fortune Journals

Research Article

FORTUNE JOURNAL OF HEALTH SCIENCES

ISSN: 2644-2906



Knowledge, Attitudes, and Practices Regarding Hypertension Prevention and Control Among Young Adults in Bangladesh: A Community-Based Cross-Sectional Study

Golam Rabbi[1], Khairul Islam Sajib[2], Fabashshir Zahan[3], Md Ferdos Ahmed[4], Esmat Ara[5], Afsara Islam[6], Faisal Noor[7], Shahanoor Rohani[8*]

Abstract

Background: Hypertension is a major and growing public health challenge and an important modifiable risk factor for cardiovascular disease, stroke, chronic kidney disease, and premature mortality. Although traditionally considered a condition of older adults, hypertension-related risk factors increasingly emerge during young adulthood because of unhealthy dietary patterns, physical inactivity, obesity, smoking, and other lifestyle-related behaviors.

Objective: To assess knowledge, attitudes, and practices regarding hypertension prevention and control and their associated factors among young adults in Dhaka, Bangladesh.

Methods: A community-based cross-sectional study was conducted among 340 young adults in selected areas of Dhaka, Bangladesh, from February to December 2025. Data were collected using a structured questionnaire covering sociodemographic characteristics, hypertension knowledge, attitudes, lifestyle-related practices, and preventive behaviors. Descriptive statistics, chi-square tests, and multivariable logistic regression were performed, with statistical significance set at $p<0.05$.

Results: Among 340 participants, 181 (53.2%) were male and 159 (46.8%) were female, with a mean age of 27.4 ± 5.6 years. Overall, 218 (64.1%) participants had good knowledge, 264 (77.6%) demonstrated a positive attitude, and 186 (54.7%) reported good preventive practices. Regarding hypertension risk factors, 78.5% recognized excessive salt intake, 75.3% recognized overweight/obesity, 69.7% recognized physical inactivity, 67.6% recognized smoking, and 61.8% recognized family history as important contributors. However, only 42.6% recognized that hypertension may remain asymptomatic and 46.5% were aware of the importance of regular blood pressure monitoring. For attitudes, 82.1% agreed that maintaining a healthy weight reduces hypertension risk, 80.3% supported regular physical activity, and 76.8% considered salt reduction important for prevention. Regarding preventive practices, 61.5% reported regular physical activity, 56.8% reported limiting dietary salt, 48.2% regularly consumed fruits and vegetables, and only 44.7% reported routine blood pressure monitoring. Good knowledge was significantly associated with higher educational attainment ($p=0.003$) and previous blood pressure measurement ($p<0.001$). Participants with good knowledge had higher odds of demonstrating a positive attitude (OR=2.41, 95% CI: 1.45–4.01, $p<0.001$) and good preventive practices (OR=2.18, 95% CI: 1.42–3.34, $p<0.001$). A positive attitude was independently associated with good preventive practices (OR=2.67, 95% CI: 1.72–4.15, $p<0.001$). Despite relatively favorable knowledge and attitudes, important gaps were observed in routine blood pressure screening, dietary modification, and consistent healthy lifestyle practices.

Conclusion: Young adults in Dhaka demonstrated relatively good knowledge and positive attitudes toward hypertension prevention, but preventive practices remained comparatively suboptimal.

Affiliation:

[1]Department of Public Health and Informatics, Bangladesh Medical University, Bangladesh

[2]Faculty of Veterinary and Animal Science, Hajee Mohammad Danesh Science and Technology University, Bangladesh

[3]Department of Cardiology, Continental Hospital PLC, Dhaka, Bangladesh

[4]Department of Pharmacy, Independent University Bangladesh

[5]Department of Cardiology, Delta Hospital Limited, Dhaka, Bangladesh

[6]Faculty of Clinical Medicine, Ibrahim Medical College, Dhaka, Bangladesh

[7]Department of Public Health, North South University, Dhaka, Bangladesh

[8]Department of Pharmacy, Independent University Bangladesh

***Corresponding author:**
Shahanoor Rohani, Department of Pharmacy, Independent University Bangladesh

Citation: Golam Rabbi, Khairul Islam Sajib, Fabashshir Zahan, Md Ferdos Ahmed, Esmat Ara, Afsara Islam, Faisal Noor, Shahanoor Rohani. Knowledge, Attitudes, and Practices Regarding Hypertension Prevention and Control Among Young Adults in Bangladesh: A Community-Based Cross-Sectional Study. Fortune Journal of Health Sciences. 9 (2026): 581-586.

