



Lifestyle Practices Among Hypertensive Teachers: A Comparative Study In Government And Private Schools Of Dausa

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Abstract

Hypertension is one of the most important public health challenges and one of the main risk factors for cardiovascular diseases. Lifestyle modification remains a cornerstone of the management of hypertension. The present study was conducted to assess and compare the lifestyle practices among hypertensive teachers working in government and private schools of Dausa District of Rajasthan. A non-experimental, descriptive comparative, quantitative design was used. Eighty teachers with hypertension were selected by purposive sampling that included 40 teachers from government schools and 40 teachers from private schools. Lifestyle practices, including dietary habits, physical activity, stress management, personal health practices, and medication adherence, were collected through a structured questionnaire. Descriptive and inferential statistics were used for the analysis. The mean score of lifestyle practice of government school teachers was 72.25 (SD=3.87) and private school teachers was 63.42 (SD=4.48). The calculated t-value was 9.49 which is more than the table value of 2.02 at 0.05 level of significance indicating a significant difference between the groups. Private school teachers had less healthy lifestyle practices as compared to government school teachers. The results imply that occupational and socioeconomic factors influence health behaviour and management of hypertension. The study highlights the importance of wellness programmes at the workplace, health education, stress-management initiatives and regular health screening among teachers.

Keywords

Hypertension, Life Style Behaviour, Teachers, Government School, Private School, Health Promotion, Occupational Health.

Introduction

Hypertension is one of the most common chronic health conditions worldwide and a major cause of cardiovascular diseases, stroke, kidney disorders and premature death. Often called a silent killer, high blood pressure usually develops without noticeable symptoms. People may not know they have the disease for years, even as damage to vital organs slowly builds up. The rapid pace of urbanisation, unhealthy dietary patterns, physical inactivity, obesity, stress, tobacco use and alcohol consumption have significantly increased the global prevalence of hypertension. Hypertension is a major public health problem in India in

both urban and rural communities. The rising burden of hypertension is not only an individual health problem but also a significant burden on the health care systems. Lifestyle modification is identified as a cornerstone for prevention and management of hypertension. While medication is essential for many, healthy lifestyle practices are vital for controlling blood pressure and reducing complications. Recommended behaviours include healthy diet, salt reduction, physical activity, healthy weight, stress management, tobacco avoidance, alcohol moderation and management of prescribed medicines. Teachers are an important occupational group due to their significant contribution to education and social development. Their health affects professional effectiveness, productivity, and student achievement directly. However, occupational stress is often associated with teaching, because of workload, classroom responsibilities, administrative duties and performance expectations. These pressures may have negative consequences for health behaviour and increase vulnerability to chronic diseases like hypertension. In many cases, the working conditions of teachers in government and private schools are different. Government school teachers usually have more job security and better pay and benefits, but private school teachers might have a heavier workload, lower pay and less job security. These differences may influence health behaviour and lifestyle choices. The study of lifestyle practices among hypertensive teachers is therefore significant in understanding the influence of occupational environments on disease management and overall well-being.

Rationale of the Study

Despite advances in medical therapy, hypertension remains a major cause of morbidity and mortality. Successful management involves both pharmacologic treatment and ongoing practice of healthy lifestyle behaviours. Work-related stressors can be especially difficult for teachers and may impact their ability to engage in healthy behaviours. Although several studies have been conducted to assess prevalence and risk factors of hypertension, very few have studied the lifestyle practices of hypertensive teachers especially with respect to the difference between government and private schools. Educators, health care professionals and policy makers can use this understanding to design targeted interventions that improve teacher health and promote effective hypertension management.

Objectives

1. To assess the lifestyle practices of hypertensive teachers in selected government schools.
2. To identify the lifestyle practices of hypertensive teachers in the selected private schools.
3. To compare the lifestyle practices of hypertensive teachers working in Government and Private schools.

Research Hypothesis (H1): Hypertensive teachers working in government and private schools have significant difference in lifestyle practices.

Null Hypothesis (H0): There is no significant difference in the lifestyle practices of hypertensive teachers working in government and private schools.

Research Methodology

The research approach was quantitative with a non-experimental descriptive comparative design. The study was carried out in some government and private schools of Dausa District of Rajasthan. The accessible population was teachers diagnosed with hypertension. 80 participants were selected by purposive sampling method, 40 teachers from government schools and 40 teachers from private schools. Inclusion criteria included a diagnosis of hypertension, taking antihypertensive medication, understanding of Hindi or English, and willingness to participate. Data were collected through a structured questionnaire consisting of demographic variables and a 34-item scale of lifestyle practices. The instrument measured personal health

practices, dietary behaviour, physical activity, psychological factors and medication adherence. The content was reviewed by experts for validity, and the test-retest method was used to assess reliability, resulting in a reliability coefficient of 0.83. A pilot study of ten teachers showed the feasibility of the research process. Ethical approval and administrative permissions were obtained before data collection. The participants were provided with informed consent and confidentiality was maintained throughout the study. Data collection was undertaken between 6 and 20 October, 2021. Data were summarised using descriptive statistics such as frequency, percentage, mean and standard deviation. Lifestyle practice scores between the two groups were compared using an independent samples t-test at 0.05 level of significance.

