A Study on Lifestyle disease among youth in Salem, Lunglei Community

(A special reference to Hypertension)

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CERTIFCATE

This is to certify that the research in **"A Qualitative Study on Lifestyle Disease among youth (A special reference to hypertension)"** submitted by Zodinsanga Department of Social Work, Higher and Technical Institute, Mizoram for the award of Bachelor of Social Work is carried out under my guidance and incorporates the student's bonafide research and this has not been submitted for the award of any degree in this or any other Universities or Institute of learning.

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CONTENTS

Chapter – I

Introduction

Lifestyle disease is the common and deadly disease among the Youth in Mizo community. Therefore, the study be concentrating on lifestyle diseade among youth (Hypertention) . Hypertention is when blood pressure is too high .Blood pressure is the force exerted by circulating blood against the wall of the body's arterits, the major blood vessels in the body. Blood pressure is written as two number. The first (systolic) number represents the pressure in blood vessels when the heart contracts or beats. The second (diastolic) number represents the pressure in the vessels when the heart rest between beats.

Conceptual definition

1.1 Youth

The United Nations, for statistical purposes, defines 'youth', as those persons between the ages of 15 and 24 years, without prejudice to other definitions by Member States. The Secretary-General first referred to the current definition of youth in 1981 in his report to the General Assembly on International Youth Year (A/36/215, para. 8 of the annex) and endorsed it in ensuing reports (A/40/256, para. 19 of the annex). However, in both the reports, the Secretary-General also recognized that, apart from that statistical definition, the meaning of the term 'youth' varies in different societies around the world. When the General Assembly, by its resolution 50/81 in 1995, adopted the World Programme of Action for Youth to the Year 2000 and beyond, it reiterated that the United Nations defined youth as the age cohort of 15-24. The General

1.2 Lifestyle disease Lifestyle diseases characterize those diseases whose occurrence is primarily based on the daily habits of people and are a result of an inappropriate relationship of people with their environment. The main factors contributing to lifestyle diseases include bad food habits, physical inactivity, wrong body posture, and disturbed biological clock. A report, jointly prepared by the World Health Organization (WHO) and the World Economic Forum, says India will incur an accumulated loss of $236.6 billion by 2015 on account of unhealthy lifestyles and faulty diet (Mukesh Sharma and Majumdar)

1.3 Youth and lifestyle disease Scenario

Lifestyle diseases can be defined as diseases linked with one's lifestyle. These diseases are non-communicable diseases. They are cause d by lack of physical activity, unhealthy eating, alcohol, substance use disorders and smoking tobacco, which can lead to heart disease, stroke, obesity, type II diabetes and lung cancer. The diseases that appear to increase in frequency as countries become more industrialized and people live longer include Alzheimer's disease, arthritis, atherosclerosis, asthma, cancer, chronic liver disease or cirrhosis, chronic obstructive pulmonary disease, colitis, irritable bowel syndrome, type 2 diabetes, heart

disease, hypertension, metabolic syndrome, chronic kidney failure, osteoporosis, PCOD, stroke, depression, obesity and vascular dementia**.**

1.4 International scenario

Hypertensions one of the major risk factor for cardiovascular diseases and established as a global health burden. It affect around one billion population world wide including 29.2 males and 28.4 females . The paradigm for HNT prevalence has been shifting to developing and under develop countries from developing countries due to rapid economic transition , urbanization and lack of prevent strategies

1.5 National scenario

Hypertention is the number one health related risk factor in India, with the largest contribution to burden of disease and mortality. It contributes to an estimate 1.6 million deaths annually in India, due to ischemic heart disease and stroke. Fifty seven percent of deaths related to stroke and 24% of deaths related to coronary heart disease are related to hypertension. Hypertention is one of the commonest non-communicable diseases in India , with an overall prevalence of 29.8% (95% CI:26.7, 33.0) and the higher prevalence in urban areas (33.8% vs. 27.6%, p=0.05), according to recent estimates. India's demographic transition with an increasing proportion of elderly people and sedentary lifestyle and obesity associated with increasing urbanization, and other lifestyle factor like high level of salt intake, alcohol and tobacco consumption , are contributing to this burden of hypertension.

