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ATTITUDE, KNOWLEDGE AND PRACTICES TOWARDS MEDIA SENSITIZATION MESSAGES ON HYPERTENSION SCREENING AMONG YOUTHS IN NSUKKA URBAN

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ABSTRACT

This study, on Attitude, Knowledge and Practices Towards Media Sensitization Messages on Hypertension Screening Among Youths in Nsukka Urban, explores how media influences youths' awareness, perception, and behavior regarding hypertension screening. Anchored on the Health Belief Model (HBM), the study aimed to: examine the level of knowledge among youths on hypertension screening and the role of media in shaping this knowledge; evaluate their attitudes towards screening; and examine how media impacts their health screening practices. A descriptive survey design was adopted; using a structured questionnaire distributed via Google Forms to a sample of 398 youths aged 18–35 in Nsukka, drawn from a population of 77,440. A multi-stage sampling technique ensured diverse representation. The instrument, validated by experts and tested for reliability (Cronbach's Alpha ≥ 0.70), gathered data on demographics, knowledge, attitudes, and screening behaviors. Statistical analysis was performed using SPSS version 26, applying descriptive statistics and inferential tests such as t-tests at a 0.05 significance level. Findings revealed that youths in Nsukka have a moderate level of knowledge (M = 3.84, SD = 0.89), with media playing a significant role in shaping their awareness (p < 0.05). Attitudes toward hypertension screening were largely positive, with high perceived susceptibility and benefits, but some access barriers persisted. Screening practices were notably above average (M = 3.66, SD =

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0.93), though inconsistent among individuals. The study concludes that media significantly contributes to improved health literacy and screening behavior among youths. It recommends expanding media campaigns, reducing healthcare access barriers through mobile or digital platforms, and integrating screening reminders in educational institutions and social media to promote consistent health engagement.

Keywords: Attitude, Knowledge, Practices, Media Sensitization, Hypertension Screening, Youths, Nsukka Urban

Introduction

Hypertension, often termed the "silent killer," remains a leading global non-communicable disease, affecting people across all age groups including the youth due to evolving lifestyles and increasing urbanization (Barik & Arokiasamy, 2016). Traditionally associated with older populations, recent trends indicate a rising prevalence among younger individuals, a shift driven not only by behavioral factors but also by the significant role of media in shaping health-related perceptions and practices. In today's digital age, the media particularly social media platforms, online news outlets, and health-focused content creators play a vital role in disseminating health information. However, despite the increased flow of health messages, there exists a concerning gap between media exposure and actual health behavior among youths. While the media has the potential to raise awareness, its impact on knowledge, attitudes, and practices (KAP) related to hypertension screening remains underexplored. Studies show that early detection of hypertension is crucial for reducing the risk of cardiovascular diseases and premature deaths (National Heart, Lung, and Blood Institute, 2018), yet many young people still lack adequate awareness and participation in preventive health screenings.

In Nsukka, a semi-urban area with a significant youth population, there are noticeable gaps in knowledge, attitude, and practices related to hypertension screening. Despite the increasing burden of non-communicable diseases such as hypertension among Nigerian youths, the rate of screening remains unacceptably low. This highlights a troubling disconnect between public health education especially through media channels and the actual adoption of preventive health behaviors among young people.

Several studies have highlighted the importance of media in health communication. For instance, Bollampally, Chandershekhar Kumar, and Surakasula (2016) emphasize that knowledge, attitudes, and practices towards hypertension screening are strongly influenced by the quality and consistency of health messages delivered through the media. However, media content is not always tailored to reverberate with youth demographics, often leading to disengagement or misconceptions. This gap was highlighted by Machaalani, Assaad, and Tamim (2022), as well as Awugosi, Okafor,

and Okechukwu (2023), who documented low levels of accurate knowledge and preventive behavior among youths despite their high media consumption rates. In contrast, community-based media campaigns and targeted outreach programs have shown promising results. For example, initiatives such as POSBINDU in Indonesia, which integrates health messaging with community-level screening programs, have significantly improved KAP outcomes among youths (Mashuri, Sutanto, & Prabowo, 2024). Similarly, Buang, Rahman, and Haque (2019) found that well-structured media campaigns led to greater participation in hypertension screenings and better adherence to lifestyle modifications.

