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Access To Information On Severity Hypertension And Preventive Information Adopted Against Severity Of Hypertension Among The Urban Poor In Zaria Kaduna State, Nigeria.

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Abstract: This study explored access to information on severity hypertension and preventive information adopted against severity of hypertension among the urban poor in Zaria Kaduna state. The study sought to answer the following research questions, how does the urban poor access information on severity of hypertension? what information do urban poor have about severity of hypertension?, what are the available preventive information adopted against severity of hypertension among the urban poor in Zaria? This study employ Grounded theory approach to derive 3 model in explaining severity of hypertension among the urban poor in Zaria. An interpretative research paradigm and qualitative methodology guides data collection, data analysis, data interpretation, and discussions of findings. Twenty Zaria urban poor interviewed using a semi-structured interview guide. The researchers used an analytic inductive process to identify 96 open codes from the narratives explaining access to information and preventives information adopted against severity of hypertension among the urban poor in Zaria. The open code are organized into 8 recurring topics and further collapsed into five emergent categories to explain access to information and preventive information used by the urban poor in Zaria against hypertension. Finding indicates that the urban poor in Zaria come to know severity of hypertension through observation, study recommends coordinate health information programs design base on the reality of this study to educate and improve knowledge of hypertension among the urban poor in Zaria.
Key words: Access to Information, preventive Information, Severity of Hypertension, Information Strategy,

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I. INTRODUCTION

Hypertension is the main risk factor for cardiovascular diseases, which are the leading cause of death (Pan American Health Organization and World Health Organization 2017), hypertension usually shows no symptoms and it affects 1.13 billion people globally with majority of them in low and middle income countries (CNN, 2016). Moreover, Complications from hypertension include ischemic heart disease, stroke, cardiac arrest, liver failure or even sudden death (PAHO and WHO 2017)

To reduce the risk of complications from hypertension, scholars have explored the severity of hypertension from medical perspective etc (Gauer 2017, Benin 2015) while this perspective has helped in identifying the factors associated with hypertension in order to ameliorate severity of hypertension. However, complications from severity of hypertension still persist (Indarawis 2017, Varon and Elliot 2017). In order to alleviate complication from hypertension among urban poor there is need to explore the problem of severity of hypertension from how urban poor access information on severity of hypertension and preventive information strategy used against severity of hypertension in a socio cultural context. Understanding context and situation of urban poor has the potential of designing hypertension information program that will minimize complications from hypertension (National Heart Foundation of Australia 2018. Bell, Twiggs and Olin 2015. Kumar 2015). This article argue that to reduce complications from hypertension, there must be a proper understanding of context and situation of urban poor especially access to information on severity hypertension and preventive information adopted against severity of hypertension.

Hypertension: An Overview

Hypertension is a chronic medical condition in which the blood pressure in the arteries is elevated which requires the heart to work harder than normal to circulate blood through the blood vessels Chobanian, Bakris, and Black (as cited in timothy 2014). In essence, hypertension is high blood pressure, blood pressure is the force of blood pushing against the walls of arteries as it flows through them, arteries are the blood vessels that carry oxygenated blood from the heart to the body' tissues (Steadman's, 2012). Normal level of blood pressure is below 120/80 while 120 represent the systolic measure (Peak pressure in the arteries) and 80 represent diastolic measurement (minimum pressure in arteries). Blood pressure between 120/80 and 139/89 is

called pre-hypertension to denote increase risk of hypertension and blood pressure of 140/90 or above is consider hypertension (WHO, 2013).

Hypertension is designated as either primary (essential) hypertension or secondary hypertension (WHL 2014). Primary hypertension is the most common type of hypertension which accounts for 90% to 95% cases and it is a complex disorder with no isolated cause (WHL, 2014). Nevertheless, certain associations have been recognized in people with primary hypertension, including social determinant factor such as age, income, behavioral risk factor such as too much salt intake, physical inactivity, and metabolic risk factor such as obesity and diabetics (WHO, 2013). In Secondary hypertension, which accounts for 5% to 10% of hypertension cases, the high blood pressure is cause by a specific abnormality in one of the organs or system of the body such as sleep apnea, tumor etc (WHL, 2014)

Access to Information

Access to Information is a way or means of approach through which the people can obtain information for the purpose of being informed. Similarly, Das, (2008) stated that access to information is the ability to access what information you want whenever you want it. In his opinion access to information is vital for liberty, for education and improving lives. He explained further that in the information society, free flow of information is a fundamental principle for bridging the knowledge gaps between privileged and under-privileged communities. Social inclusion and economic empowerment are also achieved in a society where citizens have universal access to information and knowledge, ranging from public information to specialized or customized information related to ones' profession, vocation or culture. Open access to information and knowledge is a key contributor in provisioning universal access to information and knowledge. Moreover, Godlee, Walsh, Ncayiyana, Cohen, Packer (2004) asserted that access to information facilitate development of knowledge based health systems and help healthcare decisions to be informed by the best available research evidence.