Received: September 12, 2026
Accepted: September 21, 2026
Published: November 02, 2026

Rabbi G, et al., Fortune J Health Sci 2026
DOI:10.26502/fjhs.451

Keywords: Hypertension; Young adults; Knowledge; Attitudes; Preventive practices; Bangladesh.

Introduction

Hypertension is one of the most important and increasingly prevalent non-communicable diseases worldwide and remains a major contributor to cardiovascular morbidity, stroke, chronic kidney disease, and premature mortality [1]. Despite being largely preventable and controllable through appropriate lifestyle modification and timely detection, hypertension continues to pose a substantial public health burden, particularly in low- and middle-income countries. The asymptomatic nature of the condition further complicates early detection, as individuals may remain unaware of elevated blood pressure until complications have already developed [2]. Consequently, improving awareness, promoting preventive behaviors, and encouraging regular blood pressure monitoring are essential components of population-level hypertension prevention and control [3].

Although hypertension has traditionally been regarded as a disease predominantly affecting older populations, increasing evidence suggests that its underlying risk factors frequently emerge during adolescence and young adulthood. Unhealthy dietary practices, excessive salt consumption, physical inactivity, overweight and obesity, smoking, inadequate intake of fruits and vegetables, and other adverse lifestyle behaviors can contribute to the development of elevated blood pressure and future cardiovascular risk [4]. Young adulthood represents a particularly important period for intervention because health-related behaviors established during this stage may persist throughout later life. Therefore, identifying gaps in knowledge and preventive practices among young adults may provide an opportunity to implement interventions before hypertension and its associated complications become established [5].

Knowledge and attitudes are important determinants of health-related behavior. Individuals who understand the major risk factors, consequences, and preventive measures for hypertension may be more likely to adopt healthier lifestyles and seek appropriate health services [6]. However, adequate knowledge does not necessarily translate into appropriate preventive practices. For example, individuals may recognize the importance of physical activity or dietary salt reduction while failing to consistently incorporate these behaviors into their daily lives [7]. Similarly, awareness of hypertension may not necessarily result in routine blood pressure screening, particularly among younger individuals who may perceive themselves as being at low risk because of their age. Thus, examining knowledge, attitudes, and actual preventive practices together provides a more comprehensive understanding of the behavioral dimensions of hypertension prevention [8].

This issue is particularly relevant in Bangladesh, where rapid urbanization and changing lifestyles have contributed to increasing exposure to modifiable risk factors for non-communicable diseases. In urban settings such as Dhaka, young adults may experience dietary changes, sedentary lifestyles, occupational and academic pressures, and other behavioral factors that can adversely affect long-term cardiovascular health [9]. However, the extent to which young adults understand hypertension, perceive its prevention as important, and translate such knowledge into everyday preventive practices remains an important area of investigation. The identification of specific gaps—particularly in asymptomatic hypertension awareness, routine blood pressure monitoring, dietary modification, and sustained healthy lifestyle behaviors—can help inform targeted health education and community-based prevention strategies [10]. The present study therefore aimed to assess knowledge, attitudes, and practices regarding hypertension prevention and control and their associated factors among young adults in Dhaka, Bangladesh.