1.6 Regional scenario

Different ethnic group of northeast India including Mizo also reviled a rapid rise in hypertension prevalence during recent degage increasing age has differential impact on systolic and diastolic blood pressure (SBB and DBP) leading to various hypertension subtypes with distinct clinical significant. Mizo tribe has a low (15.9%) prevalence of HNT but there is no data regarding distribution and risk factor associated with hypertension subtypes. It is the right time for initiating intervention program to modified the risk factor associated with hypertension

1.7 Statement of the problem

In today's society , people are becoming more and more aware of rapid growing problem in human health. This problem is known as hypertension , or high blood pressure, and it is becoming a profound health problem in our Mizo society.

Accordingly Literature is been reviewed in the next chapter to help and understand on how Lifestyle disease among youth (Special reference to hypertention) How it have impact in family.

Chapter – II

Review of Literature

In this chapter, literature is reviewed by categorizing in different section,viz, studies relating to hypertention . This literature is reviewed helps in strengthening the knowledge relating to the subject matter and enlightened oneself of the how to go on further

2.1 Literature relating to Lifestyle and hypertension

Puddey et al. (1999) stated that **l**ifestyle factors are critical determinants of blood pressure levels operating against a background of genetic susceptibility. Excess body fat is a predominant cause of hypertension with additive effects of dietary salt, alcohol, and physical inactivity. Controlled trials in hypertensive show blood pressure lowering effects of supplemental potassium, fiber, n-3 fatty acids, and diets rich in fruit and vegetables and low in saturated fats.64 Some population studies show an inverse relationship between dietary protein and blood pressure levels. Regular coffee drinking raises blood pressure in hypertensive. The role of "stress" remains enigmatic, with "job strain" being a possible independent risk factor for hypertension.

Emerging data suggest that lifestyle habits may affect blood pressure values. In this review, authors examine the more relevant clinical and epidemiological studies about the influence that multiple lifestyle factors play on development of hypertension. They conclude that there is clear evidence that lifestyle changes can have a favorable effect on prevention and treatment of hypertension, with emphasis on alcohol and sodium intake, smoking cessation, physical activity level and dietary pattern. Physicians and Public Health Authorities should encourage positive lifestyle modifications (Bruno and Pricoco, 2018).

According to L.J. Beilin (2009) Dietary and other life style factors play a major role in the prevalence of hypertension. Many of the behaviors likely to reduce blood pressure also have independent beneficial effects on other cardiovascular risk tactors to general health and survival. This is particularly the case with weight control, exercise, dietary patterns characterized by a low intake of saturated fat and a high intake of fruit, vegetables and fish and moderation of heavy alcohol consumption. High salt intakes remain a major contributor to hypertension, especially when potassium intake is low. Smoking has a dominant effect in increasing cardiovascular risk in hypertensive. Clustering of risk factors is often associated with clustering of unhealthy lifestyle characteristics and both are most prominent in lower socio-economic groups and in

Developing Countries adopting a more sedentary lifestyle and Western diet patterns. Recent trials suggest substantial cardiovascular benefits by a combination of weight control and sodium moderation in the elderly, by non-vegetarian diets rich in fruit and vegetables and low in saturated fat, and by incorporation of regular fish meals into weight control diets.

This is suggested tha (Brenda D Rigsby,2011)Hypertension is the major risk factor for the development of cardiovascular and renal disease. This disease has a disproportionate effect on African Americans when compared to other races. The purpose of this project was to examine the effectiveness of healthy lifestyle modifications on blood pressure control among hypertensive African American adults. Thirty-six individuals participated in the 12-week project, with a 67% retention rate. Weekly sessions included interactive educational and walking components. Initial and final BMI measurements were recorded. Participants completed health risk assessments; pre and post questionnaires; and, daily logs of blood pressure measurement, dietary consumption, and physical activity levels. Data were collected from the logs, BMI measurements, and questionnaires. Overall, the results revealed that participants experienced an increase in healthy lifestyle modification adoption resulting in blood pressure control improvement. Implementation of healthy lifestyle modifications is crucial in providing quality patient care to hypertensive individuals.

Pedro L.Valenzuela et al. (2021)Hypertension affects approximately one third of the world's adult population and is a major cause of premature death despite considerable advances in pharmacological treatments. Growing evidence supports the use of lifestyle interventions for the prevention and adjuvant treatment of hypertension. In this Review, we provide a summary of the epidemiological research supporting the preventive and antihypertensive effects of major lifestyle interventions (regular physical exercise, body weight management and healthy dietary patterns), as well as other less traditional recommendations such as stress management and the promotion of adequate sleep patterns coupled with circadian entrainment. We also discuss the physiological mechanisms underlying the beneficial effects of these lifestyle interventions on hypertension, which include not only the prevention of traditional risk factors (such as obesity and insulin resistance) and improvements in vascular health through an improved redox and inflammatory status, but also reduced sympathetic overactivation and non-traditional mechanisms such as increased secretion of myokines.