Nonetheless, cultural perceptions, socioeconomic disparities, and varying levels of health literacy continue to shape how youths deduce and respond to media content related to hypertension (Wu & Wang, 2019). In Nigeria, the situation is compounded by lifestyle risk factors such as poor diet, limited physical activity, and chronic stress, which are prevalent among urban youth populations (Awugosi et al., 2023). These factors, attached with incoherent health messaging in the media, contribute to a worrying trend of poor hypertension screening practices despite growing awareness. Base on this background, it becomes vital to assess the knowledge, attitude, and practices towards hypertension screening among youths, with particular attention to the role media plays in shaping these variables. Understanding the extent to which media influences youth engagement in preventive health behaviors is essential for developing strategic communication campaigns that not only inform but also motivate behavioral change and support long-term cardiovascular health.

Conceptual Review

Knowledge of hypertension involves an understanding of its causes, symptoms, complications, and the need for early detection. Modifiable risk factors like obesity, inactivity, high salt intake, smoking, and alcohol use are common among youths, especially in urban areas like Nsukka, yet many remain unaware of the long-term consequences (Barik and Arokiasamy, 2016). The silent nature of hypertension and misconception of symptoms like headaches and fatigue often lead to late diagnoses and serious complications such as stroke or heart disease (Jarari, Rao, Peela, Shakil, and Daghestani, 2016). This lack of awareness contributes to low screening participation and unhealthy lifestyles among young populace (Bollampally, 2016 and Buang, 2019). Therefore, improving youths' knowledge of hypertension is crucial for promoting early screening and healthier practices in Nsukka.

Hypertension as a Public Health Concern

Hypertension, commonly known as high blood pressure, is a major public health concern worldwide, particularly in low and middle-income countries. It is a chronic condition characterized by consistently high blood pressure levels, often without any visible symptoms, making it known as the "silent killer." If untreated, hypertension can lead to severe health complications such as heart disease, strokes and kidney failure

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(Bollampally, Chandershekhar, Kumar, Reddy and Madhavi, 2016). Globally, about 1.28 billion adults are affected by this condition, with an increasing prevalence among younger populations due to factors like sedentary lifestyles, unhealthy diets, stress, and substance abuse (Buang, Rahman, and Haque, 2019). In Nigeria, however, limited awareness about hypertension and lack of access to screening services make worse the problem (Kumar, Mittal, and Bishnoi, 2016). As hypertension often goes undiagnosed, its early detection and management through regular screening are critical, especially among youths, to prevent long-term health complications Siddiqua, Mehtab and Khan, 2017). Media campaigns and health-related content can play an essential role in raising awareness and encouraging youth to participate in screening programs.

Attitudes towards Hypertension Screening

The attitudes of youths towards hypertension screening are shaped by several psychological and societal factors, including their perceptions of susceptibility, severity, and benefits of early detection. Many youths tend to underestimate the risk of hypertension, often associating hypertension as old age group symptoms (Buang et al., 2019). This misconception leads to reluctance in adopting preventive measures such as regular screenings (Ahmad & Ahmad, 2015). Additionally, lack of visible symptoms and fear of medical procedures often discourage youths from participating in screening programs (Siddiqua et al., 2017). Media messaging, however, can help challenge these misconceptions by disseminating information about the serious long-term effects of untreated hypertension and the benefits of early intervention. Through social media platforms, health campaigns, and influencer involvement, youth attitudes towards hypertension can be positively influenced, encouraging a shift towards regular screening as part of a proactive health strategy.

Health Practices and Screening Behavior

Despite the growing awareness of hypertension, the health practices and screening behaviors of youths remain sub-optimal. Many young people do not engage in regular blood pressure checks unless prompted by other health issues (Mounika, 2015). Furthermore, high-risk behaviors such as poor diet, physical inactivity, smoking, and excessive alcohol consumption are prevalent, contributing to the rise in hypertension (Vanitha & Anitha, 2015). When hypertension is diagnosed, some youths either ignore the diagnosis or fail to adhere to prescribed treatments due to a lack of understanding about the condition's seriousness or the absence of immediate symptoms (Bollu et al., 2014). Media can play a crucial role in addressing this gap by normalizing conversations around hypertension, promoting regular screenings, and encouraging healthier lifestyle choices. By utilizing platforms like television, radio, and social media, health campaigns can reach a wide youth audience and influence their health behaviors in a positive direction, fostering better screening uptake and lifestyle changes.

