

## Research Article

JMR 2021; 7(2): 33-35
March- April
ISSN: 2395-7565
© 2021, All rights reserved www.medicinearticle.com
Received: 20-03-2021
Accepted: 14-04-2021

## *Corresponding author:

 Mrs Sarika M LTutor, SUM Nursing College, Siksha O Anusandhan Deemed to be University, Bhubaneswar, Odisha, India
Email: sarikaml[at]soa.ac.in

# Gender difference in medication adherence among hypertensive patients in Odisha 

## Mrs Sarika ML ${ }^{1}$

${ }^{1}$ Tutor, SUM Nursing College, Siksha O Anusandhan Deemed to be University, Bhubaneswar, Odisha, India


#### Abstract

Introduction: Around 1.13 billion population and among them one in four men and one in five women are affected with this worldwide. In India, $20.6 \%$ of males and $20.9 \%$ of females were having hypertension. Orissa showed that $32 \%$ of men and $42 \%$ of women are affected with hypertension. Methodology: This descriptive comparative study focused on the gender based difference on the medication adherence among the hypertensive patients. A Self-structured questionnaire was used to collect the socio demographic profile and the Morisky Medication Adherence Scale used to collect the adherence to the patients. The sample size of this study was 93 females and 118 males selected from simple random sampling technique Results: Among the participants majority of the participants from the both group were 4060 years of age. The most of the male participants had a medium level of medication adherence ( $83 \%$ ) and females had a low medication adherence level (34\%) when comparing between the two genders. There is no significant difference ( 0.479 ) between the male and female medication adherence score. The study results showed that the female participants education and exercise status with the medication adherence had a significant association. Conclusion: The present study revealed that there is no gender based difference on the adherence of medication among the patients with high blood pressure. When considering the regular medication practice the males are better than the females


Keywords: Gender, Hypertension, Adherence, Medication.

## INTRODUCTION

Increased blood pressure is one of the reason for the occurrence of the non- communicable diseases in the world. It was calculated as around 1.13 billion population and among them one in four men and one in five women are affected with this world wide especially in the developing countries. Based on this statistical figure WHO (World Health Organization) started a HEARTS (Healthy-lifestyle counselling, Evidence-based treatment protocols, Access to essential medicines and technology, Team-based care, and Systems for monitoring) technical package among 15 countries including India ${ }^{[1]}$.

Considering the global hypertension status in India, $20.6 \%$ of males and $20.9 \%$ of females were having hypertension. In India the urban population (25\%) have more prevalence than rural (10\%) ${ }^{[2]}$. The heart related conditions contributing a $31 \%$ of the global mortality ${ }^{[3]}$. In the state Orissa showed that $32 \%$ of men and $42 \%$ of women are affected with hypertension ${ }^{[4]}$. There is only few articles are there to show the hypertensive medication adherence level of patients and no study showing the gender difference on the medication adherence.

The management of the high blood pressure is very crucial in India as well as in the Orissa state. When considering the management aspect along with the life style changes the proper medication habit also very essential. A tailored patient approach including patient education and awareness programme for the medication habit may help to reduce the further related complications. Gender based difference among the hypertensive patients on the medication adherence may help the health workers to plan a tailored approach for the improvement of their heath ${ }^{[5]}$.

## METHODOLOGY

This was a descriptive comparative study. The study focused on the gender based difference on the medication adherence among the hypertensive patients. The sample size of this study was 93 females and 118 males selected from simple random sampling technique from the IMS SUM Hospital Bhubaneswar. A Self-structured questionnaire was used to collect the socio demographic profile and the Morisky Medication Adherence used to collect the adherence to the patients. The medication adherence questionnaire is a rating scale scored as Low adherence with less than or equal to 6 out of 8 , Medium adherence between 6 to 8 and a High adherence at 8 . The personal profile of the patient include age, gender, income, body mass index, occupation and exercise pattern. The statistical analysis was done by SPSS version 20. The descriptive statistics was analyzed by mean standard deviation and frequency distribution. The gender difference was assessed by independent $t$ test, and the association between the
selected socio-demographic variables and adherence on medication among the high blood pressure patients by chi square test.