Problem statement

Access to information on severity of hypertension is an important factor in achieving blood pressure control Alexander, Gordon, Davis, Roland, Chen (2017). In the same vain Kayima, Wanyenze, Katamba, Leontsini, Nuwaha (2013) asserts that access to comprehensive, quality information on severity of hypertension is important for promoting and maintaining good health, preventing and managing the disease, reducing unnecessary disability and premature death, and achieving health equity.

However, inadequate access to reliable information on severity of hypertension have been observe in third world countries, Kayima, Wanyenze, Katamba, Leontsini, Nuwaha (2013) observed that inadequate access to information on hypertension is a major driver of cardiovascular morbidity and mortality in Africa. Similarly, Feng, Pang and Beard (2014) states that inadequate access to information on severity of hypertension is a serious condition with the potential for permanent end organ damage and significant morbidity and mortality.

In respect of the above, this study explores access to information on severity of hypertension and uncovers information strategy used by the urban poor in Zaria in preventing severity of hypertension using grounded theory approach. Findings of the study are translated in to three conceptual models while first portray access to information on severity of hypertension, the second showcase information available on severity of hypertension and the third display strategy taking by the urban poor in order to prevent severity of hypertension. The models will help hypertension information programmer, policy maker, government officials, community volunteers and others involve in information management of hypertension to develop hypertension information programs and relevant policies capable of improving the management of hypertension among urban poor in Zaria.

II. LITERATURE REVIEW

The literature review is an important component of research because it reveals similar studies done on a topic and prevents unnecessary duplication of studies. It guides the choice of sound theoretical framework suitable for the research in question while exposing the researcher to the fundamental issues concerning the topic Burn & Grove (as cited in Edo, 2009).

This study is situated within the scholarly content area of health information literacy. Health information literacy “the degree to which individuals have the capacity to access, obtain, process, and understand basic health information and services needed to make appropriate health decisions Institute of Medicine (as cited in Douglas, 2013). Shipman (2012) stated that health literacy is dependent on individual and system factors, Communication skills, Information and knowledge (Lay and professional knowledge of health topics). One of the major components of health information literary is access to health information.

Access to health information is the ability to access published and unpublished knowledge on all aspects of health and healthcare (Edewor, 2010). In essence, access to health information is a crucial factor to

healthy life and critical to many facets of health care design and delivery Okwilagwe (as cited in Edewor, 2010). Another major component of health information literacy is health information use.

Health information use behavior consists of physical and mental acts involved in incorporating the health information found in to the person's existing knowledge base. Therefore it may involve physical acts such as making sections in a text to note their importance or significance, as well as mental acts that involve, for example comparing of new information with existing knowledge (Willson, 2000). The use of health information is experienced as the activity of affecting others, which hinge on interaction between persons. It requires not only health information exchange, but also a special approach, so that other people would change their understanding and behavior about health (Kirk, 2002, Nicholson 2005).

Studies were conducted that investigates health information access and use. For instance, Kelley (2015) conducted a research to explore how application of social location theory may improve data collection on health information access in order to better inform and improve the effectiveness of health communication and messaging. This dissertation proposes a framework to understand how people obtain health information based on the idea of social location, Ritzer and Bell's (1981) levels of social reality, and Dahlberg & Krug's (2002) social ecological model. This research addressed the extent to which three studies of health information access support the use of such a framework, and if so, how its application could improve our understanding of access to health information, and correspondingly, our methods of health communication. The first study examined the Douglas County Community Health Survey, a population-based telephone survey of 1,503 respondents ages 18 and older living in Douglas County, Nebraska in 2013. This study assessed how elements of social location influence respondents' primary health information source and the number of health information sources used. The second study drew on the 2011-2013 National Survey of Family Growth to examine sources of sex education (formal, parents, and doctor) and topics covered with each source (abstinence, STDs, and contraception) among a nationally-representative sample of 15-24 year-old male and female respondents. The third study looked at data from an online survey of 757 LGBTQ adults in the state of Nebraska. Demographic characteristics, health care access, minority status, outness to health care provider, personal autonomy, and discrimination experience were compared among participants who did or did not report seeking health information online. Finally, the results of the three studies were synthesized into a Social Location Framework. This framework provides a visual representation of how elements of social location relate to each other and collectively contribute to health information access, and provides for identification of potential gaps in the measurement of access to health information.