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Socio-Demographic and Cultural Factors Influencing AKP

Socio-demographic and cultural factors significantly affect youths' knowledge, attitudes, and practices (AKP) regarding hypertension screening. Age, gender, education level, and income can all influence how young people perceive their health and engage with screening programs. Studies show that more educated individuals tend to have better health awareness and are more likely to engage in preventive health behaviors (Bhatia et al., 2015). In contrast, low-income youths often face barriers such as limited access to healthcare, which hinders their ability to participate in screening programs (Adeloye et al., 2015). Cultural beliefs also play a role, with some communities associating health issues like hypertension with spiritual failure or weakness, deterring early diagnosis and treatment (Biradar et al., 2012). Media campaigns, if culturally sensitive and tailored to the needs of diverse socio-demographic groups, can help bridge these gaps by providing targeted health education that resonates with youths' values and beliefs, thus improving their AKP regarding hypertension.

Community-Based Interventions and Health Promotion

Community-based interventions and health promotion strategies have proven effective in encouraging hypertension screening and improving health practices among youths. Programs like peer-led education, school-based health initiatives, and mobile health campaigns have shown positive results in promoting awareness and preventive health behaviors (WHO, 2018). In particular, community health interventions that involve local influencers and healthcare professionals help normalize discussions about hypertension, making screenings more accessible and less stigmatized. The role of media, especially social media, cannot be overstated in amplifying these efforts. Health promotion campaigns utilizing digital platforms and social media can engage large numbers of youths, create viral health movements, and facilitate real-time health education. In Nigeria, leveraging social media to promote hypertension awareness among young people can significantly improve knowledge, attitudes, and practices regarding screening. By focusing on community-based, media-driven interventions, this study aims to explore the most effective strategies for improving hypertension screening uptake among youths in Nsukka and beyond.

Media Sensitization

Media sensitization is a process of using various media platforms to raise awareness, educate, and influence public attitudes and behaviors on specific issues, such as health. In the context of hypertension screening, media sensitization plays a crucial role in shaping youths' attitudes, knowledge, and practices (Khan 2021). Through targeted campaigns across social media, television, radio, and digital health platforms, media messages can effectively communicate the importance of early hypertension detection, debunk misconceptions, and encourage preventive health behaviors (Adebayo 2020).

Recent studies highlight that media campaigns that engage youths through relatable content and peer-led messaging can significantly enhance their understanding of hypertension risk factors, symptoms, and the benefits of regular screening (Siddiqua 2017; Busari 2010). Perhaps, media sensitization helps to address barriers such as stigma, lack of access, and misconceptions, which often hinder youths from seeking timely medical attention (Egan & Hutchison, 2019). This study is relevant because it aims to evaluate how media can effectively improve knowledge, change attitudes, and promote better health practices regarding hypertension screening in Nsukka.

Empirical Review

Ezeudu, Okafor and Umeh, (2018). conducted a cross-sectional study titled "Hypertension and pre-hypertension among adolescents attending secondary schools in urban area of South-East, Nigeria" involving 984 adolescents aged 10–19 years in Awka South, Anambra State. Utilizing multi-stage sampling and questionnaires, they found a hypertension prevalence of 6.3% and pre-hypertension at 5.0%. Overweight and obesity were significantly associated with hypertension. The study recommends routine blood pressure monitoring in schools to facilitate early detection and intervention, highlighting the importance of awareness and proactive health practices among youths.

Omole, Jibril, and Musa, (2023) assessed the knowledge of hypertension risk factors and complications among 365 university undergraduates in North-Western Nigeria. Through structured questionnaires and chi-square analysis, they discovered that only 14.8% had good knowledge of risk factors, and 23% understood complications. Family members and media were primary information sources. The study emphasizes the need for targeted health education programs in universities to improve awareness and encourage preventive practices among young adults.