Methods

A community-based cross-sectional study was conducted among young adults residing in selected community areas of Dhaka, Bangladesh, from February to December 2025. The study was designed to assess participants' knowledge, attitudes, and practices (KAP) regarding hypertension prevention and control, with particular emphasis on modifiable lifestyle-related risk factors and preventive health behaviors. A total of 340 young adults from selected areas of Dhaka were included in the study. Data was collected directly from community-based participants during the study period using a structured, interviewer-administered questionnaire. The questionnaire covered sociodemographic characteristics, knowledge regarding hypertension, attitudes toward hypertension prevention and control, lifestyle-related practices, and preventive behaviors. Data collection was conducted systematically within the selected community areas to ensure consistent administration of the questionnaire and completeness of the collected information. The study assessed sociodemographic characteristics and multiple domains related to hypertension prevention. Knowledge-related variables included awareness of hypertension and its major risk factors, including excessive salt intake, overweight/obesity, physical inactivity, smoking, and family history, as well as awareness of the asymptomatic nature of hypertension and the importance of regular blood pressure monitoring. Attitude-related variables assessed perceptions regarding healthy body weight, physical activity, dietary salt reduction, and other preventive measures. Preventive practice variables included regular physical activity, dietary salt restriction, consumption of fruits and vegetables, and routine blood pressure monitoring.

Citation: Golam Rabbi, Khairul Islam Sajib, Fabashshir Zahan, Md Ferdos Ahmed, Esmat Ara, Afsara Islam, Faisal Noor, Shahanoor Rohani. Knowledge, Attitudes, and Practices Regarding Hypertension Prevention and Control Among Young Adults in Bangladesh: A Community-Based Cross-Sectional Study. Fortune Journal of Health Sciences. 9 (2026): 581-586.

Rabbi G, et al., Fortune J Health Sci 2026
DOI:10.26502/fjhs.451

Data was analyzed using descriptive and inferential statistical methods. Categorical variables were summarized using frequencies and percentages, while continuous variables were presented as mean ± standard deviation. Associations between categorical variables were assessed using the chi-square test. Multivariable logistic regression analysis was performed to identify factors independently associated with positive attitudes and good preventive practices. Associations were reported using odds ratios (ORs) with corresponding 95% confidence intervals (CIs). A two-sided p-value of <0.05 was considered statistically significant.

Results

A total of 340 young adults participated in the study. The mean age of the participants was 27.4 ± 5.6 years. Of the total participants, 181 (53.2%) were male and 159 (46.8%) were female, indicating a relatively balanced representation of both sexes. Overall, 218 (64.1%) participants demonstrated good knowledge regarding hypertension prevention and control, while 264 (77.6%) had a positive attitude and 186 (54.7%) reported good preventive practices. These findings indicate that although the majority of participants demonstrated favorable knowledge and attitudes, the proportion translating these into good preventive practices was comparatively lower.

Table 1: Sociodemographic characteristics of the study participants (N=340)

Characteristic	n	%
Sex		
Male	181	53.2
Female	159	46.8
Age, years		
Mean ± SD	27.4 ± 5.6	—
Total	340	100

The study population had a mean age of 27.4 years, with males comprising 53.2% and females 46.8% of the participants. Thus, the sample showed a relatively comparable representation of both sexes.

Table 2: Overall knowledge, attitude, and preventive practice regarding hypertension (N=340).

KAP domain	Category	n	%
Knowledge	Good	218	64.1
	Not good	122	35.9
Attitude	Positive	264	77.6
	Not positive	76	22.4
Preventive practice	Good	186	54.7
	Poor	154	45.3

Good knowledge was observed among nearly two-thirds of participants (64.1%), whereas a substantially higher proportion demonstrated a positive attitude (77.6%). However, only 54.7% reported good preventive practices. This approximately **23-percentage-point gap between positive attitude and good practice** suggests that favorable perceptions of hypertension prevention did not consistently translate into appropriate preventive behaviors.

Table 3: Knowledge regarding hypertension risk factors and preventive awareness.

Knowledge item	Correct/aware n	%
Excessive salt intake is a risk factor	267	78.5
Overweight/obesity is a risk factor	256	75.3
Physical inactivity is a risk factor	237	69.7
Smoking is a risk factor	230	67.6
Family history is a risk factor	210	61.8
Hypertension may remain asymptomatic	145	42.6
Regular blood pressure monitoring is important	158	46.5

Excessive salt intake was the most frequently recognized risk factor, identified by 78.5% of participants, followed by overweight/obesity (75.3%), physical inactivity (69.7%), and smoking (67.6%). Family history was recognized by 61.8%. However, important knowledge gaps were identified regarding the asymptomatic nature of hypertension and the importance of regular blood pressure monitoring, recognized by only 42.6% and 46.5% of participants, respectively. These findings suggest that participants were more familiar with conventional lifestyle risk factors than with the often less visible aspects of hypertension prevention and early detection.

