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Knowledge, risk factors, and preventive strategies of hypertension among Babcock University students in Nigeria: A cross-sectional study.

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Abstract

Aim:

Hypertension is the most common, modifiable, non-communicable disease in the world and the leading risk factor for cardiovascular morbidity. This research assessed the knowledge, risk factors, and preventive strategies of hypertension among Babcock University students.

Method:

A descriptive cross-sectional design was adopted, involving 384 students selected through stratified random sampling. Data were collected using a structured questionnaire and analyzed using descriptive and inferential statistics.

Results:

Findings from this study reveal that the majority (87.5%) were within the age range of 18–25, (91.7%) had a high level of knowledge of hypertension. Major identified risk factors included family history (71.6%), lack of exercise (70.3%), smoking (69.8%), being overweight (67.2%), and alcohol consumption (63.3%). While respondents recognized preventive measures such as regular exercise (84.4%), reducing alcohol (79.7%), and salt intake (79.2%), actual adherence to these practices was inconsistent, and only 6.5% were hypertensive. A significant gender-based difference in knowledge was observed ($p = 0.006<0.05$), and a weak but significant positive correlation existed between knowledge and preventive practices ($r = .195$, $p = .0001$).

Conclusion:

The study concludes that while knowledge of hypertension is high, preventive practices remain suboptimal. These findings underscore the need for targeted health education interventions to bridge the gap between knowledge and practice.

Recommendation:

There is a need to strengthen behavioural change among university students through sustained health education and lifestyle interventions.

Keywords: *Hypertension, Knowledge, Preventive Practices, Risk Factors, University Students, Nigeria*
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Background to the study

Hypertension, commonly referred to as high blood pressure, is a major global public health challenge and a leading risk factor for cardiovascular diseases, stroke, and kidney failure (World Health Organization [WHO], 2021). It is estimated that over 1.28 billion adults aged 30–79 years globally are affected by hypertension, with two-thirds residing in low- and middle-income countries (WHO, 2021). Nigeria, like many other developing nations, is experiencing a growing burden of non-communicable diseases, including hypertension, largely due to urbanization, changes in dietary patterns, sedentary lifestyles, and increased stress levels (Adeloye et al., 2015).

Recent studies have shown an increasing prevalence of hypertension among younger populations, including university students, who are traditionally considered to be at lower risk (Olanrewaju et al., 2021; Ogu et al., 2015). This trend is concerning as it indicates early exposure to modifiable risk factors such as poor dietary habits, physical inactivity, tobacco use, excessive alcohol consumption, and high levels of academic and psychosocial stress (Okoh & Oladipo, 2020). University environments, while fostering intellectual and personal growth, may also present health risks due to students' lifestyle choices and lack of awareness regarding chronic diseases. Babcock University, a private tertiary institution in Nigeria, hosts a diverse student population that may be susceptible to these risk factors.

In the United States of America, the prevalence of hypertension between 2017 and 2018 was 49.64%, equating to 115 million people. (Chpbufo, et al., 2020). In China, hypertension affects over 270 million people, while in Nigeria, hypertension has increased by 540% among individuals aged ≥20 years, from 4.3 million in 1995 to 27.5 million in 2020 (Adeloye, et al., 2021).

Studies have emphasized the importance of knowledge in the prevention and control of hypertension (Awotidebe et al., 2016; Oguoma et al., 2017). Adequate knowledge enhances individuals' ability to adopt healthy behaviours such as regular exercise, balanced diets, stress management, and routine blood pressure checks. In contrast, poor knowledge can lead to the neglect of early warning signs and unhealthy lifestyle practices.

Given this context, this study seeks to assess the knowledge levels, risk factors, and preventive strategies related to hypertension among students at Babcock University. The study aims to inform targeted interventions that promote cardiovascular health and reduce the burden of hypertension within the university setting.

Methodology

This was a descriptive cross-sectional study conducted to assess the knowledge, risk factors, and preventive strategies of hypertension among Babcock University students.

Study setting

Babcock University is a faith-based institution committed to integrating Christian values into its academic mission. Its educational philosophy emphasizes character development, spiritual growth, and community impact.