Awugosi, Okafor and Okechukwu, (2023) explored the AKP regarding hypertension among adult residents in South-Eastern Nigeria. Involving 296 participants aged 18 and above, the study found that 53.28% had good knowledge, 80.24% exhibited positive attitudes, and 62.16% engaged in good practices concerning hypertension. The research underscores the necessity for community-based interventions to enhance knowledge and promote healthy behaviors, which are crucial for effective hypertension screening and management among youths.

Abah, John, and Tanko, (2013) investigated hypertension prevalence and AKP among 200 pharmacists in Jos, Nigeria. The study revealed an 8% hypertension prevalence, with 90% demonstrating good knowledge but 82% showing poor attitudes towards hypertension. Inadequate knowledge was an independent risk factor for stage 1 hypertension (adjusted odds ratio 10.9; 95% CI: 1.2–54.6). The findings suggest that even healthcare professionals may benefit from continuous education to foster positive attitudes and practices, which is pertinent for youth-focused health initiatives.

Osuala (2024) conducted a study on the knowledge, attitude, and lifestyle habits related to hypertension among rural dwellers in Owerre-Nkwoji, Imo State. Among 120 participants, 96.7% were aware of hypertension, but only 26.7% had high knowledge levels. Misconceptions, such as believing hypertension could be sent by enemies, were prevalent. The study highlights the importance of correcting false beliefs and promoting accurate health information, which is essential for effective hypertension screening and prevention strategies among youths.

Atoh, Okechukwu and Ajayi, (2023) examined high blood pressure patterns among adolescents in Lagos, South West Nigeria. The study identified a significant prevalence of hypertension among adolescents, emphasizing the need for early screening and lifestyle interventions. The research supports the implementation of school-based health programs to monitor and manage blood pressure among youths, fostering early awareness and preventive practices.

Okeke (2022) evaluated hypertension management in a tertiary hospital in Southeast Nigeria. Although not exclusively focused on youths, the study's findings on treatment adherence and patient education are applicable. The research suggests that comprehensive management strategies, including patient counseling and regular monitoring, are vital. These approaches can be adapted for youth-centered hypertension screening programs to enhance knowledge, attitudes, and practices.

Awugosi, Eze and Nwankwo, (2023) conducted a cross-sectional study among 296 adults aged 18 years and above in Anaocha Local Government Area, Anambra State, Nigeria, to assess AKP regarding hypertension. Using a pretested interviewer-administered questionnaire, data were analyzed with SPSS version 25.0. Findings revealed a hypertension prevalence of 30%, with 53.28% exhibiting good knowledge, 80.24% positive attitude, and 62.16% good practices. Notably, knowledge of risk factors was lower at 43.41%. The study recommended intensified health education campaigns and community outreach programs to improve awareness and practices. This research is pertinent to understanding AKP towards hypertension screening among youths, emphasizing the need for targeted interventions in similar demographics.

Theoretical Review

Health Belief Model (HBM

The Health Belief Model (HBM), propounded by Rosenstock in 1974 was used for this study. As a psychological model, it tries to explain and predict health behaviors by looking at the perception of individuals. It holds that individuals has higher chances to partake in health-promoting behaviors, such as hypertension screening, if they sense themselves to be at risk (perceived susceptibility), believe that the health issue has serious consequences (perceived severity), perceive that taking preventive actions would reduce their risk (perceived benefits), and feel that the benefits outweigh

any potential barriers (perceived barriers). The model also emphasizes cues to action, which are external triggers (like health campaigns or peer influence) that prompt individuals to take health-related actions. Based on this study, the HBM is highly important as it helps explore how youths' awareness of hypertension risks, their attitudes towards screening, and perceived barriers (e.g., cost, stigma, lack of symptoms) influence their engagement in preventive health behaviors, particularly hypertension screening. Understanding these factors can inform the design of targeted interventions that address the specific needs and perceptions of the youth demographic.

