PREVALENCE OF HYPERTENSION AND ITS ASSOCIATED FACTORS AMONG YCDC OFFICE STAFF, BOTATAUNG DISTRICT OF YANGON REGION

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ABSTRACT

In developing countries, the global public health crisis of hypertension is a major concern. It is one of the leading causes of premature deaths in nearly all populations and has a significant impact on morbidity and mortality. This crosssectional descriptive study aimed to determine the prevalence of hypertension and its associated factors among YCDC office staff in the Botataung District of Yangon Region from April to August 2022. There were a total of 151 office staff, and a faceto-face interview was done by using pre-tested modified standardized questionnaires and displaying show cards, and then blood pressure, weight, and height measurements were done by using standardized instruments. According to WHO criteria, hypertension was defined in this study as systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg, or known hypertensive patients on treatment. Among 151 office staff, the prevalence of hypertension was 25.8%. The most occurring of the participants were females, clerks, high school passed, married, Buddhists, and had an income range between 100,000 and 150,000 Kyats. The prevalence of associated risk factors were intake of fruit (28.5%) and vegetable (47%) more than 4 days per week, nearly half of the participants added salt to foods, current alcohol consumption (17.9%), current smokers (22.5%), and current smokeless tobacco usage (19.9%), physically inactive (74.8%), and overweight and obese (42.4%). There was a statistically significant association between hypertension and age (p<0.001), educational status (p=0.03), monthly income (p=0.04), drug history (p<0.001), add salt in food (p=0.02), add salt or salty sauce before eat or eating food (p=0.004), alcohol consumption (p=0.02), physical activity (p=0.005), BMI (p=0.02) respectively. In conclusion, this study highlighted that hypertension was common among YCDC office staff and they have risky lifestyle for NCDs. Therefore, behavior modification should be combined with changes in lifestyles and existing cultural norms.