Kreutz et al. (2021)The coronavirus disease 2019 (COVID-19) pandemic considerably affects health, wellbeing, social, economic and other aspects of daily life. The impact of COVID-19 on blood pressure (BP) control and hypertension remains insufficiently explored. We therefore provide a comprehensive review of the potential changes in lifestyle factors and behaviours as well as environmental changes likely to influence BP control and cardiovascular risk during the pandemic. This includes the impact on physical activity, dietary patterns, alcohol consumption and the resulting consequences, for example increases in body weight. Other risk factors for increases in BP and cardiovascular risk such as smoking, emotional/psychologic stress, changes in sl

eep patterns and diurnal rhythms may also exhibit significant changes in addition to novel factors such as air pollution and environmental noise. We also highlight potential preventive measures to improve BP control because hypertension is the leading preventable risk factor for worldwide health during and beyond the COVID-19 pandemic.

Viera A.J, Hawes E.M (2016) Elevated blood pressure is a common risk factor for cardiovascular disease and affects one in three adults. Blood pressure lowering drugs substantially reduce the risk of stroke, coronary heart disease, heart failure, and premature death, but most clinical trials showing benefits have primarily included patients with moderate to severe hypertension, known cardiovascular analyses comparing lower blood pressure targets also suggest a benefit of treating patients with mild hypertension, although net benefits are greater for patients at higher absolute levels of cardiovascular disease risk. Before starting drug treatment, most patients should have out-of-office monitoring to confirm hypertension.disease, or elevated risk of cardiovascular disease. The benefits of treating mild hypertension in patients without cardiovascular disease are less clear, but recent meta-analyses offer some insights. Pooled data from trials that include a large percentage of participants with mild hypertension show significant reductions in stroke, death from cardiovascular disease, and total mortality.

Hypertensive individuals are at an increased risk of developing heart disease and stroke. Adopting healthy lifestyles, such as being active on 4 days per week, weight-loss in the presence of obesity, consuming a diet rich in fruits and vegetables, and sodium below the recommended threshold, avoiding high alcohol consumption and refraining from smoking have

been effective lifestyle therapies to prevent or control stage 1 hypertension (HTN). Among the 1 in 3 Americans who have HTN (systolic blood pressure 130 mmHg or diastolic blood pressure 80 mmHg), 16% are diagnosed with resistant HTN (RHT). Although there are comparatively fewer studies examining the blood pressure lowering effects of therapeutic lifestyle interventions in patients with resistant HTN, the available literature appears promising. This paper reviews key studies that quantify the blood pressure lowering effects of certain therapeutic lifestyles in patients with RHT and highlights areas needing more attention.(Ozemek , J.Lavie , 2020)

According to Rajeev Gupta,Soneil Gupta (2010)High blood pressure (BP) is a major public health problem in India and its prevalence is rapidly increasing among urban and rural populations. Reducing systolic and diastolic BP can decrease cardiovascular risk and this can be achieved by non-pharmacological (lifestyle measures) as well as pharmacological means. Lifestyle changes should be the initial approach to hypertension management and include dietary interventions (reducing salt, increasing potassium, alcohol avoidance, and multifactorial diet control), weight reduction, tobacco cessation, physical exercise, and stress management. A number of pharmaceutical agents, well evidenced by large randomized clinical trials, are available for initial treatment of high BP.

Garfield F.V, Caro .J.J (1999) started that despite decades of attention to noncompliance to treatment for hypertension, the problem remains a significant factor in the inadequate control of blood pressure. Current approaches to enhancing compliance use patient demographics, medication characteristics, clinical factors, health beliefs, and the quality of patient-provider communication. Clinical researchers are just beginning to apply a new approach that views compliance as a behavior change taking place over time. In this view, patients do not simply change their behavior through a one-time decision to take their medication as directed by their physicians; they move through five stages of behavior change. Clinicians can increase compliance by assessing their patients to determine the patient's stage of behavior change, then matching their interventions to that stage.

