



UNIVERSITI PUTRA MALAYSIA

**INFORMATION SEEKING BEHAVIOUR, HEALTH KNOWLEDGE,
ATTITUDE AND PRACTICE OF PATIENTS IN HOSPITAL BESAR
TENGGU AMPUAN RAHIMAH,
KLANG, SELANGOR DARUL EHSAN**

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TENGGU AMPUAN RAHIMAH ,
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By

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by

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JUNE 1995**

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The purpose of this study was to analyze the various interrelated factors associated with health and information seeking behaviour of hypertensive patients

The population of this study consisted of 245 hypertensive patients listed for their appointments at Hospital Besar Tengku Ampuan Rahimah, Klang Twenty five percent of hypertensives have been selected daily for 10 consecutive days excluding Saturday and Sunday Information was collected via a highly structured interview, in which the questionnaires were administered orally Independent variables included in this study were age, sex, ethnic group, marital status, education level, income, health knowledge level, attitude, beliefs, health behaviour and social network The dependent variables included were sources of health information (television, radio, newspaper, magazine, doctor, paramedic, family and friends), their frequency of referral, reliability and perceived influence



Findings of this study indicated that the higher the educational level the higher was the health knowledge score of respondents. Overall, hypertensive had a positive attitude toward their disease and every patient was aware of the importance of controlling blood pressure. Patients with higher health knowledge scores reported a tendency to indulge in good health related behaviour. Knowledge was related to health behaviour. Interpersonal interaction was found to be more important than mass media in influencing dietary, exercise and health habits. Doctors were considered most reliable, most influential and were also regarded as the leading source of health information.



Abstrak Tesis yang dikemukakan kepada Senat Universiti Pertanian Malaysia bagi memenuhi sebahagian daripada syarat untuk mendapatkan Ijazah Master Sains

**PERLAKUAN MENCARI MAKLUMAT, PENGETAHUAN KESIHATAN,
SIKAP DAN KEBIASAAN PESAKIT-PESAKIT HYPERTENSIF DI
HOSPITAL BESAR TENGGU AMPUAN RAHIMAH, KLANG,
SELANGOR DARUL EHSAN.**

oleh

**TUNKU ZAIDAR BT. TUNKU ZAINAL ABIDIN
JUN 1995**

Pengerusi Prof Sulaiman M Yassin, Ph D
Fakulti Pusat Pengembangan dan Pendidikan Lanjutan

Tujuan penyelidikan ini ialah untuk menganalisis faktor-faktor yang berkaitan dengan perlakuan kesihatan serta pencarian maklumat oleh pesakit-pesakit darah tinggi

Populasi bagi kajian ini terdiri dari 245 pesakit-pesakit darah tinggi yang disenaraikan untuk temujanji di Hospital Besar Tengku Ampuan Rahimah, Klang Dua puluh lima peratus dari pesakit telah dipilih setiap hari untuk 10 hari kecuali hari Sabtu dan Ahad Maklumat didapati melalui temubual menggunakan soalselidik Angkubah bebas untuk kajian ini adalah umur, jantina, kaum, taraf perkahwinan, tahap pengajian, pendapatan, pengetahuan kesihatan, sikap, kepercayaan, perlakuan dan kumpulan sosial Angkubah bersandar kajian adalah punca-punca pengetahuan kesihatan, kekerapan



penggunaanya, kepercayaan pada sumber dan pengaruh sumber pada perlakuan kesihatan pesakit.

Hasil kajian ini menunjukkan, bertambah tingginya taraf pendidikan seseorang semakin tinggi pengetahuan kesihatannya. Pada keseluruhannya, pesakit-pesakit mempunyai sikap positif terhadap penyakit mereka dan sedar akan pentingnya mengawal tekanan darah. Pesakit yang mempunyai pengetahuan kesihatan yang tinggi mengaku lebih kearah perlakuan kesihatan yang baik. Pengetahuan pesakit mempunyai perkaitan dengan perlakuan. Interaksi perseorangan dilaporkan lebih mempengaruhi pemakanan, senaman dan kebiasaan kesihatan pesakit berbanding dengan media massa. Doktor didapati paling dipercayai, paling berpengaruh dan dianggap sebagai sumber utama pengetahuan kesihatan.

CHAPTER 1

INTRODUCTION

Much of the premature death and disability experienced throughout the world has a social and behavioral basis. These problems therefore require applications of social science theory, data and methods to achieve change on a scale sufficient to affect the public health. This will allow assessment of patients' causal links between social, environmental or behavioral factors and the dependent variable of disease outcomes such as stroke or heart attack, or the physiological states, such as elevated blood pressure that underlie these disease states.

The prevention of chronic diseases has emerged as a major focus of modern public health. While some diseases and conditions can perhaps best be treated by injections, surgery or other non-behavioral manipulations, most chronic diseases and conditions of concern today cannot. The way we behave as individuals does to an extent affect both the occurrence of disease and the outcome of treatment. Chronic diseases such as cancer, hypertension, diabetes mellitus and other forms of chronic diseases are partly caused by a particular behaviour and hopefully can be treated by behavioral change.