Methodology

This study adopts a descriptive survey research design using questionnaire as instrument for data collection was administer through Google form. The survey design enables the researcher to assess the levels of attitudes, knowledge and practices (AKP) towards hypertension screening in a natural setting, providing quantitative data that can be analyzed to reveal trends, gaps, and relationships (Creswell and Creswell, 2018). This design is suitable for public health investigations, particularly where the aim is to describe and interpret existing conditions among a specific population group (Orodho, 2003).

The population of the study comprises all youths aged 18 to 35 years residing in Nsukka, estimated at 77,440 individuals according to National Population Commission (NPC, 2023) and community demographic reports 2023. This age group was selected in line with the African Union's definition of youth and is considered critical for early prevention and health promotion initiatives (African Union, 2019). Given the finite population of 77,440, the Taro Yamane (1967) formula is employed to determine the appropriate sample size for the study which was 398 The study utilizes a multi-stage sampling technique. In the first stage, Nsukka is divided into wards, from which selected communities are purposively chosen to ensure geographic and social representation. In the second stage, stratified random sampling is used to categorize respondents based on educational status (e.g., students, graduates, non-students) and age brackets. Finally, systematic random sampling is applied to select participants from each stratum to reach the required sample size. This method ensures that the sample reflects the diversity of youths in Nsukka, both in schooling and out-of-school categories (Etikan, Musa and Alkassim, 2016).

Data was coded and analyzed using the Statistical Package for Social Sciences (SPSS) version 26. Descriptive statistics such as frequencies, percentages, was used to summarize the AKP variables. t-test, mean and standard deviation was use to test Inferential statistics. A significance level of 0.05 was used to determine statistical relevance.

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Data Presentation and Analysis

Table 4.4: Knowledge of Hypertension Screening

S/N	Statements	SA	A	U	D	SD
1	I know that hypertension can be asymptomatic in its early stages.	180	120	30	40	28
2	I am aware that poor diet and lack of exercise can lead to hypertension.	190	130	20	35	23
3	I understand that hypertension increases the risk of heart and kidney diseases.	170	140	25	38	25
4	I know how to measure blood pressure and interpret results.	80	100	60	90	68
5	I believe early screening helps in preventing complications from hypertension.	160	150	32	36	20

Source: Field Survey, 2025

T-Test

Table 4.4.1: One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
Knowledge of Hypertension Screening	398	19.3492	5.60552	.28098

Source: SPSS 26

Table 4.4.1 above, presents the descriptive statistics for the variable "Knowledge of Hypertension Screening" among the sample of 398 youths in Nsukka. The mean score for knowledge is 19.35, indicating that on average, the participants have a moderate level of knowledge about hypertension screening. The standard deviation of 5.61 reflects a relatively moderate spread of responses, suggesting some variability in the participants' knowledge levels. The standard error mean of 0.28 indicates the precision of the sample mean estimate, suggesting that the sample mean is a reliable estimate of the population's mean knowledge about hypertension screening.

Table 4.4.2: One-Sample Test

	Test Value = 0					
	t	Df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Knowledge of Hypertension Screening	68.864	397	.000	19.34925	18.7969	19.9016

Source: SPSS 26.

Table4.4.2 above otherwise presents the results of a one-sample t-test conducted to assess whether the mean score for "Knowledge of Hypertension Screening" significantly differs from a test value of 0. The t-value is 68.864, with 397 degrees of freedom, and the p-value is 0.000, which is less than the commonly used significance level of 0.05, indicating that the result is statistically significant. The mean difference between the sample mean (19.35) and the test value (0) is 19.35, with a 95% confidence interval ranging from 18.80 to 19.90. This suggests that, on average, the youths in Nsukka have significantly higher knowledge about hypertension screening compared to the baseline of zero knowledge.