2.2 Literature relating youth and hypertension

Empar Lurbe et al. (2005)Masked hypertension, an elevated daytime ambulatory blood pressure in the presence of a normal office blood pressure, confers an increased cardiovascular risk to adults. We investigated the prevalence, persistence, and clinical significance of masked hypertension in children and adolescents. We enrolled 592 youths (6 to 18 years old). Youths with masked hypertension (n=34) and a random sample of the normotensive participants (n=200) were followed-up. In a nested case-control study, we compared echocardiographic left ventricular mass among cases with persistent masked hypertension and normotensive controls. At baseline, mean age was 10.2 years; 535 youths were normotensive on office and daytime ambulatory blood pressure measurement (90.4%), and 45 had masked hypertension (7.6%). Compared with normotensive controls, participants with masked hypertension had a higher ambulatory pulse rate, were more obese, and were 2.5-times more likely to have a parental history of hypertension. Among 34 patients with masked hypertension (median follow-up 37 months), 18 became normotensive, 13 had persistent masked hypertension, and 3 had sustained hypertension**.**

Elaine et al. (2011) showed that Hypertension is associated with increased left ventricular mass (LVM) and carotid intima-media thickness (cIMT), which predict cardiovascular (CV) events in adults. Whether target organ damage is found in pre-hypertensive youth is not known. The authors measured body mass index, blood pressure, fasting glucose, insulin, lipids and C-reactive protein, LVM/height2.7 (LVM index), diastolic function, cIMT, carotid stiffness, augmentation index, brachial artery distensibility, and pulse wave velocity (PWV) in 723 patients aged 10 to 23 years (29% with type 2 diabetes mellitus). Patients were stratified by blood pressure level (normotensive: 531, pre-hypertensive: 65, hypertensive: 127). Adiposity and CV risk factors worsened across blood pressure group. There was a graded increase in cIMT, arterial stiffness, and LVM index and decrease in diastolic function from normotension to pre-hypertension to hypertension. In multivariable models adjusted for CV risk factors, status as pre-hypertension or hypertension remained an independent determinant of target organ damage for LVM, diastolic function, internal cIMT, and carotid and arterial

stiffness. Pre-hypertension is associated with cardiovascular target organ damage in adolescents and young adults.

Graham et al. (2000) started that six young men diagnosed with systolic hypertension had normal carotid pressure wave contours, normal synthesized aortic pressure wave contours and normal diastolic and mean pressures in upper limb arteries. Elevated brachial systolic pressure was caused by a high narrow systolic peak of the pressure wave. This was attributed to amplification of the pressure wave between the ascending aorta and upper limb (radial and brachial) arteries that is associated with attainment of full body length and very distensible arteries. These young men were not truly hypertensive. Exaggeration of the upper limb systolic peak represented an extreme of the normal pressure wave pattern in youth, where amplification is greater than in childhood or in older subjects. This phenomenon accounts for the rapid increase in systolic pressure between the ages of 5 and 20 years, and the relative plateau in systolic pressure between the ages of 20 and 45 years that is seen in population stuudies.

Current guidelines on isolated systolic hypertension (ISH) suggest the same treatment to patients of all ages. Application of these guidelines in youth with ISH may not be appropriate, as presently no data show adverse outcome or benefit of drug therapy in this group. Simple noninvasive tonometric techniques now enable physicians to measure the central aortic pressure waveform and amplification of the pressure pulse. ISH in youth is usually caused by high amplification of the central pressure wave, whereas ISH in the elderly (age 60) is attributable to aortic stiffening. This is the only group with ISH shown to have an adverse prognosis and to warrant drug therapy (Audrey,2013)

Liese A.D, Bell R.A (2008) started among youth with diabetes mellitus, elevated blood pressure represents one of the most common comorbidities. Hence, exploring dietary factors that may help prevent or control hypertension in this population is of paramount importance. We investigated whether adherence to the Dietary Approaches to Stop Hypertension (DASH) diet is associated with hypertension in youth with diabetes mellitus from the SEARCH for Diabetes in Youth Study. Between 2001 and 2005, 2830 youth aged 10 to 22 years (2440 with type 1 and 390 with type 2 diabetes mellitus) completed a study visit. For each of the 8 DASH food groups, a score of 10 was assigned when the DASH recommendation was met. Lower intakes were scored proportionately, and the 8 individual scores were summed.