## RESULTS

The present study had 93 females and 118 males. Among the participants majority of the participants from the both group were from the age group of 40-60 years. The table no 1 shows the detailed socio demographic profile.

Table 1: Gender based Socio demographic variables of the hypertensive patients among selected hospital, Khurdha.

| Socio demographic variables |  |  | Frequency <br> (N) | Percentage(\%) |
| :---: | :---: | :---: | :---: | :---: |
| Gender | Category |  |  |  |
| Female | Age | 20 years-40 years | 20 | 21.5 |
|  |  | 40 years -60 years | 45 | 48.4 |
|  |  | 60 years -80 years | 28 | 30.1 |
| Male | Age | 20 years-40 years | 16 | 13.6 |
|  |  | 40 years -60 years | 48 | 40.7 |
|  |  | 60 years -80 years | 54 | 45.8 |
| Female | Education status | Primary | 11 | 11.8 |
|  |  | Matriculation | 10 | 10.8 |
|  |  | Higher secondary | 31 | 33.3 |
|  |  | Graduation | 40 | 43.0 |
|  |  | Post Certificate | 1 | 1.1 |
| Male | Education status | Primary | 52 | 44.1 |
|  |  | Matriculation | 19 | 16.1 |
|  |  | Higher secondary | 28 | 23.7 |
|  |  | Graduation | 16 | 13.6 |
|  |  | Post Graduation | 1 | . 8 |
|  |  | Post Certificate | 2 | 1.7 |
| Female | Marital status | Married | 87 | 93.5 |
|  |  | Unmarried | 6 | 6.5 |
| Male | Marital status | Married | 112 | 94.9 |
|  |  | Unmarried | 6 | 5.1 |
| Female | Income per month | Below 25000 Rupees Per Month | 76 | 81.7 |
|  |  | 25000 Rupees- <br> 50000 Rupees | 15 | 16.1 |
|  |  | >50000 Rupees | 2 | 2.2 |
| Male | Income per month | Below 25000 Rupees Per Month | 78 | 66.1 |
|  |  | 25000 Rupees- <br> 50000 Rupees | 28 | 23.7 |
|  |  | >50000 Rupees | 12 | 10.2 |
| Female | BMI | Under weight | 52 | 55.9 |
|  |  | Normal BMI | 36 | 38.7 |
|  |  | Over weight | 5 | 5.4 |
| Male | BMI | Under weight | 70 | 59.3 |
|  |  | Normal BMI | 39 | 33.1 |
|  |  | Over weight | 9 | 7.6 |
| Female | Exercise | Yes | 62 | 66.7 |
|  |  | No | 31 | 33.3 |
| Male | Exercise | Yes | 64 | 54.2 |
|  |  | No | 54 | 45.8 |

Gender based Level of adherence to medication among high blood pressure patients

The level of adherence among the hypertensive patients were collected by Morisky Medication Adherence Scale-8. This scale had total 8 questions. After the question wise analysis table 2 shows the medication adherence.

Table 2: Level of adherence on medication based on gender among the high blood pressure patients.

| Gender | Level of medication adherence | Frequency (N) | Percent (\%) |
| :--- | :--- | :--- | :--- |
| Female | Medium adherence on medication | 59 | 63.4 |
| Male | Low adherence on medication | 34 | 36.6 |
|  | Medium adherence on medication | 83 | 70.3 |
|  | Low adherence on medication | 35 | 29.7 |

The table 2 showed that the most of the male participants had a medium level of medication adherence (83\%) when comparing between the two genders.