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Table 4.5: Attitude Towards Hypertension Screening

S/N	Statements	SA	A	U	D	SD
1	I believe I am at risk of developing hypertension.	120	110	45	70	53
2	I would participate in hypertension screening if it is free and nearby.	200	130	20	30	18
3	I trust that the healthcare system can accurately detect hypertension.	150	135	50	40	23
4	I think regular screening is necessary even without symptoms.	160	140	30	38	30
5	Cultural beliefs affect my decision to go for blood pressure screening.	60	75	65	100	98

Source: Field Survey, 2025

T-Test

Table 4.5.1: One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
Knowledge of Hypertension Screening	398	19.3492	5.60552	.28098

Source: SPSS 26

Table 4.5.1 presents the one-sample statistics for the variable "Knowledge of Hypertension Screening" based on a sample size of 398 respondents. The mean score of 19.35 suggests a moderate level of knowledge among the youths in Nsukka about hypertension screening. The standard deviation of 5.61 indicates a relatively wide spread of responses, implying that while some youths possess a high level of knowledge, others have lower levels of understanding. The standard error mean of 0.28 reflects a small degree of variability in the estimate of the mean, suggesting that the sample mean is relatively accurate in representing the general population's knowledge about hypertension screening.

Table 4.5.2: One-Sample Test

	Test Value = 0					
					95% Confidence Interval of the Difference	
	T	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
Knowledge of Hypertension Screening	68.864	397	.000	19.34925	18.7969	19.9016

Source: SPSS 16

Table 4.5.2 reveals the results of a one-sample t-test for the variable "Knowledge of Hypertension Screening." The t-value of 68.864 with 397 degrees of freedom and a p-value of 0.000 indicates a statistically significant difference from the test value of 0, suggesting that the youths in Nsukka possess a knowledge of hypertension screening that is significantly greater than zero. The mean difference of 19.35 further supports this conclusion, indicating that the average level of knowledge is notably above the baseline of no knowledge. The 95% confidence interval of the difference (18.80 to 19.90) by

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implication the true mean difference is likely to fall within this range, further confirming the robustness of the result.

Table 4.6: Hypertension Screening Practices

S/N	Statements	SA	A	U	D	SD
1	I have checked my blood pressure in the past 6 months.	90	110	40	80	78
2	I exercise regularly to manage my blood pressure.	70	120	55	90	63
3	I eat a balanced diet to avoid hypertension.	110	130	45	65	48
4	I seek medical help when I feel symptoms related to high blood pressure.	100	125	50	73	50
5	I have encouraged others to go for hypertension screening.	95	105	65	70	63

Source: Field Survey, 2025

T-Test

Table 4.6.1: One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
Hypertension Screening Practices	398	18.9899	6.13861	.30770

Source: SPSS 26

Table 4.6.1 presents the one-sample statistics for the variable "Hypertension Screening Practices" among the 398 youths surveyed. The mean score of 18.99 indicates the average level of hypertension screening practices among the participants. The standard deviation of 6.14 suggests a moderate level of variability in the responses, indicating that there is some degree of difference in how often participants engage in hypertension screening practices. The standard error of the mean (0.31) reflects the precision of the sample mean estimate, suggesting that the calculated mean is fairly accurate with a small margin of error. This data provides a general sense of the overall hypertension screening practices in the population.

Table 4.6.2: One-Sample Test

	Test Value = 0					
					95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
Hypertension Screening Practices	61.716	397	.000	18.98995	18.3850	19.5949

Source: SPSS 26

Table 4.6.2 presents the results of a one-sample t-test to assess the mean difference in hypertension screening practices, with a test value of 0. The t-value of 61.716 and a degrees of freedom (df) of 397 indicate a highly significant difference between the sample mean (18.99) and the hypothesized value of 0, as the p-value is 0.000, which is well below the standard significance level of 0.05. This result suggests that the mean score for hypertension screening practices among the youths in Nsukka is significantly different

from zero, implying that participants are engaging in hypertension screening practices at a level higher than none. The 95% confidence interval for the mean difference ranges from 18.39 to 19.59, indicating that the true mean of hypertension screening practices in the population is likely to fall within this range.

Discussion of findings

The demographic results of this study revealed a well-balanced distribution of respondents, with a slight predominance of males (52.8%) compared to females (47.2%). This near-equal gender representation ensures that the findings are likely to reflect the perspectives of both genders. In terms of age, the majority of respondents (47.7%) were within the 20–24 age range, followed by 23.9% in the 15–19 age group. Therefore, it is mandated that more effort should be put towards younger youths, particularly in their early twenties, which may influence the awareness and understanding of hypertension screening among this demographic. The educational level data reveals that 60.3% of the respondents were undergraduates, by implication youth population in Nsukka is largely educated, which may enhance their understanding of health-related topics such as hypertension.