The institution known today as Babcock University (BU) traces its beginnings to September 17, 1959, when it was established as the Adventist College of West Africa (ACWA) by the Seventh-day Adventist Church. By 1975, the college adopted a new name—Adventist Seminary of West Africa (ASWA). A breakthrough came on April 20, 1999, when the Federal Government of Nigeria named Babcock University one of the nation's first three approved private universities.

Study design

At a public ceremony on May 10, 1999, the National Universities Commission (NUC). The university was officially inaugurated on June 17, 1999.

Participants

The inclusion criteria included Babcock University students in the selected halls of residence, and those who did not present at the time of the administration of the instrument were excluded.

Study size

A sample size of 384 was derived using Slovin's formula. Slovin's, (1960) with a 5 (0.05) error tolerance. A multistage sampling technique was employed in the selection of the respondents who fulfilled the inclusion criteria from the target population.

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Data collection

The data was collected using a researcher-structured questionnaire. The questionnaire is made up of four (4) sections comprising the socio-demographic characteristics of the students, the knowledge of hypertension among the students, the risk factors of hypertension among the students, and the preventive strategies for hypertension among the students.

Statistical analysis

The IBM SPSS version 26 was used to analyze the collected data. Descriptive statistics (frequency distribution table, percentages, mean, and standard deviation) and A Two-way ANOVA and inferential statistics (Pearson Product-Moment Correlation) were further used to test the hypotheses.

Ethical consideration

Ethical approval was received from the Babcock University Health Research and Ethical Committee with ethical approval number (BUHREC/457/22). Participation was voluntary, and every finding was treated with utmost confidentiality.

• Consent to participate: Written and verbal consent was sought and obtained from the study participants prior to participating.

Results

In Table 1, it is observed majority of the respondents (87.5%) were within the age range of 18–25 years. Males constituted the predominant gender, representing 63.0% of the study population. In terms of ethnicity, Yoruba respondents were the most prevalent, making up 48.2% of the total sample. Regarding marital status, the vast majority (96.1%) were single. Christianity was the dominant religion, with 92.6% of the participants identifying as Christians. Concerning educational status, most respondents were in their 400-level, accounting for 38.8% of the study population.

Table 1: Respondents' Socio-demography; Data N=384

Variables	Responses	Frequency	Percentage (%)
Age	<17 years	12	3.1%
	18-25 years	336	87.5%
	26-30 years	30	7.8%
	>31 years	6	1.6%
Gender	Male	242	63.0%
	Female	142	37.0%
Ethnicity	Yoruba	185	48.2%
	Igbo	108	28.1%
	Hausa	18	4.7%
	Others	73	19.0%
Marital status	Single	369	96.1%
	Married	11	2.9%
	Divorced	4	1.0%
Religion	Christianity	365	92.6%
	Islam	15	6.3%
	Traditional	4	1.0%
Educational Status	100 level	20	5.2%
	200 level	37	9.6%
	300 level	52	13.5%
	400 level	149	38.8%
	500 level	90	23.4%
	Others	36	9.4%

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Table 2 revealed a high level of knowledge about hypertension, with 91.7% of respondents having heard of the condition. The primary sources of information include media (24.5%), class (27.1%), and other sources (27.9%). Despite this awareness, only 6.5% of respondents reported being hypertensive. Furthermore, 63.5% of respondents knew the normal blood pressure level. When asked to describe hypertension accurately, 67.2% correctly identified it as a blood pressure reading of 140/90 or higher. Regarding longevity, 54.2% were uncertain about how long a hypertensive person could live. Most respondents recognized that hypertension could lead to severe complications such as heart failure (84.4%), stroke (79.4%), and death (74.4%). The most commonly recognized symptoms included headaches, difficulty breathing, chest pain, and fatigue (70.8%).