Halpern et al. (2010) showed that overweight and obesity in youth is a worldwide public health problem. Overweight and obesity in childhood and adolescents have a substantial effect upon many systems, resulting in clinical conditions such as metabolic syndrome, early atherosclerosis, dyslipidemia, hypertension and type 2 diabetes (T2D). Obesity and the type of body fat distribution are still the core aspects of insulin resistance and seem to be the physiopathologic links common to metabolic syndrome, cardiovascular disease and T2D. The earlier the appearance of the clustering of risk factors and the higher the time of exposure, the greater will be the chance of developing coronary disease with a more severe endpoint. The age when the event may occur seems to be related to the presence and aggregation of risk factors throughout life.

Dr.Berenson et al.(1978) showed that essential hypertension likely begins in childhood and presumably might respond at that stage to general preventive measures. The problems of early diagnosis of hypertension are related to the lack of long-term observations of blood pressure measurements in children. The physician's role in routine, systematic observations of blood pressure in children is defined.

It is suggested that (Katherine et al, 2020) this randomized control trial assessed the post-intervention and 18-month follow-up effects of a 6-month dietary approaches to stop hypertension (DASH)-focused behavioral nutrition intervention, initiated in clinic with subsequent telephone and mail contact, on blood pressure (BP) and endothelial function in adolescents with elevated BP. Adolescents (n=159) 11 to 18 years of age with newly diagnosed elevated BP or stage 1 hypertension treated at a hospital-based clinic were randomized. DASH participants received a take-home manual plus 2 face-to-face counseling sessions at baseline and 3 months with a dietitian regarding the DASH diet, 6 monthly mailings, and 8 weekly and then 7 biweekly telephone calls focused on behavioral strategies to promote DASH adherence.

Schillaci et al.(2010) showed that the adverse cardiovascular consequences of hypertension are believed to depend primarily on the increase in average blood pressure (BP) levels, the degree of BP variability has been more recently shown to represent an additional correlate and possibly a causal factor of the hypertension-related organ damage. BP is a highly variable physiologic trait, its fluctuations being the result of a complex interaction between external environmental stimuli and the response of cardiovascular control mechanisms. BP

variability is a complex phenomenon, including long-lasting fluctuations, consisting of day–night, day-to-day and seasonal changes, and short-term variations within the daytime and night-time periods. The role of BP variability throughout the day and night as a risk factor for cardiovascular complications was first suggested about 20 years ago in studies carried out with 24-h continuous intra-arterial BP monitoring.

Koebnick et al.(2020) showed that central obesity may contribute to the development of hypertension in youths with diabetes. The SEARCH for Diabetes in Youth Study followed 1518 youths with type 1 diabetes (T1D) and 177 with type 2 diabetes (T2D) diagnosed when 20 years of age for incident hypertension. Incident hypertension was defined as blood pressure 95th percentile (or 130/80 mm Hg) or reporting antihypertensive therapy among those without hypertension at baseline. Poisson regression models were stratified by diabetes type and included demographic and clinical factors, clinical site, and waist-to-height ratio (WHtR). Youths with T2D were more likely to develop hypertension than those with T1D (35.6% vs 14.8%, P.0001). For each 0.01 unit of annual increase in WHtR, adjusted relative risk for hypertension was 1.53 (95% CI 1.36-1.73) and 1.20 (95% CI 1.00-1.43) for youths with T1D and T2D, respectively. Effective strategies targeted toward reducing central obesity may reduce hypertension among youths with diabetes.

Chapter – III

Methodology

The present chapter includes the methodology used for the present research and present settings

Research methodology discusses and explains in data collection and analysis method you used in research. A key part of your thesis, dissertation, or research paper the methodology chapter explain what you did and how you did it, allowing readers to evaluate the reliability and validity of your research (McCombes S, 2022)

In this chapter the methodology apply for this study is highlight, methodology is the corner stone of the study by which data were collected and process to the final conclusion. The following are the methodology of the present conclusion .

3.1 Objective:

i) To explore the knowledge, attitude and practice of youth relating to hypertension

ii) To find out the differences in knowledge, attitude, and practice of youth with hypertension and without hypertension.

iii) Suggest measures for social work intervention

3.2 Universe of the study : Universe of the study is youth from Salem community, Lunglei. The unit of the study is youth with hypertension.

3.3 Research Design: The present research is descriptive research design as there is no research conducted in this area in Salem community. There is a need to explain this situation among youth

3.4 Sampling : The respondents are selected from Salem community as it is where the researcher went for fieldwork, simple random sampling method is used to select sample. Simple random sampling is type of probability sampling in which the researcher randomly selects a subset of participants from a population.

