

Abstract

Background: Hypertension has increasingly become a vital medical and public health issue affecting 1 in 3 adults globally, with 80% global burden in the developing countries. It is a life style related preventable condition that affects health workers and general population at large. Yet information on the life styles of the health workers is limited.

Objective: To assess the factors influencing the development of hypertension among health workers in Iganga district.

Methodology: A cross-sectional study design was used with observation and researcher administered questionnaire techniques as method of data collection. A random sample of 254 health workers in both public and PNFP health facilities had their blood pressure, weight and height measured. The prevalence of hypertension, demographic characteristics, awareness about hypertension, socio-behavioral factors and availability of hypertension prevention services were assessed by a pretested questionnaire. Descriptive, Univariate, bivariate and multivariate analyses were done in SPSS and generated frequency tables, pie-charts, graphs, chi-square value, p-value and odds ratio.

Results: The prevalence of hypertension among the health workers was (32.3%) which was higher than of Iganga-Mayuge population (20.5%). The bivariate analysis showed that smoking ($\chi^2=4.223$, p-value=0.040), frequency of fruit consumption ($\chi^2=17.751$, p-value=0.001), BMI ($\chi^2=20.059$, p-value<0.0001), age ($\chi^2=31.661$, p-value<0.0001), marital status ($\chi^2=28.579$, p-value<0.0001) and period of work ($\chi^2=8.309$, p-value=0.040) were associated with the development of hypertension. The multivariate logistic regression analysis revealed that BMI (overweight, OR=4.201, 95% CI=1.596-11.061, p-value=0.004), age (30-39 years, OR=4.406 95% CI=1.218-15.939) and marital status (married, OR=12.786 95% CI=1.096-149.308, p-value=0.042; separated/divorced OR=27.979, 95% CI=2.901-269.829) were statistically significant.

Conclusion: In spite of the health workers being a distinct group, they are also at an increased risk of having hypertension. The demographic, socio behavioral, availability of prevention services and awareness level influence their risk of developing hypertension. Therefore, multidisciplinary approaches with integrated target preventive strategies need to be adopted, and these should be both awareness and behavior change based.