Table 4: Attitudes toward hypertension prevention.

Attitude statement	Agree n	%
Maintaining a healthy weight reduces hypertension risk	279	82.1
Regular physical activity is important	273	80.3
Salt reduction is important for hypertension prevention	261	76.8

Overall attitudes toward hypertension prevention were favorable. The strongest positive attitude was observed toward maintaining a healthy weight, with 82.1% agreeing that a healthy weight reduces hypertension risk. Similarly, 80.3% supported regular physical activity, while 76.8% considered dietary salt reduction important for prevention. These findings demonstrate substantial acceptance of major lifestyle-based preventive measures among young adults.

Citation: Golam Rabbi, Khairul Islam Sajib, Fabashshir Zahan, Md Ferdos Ahmed, Esmat Ara, Afsara Islam, Faisal Noor, Shahanoor Rohani. Knowledge, Attitudes, and Practices Regarding Hypertension Prevention and Control Among Young Adults in Bangladesh: A Community-Based Cross-Sectional Study. Fortune Journal of Health Sciences. 9 (2026): 581-586.

Table 5: Reported preventive practices among study participants.

Preventive practice	n	%
Regular physical activity	209	61.5
Limiting dietary salt	193	56.8
Regular consumption of fruits and vegetables	164	48.2
Routine blood pressure monitoring	152	44.7

Regular physical activity was the most commonly reported preventive behavior (61.5%), followed by limiting dietary salt (56.8%). Less than half of the participants reported regular consumption of fruits and vegetables (48.2%) or routine blood pressure monitoring (44.7%). The particularly low proportion undergoing routine blood pressure monitoring is consistent with the observed knowledge gap concerning the importance of regular screening.

Higher educational attainment was significantly associated with good hypertension-related knowledge ($p=0.003$), while previous blood pressure measurement showed an even stronger association with good knowledge ($p<0.001$). Participants with good knowledge had significantly greater odds of demonstrating a positive attitude toward hypertension prevention (OR=2.41, 95% CI: 1.45–4.01, $p<0.001$). Good knowledge was also independently associated with good preventive practices (OR=2.18, 95% CI: 1.42–3.34, $p<0.001$). Furthermore, participants with a positive attitude were significantly more likely to report good preventive practices (OR=2.67, 95% CI: 1.72–4.15, $p<0.001$).

The findings demonstrate a significant positive relationship across the KAP domains. Participants with good knowledge were more than twice as likely to have a positive attitude and good preventive practices. Likewise, those with a positive attitude had approximately 2.7-fold higher odds of reporting good preventive practices. This pattern suggests that improving knowledge may contribute to favorable attitudes, while both knowledge and attitudes may facilitate the adoption of healthier preventive behaviors.

Discussion

In this study, 64.1% of participants demonstrated good overall knowledge regarding hypertension prevention and control. Participants showed relatively strong awareness of several established lifestyle-related risk factors. Excessive salt intake was the most frequently recognized risk factor (78.5%), followed by overweight/obesity (75.3%), physical inactivity (69.7%), smoking (67.6%), and family history (61.8%). These findings indicate that many young adults have a reasonable understanding of the modifiable and non-modifiable factors associated with hypertension. However, important gaps remained in areas related to early detection and the clinical nature of the disease. Only 42.6% recognized that hypertension may remain asymptomatic, while 46.5% were aware of the importance of regular blood pressure monitoring. This finding is particularly relevant because an individual may perceive themselves as healthy in the absence of symptoms and therefore may not consider blood pressure screening necessary [11].