In another similar study, Suka et al (2015) examine the relationship between health literacy (HL), health information access, health behavior, and health status in Japanese people. A questionnaire survey was conducted at six healthcare facilities in Japan. Eligible respondents aged 20–64 years (n = 1218) were included. Path analysis with structural equation modeling was performed to test the hypothesis model linking HL to health information access, health behavior, and health status. The acceptable fitting model indicated that the pathways linking HL to health status consisted of two indirect paths; one intermediated by health information access and another intermediated by health behavior. Those with higher HL as measured by the 14-item Health Literacy Scale (HLS-14) were significantly more likely to get sufficient health information from multiple sources, less likely to have risky habits of smoking, regular drinking, and lack of exercise, and in turn, more likely to report good self-rated health. The study concluded that HL was significantly associated with health information access and health behavior in Japanese people. HL may play a key role in health promotion, even in highly educated countries like Japan. The implication of the study shows that In order to enhance the effects of health promotion interventions, health professionals should aim at raising HL levels of their target population groups

A study by Oriogu, Subair and Ogbuiyi (2017) investigates the use of internet health information resources and information seeking behaviour among health professionals in federal medical center, Abuja. The specific objectives to the study are (1) determine the level of Internet proficiency of the respondents; (2) ascertain the information seeking behaviour of the respondents; (3) determine the use of Internet health information resources by the respondents; (4) determine the Internet health information sources consulted by the respondents; (5) find out the challenges to effective use of the Internet health information resources among the respondents Five research questions guided the study and the data collection instrument used was structured questionnaire, the study adopted survey research method. The finding shows that (83.7%) of the respondents have average levels of Internet use proficiency. The study revealed that majority of the respondents rarely use e-book, e-journals, Websites, e-newspaper/ Bulletin. The finding shows that the respondents only use African Journal Online (AJOL) and Nursing Journals. Based on the information seeking behaviour of the respondents, it was revealed that (85.7%) of the respondents do not have understanding of limitations of internet resources. The challenges encountered by majority of the respondents are slow connection of the Internet, lack of awareness of the available Internet health information resources in the library, poor/lack of subscription of e-databases and lack of time. The study finally recommends that health institutions should endeavour to provide basic information technology literacy training to health professionals, maintain continuous subscription of health

e-databases, create awareness of open access health information resources and also improve effective access to Internet connection.

Urhibo (2017), undertake a study to examine e-library use and information behavior of undergraduate law students in Delta State University. The study raised the following research questions 1: What is the information behaviour of undergraduate law students with respect to their use of Internet in the e-library? RQ2: How do the constraints to use influence the use of Internet in the e-library? RQ3: Do constraints to use of the Internet contribute to the extent, frequency and influential factors of use? The information behaviour of undergraduate law students was studied using a descriptive survey design with the aid of a self-structured, validated and reliable questionnaire as a tool for data collection. The population of the study consist of all undergraduates law students in the Delta State University Faculty of Law Oleh Campus, Nigeria where a sample of 315 students were randomly selected from all levels of study. A reliability coefficient of 0.78 using the Cronbach Alpha (α) was obtained. Results from the study revealed that the main purpose of the use of e-library Internet includes research, retrieval of legal information and to gain access to online law database. The range of the extent of use was from moderate to large and this was done most of the time. Google, Internet archive and database, and Yahoo were the most preferred information search strategies. The most influential factors to the use of the e-library Internet were the personal ownership of e-gadgets and non-availability of online learning/discussion for legal art. Lack of information literacy, ICT facility operational skills and impatience due to slow network connectivity were the most important constraints encountered by e-library users. The tested hypotheses showed that there was a positive relationship amongst frequency, extent and factors influencing use of Internet and a negative relationship for constraints with aforementioned factors which may have contributed to a reduction in use extent. Four percent influence of the constraints on the use of the e-library Internet resource was recorded. Recommendations were put forward also following findings.

Summary of the Review

The literature review discusses health information literacy, access to health information and health information use. Several studies on health information literacy, focusing on access and use of health information were reviewed. The objectives of their studies, the methodology they used and their findings in respect to the theory were highlighted. Some of the studies reviewed adopted quantitative methodology in which findings are generalized. This study however, adopts a qualitative method so as to study access to information on hypertension and uncover strategy adopted in preventing severity of hypertension among the urban poor in Zaria.

III. RESEARCH METHODOLOGY

Paradigms play an important role in research, Kuhn (1977) refers to paradigm as a research culture with a set of belief, values, and assumption that a community of researchers has in common regarding the nature and conduct of research. An example of a paradigm, selected for this study, is the interpretative paradigm. Interpretative paradigm is concerned with the uniqueness of a particular situation contributing to the underlying pursuit of contextual dept (Meyer, 2002, cited in Kelliher 2005). Therefore, this study uses qualitative approach to answer the following research questions:

RQ1) How does the urban poor in Zaria access information on severity of hypertension? The researcher ask the following sub question in order to answer this research question

a) How do you come to know the severity of hypertension?

RQ2). What information do urban poor have about severity of hypertension? The researcher asks the following sub question in order to answer this research question.

a) What are your fear about hypertension and why?

RQ3) What are the available preventive Information adopted against severity of hypertension among the urban poor in Zaria? The researcher ask the following sub question in order to answer this research question

a) What do you do to prevent yourself from hypertension and its complications?