Table 2: Knowledge of respondents regarding Hypertension

Question	Response	Frequency	Percent (%)
Have you heard of hypertension?	Yes	352	91.7
	No	32	8.3
How did you get to know about hypertension?	Media	94	24.5
	Clinical volunteers	44	11.5
	Friends	35	9.1
	Class	104	27.1
	Others	107	27.9
Are you hypertensive?	Yes	25	6.5
	No	359	93.5
Do you know the normal blood pressure level?	Yes	244	63.5
	No	140	36.5
In your opinion, which of these best describes hypertension?	BP < 120/80	40	10.4
	BP 120/80 - 130/90	66	17.2
	BP ≥140/90	258	67.2
	BP 130-139/80-89	20	5.2
How long can a hypertensive person last?	A year	9	2.3
	5-10 years	20	5.2
	For life	147	38.3
	I don't know	208	54.2
Can hypertension lead to any of the following?	Heart failure	324	84.4
	Stroke	305	79.4
	Kidney failure	130	33.9
	Death	284	74.4
What are the signs and symptoms of hypertension?	Headaches, difficulty breathing, chest pain, fatigue	272	70.8
	Headaches, frequent urination, weight loss, chest pain	70	18.2
	Chest pain, bleeding, fever, weight loss	23	6.0
	Fever, difficulty breathing, frequent urination, fatigue	19	4.9

Table 3 presents the various risk factors for hypertension, lifestyle habits, and perceptions among 384 respondents. The most frequently identified risk factors for hypertension included family history (71.6%), lack of exercise (70.3%), smoking (69.8%), being overweight (67.2%), and alcohol consumption (63.3%). A significant proportion (34.4%) reported having a hypertensive family member. Regarding lifestyle habits, 35.9% consumed coffee, 35.7% consumed alcohol, and 20.3% had smoked cigarettes, although only 8.6% were current smokers. Exercise patterns showed that

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19.8% worked out regularly, 61.7% occasionally, while 18.5% never exercised. Dietary habits revealed that 22.9% had salty diets, 28.4% consumed high-cholesterol foods, while 80.2% regularly ate fruits and vegetables. In terms of body perception, 78.1% viewed themselves as having moderate weight, while 13.0% considered themselves overweight. Stress perception indicated that 48.7% found their studies stressful, and 30.5% found them very stressful.

Table 3: Risk factors of hypertension among the respondents

Question	Response	Frequency	Percent (%)
Which of these are risk factors for hypertension? (Select all that apply)	Aging	251	65.4
	Smoking	268	69.8
	Infection	65	16.9
	Alcohol	243	63.3
	Lack of exercise	270	70.3
	Being overweight	258	67.2
	Family history	275	71.6
Is anyone in your family hypertensive?	Yes	132	34.4
	No	252	65.6
Do you take coffee?	Yes	138	35.9
	No	246	64.1
Do you take alcohol?	Yes	137	35.7
	No	247	64.3
If yes, how often do you take alcohol?	Regularly	4	1.0
	Occasionally	102	26.6
	Socially	59	15.4
Have you ever smoked cigarettes?	Yes	78	20.3
	No	306	79.7
Do you currently smoke?	Yes	33	8.6
	No	351	91.4
How often do you smoke?	Daily	8	2.1
	Occasionally	39	10.2
	Socially	30	7.8
How many sticks do you smoke?	2	45	11.7
	2-5	10	2.6
	5 above	4	1.0
How often do you work out?	Regularly	76	19.8
	Occasionally	237	61.7
	Never	71	18.5
How do you perceive your body?	Underweight	34	8.9
	Moderate	300	78.1
	Overweight	50	13.0
Are your diets usually salty?	Yes	88	22.9
	No	296	77.1
Are your diets usually high in cholesterol?	Yes	109	28.4
	No	275	71.6
Do you usually ingest fruits and vegetables?	Yes	308	80.2
	No	76	19.8
How do you perceive your studies?	Not stressful	80	20.8
	Stressful	187	48.7
	Very stressful	117	30.5

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Table 4 reveals the frequency of respondents' replies on some of the ways to prevent hypertension. 306 (79.7%) respondents believe hypertension can be prevented by reducing alcohol intake, 304 (79.2%) believe the reduction of salt in diets can help reduce hypertension, while 268 (69.8%) believe dietary change is a good way of preventing hypertension, and lastly, 324 (84.4%) believe regular exercise is the best way of preventing hypertension.