Gender difference on fraction of adherence to medications among the participants


Figure 1: Gender difference on fraction of adherence to medications among the participants

The fig 1 showed that the gender difference in each medication adherence questions. In which the question number 5 had the least no of correct answer.

Gender difference on adherence to medication among the participants

The gender difference on medication adherence among the hypertensive patients is described in the table 3.

Table 3: Gender difference on medication adherence among hypertensive patients

| Source | Mean <br> difference | Independent t test <br> $\mathbf{t}$ score | Significance |
| :--- | :--- | :--- | :--- |
| Medication adherence | 0.169 | 0.710 | 0.479 |

The table 3 showed that there is no significant difference between the male and female medication adherence score.

Association between the selected socio-demographic variables and adherence on medication among the high blood pressure patients in selected hospital, Khurdha.

The study results showed that the female participants education and exercise status with the medication adherence had a significant association ( $\mathrm{P}=0.02$ and 0.03 respectively).

## DISCUSSION

The present study showed that among the total samples 93 females and 118 males. Among the participants majority of the participants from the both group were 40-60 years of age. The most of the male participants had a medium level of medication adherence ( $83 \%$ ) and females had a low medication adherence level (34\%) when comparing between the two genders. There is no significant variation between the male and female medication adherence score. The study results showed that the female participants education and exercise status with the medication adherence had a significant association ( $\mathrm{P}=0.02$ and 0.03 respectively).

Li WW et al conducted a study among the older population showed that blood pressure control was very low among the participants and the adherence is more in the females than males (75\%) [6]. Another study showed that the male patients had a low control ( $41.3 \%$ ) over the blood pressure that that of females ${ }^{[7]}$. A supporting study by Rahman $m$ et al showed that there is no gender difference in the blood pressure reducing tablet usage ${ }^{[8]}$. Another study showed that the average use of unique medication was there for females when compared to the males ${ }^{[9]}$. Williams LG et al conducted a study to find out the difference in the medication adherence according to the gender and race showed that there is a low medication adherence among the white and black women ( $22.9 \%$ and $40.7 \%$ ) than that of male white and blacks ( $26.3 \%$ and $37.3 \%$ ) ${ }^{[10]}$. Holt E et al give a result that there is no gender difference among the male and females on the low medication adherence ${ }^{[11]}$. Another study on the gender difference for the predicting medication adherence showed that the predictor of non-adherence in the women was decreased benefit knowledge on the medication for hypertension and in males was the long stay in the country ${ }^{[12]}$.

Gender difference on non-adherence among patients with anti-viral therapy showed that there is 1.5 times more nonadherence was there for females as compared with males ${ }^{[13]}$. Another supporting study also showed that the females had a poor medication adherence on the analgesics and to the follow up care among the cancer patients ${ }^{[14]}$. A similar results was given by Granger et al in 2009 as there is a less adherence was seen among female patients when compared to the males ${ }^{[15]}$. Also another study among the hypertensive patients showed that there is a les adherence on medication among the female patients than males ${ }^{[16]}$. But among the kidney transplant recipients patients there is no gender difference on medication adherence ${ }^{[17]}$.

The study result is showing there is no significant gender based difference in the medication adherence level. But the frequency distribution among the participant medication adherence level shows a decreased adherence to medication among the females. Therefore a gender based education can reduce such difference through which can alleviate hypertension related complications.

## CONCLUSION

Adhere to the prescribed medications is very essential to control the diseases. In the present study revealed that there is no gender based difference on the adherence to medication among the participantss. When considering the regular medication practice the males are better than the females. The similar findings are getting from the different supporting studies. Therefore a tailored educational programme is very essential among the female patients those who are taking medication on regular bases.

Conflict of interest: No conflict of interest.