Grounded Theory

Grounded Theory is a research methodology that results in the production of a theory that explains patterns in data, and that predicts what social scientists might expect to find in similar data sets (Crossman 2017). In essence, Creswell (as cited in Ke and Wenglensky 2010) states that grounded theory is "a qualitative strategy of inquiry in which the researcher derives a general, abstract theory of process, action, or interaction grounded in the views of participants in a study. This process involves using multiple stages of data collection and the refinement and interrelationships of categories of information (Charmaz, 2006; Strauss and Corbin, 1990, 1998).

The importance of Grounded Theory to research has been examine by many scholars, for instance Martin and Turner (as cited in Jones and Alony, 2011) stated that Grounded Theory "is an inductive, theory

discovery methodology that allows the researcher to develop a theoretical account of the general features of a topic while simultaneously grounding the account in empirical observation or data. Similarly, Bryant and Glaser (as cited in Jones and Alony 2011 notes that Grounded Theory provides a detailed, rigorous, and systematic method of analysis, which has the advantage of reserving the need for the researcher to conceive preliminary hypotheses, it therefore provides the researcher with greater freedom to explore the research area and allow issues to emerge.

Scope of the study

This research focused on access to information on severity hypertension and strategy against severity of hypertension among the urban poor in Zaria. The participants are mainly the urban poor living on or below international poverty line ($1, 25 cent) 1 dollar 25 cent a day (World Bank, 2015) and reside in Zaria metropolis.

Selection criteria and study area

Eligible study participants met the following criteria: The urban poor living on or below international poverty line, ($1 25cent) one dollar 25 cent per day (World Bank, 2015). And must reside in Zaria, **Exclusion criteria include the following**; Resident of Zaria living above international poverty line for developing countries, ($1 25 cent) one twenty five cent dollars per day (World Bank, 2015). Zaria is a major city in Kaduna State, north west Nigeria, as well as a Local Government Area formerly known as Zazzau, Zaria is located about 75km north of Kaduna, the state capital. Zaria was one of the seven Hausa city states. The 2006 Census population was 408,198 (Bugaje, Yakubu and Ogala, 2008).

Sample: Study participants were recruited using a linear snowball sampling technique. Snowball sampling is a non-probability (non-random) sampling method used when characteristics to be possessed by samples are rare and difficult to find (Dudovskiy, 2018).

Snow ball sample technique was use for this study because most Nigerians usually do not disclose their earning.

Data collection: The study utilized qualitative interview. Qualitative research interview seeks to describe the meanings of central themes in the life world of the subject (Valenzuela and Shrivastava, nd). There are two persuasive reasons for using interview as the primary data source for this study. First, qualitative interview is appropriately used when studying people understanding of the meaning in their lived world Kvale (as cited in Dodge, 2011). Second, the purpose of interviewing is to find out what is in and on someone else's mind, we interview people to find out from them those things we cannot observe Patton (cited in Dodge, 2011).

Procedure for data collection: The researcher met with a neighbor who own small scale retail outlet situated close to researcher resident and discuss the purpose, the problem, and the criteria for recruiting participant for the study with him, the small scale retailer introduce the researcher to the first study participant. The first participant recruited happened to be a National Diploma holder, he is married with three kids. After the interview with the first subject recruited he gave a single referral who was a teacher at Saudat Memorial, Nursery, Primary and Secondary school, and the second participant also gave a single referral who was the third participant and he is unemployed. Each of the referrals was explored until primary data from the 20 samples were collected. Data are collected from participants in the following geographical location in Zaria; 2 participants from Emanto, 5 participants from Gaskiya, 7 participants from Tukurtukur, 3 participants from Congo, and 3 participants from Sabo.

IV. DATA ANALYSIS

The researcher transcribed the interview, the goal is to achieve naturalistic transcriptions, the researcher employs the thematic analyses approach to form categories that can address and explain the issues detected in the 3 research questions raised in the study. In specific the researcher follow analytical inductive process described by Stirling's, cited by Alsalih, (2014) the three major steps in completing the thematic analysis method: "(1) the reduction or breakdown of the body text from the interviews; (2) the examination or exploration of the text; and (3) the integration or grouping of the exploration". The researcher use quantitative analysis to determine the frequency of occurrence and percentage of categories and sub categories.

V. FINDINGS

This study aims understanding the access to information on severity of hypertension and strategy against severity of hypertension among the urban poor in Zaria. After the researcher gathered the information needed from the participants, the findings were stored, transcribed verbatim, coded and thematic analysis followed for meanings and answers to be fully deciphered. Data analysis and result of the study were presented in details.