Table 4: What are some of the ways you can prevent hypertension

Question	Options	Frequency	Percent (%)
What are some of the ways you can prevent hypertension?	Losing weight	238	62.0%
	Stop smoking	304	79.2%
	Reduce alcohol intake	306	79.7%
	Reduce salt intake	304	79.2%
	Dietary changes	268	69.8%
	Regular exercise	324	84.4%

Table 5 shows 68 (17.7%) respondents never monitor their blood pressure, 125 (32.6%) rarely do, 140 (36.5%) monitor their blood pressure sometimes, and 51 (13.3%) monitor it often. It further reveals that 46 (12.0%) respondents never keep track of their weight, 107 (27.9%) rarely do, 129 (33.6%) keep track of their weight sometimes and 102 (26.6%) keep track of their weight often, and 36 (9.9%) respondents never eats a salt-free or low-sodium diet, 91 (23.7%) rarely do, 158 (41.1%) eats a salt-free or low-sodium diet sometimes and 97 (25.3%) eat a salt-free or low-sodium diet often, also the table shows that 20 (5.2%) respondents never make it a point to include fruits, veggies, and low-fat dairy products in their meal plan, 80 (20.8%) rarely do, 198 (51.6%) make it a point to include fruits, veggies, and low-fat dairy products in their meal plan sometimes and 86 (22.4%) make it a point to include fruits, veggies, and low-fat dairy products in their meal plan often. Furthermore, the table reveals that 40 (10.4%) respondents never cut back on their alcohol consumption, 30 (7.8%) rarely do, 67 (17.4%) cut back on their alcohol consumption sometimes and 247 (64.3%) cut back on their alcohol consumption often, while also, 36 (9.4%) respondents never relieves tension by using relaxation techniques, 64 (16.7%) rarely do, 177 (46.1%) relieves tension by using relaxation techniques sometimes and 107 (27.9%) relieves tension by using relaxation techniques often. Also, Table 5 depicts that 14 (3.6%) respondents never engage in regular physical activity, 68 (17.7%) rarely do, 185 (48.2%) engage in regular physical activity sometimes and 117 (30.5%) engage in regular physical activity often and lastly that 28 (7.3%) respondents never abstain from smoking, 27 (7.0%) rarely do, 34 (8.9%) abstain from smoking sometimes and 295 (76.8%) abstain from smoking often.

Table 5: Preventive strategies of Hypertension among Babcock students N=384

Variable	Never F (%)	Rarely F (%)	Sometimes F (%)	Often F (%)	Mean
I monitor my blood pressure	68(1.7%)	125(32.6%)	140(36.5%)	51(13.3%)	2.45
I keep track of my weight	46(12.0%)	107(27.9%)	129(33.6%)	102(26.4%)	2.75
I eat a salt-free or low-sodium diet	38(9.9%)	91(23.7%)	158(41.1%)	97(25.3%)	2.82

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I include fruits, veggies, and low-fat dairy products in my plan	20(5.2%)	80(20.8%)	198(51.6%)	86(22.4%)	2.91
I cut back on my alcohol consumption	40(10.4%)	30(7.8%)	67(17.4%)	247(64.3%)	3.36
To relieve tension, I use relaxation techniques	36(9.4%)	64(16.7%)	177(46.1%)	107(27.9%)	2.92
I engage in regular physical activity	14(3.6%)	68(17.7%)	185(48.2%)	117(30.5%)	3.05
I abstain from smoking	28(7.3%)	27(7.0%)	34(8.9%)	295(76.8%)	3.55
Average Mean Score					2.98

Table 6 revealed that there is a significant positive difference in the knowledge of hypertension between the male and female students at Babcock University. Therefore, the null hypothesis, which states that "There is no significant difference in the knowledge of hypertension between the male and female students at Babcock University," is rejected, and the alternative is accepted. This is justified by a p-value of .006 which is less than the threshold of 0.05.