Communication and education can help to achieve changes in attitude, knowledge and behaviour. Communication is the basis of all human interrelationship without which education in any form cannot take place. It is thus an integral part of health education. Health education is a form of planned intervention attempting to influence largely unplanned natural processes in such a way as to bring about an improved health status. Health education practice may utilize interpersonal communication methods, nonpersonal or both in combination.

Hypertension is a disease which is a serious mass public health problem despite the fact that at any given time, a majority of persons with it are symptom - free. Hypertension is a silent secret threat to the health of people around the world; it is a chronic condition that leads to a variety of serious complications and diseases. The complications of even mild hypertension involve progression to moderate and severe hypertension. It is among the leading "Risk Factor" for the development of coronary heart diseases and cerebrovascular accidents and also renal failure. Hypertension is also a contributing cause for at least one third of premature death due to heart attacks and even a higher proportion of premature death due to stroke. Hypertension is the dominant aetiology percussor in 75 percent of congestive heart failure cases (Kannel et al., 1972). Mortality and morbidity rises with progressive increases in blood pressure.

We are confronted here with a medical condition that is clearly of great importance and seriousness. There are two major issues in the long-term treatment of hypertension. One is to select an appropriate treatment plan for the individual patients and the second is to ensure that patients adhere to it. Most persons with moderately elevated blood pressure experience no symptom and no discomfort. Treatment for hypertension therefore requires that patients be convinced to embark upon a long-term course of drug treatment even though they feel well. Further, it is virtually certain that initiation of treatment will not make these patients feel better, indeed in many cases, they will feel worse. There is presently no cure, hence the direct outcome of any health education programme should be to control blood pressure.

Hypertension therefore involves a condition that is not as yet easily prevented and that it requires a programme of behaviour change for treatment and control. The mere dissemination of information with the aim of increasing health knowledge may not be sufficient to stimulate behaviour change. Many education campaigns have had little or no measurable effect on behaviour (O'Keefe, 1971) and it appears that relationship between knowledge and behaviour is complex (Baric, 1973, Enelow *et al*, 1975, Henderson, *et al*, 1976, Hochbaum, 1958, Jacobson *et al*, 1977, Tostesan, 1975). Aside from dissemination of knowledge, a positive result may require a number of other favourable changes in the environment.

Hypertension in Malaysia

In Malaysia, cardiovascular diseases are the most important group of 'killer' diseases. In 1989, 5294 (29.1 percent) of all medically certified deaths in Peninsular Malaysia were due to cardiovascular diseases. Between 1981 to 1989, the mortality rate rose from 15.3 per 100,000 persons to 37.0, an increase of 141.8 percent. Hospital admissions for cardiovascular diseases also showed a similar trend, increasing by 534 percent between 1965 and 1989 (Malaysia, Dept. of Statistics, 1989, 1986, 1991).

Hypertension is not only a risk factor of cardiovascular diseases, but also the most potent one; for example two thirds of the people in the community with cardiovascular diseases were hypertensive, and the cardiovascular mortality rate of hypertensive was twice that of non hypertensive (Kannel, 1974). Hypertension must be the foremost public health problem facing Malaysia. Its high prevalence (14 percent of population) and the cardiovascular risk associated with it combine to emphasize its importance (Kandiah *et al.*, 1980). It is easily the most common cause of medical admissions as have been shown by another hospital morbidity study (13 percent of medical admission) (Lim, 1990).

Hypertension is essentially asymptomatic, its treatment is of long duration, often inconvenient and may not be well tolerated. Given that the benefits of antihypertensive treatment are now so well documented (Veterans' Administration Cooperative Study, 1967, 1970, 1980, 1985) and many of the cardiovascular complications are thereby preventable, the marked

prevalence of complicated hypertension as indicated by its admission rate must surely be regarded as a sign of medical failure

In a study done in Mentakab, Pahang, it was found that almost all complicated hypertensive had poorly controlled hypertension. The reason given was that most hypertensive do not continue with their treatment. A common reason for dropping out of treatment cited by 85 percent of patients is their lack of motivation to continue treatment.

Three key factors that affected the patients attitude towards continuing treatment were (1) patients lack of understanding concerning hypertension and its treatment, (2) erroneous beliefs held by patient concerning hypertension and its treatment, (3) patients perceived barrier to treatment as provided by the health services (Lim *et al* , 1991). Therefore an effective health education programme and health promotion aimed at hypertensive patients should be formulated.

Health Education Campaign in Malaysia

In the past, the Ministry of Health has implemented various preventive and curative programmes to improve the peoples health. The strategies used in the prevention and control of infectious diseases have resulted in a decrease of such diseases. However as the country wins the battle over endemic infectious diseases and the people become more affluent,so our lifestyle changes. These changes in lifestyle have led to changes in the disease pattern in the country from `environmental' to `lifestyle' diseases.