Ninety six (96) narratives explaining access to information on severity of hypertension and strategy against severity of hypertension were recorded in Microsoft office excel. Recorded narratives were coded using

iterative analysis method which involves series of steps as informed by Krathwoli (cited in Musa, 2013), following these steps, the researcher read through the data looking for variance and similarities in the narratives. Table 1abc display 5 categories arranged by sub-categories, frequencies, and percentages of frequencies, eight recurring topics were identified as classification sub categories (See table 2). The descriptions of the 8 categories were presented in table 3, while table 4 presents the coding template

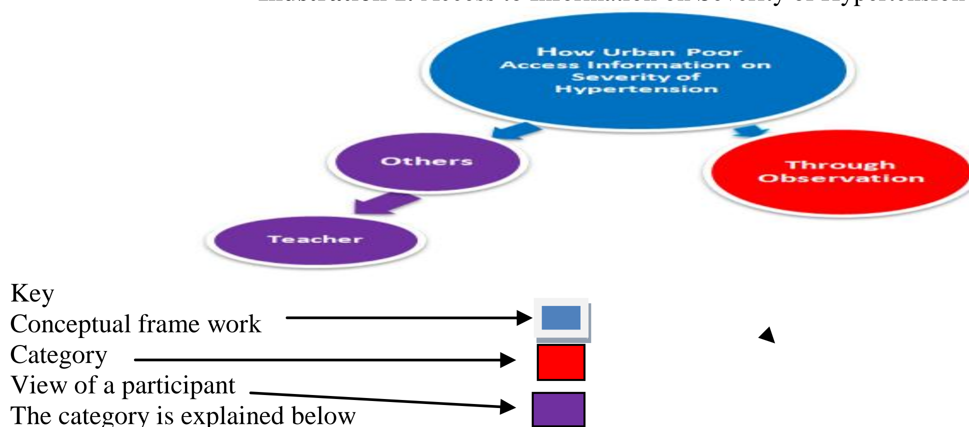
Access to Information About Severity of Hypertension

In order to identify access to information on severity of hypertension among urban poor in Zaria, a series of question were asked so they could describe their ways of accessing information about severity of hypertension. A total of twenty narratives explain this research question. Access to severity of Hypertension among urban poor in Zaria appears in one category: Observation. (See table 1a and illustration 1a below).

Table 1a, Categories arranged by sub-categories, frequencies, and percentages of frequencies

Research Question (1)	Category	Sub category	Frequency	Percentage
How does the urban poor access information on severity of hypertension?	1. Observation	1.1) Observation 1.2) Other	19 1	95 5
		Group Total	20	100%

Illustration 1. Access to Information on Severity of Hypertension



Category one- Observation (19/20; 95%): This category reveals narratives that explained how urban poor in Zaria are enlightened about consequences of hypertension. Most urban poor in Zaria got to know the consequences of hypertension from observing the end result of hypertension victims within the society. The following responses were noted from some of the respondents "For me, let say, I give example of my mother the end result for her was death" "There is one of my friends that she lost her grandmother to hypertension" "There is one of our cousin which is very old at that time, we know he was having hypertension, but when it attack him it got very worse before he was taken to hospital and he died, so I got to know sudden death is the consequences" "I have a grand mum that has hypertensions and now one of her side is not working, that is stroke, and I think is hypertension that leads to that stroke" "I come to know about it through the experience I have with people that are having hypertension, I know what has happen to them, I know that in some, it lead to death. So I got that knowledge from them" "I told you I was the one looking after my dad when he was stroke and I experience many things when I was with him."

One participant narrates that:

"Many people or many of my relatives that are affected with such diseases are no more in the world today, I have a step mother she died last year and is the disease that cause her death, we did our best, we took her to the hospital, they directed us to buy different medicine, which we did, but the problem actually go beyond us, at the end she died, something appear in her chests, I went there to have a word with her, so as to know what to tell doctor, she cannot reply because of what appear in her chest, we don't even know how she is feeling, she subsequently die".

Others (1/20; 5%): This explains how urban poor come to know severity of hypertension which could not be included in the category above because they are narratives from one participant; (1) teacher (1/20; 5%): One participant stated that “still I got it from my teacher”.

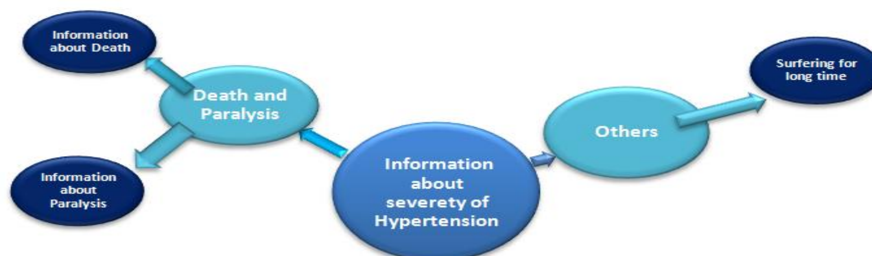
Information about Severity of Hypertension

In order to unravel available information about severity of hypertension among urban poor in Zaria a question was asked so they could elicit their actual thoughts about severity of hypertension. The information about severity of hypertension among the urban poor in Zaria appears in one category as follows: (1) Information about Death and Paralysis (See table 1b and Illustration 1b)

Table 1b. Categories and Sub-Categories by Frequency and Percentage of Frequency

Research Question	Category	Sub-category	Frequency	Percentage
What information do urban poor have about severity of hypertension	1) Information about Death and Paralysis	Information about Death	8	42.1
		Information about Paralysis	10	52.6
		Others	1	11.1
		Group Total	19	100

Illustration 1b. Information About severity of hypertension



Key

Conceptual Frame Work
Category
Sub-category

The category is explained below

Category Two- Information about Death and Paralysis (19/19; 100%): This category reflects narratives related to available information about severity of hypertension among the urban poor in Zaria. The category consists of two subcategories: (1) Information about death (8/19; 42.1%) (2) Information about paralysis (10/; 52.6%). These subcategories are explained below.