3.5 Methods applied: Data was collect from both Primary and Secondary source. Primary Data are collected using Qualitative method. Questionnaire method was employed to collect quantitative data and qualitative data are collected using Key informant interview.

3.6Source of data collection: Primary data: primary data was collected by using qualitative and quantitative methods. Qualitative date was collected through survey using participatory rural appraisal to understand the field setting also case study is used to collect information from the respondents. Quantitative data was collected through survey using questionnaire.

Primary data from the respondents is collected through case study method.

Secondary data: secondary data were collected from journals, articles, books etc

3.6 Data analysis and Interpretation : Quantitative data collected through structured questionnaire is processed using Statistical Package of Social Sciences (SPSS)

CHAPTER-IV

Result and discussion

This chapter describe the result and discussion of the study which were divided into different section such as the profile of the respondent.

Table No.1 : Socio-Demographic Profile

Sl/no	Characteristic	Frequency	Percentage
1	Gender		
	Male	10	47.6
	Female	10	47.6
2	Age		
	10-20	3	15.0
	20-30	13	65.0
	30 Above	4	20.0
3	Religion		
	Christian	20	100.0
	Non-Christian	0	0.0
4	Educational level		
	Below HSLC	5	25.0
	HSSLC	13	65.0
	Graduate above	2	10.0
5	Type of family		
	Joint	7	35.0
	Nuclear	13	65.0
7	Occupation		
	Employed	14	70.0
	Unemployed	6	30.0
8	Marital status		
	Married	5	25.0
	Unmarried	15	75.0

To study the profile of respondents the variables taken for study are Gender, Age, Religion, Educational level, Type of family, Occupation and Marital Status

4.1 Gender: Gender of the respondents is categorized into male and female. The majority of the respondent (47.6%) are male and (47.6%) are female

4.2 Age: The respondents Age are categorized into 3 stage (10-20), (20-30) and (30 above). The majority of respondent are (10-20) are (15.0%), (20-30) are (65.0%) and (20.0%) are (30 above

4.3 Religion: Religion are divided into Christian and Non-Christian. The respondent of (100.0%) are all Christian

4.4 Educational level: Educational level are divided into (Below HSLC, HSSLC, Graduate above). The majority of the respondent are HSSLC (65.0%), Below HSLC (25.0%) and (10.0%) are Graduate above.

4.5 Type of family: Type of family are divided into Joint and Nuclear . The respondent of joint family are (35.0%) and Nuclear family are (65.0%)

4.6 Occupation: Occupation are divided into Employed and Unemployed. The respondent of employed are (70.0%) and (30.0%) are unemployed.

4.7 Marital Status: The respondents Marital status are classified into Married and Unmarried. The respondent of married are (25.0%) and (75.0%) are Unmarried.

Table No.2 Knowledge of hypertension

Sl/no	Characteristic	Frequency	percentage
1.	Hypertension is a lifestyle disease		
	Yes	17	85.0
	No	3	15.0
2.	Blood pressure in normal range		
	Yes	16	80.0
	No	4	20.0
3.	Hypertension is one of the biggest threat in cardiovascular disease		
	Yes	9	45.0
	No	11	55.0
4.	Illness effect your physical health		
	Yes	15	75.0
	No	5	25.0
5.	Oily food is healthy		
	Yes	0	0.0
	No	20	100.0
6.	Good decision making for treatment		
	Yes	9	45,0
	No	11	55.0
7.	Monthly checkup		
	Yes	4	20.0
	No	16	80.0
8.	Hypertension is common disease to everyone		
	Yes	18	90.0
	No	2	10.0
9.	Hard to prevent from hypertension		
	Yes	13	65.0
	No	7	35.0
10.	Treatment is good enough		
	Yes	4	20.0
	No	16	80.0

In knowledge of hypertension the finding prove that more than half (85%) know about that hypertension is lifestyle disease. (80%) know about their blood pressure. Half of the respondent (55%) are know that hypertension is one of the biggest threat in cardiovascular

disease and more than a half of the respondent (75%) are effect their physical health by illness. (100%) of the respondent know that oily food is not good for health. Half of the respondent (55%) is choice to make a good decision making for their treatment. In the respondent of (80%) are monthly checkup.(90%) of the respondent thought that Hypertension is a common disease to everyone. More than half of the respondent (65%) are hardly prevent from hypertension. More than half of the respondent (80%) are get good treatment.