Table 6: Analysis of Hypothesis One: There is no significant difference in the knowledge of hypertension between the male and female students at Babcock University students

ANOVA					
Knowledge					
	Sum of Squares	**Df**	**Mean Square**	**F**	**Sig.**
Between Groups	.315	1	.315	7.555	0.006
Within Groups	15.917	382	.042		
Total	16.232	383			

Table 7 revealed that there is a weak, significantly positive relationship between knowledge of hypertension and preventive practice among Babcock University students. Therefore, the null hypothesis, which states that "There is no significant relationship between the knowledge of hypertension and the preventive practice among Babcock University students", is rejected, and the alternative hypothesis is accepted. This is justified by the p-value of .0001, which is less than the significant threshold of 0.05

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Table 7 Correlation for Hypothesis Two: There is no significant relationship between the knowledge of hypertension and the preventive practice among Babcock University students

Correlations

		Knowledge	Preventive strategies for hypertension
Knowledge	Pearson Correlation	1	.195**
	Sig. (2-tailed)		.0001
	N	384	384
Preventive strategies for hypertension	Pearson Correlation	.195**	1
	Sig. (2-tailed)	.0001	
	N	384	384

****. Correlation is significant at the 0.01 level (2-tailed).**

Discussion of findings

The findings from this study reveal crucial insights into the knowledge, risk factors, and preventive strategies regarding hypertension among university students. The results are discussed in line with previous studies and relevant health literature.

The sociodemographic profile of the respondents showed that the majority were within the age group of 18–25 years (87.5%), predominantly male (63.0%), and mostly Yoruba (48.2%). The participants were largely single (96.1%), Christian (92.6%), and in their 400 level (38.8%). These characteristics are important as age, gender, ethnicity, and level of education can influence health awareness and behaviour (Oguejiofor et al., 2019).

A high level of awareness of hypertension was observed, with 91.7% of respondents having heard about the condition. This is consistent with the findings of Akpan et al. (2020), who reported high awareness among university students, possibly due to the proliferation of health information through media and academic curricula. These findings are consistent with the findings of (Chanyalew, et al., 2019) On the Knowledge of Hypertension and Self-Care Practice among Adult Hypertensive Patients at the University of Gondar Comprehensive Specialized Hospital, Ethiopia, where they discovered the level of knowledge and self-care practice among hypertensive patients was relatively high, and almost 80% of participants had good self-care practice in the physical activity domain. However, despite the high awareness, only 63.5% knew the correct normal blood pressure levels, and just 67.2% could accurately describe hypertension as BP ≥ 140/90 mmHg.

The gap between general awareness and accurate knowledge reflects what several studies have identified as a key challenge in health literacy (Ibekwe, 2015). Many individuals are exposed to the term "hypertension" but lack an in-depth understanding of its clinical definitions and implications.

Interestingly, 6.5% of the respondents reported being hypertensive, indicating that hypertension is not exclusive to older adults and can affect younger populations, especially when risk factors are prevalent (WHO, 2021).

More than half of the students (54.2%) were uncertain about the longevity of hypertensive individuals. This uncertainty may stem from limited exposure to chronic disease education and demonstrates a need for more structured health education programs within universities. Respondents recognized serious complications associated with hypertension, such as heart failure (84.4%), stroke (79.4%), and death (74.4%), aligning with findings from Akinlua et al. (2015), who emphasized the rising burden of hypertension-related complications among Nigerians.

A considerable number of respondents correctly identified risk factors, including family history (71.6%), lack of exercise (70.3%), smoking (69.8%), and being overweight (67.2%). These findings align with the WHO (2021) reports that underscore lifestyle and genetic predisposition as leading contributors to hypertension. About 35.9% consumed coffee, 35.7% drank alcohol, and 20.3% had smoked cigarettes. Only 8.6% were current smokers, indicating a relatively low smoking prevalence, which is encouraging given its strong association with cardiovascular risks. However, only 19.8% exercised regularly, while 61.7% did so occasionally. This highlights a concerning trend of physical inactivity, which remains a modifiable risk factor for hypertension (Sarki et al., 2015).

Nutritionally, the majority consumed fruits and vegetables regularly (80.2%), though 22.9% had salty diets and 28.4% consumed high-cholesterol foods. These dietary patterns suggest a mix of healthy and unhealthy habits, requiring targeted intervention.

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Respondents generally exhibited awareness of preventive strategies. Most believed that reducing alcohol intake (79.7%), salt intake (79.2%), and smoking cessation (79.2%) were effective, while 84.4% acknowledged the role of regular exercise. These beliefs are consistent with CDC (2023) guidelines, which advocate for lifestyle changes in hypertension prevention.