Information about Death: This subcategory portrays narratives related to fearing death as the existing information about severity of hypertension among urban poor in Zaria. A respondent explained that “The thing I fear most about this hypertension is death. It can easily kill a person, in a very short moment the person could die, frankly speaking, death has to be feared most because if somebody is alive there is tendency for him to find treatment or control the sickness, because there is no condition that is permanent. Our modern qualified doctors are doing research day and night to find medicine that will cure hypertension. When there is life there tendency that hypertension can be control but when there is no life there is no tendency that the person could be revive again” Another respondent narrated that “I fear hypertension because it is the one that cause my father death, before I don’t know that hypertension is like that but when it happen to my dad honestly it is a disease that can lead you to become like a small child, somebody that cannot do anything by himself without help from someone, as a family man if you don’t have children that can look after you honestly you will find yourself in a critical situation”

Information about Paralysis: the subcategory considers narratives related to information about paralysis as another existing information about severity of hypertension among urban poor in Zaria. One respondent said that “The way it lead to stroke because that stroke will not allow you to do most of the things other people do because some time she cannot carry something with that part of her body, she is not even walking ma” Another respondent also stated that “I actually fear paralysis most because everybody must die, when somebody get

paralyze actually no matter how you are you cannot do anything some people prefer to die than to continue like that".

Others (1/424; 11.1%): This explains other information about severity of hypertension which could not be included in the categories discussed above,: (1) suffering for long period of time (1/424; 0.2%)**:** This reveals narratives related to suffering for long period of time as the available information about severity of hypertension. Respondent said that "What I can say I fear most about hypertension, actually everybody has it own source of dying, but the time it will take patient suffering from it is long, there are many things you are suppose to do you cannot do it"

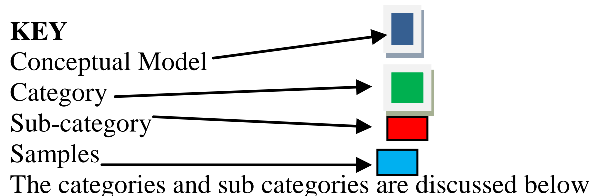
Preventive Information against Severity of Hypertension

In order to understand information strategy use by the urban poor in Zaria to prevent Severity of Hypertension, a question was asked so that they can reveal preventive information adopted against severity of hypertension, 55 narratives explain this research question, Preventive information against severity of hypertension among urban poor appear in three categories as follows (1) Information Psychological Measure (2) Information Way of Life (3) Medical Information (See table 1c and Illustration 1c below)

Table Ic. Categories and Sub-Categories by Frequency and Percentage of Frequency

Research Question	Category	Subcategory	Frequency	Percentage
3) What are the available preventive information adopted against severity of hypertension among the urban poor in Zaria?	Information about Psychological measure	1)Information about Emotional Control 2) Stress Avoidance Information	14 6	25.4 10.9
		Group Total	**20**	36.3
	Information about Way of life	1) Information about Healthy Life style 2) Information about Recreational Activities	16 17	29.1 30.9
		Group Total	**33**	60
	Medical Information	1) Medical Information	2	3.6
		Group Total	**2**	3.6
		RQ3 Groups total	**55**	100
		RQ1,2 and 3 Grand Total	**94**	97.9

Illustration 1c: Preventive Information adopted by urban poor in Zaria against hypertension



The categories and sub categories are discussed below

Category Three- Information about Psychological Measure 20/55; 36.3%: This entry reflects narratives related to the psychological measures information taken by the urban poor in Zaria in order to prevent themselves from hypertension. This category espoused measures like avoid thinking too much, and doing things based on your capacity. The category is divided into two subcategories. (1) Information about Emotional control (14/55; 25.4%) and (2) stress avoidance information (6/55 10.9%). these subcategories are explained below

Information about Emotional Control: according to the data many urban poor in Zaria adopted the measure of controlling their emotion in order to prevent themselves from hypertension. Narratives in this subcategory includes avoid thinking too much, reduce anger and worries. These were noted by some of the respondents "too much of thinking is what cause hypertension not ordinary thinking, I stop thinking, I make life easy, any thing I want to do I do it according to my size, I depend on my own, I don't look at somebody that is having much more than me, once you start thinking the hypertension can come, I make myself playing, happy and leave in Peace with people, I don't angry with any one, do you understand? Because angry itself can cause hypertension once you angry you start thinking" "even though I don't have anything to earn my living but I did not put it in my mind, whenever something upset me I will quickly drop it from my mind, because I know if I put it in my mind it will affect me, do you understand? Because when you are always upset, that annoyance will cause that illness to you". "Normally, what I do I always exercise patient if something bad happen to me, I try to be calm and patient, are you getting me? yes I make sure I free all thinking from my mind"