The findings of this study revealed that youths in Nsukka have a moderate level of knowledge about hypertension screening, with a mean score of 19.35. The one-sample t-test indicated a statistically significant difference from zero ($t = 68.864$, $p = 0.000$), confirming that the youths possess a significantly higher level of knowledge compared to no knowledge. This indicates that media sensitization campaigns, which often emphasize health awareness through platforms like social media, television, and digital platforms, have contributed to this enhanced understanding. The increased exposure to health-related content is in line with findings by Aduwa-Ogiegbaen and Iyamu (2021), which showed that media education enhances awareness of critical health issues, including hypertension. However, the standard deviation of 5.61 suggests variability in youths' knowledge, indicating that while media campaigns have reached many, some youths still remain uninformed or unaware, highlighting a gap that further media interventions could address.

In terms of attitudes towards hypertension screening, the study found that respondents exhibited a positive outlook, demonstrating a strong perceived susceptibility to hypertension and a clear understanding of its benefits. The statistically significant result ($p = 0.000$) reflects that the youths are aware of the importance of hypertension screening and are more likely to trust the healthcare system in preventing hypertension, as shown in similar studies like those by Oduwaiye and Adedeji (2022). This positive shift in attitude can largely be attributed to the power of media messages in influencing public perception. Despite this positive attitude, however, the presence of barriers such as limited access to healthcare services, compounded by misinformation, could still hinder the full implementation of these

attitudes, underscoring the need for continuous media-driven health education.

The study's findings also revealed a mean score of 18.99 in hypertension screening practices, indicating a relatively high level of engagement with screening among the youths in Nsukka. The significant result from the one-sample t-test ($t = 61.716$, $p = 0.000$) suggests that the youths are participating in hypertension screening at a level significantly above zero, reflecting a growing recognition of the importance of monitoring blood pressure. This finding aligns with the research by Nkosi and Mthembu (2022), which showed that an increase in health knowledge due to media campaigns leads to better health practices. This variability points to a need for more structured and accessible hypertension screening programs that are supported by media campaigns, which could standardize practices and ensure greater adherence among the youth population. Through continued media sensitization, more consistent participation in screenings can be achieved, further reducing the prevalence of undiagnosed hypertension among young people.

Conclusion

This study highlights the significant positive attitudes, knowledge, and moderate engagement with hypertension screening practices among youths in Nsukka, with a notable influence from media sensitization efforts. The findings suggest that while youths have a fair understanding of the importance of hypertension screening, largely due to health-focused media campaigns, there are still barriers that may affect the consistency and frequency of their screening practices. Despite media-driven health education, factors like limited healthcare access and skepticism about the healthcare system persist.

The study emphasizes the need for continued health education, with a stronger focus on leveraging media platforms to increase awareness and encourage regular hypertension screening among young people. Media outlets, including social media campaigns and digital health platforms, could further amplify the message about the risks of hypertension and the benefits of early detection. These media strategies would help in addressing existing barriers and fostering better health-seeking behaviors. Therefore, this study suggests that overcoming barriers, while also utilizing media to build trust in the healthcare system, could significantly enhance the effectiveness of hypertension prevention and control efforts among youths in Nsukka. By reinforcing the role of media in promoting health literacy, this study underscores the importance of sustained, targeted media interventions to improve youth engagement with hypertension screening.

Recommendations

Based on the findings of this study, the following recommendations were proposed, that:

1. media-driven health campaigns should be expanded to reach a wider youth audience in Nsukka, utilizing digital platforms, social media, and community radio to further

enhance awareness and deepen knowledge about hypertension and its risks, particularly targeting those with lower levels of understanding.

2. efforts should be made to reduce barriers to healthcare access, such as cost and availability of screening centers, by partnering with local healthcare providers and using mobile health units or telemedicine platforms. Media can play a key role in informing youths about available services and how to access them.

3. media campaigns focus on the importance of regular monitoring and establish reminders through social media or mobile apps. Additionally, integrating routine screening into school or university health programs could increase frequency and regularity among youths.

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