(81.0%) of respondents take adequate fruits and vegetables while 113 (19.0%) do not. Minority (164 (27.5%) of the respondents check their body weight regularly while the majority (432 (72.5%) does not. The result of this study confirmed that the majority of the respondents do not practice preventive majors of hypertension and these can predispose them to risk of hypertension.

Test of Hypotheses

Hypothesis 1: There is no association between respondent prevalence of hypertension and hypertension status

Table 4: Association between respondents' prevalence of hypertension and hypertension status

Variables	Hypertension Status		X^2	Df	P-Value	Remark
	Not hypertensive	Hypertensive				

Do you have sleepless nights sometimes? Yes No	 92 (80.0%) 425 (88.4%)	 23 (20.0%) 56 (11.6%)	5.64	1	0.018	Significant
Does hypertension run in your family? Yes No I don't know	 39 (78.0%) 477 (87.5%) 1 (100.0%)	 11 (22.0%) 68 (12.5%) 0 (0.0%)	3.77	2	0.152	Not significant

Table 4 above shows that there was a statistically significant association between respondents' that either has sleepless night sometimes and hypertension status [p= 0.05, (p= 0.018)]. The result further revealed that the proportion of respondents that have sleepless nights sometimes 23 (20.0%) are more hypertensive compared to those that do not have a sleepless night with 56 (11.6%) prevalence. The same table also affirmed that there was no statistically significant relationship between respondents' that hypertension runs in their family and hypertension status [p= 0.05, (p= 0.152)]. The result also revealed that the proportion of respondents that hypertension runs in their family 11 (22.0%) was found to be more hypertensive compared to those that do not with 68 (12.5%) prevalence.

Hypothesis 2: There is no association between respondent knowledge of risk factors of hypertension and having hypertension

Table 5: Association between respondents' knowledge of risk factors and hypertension status

Variables	**Hypertension Status**		**X^2**	**Df**	**P-value**	**Remark**
	Not hypertensive	**Hypertensive**				
Are you aware of hypertension Yes No	 399 (85.1%) 118 (92.9%)	 70 (14.9%) 9 (7.1%)	0.01	1	0.021	Significant
Do you manage your stress very well? Yes No	 399 (89.5%) 118 (78.7%)	 47 (10.5%) 32 (21.3%)	11.38	1	0.001	Significant
Do you add extra salt to your food? Yes No	 80 (86.0%) 437(86.9%)	 13 (14.4%) 58 (13.1%)	0.05	1	0.823	Not significant

Do you smoke a cigarette? Yes No	57 (93.4%) 460 (86.9%)	4 (6.6%) 75 (14.0%)	2.65	1	0.103	Not significant

Table 5 above reveals that there was a statistically significant association between respondents' that are aware of hypertension and hypertension status [p= 0.05, (p= 0.021)]. The result suggests that those who are aware of hypertension 70 (14.9%) were found to be more hypertensive compared to those that were not aware with 9 (7.1%) prevalence. The same table affirmed that there was a statistically significant relationship between the respondents' that manage their stress very well and hypertension status [p= 0.05, (p= 0.001)]. The result further shows that the respondents who failed to manage their stress 32 (21.3%) were more likely to be hypertensive compared to those who manage their stress 47 (10.5%).

The table also reveals that there was a statistically significant relationship between the respondents' that go long hours without food and hypertension status [p= 0.05, (p= 0.016)]. The result suggests that the respondents who take their normal meal 58 (15.9%) were more likely to be hypertensive compared to those that go long hours without food with 21 (9.1%) prevalence. The same table shows that there was no statistically significant association between the respondents' that smoke cigarettes and hypertension status [p= 0.05, (p= 0.103)]. The result suggests that those who do not smoke cigarettes 75 (14.0%) are more likely to be hypertensive compared to those that smoke cigarettes with 4 (6.6%) prevalence.

Discussion

The overall prevalence of hypertension in this study was 13.3%. The traders that were diagnosed of hypertension before the screening were 9.6%, it implies that 3.7% of the traders were diagnosed of hypertension during the course of this study. This showed that the study has contributed in identifying the prevalence of hypertension among the traders. This finding was supported by Vincent-Onabajo et.al (2017) who found out that undiagnosed hypertension was detected among the traders. He further stated that some factors such as poor access to health information and services, and low socioeconomic status have been reported to contribute substantially to the high prevalence of undiagnosed hypertension. the result further revealed that female traders have higher prevalence of hypertension compared to the male counterpart. This is in line with the finding of Oguizu et al (2019), who found out that female traders were more hypertensive than male traders. The reason is that women are more obese than men. The result of this study was not consistent with the finding of Wordu and Akusu (2018) who found out that hypertension was significantly higher in males than in female respondents.