Stress Avoidance Information: Another measure taken by Zaria urban poor in preventing hypertension is avoiding stress by doing things based on their capacity. One of the respondent said "I mean I don't use to over stress myself, I use to have time to relax myself so that I am not tied every time of the day". Another respondent noted that "I don't use to force myself on things that I cannot do, I always do things that I can do"

Category Four- Information about Way of Life (34/55; 60%): The category also explained information about way of life. it gives vivid life style of the urban poor in Zaria concerning preventing severity of hypertension. The category is divided in to three sub-categories (1) Information about healthy lifestyle (16/55; 29.1%) and (2) Information about Recreational activities (17/55; 30.9%). The detail explanations are below

Information About Healthy Lifestyle: This comprised of narratives that explained issues related to healthy ways of living among the Zaria urban poor in order to prevent them from hypertension and its complication, some of the narratives, include healthy eating, cleanliness, socialize, avoiding too much sun and praying. A respondent mention that "I eat food that cannot cause the disease, food like rice, tuwo, semo. I don't take sugar and salt, I don't take mineral but I eat vegetable" Another respondent said "I wash my mouth every morning, I use to take my bath and change my cloth every day and I use to hide from sun. I don't go near person that does not wash mouth" also another respondent contributed that "I also share conversation with my friend, when you are alone you will be thinking about something but once you are with family or friend you forget all that is bordering you, So I share conversation with friend, I watch film and it take my mind away from what is bordering me".

Information about Recreational Activities: This sub-category considers narratives related to recreational activities as a measure taken by the Zaria urban poor in order to prevent hypertension. Some of the narratives includes, exercising, reading, watching film, participating in Fulani festival, playing with children and singing. A respondent noted that "I do play football, I watch film some time when am alone in my room if I find out that there is nobody to share word with I just on television and start watching film, even if I have something in my mind watching film will reduce or take my mind from what is bordering me". Another one said "What I use to do is that, you know this life when you are thinking too much it will make your B.P high even if you take drug and you continue to think it will continue to rise. If something is bordering me I immediately carry my song sing, if I sing finished, I will carry my holy book and read and if I feel lonely I will mix with people and gist, talk and laugh"

Category five- Medical (2/55 3.6%)**:** The category reflected narrative related medical measures which include visiting hospital and taking local medicine. one respondent stated that "I go to hospital for advice and check my blood pressure". Another respondent noted that "I use to take "warte" local medicine"

VI. DISCUSSION OF FINDINGS AND IMPLICATIONS

This study investigates access to information on severity of hypertension and preventive information adopted against severity of hypertension by the urban poor in Zaria Kaduna State using Barner Glaser and

Anselm Strauss Grounded theory approach to derive a model of hypertension information for the urban poor in Zaria. The study project some specific objectives which includes: To determine how urban poor access information on severity of hypertension, to ascertain what information do urban poor have about severity of hypertension, and to uncover preventive information adopted against severity of hypertension among the urban poor in Zaria

The urban poor in Zaria, Kaduna State Nigeria come to know severity of hypertension through observation

This study reveals that urban poor in Zaria, Kaduna state come to know the consequences of hypertension through observing hypertension victims. Most urban poor in Zaria have seen and noticed the end result of close associate who are victim of hypertension. There is an adage which says “Seeing is believing” the urban poor in Zaria believe in existence of hypertension severities because they have seen it happen to hypertension victims.

Observation is an act or instance of viewing or noting a fact or occurrence for some scientific or other special purpose (McLeod, 2015). In the same manner the responses show that the urban poor in Zaria come to know the consequences of hypertension through observing end result of friends and family members who have fall victim of hypertension and its complications.

The Urban poor in Zaria, Kaduna State Nigeria understand death and paralysis as the most severe consequences of hypertension

The study findings indicate that the urban poor in Zaria fear death and paralysis most among the consequences of hypertension. They fear death most because death is the end of life, they believe that no condition is permanent, and when there is life there is hope that hypertension could be cured, but there is no cure for death. At the same time they fear paralysis because it renders one useless to himself and his community.

Death and paralysis is more of a universal fear (Frances, 2015). This is in line with the belief of the urban poor in Zaria Kaduna State, they fear death and paralysis most among the severe consequences of hypertension.