The relatively favorable knowledge of conventional lifestyle risk factors but lower awareness of asymptomatic hypertension and routine blood pressure monitoring may reflect a limitation in the way hypertension-related health information is commonly communicated. Young adults may be more familiar with general messages concerning salt, obesity, exercise, and smoking but may have less exposure to messages emphasizing that hypertension can occur without noticeable symptoms and that screening is important even among apparently healthy individuals. Therefore, hypertension prevention programs targeting young adults should extend beyond general risk-factor awareness and emphasize early detection, routine blood pressure assessment, and the long-term consequences of uncontrolled blood pressure [12].

A particularly notable finding was the favorable attitude toward hypertension prevention. Overall, 77.6% of participants demonstrated a positive attitude. Most participants agreed that maintaining a healthy weight reduces hypertension risk (82.1%), supported regular physical activity (80.3%), and considered salt reduction important for prevention (76.8%). These findings suggest that the majority of young adults recognize the value of healthy lifestyle behaviors and accept the importance of preventive measures. The high level of positive attitude is encouraging because favorable perceptions can provide an important foundation for subsequent behavioral change [13]. Despite these encouraging findings, the level of preventive practice was substantially lower than the level of positive attitude. Only 54.7% of participants were classified as having good preventive practices. At the individual behavior level, regular physical activity was reported by 61.5% of participants, while 56.8% reported limiting dietary salt. However, only 48.2% regularly consumed fruits and vegetables, and just 44.7% reported routine blood pressure monitoring. Thus, the findings demonstrate a clear gap between what participants believe is important and what they consistently practice. This knowledge–attitude–practice gap is particularly important from a public health perspective because the ultimate benefit of hypertension prevention depends on sustained behavioral modification rather than awareness alone [14].

The low proportion of participants reporting routine blood pressure monitoring is especially noteworthy. Although blood pressure measurement is a fundamental component of hypertension detection, fewer than half of the participants

reported performing it routinely. This finding is consistent with the observed knowledge gap regarding the importance of regular blood pressure monitoring. Furthermore, previous blood pressure measurement was significantly associated with good hypertension-related knowledge ($p<0.001$), suggesting that contact with blood pressure screening may itself be an important opportunity for increasing awareness. Community-based screening activities could therefore serve a dual purpose by identifying individuals at risk while simultaneously providing personalized health education [15]. The study also identified a significant association between educational attainment and hypertension-related knowledge ($p=0.003$). This finding indicates that educational background may influence an individual's ability to obtain, understand, and apply health information. However, education alone may not be sufficient to ensure appropriate preventive behavior. The observed difference between knowledge and practice reinforces the need for interventions that move beyond information provision and address practical barriers to healthy behavior, such as maintaining regular physical activity, adopting healthier dietary habits, and incorporating routine blood pressure monitoring into preventive healthcare practices [16].

The relationship between knowledge, attitudes, and practices further strengthens this interpretation. Participants with good knowledge had significantly higher odds of demonstrating a positive attitude toward hypertension prevention (OR=2.41, 95% CI: 1.45–4.01, $p<0.001$). Similarly, good knowledge was independently associated with good preventive practices (OR=2.18, 95% CI: 1.42–3.34, $p<0.001$). These findings suggest that adequate knowledge may contribute not only to favorable perceptions but also to the adoption of preventive behaviors. Importantly, a positive attitude was also independently associated with good preventive practices (OR=2.67, 95% CI: 1.72–4.15, $p<0.001$). Participants with positive attitudes therefore had substantially greater odds of reporting good preventive practices, highlighting the potential importance of behavioral and motivational components in hypertension prevention [17]. The observed pattern can be interpreted as a progressive relationship in which knowledge provides an informational foundation, attitudes reflect acceptance and perceived importance, and practices represent the behavioral outcome. However, the fact that almost half of the participants did not demonstrate good preventive practices despite generally favorable knowledge and attitudes indicates that additional factors may influence behavior. Health promotion strategies should therefore combine educational interventions with practical and behavior-oriented approaches. For young adults, community-based awareness campaigns, routine blood pressure screening opportunities, promotion of physical activity, dietary counseling, and reinforcement of healthy eating behaviors may be more effective when implemented together rather than as isolated educational messages.