Results and Interpretations

The demographic analysis indicated that most teachers in government schools belonged to the age group of 51-60 years, whereas most teachers in private schools belonged to the age group of 41-50 years. Both groups had more men than women. The majority of the respondents were B.Ed. qualified, from urban areas and living in joint families. Incomes of teachers of government schools were generally higher than private school teachers. The mean score of the lifestyle practices of teachers in government schools was 72.25 and the standard deviation was 3.87. The mean percentage score was 66.28% indicating moderate satisfactory adherence to recommended health behaviours. The mean lifestyle practice score was 63.42 and the standard deviation was 4.48 for private school teachers. The mean percentage score was 58.18% which indicates comparatively lower adherence to healthy lifestyle practices. The comparison of the two groups showed a clear difference in lifestyle behaviour. Teachers in government schools had better diet practices, more compliance with medication, increased physical activity and better stress management practices. The independent samples t-test produced a calculated value of 9.49 which is significantly greater than the critical value of 2.02 at the 0.05 level of significance. Therefore the null hypothesis was rejected and the research hypothesis was accepted. The results showed that teachers with hypertension working in government schools have significantly healthier lifestyles than teachers working in private schools. Occupational and socioeconomic factors appear to be important in shaping health behaviour and disease management.

Discussion

The results showed that there were significant differences in lifestyle practices among hypertensive teachers based on their occupational setting. The teachers of the government schools had better lifestyle practice scores than the teachers of the private schools. This difference is due to a number of factors. They typically enjoy greater job security, better pay, retirement benefits and access to health services. The stability of the financial situation can contribute to regular medical consultation, access to healthy food, participation in recreational activities, and compliance with the prescribed treatment. Such factors could lead to healthier lifestyle changes and better management of hypertension. Teachers in private schools, by contrast, are often exposed to greater occupational pressures. Heavy workloads, expectations of performance, lower salaries and job insecurity may limit opportunities for self-care and increase stress levels. Such conditions can have a detrimental impact on dietary habits, physical activity, sleep quality, and medication adherence. High blood pressure is a known consequence of occupational stress and can impede effective disease management. The study supports the idea that lifestyle practices are influenced not only by individual motivation but also by environmental and occupational factors. Health behaviour is closely linked to workplace conditions, availability of socioeconomic resources and access to health-promoting environments. The findings also underscore the importance of workplace wellness programs. As teachers spend a large part of their time within educational institutions schools offer a valuable setting for health promotion. Programmes such as health screening, stress-management workshops, counselling services, fitness activities and health education sessions can help promote healthier behaviour and improve quality of life. Encouraging healthy lifestyle practices among teachers may have broader benefits from a public health perspective. Teachers serve as role

models to students and communities, so improving teacher health could positively impact the health awareness and behaviour of future generations. **Key Findings.** The mean lifestyle practice score of government school teachers was 72.25 (SD=3.87). The mean score of lifestyle practice of private school teachers was 63.42 (SD=4.48). Government school teachers scored a mean percentage score of 66.28%. • Mean percentage score of private school teachers was 58.18%. Lifestyle practices were better among teachers of government schools. The calculated t-value (9.49) was greater than the table value (2.02). The difference between two groups was statistically significant. Lifestyle practices related to hypertension seemed to be influenced by occupational and socioeconomic factors.

Summary

The present study concluded that hypertensive teachers working in government and private schools of Dausa District have significant difference in lifestyle practices. Teachers of government schools had better lifestyle habits in comparison to teachers of private schools. Findings suggest that positive occupational conditions, greater financial stability and greater access to healthcare resources may be associated with healthier behaviour and better hypertension management. Lifestyle modification continues to be an important component of hypertension control. Healthy dietary practices, regular exercise, medication adherence, and stress management are needed to reduce cardiovascular risk and improve quality of life. Teacher health should be recognised by educational institutions as an important aspect of educational quality and productivity.

The findings highlight the importance of targeted interventions, particularly among private school teachers, to promote healthy behaviour and facilitate long-term disease management. Workplace wellness programmes, health education initiatives, regular screening and counselling services can go a long way in better health outcomes among teachers.

Suggestions

1. To organise regular health education programmes on hypertension management.
2. Encourage healthy eating and reduce salt intake.
3. Encourage regular physical activity through school-based wellness initiatives.
4. Initiate stress management programs, yoga, and meditation sessions.
5. Give counselling on medication adherence and lifestyle modification.
6. Have regular blood pressure checks and health screenings.
7. Implement supportive workplace policies to minimise occupational stress.
8. Improve school health services and community nursing interventions.
9. Larger and more diverse samples should be used in future studies.
10. Implement longitudinal studies to investigate the relationship between occupational stress and hypertension management.

Implications and Limitations

Implications for nursing practice, education, administration, research, and public health are discussed. Nurses have a very important role to play in health education, counselling, screening and lifestyle intervention programmes. Educational institutions can use these findings to enhance workplace wellness programs and promote teacher well-being. The study had the following limitations: relatively small sample size, purposive sampling technique, limitation to selected schools of Dausa District and self-reported data. Therefore, the results should be interpreted with caution and cannot be generalised to all hypertensive teachers.

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