## REFERENCES

1. World Health Organization. Global status report on non-communicable diseases. 2010. Geneva, World Health Organization: 2013.
2. Anchala R, Kannuri NK, Pant H, Khan H, Franco OH, Angelantonio ED, et al. Hypertension in India: a systematic review and meta-analysis of prevalence, awareness, and control of hypertension. J Hypertens. 2014; 32(6):1170-7.
3. Ramakrishnan S, Zachariah G, Gupta K, Shivkumar Rao J, Mohanan PP Venugopal K, et al. Prevalence of hypertension among Indian adults: Results from the great India blood pressure survey. Ind Heart J. 2019; 79(4):309-13.
4. Meshram I I, Arlappa N, Balkrishna N, Rao K M, Laxmaiah A, Brahmam G. Prevalence of hypertension, its correlates and awareness among adult tribal population of Kerala state, India. J Postgrad Med 2012; 58:255-61.
5. Holt E, Joyce C, Dornelles A, Morisky D, Webber LS, Muntner p, et al. Sex Differences in Barriers to Antihypertensive Medication Adherence: Findings from the Cohort Study of Medication Adherence among Older Adults (CoSMO). J Am Geriatr Soc. 2013; 61(4):558-64.
6. Li WW, Walhagen MI, Froelicher ES. Hypertension control, predictors for medication adherence and gender differences in older Chinese immigrants. J Adv Nurs. 2008; 61(3):326-35.
7. Daugherty SL, Masoudi FA, Ellis JL, magid DJ. Age Dependent Gender Differences in Hypertension Management. J Hypertension. 2011; 29(5):1005-11.
8. Ahman M, Williams G, Mamun AA. Gender difference in hypertension awareness, antihypertensive use and blood pressure control in Bangladeshi adults: findings from a national cross sectional survey. J health prom nutrition. 2017; 36.
9. Manteuffel M, Williams S, Chen W, Verbrugge RR, Pittman DG, Steinkellner A. Influence of patient sex and gender on medication use, adherence, and prescribing alignment with guidelines. J Womens Health. 2014; 23(2):112-9.
10. Williams LG, Peacock E, Joyce C, BazzanoLA, Sarpong D, Whelton P, et al. Risk Factors for Low Pharmacy Refill Adherence among Older Hypertensive Men and Women by Race. Am j Med Sci. 2018; 356(5):464-475.
11. Holt E, Joyce C, Dornelles A, Morisky D, Webber LS, Muntner P. Sex Differences in Barriers to Antihypertensive Medication Adherence: Findings from the Cohort Study of Medication Adherence Among Older Adults. J Am Geriatric Society. 2013. Retrieved from https://doi.org/10.1111/jgs.12171.
12. Li WW, Froelicher ES. Gender Differences in Chinese Immigrants: Predictors for Antihypertensive Medication Adherence. J transcultural Nur. 2007; 18. Retrieved from: https://doi.org/10.1177/1043659607305194.
13. Bonolo PF, Ceccato MGB, Rocha GM, Acurcio FA, Campos LN, Guimaraaes MDC. Gender differences in non-adherence among Brazilian patients initiating antiretroviral therapy. Clinics. 2013; 68. Retrieved from: https://doi.org/10.6061/clinics/2013(05)06.
14. Boyle DA. Does Gender Influence Adherence? Oncology nursing news. 2019.retrieved from: oncnursingnews.com/web-exclusives/does-gender-influence-adherence.
15. Granger BB, Ekman I, Granger CB, Ostergren J, Olofsson B, Michelson E. et al. Adherence to medication according to sex and age in the CHARM programme. European J Heart Failure. 2009; 11:1092-1098.
16. Chen SL, Lee WL, Liang T, Chen LI. Factors associated with gender differences in medication adherence: A longitudinal study. J Adv Nur. 2014; 70(9): DOI: 10.1111/jan. 12361.
17. Boucquemont J. Pai ALH. Dharnidharka VR. Hebert D. Furth SL. Foster BJ. Gender Differences in Medication Adherence Among Adolescent and Young Adult Kidney Transplant Recipients. Transplantation. 2019; 10(4):798-806.