On May 25, 1991, the Ministry of Health launched a nationwide 'Healthy Lifestyle' campaign. Using the health care approach, the campaign was aimed at promoting a healthy way of life among individuals, and society as a whole. The three main objectives of the campaign were:

- * To create greater awareness of the dangers of 'lifestyle' diseases amongst Malaysians
- * To educate Malaysians on the preventive measures which can be taken
- * To promote a healthy lifestyle amongst Malaysians

The priority diseases which have been selected for this campaign are:

- 1 Cardiovascular Diseases
- 2 Sexually-Transmitted Diseases/AIDS
- 3 Food Poisoning
- 4 Cancer
- 5 Diabetes Mellitus
- 6 Childhood Diseases

To ensure a full understanding of each priority disease, the Healthy Lifestyle Campaign was spread over six years with one disease being highlighted each year. The campaign was carried out at both national and state levels to ensure proper dissemination of all lifestyle messages.

At National Level

The activities at national level included talks and spot announcements on radio and television. Dissemination of health messages via newspapers, magazines and other print media. Nationwide educational activities were to be carried out by Health Ministry Personnel through exhibitions, group discussions and demonstrations.

At State Level

Primary Health Care approach was conducted at state level, that is, inter-sectoral collaboration and community participation. In the former, other government agencies (eg. Ministry of Information, Ministry of Education, Rukun Tetangga groups, etc.) and non governmental civic organisations (eg. Rotaract, Lions, Kiwanis, etc.) were encouraged to participate either directly in the Ministry's promotional activities or through their own efforts.

Statement of Problem

The purpose of this study was to analyze the various factors associated with health behaviour and the information seeking behaviour of hypertensive patients. This study attempted to answer these questions 1) The various health information source of hypertensive regarding their illness, its perceived reliability, and its influence on health related behaviour ? 2) How does health knowledge affect patients' health behaviour? 3) What are the problems and barriers to health care faced by patients?

Many health workers may feel daunted by the task of attempting to help people change their habits and become healthier. What can mere words do to get people away from lifelong customs and habits which seem to be leading them to premature death? For health education to be effective, programme of communication must be carefully selected. This can only be achieved by understanding the factors associated with patients' health behaviour.

Significance of the Study

There is no point in spending time and money on health education if it does not work! With this in mind, this study consisted of gathering and analysing as much baseline information on factors related to patients health behaviour and their various source of health information. With this information only can a suitable and effective communication programme be developed to ensure a more systematic, balanced and workable health education which meets the requirement of hypertensive patients.

As have been mentioned of the several complications of this disease which may eventually lead to premature mortality, nevertheless, increased premature mortality is by no means the only problem. A sizable amount of disability in the labour force is also another problem. The economic losses to the individuals involved are great, as are the costs to the government and society at large. Vast resources are spent on medical care for these people. The economic losses to the government and society is from the disability and morbidity caused by this disease. It is not difficult to conclude that this

problem has a big impact on our society generally and that the control of hypertension would, besides alleviating emotional distress, make resources available for other pressing needs.

This study hopes to assist health educators to develop quality health education that would meet the needs and requirement of hypertensive patients in the hope of achieving favourable behavioral and ultimately favourable health outcomes. It is also expected to provide a basis for planning educational strategies and material for the public in general and patient in particular, that will be helpful at national, community and local levels.

Objectives of the Study

General Objective

The purpose of this study is to analyze the various factors influencing health behaviour of hypertensive patients and their sources of health information.

Specific Objectives

1. To examine the predisposing factors influencing patients health behaviour which include patients health knowledge, attitude, beliefs and demographic variables.
2. To analyze the enabling factors such as patients' problems and barriers to health care in terms of transportation, inaccessibility to

health facility, costs, and understanding of their medical regime, and their perception on the present system of care

- 3 To examine the reinforcing factors which include patients family situation, peer groups and persons who influence them, and patients affiliation with other social groups
- 4 To explore patients' health communication patterns in seeking information on their health conditions

CHAPTER 2

LITERATURE REVIEW

This chapter is organized according to the following topics (a) definition (b) related theories and research (c) solving health education problems (d) role of communication in health education (e) health education objectives and (f) theoretical background

Definition

Health education is defined as a learning process intended to result in the voluntary adoption of behaviour beneficial to health. Implicit in this definition is the concept of communication. Learning implies receipt of a communication, followed by a change in behaviour of an individual or group. Education in the usual general sense is often regarded, particularly in the western world, as good for its own sake and as an end in itself. Health education, however, must contribute to an outcome in which there is a behavioural change associated with a demonstrably improved health status of the individual, group, and community.

The prevention of chronic diseases has emerged as a major focus of modern public health. Present knowledge indicates that adoption of healthy lifestyles and environments are key elements of such preventive action.