Table No.3 Attitude relate in hypertension

Sl/no.	Particulars	Nature		(%)
		No	Yes	
1	Overeating leads to hypertension			
	Strongly disagree	0	0	0
	Disagree	3	0	15.0
	Neither agree nor disagree	0	13	65.0
	Agree	0	4	20.0
	Strongly agree			
2	Green leafy vegetables important for HTN patient			
	Avoid additional sodium intake controls HTN	3	0	15.0
	Regular exercise control increase BP	0	7	35.0
	Regular BP check is important	0	6	30,0
	Lifestyle modification in controlling HTN	4	0	20.0
	Characteristic	**Frequency**	**Percentage**	
3	Immediate treatment helps reducing the effect of hypertension			
	Yes	17	85.0	
	No	3	15.0	
4	Have you skip your medicine			
	Yes	4	20.0	
	No	16	80.0	
5	When you finished your medicine course do you get another course			
	Yes	15	75.0	
	No	5	25.0	
6	Skipping medicine when feel healthy			
	Yes	8	40.0	
	No	12	60.0	
7	Follow Doctor advice exacely as he recommend			
	Yes	2	10.0	
	No	18	90.0	
8	Medicine intake has effect body			
	Yes	16	80.0	
	No	4	20.0	

9	Eat unhealthy food		
	Yes	17	85.0
	No	3	15.0
10	Maintaining diet		
	Yes	1	5.0
	No	19	95.0

Table No.3 Practice of Hypertention

Sl/no	Characteristic	Frequency	Percentage
1	Used tobacco product		
	Yes	9	45.0
	No	11	55.0
2	Eat a salty food		
	Yes	6	30.0

	No	14	70.0
3	Drinking alcohol		
	Yes	0	0.0
	No	20	100.0
4	Eat medicine regularly		
	Yes	17	85.0
	No	3	15.0
5	Used sugar free product		
	Yes	0	0.0
	No	20	100.0
6	Check blood pressure at home		
	Yes	17	85.0
	No	3	15.0
7	Plan for upgrading treatment		
	Yes	20	100.0
	No	0	0.0
8	Checkup on time		
	Yes	6	30.0
	No	14	70.0
9	Eat oily food		
	Yes	12	60.0
	No	8	40.0
10	Taking exercise regularly		
	Yes	17	85.0
	No	3	15.0

The major finding of Practice of hypertension. The respondent of (55%) used tobacco product. More than half of the respondent (70%) eat a salty food and (100%) of the respondent don't drink alcohol and the respondent of (85%) eat medicine regularly . (100%) of the

respondent don’t used only sugar free product . More than half of the respondent (85%) checked their blood pressure at home. The respondent of (100%) are plan for upgrading their treatment . More than half of the respondent (70%) checked on time . The respondent of (60%) use to eat oily food and the respondent of (85%) use to take exercise.

CHAPTER-V

CONCLUSION

The chapter present the conclusion from the study which was divided into two section; Major finding, concusion and suggestion.

5.1 Major findings

In this section the major findings drawn from the analysis snd interpretation of data discussed in the previous chapter and suggested are given

Most of the respondent were in the age between 16-40 years and more than half respondent are HSSLC and all the respondent are Christian. In major finding 50 percent of the respondent are male. And more than half of the respondents is nuclear family. In this major finding 70 percent of the respondent is employed and more than half of the respondent are unmarried.

In knowledge of hypertension the finding prove that more than half know about that hypertension is lifestyle disease. Many of respondent about their blood pressure. Half of the respondent are know that hypertension is one of the biggest threat in cardiovascular disease and more than a half of the respondent are effect their physical health by illness. All of the respondent know that oily food is not good for health. Half of the respondent is choice to make a good decision making for their treatment. Respondent are monthly checkup.More than half of the respondent thought that Hypertension is a common disease to everyone. More than half of the respondent are hardly prevent from hypertension. More than half of the respondent are get good treatment.

The major finding of Attitude relate to hypertension. More than half of the respondent are Neither agree nor disagree in Overeating leads to hypertention and the respondent believe that regular exercise control increase Blood pressure in Green leaf vegetable important for Hypertension patient . More than half of the respondent are agree that immediate treatment help reducing the effect of hypertention. The respondent use to skip their medicine , more than half of the respondent get another course when the ongoing course is finished . Some of the respondent don’t skip there medicine when they feel healthy and the respondent are not follow doctor

advice exacely as he recommend and (80%) of the respondent has effect their medicine intake in their body. More than half of the respondent (85%) use to eat unhealthy food and (95%) of the respondent maintaining there diet.