The result also revealed that the widows and widowers have a higher prevalence of hypertension compared to single and married. This occurs as a result of greater responsibilities which mount excessive stress on them. This finding was in agreement with Aghaji (2008) who affirmed that hypertension prevalence was highest in respondents who were separated, divorced or widowed and lowest in the unmarried. The study affirmed that

overweight and obese traders had the higher prevalence of hypertension. The result was in line with Awosan, et al (2013) who revealed high prevalence of overweight and obesity in their study. Ekanem, Opara and Okwaowo (2013) also found out that in Nigeria, the risk of hypertension is about two times higher among obese than those with normal body weight.

In terms of educational status of traders, the result revealed that non-educated has higher prevalence of hypertension than educated. This suggested that higher prevalence among non-educated was as a result of lack of knowledge and awareness of hypertension among some of the traders. This also implies that the individual level of education determines if such a person will have an attitude to promote their health. A positive attitude will apply preventive measures to hypertension such as a regular check of BP and body weight. This finding was in contrast with Aghaji (2008) who found out that the hypertension rate among the traders is higher among tertiary-educated than non-educated. The traders with ≥ 4 children were found to be more hypertensive compared to those with < 4 children. This suggested that the traders with more number of children have more responsibility because the needs of children are highly demanding. Those who could not meet up with their needs are exposed to psychological problem which may eventually lead to hypertension.

The study further revealed that the traders who have sleepless nights sometimes were more hypertensive. This implies that sleepless night predisposes an individual to the risk of hypertension. Therefore, this study suggests that adequate sleep and rest are required by the businessmen and women to prevent the risk of hypertension. This finding was not supported by any study done so far on the prevalence of hypertension among traders. The result also showed that hypertension was significantly higher among traders that have history of hypertension in their family. This was supported by Aghaji (2008) who stated that a positive family history of hypertension was associated with a greater hypertension rate. This implies that the traders at risk must engage in regular BP check-up for early detection and prompt management.

The findings revealed that the traders who were older ≥ 40years were more hypertensive than the younger traders. This is because as individual progresses in age, the likelihood of becoming hypertensive is high. This study was consistent with Aghaji (2008) who found out that the hypertension rate among traders increased with increasing age. The findings also revealed that higher percentage of traders who were aware of hypertension were found to be more hypertensive. Therefore, being aware of hypertension does not mean that such a person will take the necessary precaution to prevent it. However, this study disagrees with Ulasi et.al (2011) who revealed that the majority of the traders were not aware of hypertension not to talk of their health status. They responded to their health whenever they are completely down. He indicated that lack of awareness has prompted them not to check their blood pressure regularly.

The study also revealed that the prevalence of hypertension was statistically higher among the traders that do not manage their stress very well compared to those that manage their stress. This suggests that failure to manage stress will predispose individuals to a higher risk of hypertension. Stress management involves adequate rest and engaging in recreational activities or indoor games, sleeping at least 6-8hours at night, etc. Exercise increases blood

flow through all arteries of the body, which leads to the release of natural hormones and cytokines that relax blood vessels, which in turn lowers the blood pressure.

The result further revealed that the traders who do not indulge in the habit of cigarette smoking were more hypertensive. This implies that smoking is not a strong contributory factor of hypertension. This study was not in agreement with the work of Aghaji (2008) who stated that the hypertension rate was more in tobacco users but did not vary with the use of alcohol. Cigarette smoking is a major cause of lung cancer. The study also affirmed that the traders who added extra salt to food were significant to hypertension. This implies that too much sodium in the diet can cause the body to retain fluid, and also causes the arteries in the body to constrict. Therefore, both the retention of fluid and constriction of arteries increase blood pressure.

Conclusion

The prevalence of hypertension (13.3%) was high among the adult traders in Ibadan North West local government. The respondent's age mostly affected were ≥ 40years, non-educated, those with 4 and above children, and those that have been in the business for more than 20 years. The ethnic groups most affected were Igbos. The risk factors associated with hypertension are poor management of stress, the addition of extra salt in food, overweight, obesity, sedentary lifestyle, sleepless night, family history of hypertension, etc.

Recommendations

Based on the findings of this study, the following recommendations are put forward for policy formulation and implementation

1. Traders who were 40 years and above should form the habit of checking their blood pressure regularly at least twice weekly.
2. Traders that hypertension runs in their families should visit the hospital regularly for a medical check-up. This will help in the early detection of illness and prompt treatment
3. The government should create awareness on social media on the importance of regular checks of blood pressure to promote health status and also reduce the complications of hypertension.
4. The treatment of hypertension should be subsidized in public hospitals to motivate those with health challenges to access the health facilities.
5. Traders should access health facilities for medical check-up and whenever they perceived any signs and symptoms of illness instead of buying drugs over the counter.

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