However, actual practices did not always align with knowledge. Only 13.3% monitored their blood pressure regularly, and 26.6% frequently tracked their weight. While 51.6% sometimes included fruits and vegetables in their diet, only 22.4% did so often. This discord between knowledge and practice has been reported in similar studies, such as by Oladapo et al. (2013), indicating behavioural inertia or lack of motivation in preventive health practices among youths.

Hypothesis Testing and Correlation

The first hypothesis testing using ANOVA revealed a significant difference in knowledge of hypertension between male and female students ($p = 0.006$). This may imply gender disparities in access to or interest in health-related information, as documented in studies by Mweemba et al. (2017), which found that females often engage more with health services and information.

The second hypothesis showed a weak but statistically significant positive correlation ($r = 0.195$, $p = 0.0001$) between knowledge of hypertension and preventive practices. This suggests that while knowledge influences behaviour, it is not the sole determinant. Other factors, such as attitudes, peer influence, perceived susceptibility, and institutional support, play roles in translating knowledge into action (Ajzen, 1991; Health Belief Model).

Conclusion

This study highlights high awareness of hypertension among Babcock University students but reveals critical gaps between knowledge and effective preventive practices. While students are familiar with risk factors and preventive measures, actual lifestyle behaviours are inconsistent. The findings support the need for targeted health promotion interventions within the university setting, focusing on behaviour change, routine screening, and practical health education.

Limitations of the Study

Self-Reported Data: The use of researcher-administered questionnaires may have introduced bias, as some respondents might have over- or under-reported their behaviours or knowledge levels.

Limited Depth: While the study assessed general knowledge and practices, it did not explore in-depth psychological, socio-economic, or cultural factors that might influence behaviour.

Recommendations

1. Health Education Campaigns: Tertiary institutions should intensify awareness programs focusing on hypertension, its risk factors, and prevention strategies. This can be achieved through seminars, health talks, and campaigns, especially during orientation and health week activities.
2. Periodic free blood pressure checks and general health screenings to help students monitor their health status and detect hypertension early.
3. Promotion of Healthy Lifestyle Practices: Students should be encouraged to adopt healthier lifestyles by engaging in regular physical activities, consuming balanced diets low in salt and cholesterol, and avoiding harmful habits such as smoking and excessive alcohol consumption.
4. Stress Management Support: Since many students perceive their academic workload as stressful, counselling services and stress-relief programs such as mindfulness sessions and peer support groups should be strengthened.
5. Curriculum Integration: Information about non-communicable diseases like hypertension should be incorporated into general studies or health education courses to improve knowledge levels across all faculties.

Suggestion for further study: a longitudinal study could be carried out among university students.

Implications of the Study

1. Policy Formulation: The findings can guide university policymakers in formulating student-centered health policies, particularly in non-communicable disease prevention.
2. Health Promotion Programming: Public health educators and clinicians can use this data to design tailored health promotion strategies for young adults, particularly in tertiary institutions.
3. Early Intervention: Understanding the relationship between knowledge and preventive behaviour reinforces the importance of knowledge as a driver of health action, encouraging early and sustained interventions.
4. Gender-Specific Interventions: Since significant gender differences were observed in knowledge levels, future

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programs may consider gender-specific approaches to optimize effectiveness.

List of abbreviations

ANOVA: Analysis of Variance
BUHREC: Babcock University Health Research Ethical Committee.
BUTH: Babcock University Teaching Hospital
PPMC: Pearson product-moment correlation
SPSS: Statistical Package for the Social Sciences.
WHO: World Health Organization.

Declarations

Consent for publication

Availability of data and materials

The data and materials associated with this research will be made available by the corresponding author upon request.

Competing interests

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Author Contribution Statement

CEA: Conceptualization, supervision, literature review, research design, data collection, data interpretation, writing original draft, reviewing and editing the manuscript.
JO: Conceptualization, research design, data collection, and editing the manuscript.
CA: Data collection, Formal analysis, data interpretation. manuscript editing
AOO: Data analysis, validation, and editing the manuscript.
BH: Data interpretation, editing manuscript
FOO: Data analysis, validation, manuscript review

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