The urban poor in Zaria, Kaduna State Nigeria adopt preventive information against hypertension and its complications

The urban poor in Zaria, Kaduna State adopt preventive measures such as emotional control, avoiding stress, healthy lifestyle, recreational activities and medical as ways of preventing themselves from hypertension and its complications. Emotional control reflects method adopted by the urban poor in Zaria to prevent themselves from hypertension and its complications. They undertake this measure by avoiding thinking too much, controlling anger, and worries. The urban poor in Zaria also avoid stress in order to prevent themselves from hypertension and its complications, they avoid stress by doing things based on their capacity. Beside emotional control and avoiding stress the findings reveal healthy lifestyle as a measure taken by the urban poor in Zaria, Kaduna State to prevent themselves from hypertension and its complication. Healthy lifestyles include healthy eating, cleanliness, and socialize with people. They stated that they eat food that cannot cause the disease such as “tuwo”, rice, “semo”, and they take less sugar and salt. Despite most of the food consumed are carbohydrate they still belief is healthy since it does not cause hypertension, they engage in domestic cleaning and mingle with one another to avoid emotional trauma. Moreover, the urban poor in Zaria Kaduna state, Nigeria engage in recreational activities in order to prevent themselves from hypertension and its complications, the urban poor engage in reading, watching film, participating in Fulani festival and playing with children. In addition, the study reveals that only few urban poor in Zaria take medical steps in order to prevent themselves from hypertension and its complications, the medical steps include taking local herbs and visiting hospital for blood pressure check. Local herbs are taken because of the belief that it prevents many diseases including hypertension. Data reveals only one respondent engage in blood pressure check in order to prevent hypertension. The urban poor engage in all these because they belief emotional discomfort, stress, and unhealthy lifestyle are causes of hypertension.

The findings identified that the urban poor in Zaria engage in emotion control in preventing hypertension. This is positive because Woolstone (2016) states that emotional control may decrease a person's risks for developing hypertension. The urban poor in Zaria also engage in healthy lifestyle such as eating less salt and sugar, eating “tuwo rice and simo”, they engage in cleanliness and socialize with people. In the same manner National Institute of Health (2016) stated that healthy lifestyle habit can help in preventing high blood pressure from occurring. Additionally, the urban poor in Zaria are in line with NIH (2016) that recreational activities reduce the risk of hypertension. WHO (2013) asserted that healthy diet, physical activities, stress management and following medical advice are ways of preventing hypertension. The urban poor take local herbs in preventing hypertension and only few visit medical centers.

Though the urban poor in Zaria eat less salt and sugar but consume more of carbohydrate, this has an implication, because healthy eating involves balance diet. The findings also reveal that urban poor take local herbs to preventing hypertension, this also have implication, because the side effect of local herbs might not be known. Also despite WHO (2013) recommendation that all adults should know their blood pressure level,

however only one respondent knows his blood pressure level, this has implication because hypertension is silent, without blood pressure check many urban poor will be a walking time bomb.

VII. CONCLUSION

Various attempt have being made by different scholars to address severity of hypertension, however, this study is unique because it explore access to information on severity of hypertension and preventive information against severity of hypertension among the urban poor in Zaria, Kaduna state. The study used grounded theory to derive three model addressing severity of hypertension among the urban poor in Zaria. The categories emerge from this study are capable of structuring hypertension information program that can control severity of hypertension among urban poor in Zaria, Kaduna State.

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Table 2.

S/n	Classification Subcategories
RQ1	How does the urban poor in Zaria access information on severity of hypertension?
1	Observation
RQ2	What information do urban poor have about severity of hypertension?
2	Information about death
3	Information about Paralysis
RQ3	What are the available preventive information adopted against severity of hypertension among the urban poor in Zaria?
4	Information about Emotional Control
5	Stress Avoidance Information
6	Information About Healthy Lifestyle
7	Information about Recreational Activities
8	Medical Information

Table 3: Descriptions of the 5 Categories

S/N	CATEGORIES	DISCRIPTIONS
RQ1	How does the urban poor in Zaria access information on severity of hypertension?	
1	Observation	Comments related to information access on severity of hypertension
RQ2	What information do urban poor have about severity of hypertension?	
2	Information about death and paralysis	Comments related to Information about severity of hypertension
RQ3	What are the available preventive information adopted against severity of hypertension among the urban poor in Zaria?	
3 4 5	Information about Psychological measure Information about Way of life Medical Information	Comments related to preventive information adopted against severity of hypertension

Table 4: Coding Template

Research Question 1	Sub Question	Sub category	Category
How does the urban poor in Zaria access information on severity of hypertension	How do you come to know the severity of hypertension?	-Through Observation	Observation
Research Question 2	Sub Question	Sub category	Category
What information do urban poor have about severity of hypertension?	What are your fear about hypertension and why?	-Information About Death -Information About Paralysis	Information About Death and Paralysis
Research Question 3	Sub Question	Sub category	Category

What are the available preventive information adopted against severity of hypertension among the urban poor in Zaria?	What do you do to prevent yourself from hypertension and its complications?	-Information about Emotional Control -Stress Avoidance Information -Information About Healthy Lifestyle -Information about Recreational Activities -Medical Information	Information About Psychological Measure Information about Way of life Medical Information

Data Analysis Step

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