The major finding Practice of hypertension. Half of the respondent used tobacco product. More than half of the respondent eat a salty food and the respondent don't drink alcohol and the respondent eat medicine regularly . All of the respondent don't used only sugar free product . More than half of the respondent checked their blood pressure at home. All the respondent are plan for upgrading their treatment . More than half of the respondent checked on time . The respondent use to eat oily food and more than half of the respondent use to take exercise.

5.2 Conclusion

The study highlights the impact of hypertension disease among youth of Salem community. High blood pressure can damage your health in many ways. It can seriously hurt important organs like your, heart brain, kidneys , and eyes. The good news is that, in most cases , you can manage your blood pressure to lower your risk for serious health problems. High blood pressure can cause the arteries that supply blood and oxygen to the brain or be blocked, causing stroke.

Majority of the respondent have knowledge about hypertension and they also aware about their blood pressure and more than half of the respondent agree that over eating lead to hypertension and believe that regular control increase blood pressure. It can be seen that youth respondent use to eat unhealthy food.

5.3 Suggestion

The following suggestion are made based on the findings of the study

1. Awareness and education on the negative impact of hypertension should be prioritized to prevent the youth being fully consume by hypertention

2 Arrangement of exercise should be made successfully

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A Study on Lifestyle disease among youth in Salem, Lunglei Community

(A special reference to Hypertension)

Sir ,

As a partial fulfillment for my project on ‘A study on Lifestyle disease among youth’ in Salem community , which is mass Sir requirement for the completion of Bachelor of Social Work degree under Mizoram university under the guaidence of C. Lalremtluangi assistant professor, Higher and Technical Institute, Mizoram . You are kindly to spare a few minute to filled the enclose questionnaire. Information supply will be used solely for this project only.

I will be very greatful to you for your response.

Thanking you,

ZODINSANGA

Bachelor of Social Work

Higher and Technical Institute Mizoram

I. Socio-demographic profile

Si .no	Particular	Yes	No
I.	**Gender**		
	Female		
	Male		
II.	**Age**		
	10-20		
	20-30		
	Above 30		
III.	**Religion**		
	Christian		
	Non-Christian		
IV.	**Educational level**		
	Below HSLC		

	HSSLC		
	Graduate above		
V.	**Family type**		
	Joint		
	Nuclear		
VI.	**Occupation**		
	Employed		
	Unemployed		
VII.	**Marital status**		
	Married		
	Unmarried		

II. Knowledge of hypertension

SI.no	Particular	Yes	No
1.	Hypertension is a lifestyle disease		
2.	Blood pressure in normal range		
3.	Hypertension is one of the biggest thread in cardiovascular disease		
4.	Illness effect your physical health		
5.	Oily food is healthy		
6.	Good decision making for treatment		
7.	Monthly checkup		
8.	Hypertention is common disease to everyone		
9.	Hard to prevent from hypertention		
10.	Treatment is good enough		

+

Attitude relate in hypertention

SI,no	Particular	Yes	No
1.	Overeating leads to hypertension		
	Strongly disagree		
	Disagree		
	Neither agree nor disagree		
	Agree		
	Strongly agree		
2	Green leafy vegetable important for HTN		
	Avoid additional sodium intake control HTN		
	Regular exercise control increase BP		
	Regular BP check is important		
	Lifestyle modification in controlling HTN		
3	Immediate treatment helps reducing the effoct of hypertension		
4.	Have you skip your medicine		
5.	When you finished your medicine course do you get another course		
6.	Skipping medicine when feel healthy		
7.	Follow doctor advice exacely as he recommend		
8.	Medicine intake has effect body		
9.	Eat unhealthy food		
10.	Maintaining diet		

Practice of hypertension

SI.no	Particular	Yes	No
1.	Used tobacco product		
2.	Eat a salty food		
3.	Drinking alcohol		
4.	Eat medicine regularly		
5.	Used sugar free product		
6.	Check blood pressure at home		
7.	Plan for upgrading treatment		
8.	Checkup on time		
9.	Eat oily food		
10.	Taking exercise regularly		