The findings have important implications for hypertension prevention in Bangladesh. Young adulthood provides a valuable window for preventive intervention because unhealthy behaviors and cardiovascular risk factors may become established during this period. The relatively favorable attitudes observed in this study provide a positive basis for intervention, while the identified gaps in screening, dietary behavior, and consistent lifestyle practices indicate specific areas where preventive programs can be strengthened. In particular, increasing awareness that hypertension may be asymptomatic and encouraging routine blood pressure monitoring should be central components of community-based prevention initiatives.

Conclusion

This study demonstrates that young adults in Dhaka had relatively good knowledge and positive attitudes toward hypertension prevention and control; however, these were not consistently reflected in their preventive practices. Important gaps were identified in awareness of asymptomatic hypertension and routine blood pressure monitoring, while healthy dietary practices and regular screening remained suboptimal. Good knowledge was significantly associated with a positive attitude and better preventive practices, and positive attitudes were also strongly associated with good preventive practices. These findings highlight the importance of strengthening community-based hypertension education among young adults, with greater emphasis on translating knowledge and positive attitudes into sustained healthy lifestyle behaviors and regular blood pressure monitoring. Early, targeted preventive interventions during young adulthood may help reduce the future burden of hypertension and related cardiovascular complications in Bangladesh.

Limitations

This study has several limitations. First, its cross-sectional design limits the ability to establish temporal or causal relationships between knowledge, attitudes, and preventive practices. Second, participants were recruited from selected community areas of Dhaka; therefore, the findings may not be fully generalizable to young adults living in other urban or rural regions of Bangladesh. Third, the study relied on self- reported information regarding lifestyle behaviors and preventive practices, which may be affected by recall and social desirability bias. Fourth, the relatively modest sample size of 340 participants may have limited the statistical power to detect some associations. Finally, the study primarily assessed knowledge, attitudes, and reported preventive behaviors and did not provide objective longitudinal assessment of participants' blood pressure or subsequent

Citation: Golam Rabbi, Khairul Islam Sajib, Fabashshir Zahan, Md Ferdos Ahmed, Esmat Ara, Afsara Islam, Faisal Noor, Shahanoor Rohani. Knowledge, Attitudes, and Practices Regarding Hypertension Prevention and Control Among Young Adults in Bangladesh: A Community-Based Cross-Sectional Study. Fortune Journal of Health Sciences. 9 (2026): 581-586.

development of hypertension. Future multicenter and longitudinal studies involving larger and more geographically diverse populations, together with objective measurements of blood pressure and lifestyle behaviors, are recommended to further validate these findings.

Author Contributions

Conceptualization: Golam Rabbi, Khairul Islam Sajib, Shahanoor Rohani.

Methodology: Golam Rabbi, Fabashshir Zahan, Md Ferdos Ahmed, Shahanoor Rohani.

Data Collection: Khairul Islam Sajib, Fabashshir Zahan, Md Ferdos Ahmed, Esmat Ara, Afsara Islam, Faisal Noor.

Data Curation: Fabashshir Zahan, Esmat Ara, Afsara Islam, Faisal Noor.

Formal Analysis: Golam Rabbi, Md Ferdos Ahmed, Faisal Noor, Shahanoor Rohani.

Writing – Original Draft: Golam Rabbi, Khairul Islam Sajib, Fabashshir Zahan, Esmat Ara, Afsara Islam.

Writing – Review & Editing: Khairul Islam Sajib, Md Ferdos Ahmed, Esmat Ara, Faisal Noor, Shahanoor Rohani.

Final Approval: All authors read and approved the final manuscript.

Conflict of Interest: No

References

1. Paul S, K K Karmoker, B Sen, et al. Risk Factors for Hypertension in Young Adults of Bangladesh. Mymensingh Med J 29 (2020): 43-47.
2. Islam JY, et al. Prevalence of and factors associated with prehypertension and hypertension among Bangladeshi young adults: an analysis of the Bangladesh Demographic and Health Survey 2017–18. Clin Epidemiol Glob Health 12 (2021):100912.
3. Ali N, Mahmud F, Akter S A, et al. The prevalence of general obesity, abdominal obesity, and hypertension and its related risk factors among young adult students in Bangladesh. J Clin Hypertens 24 (2022): 1339-1349
4. Chowdhury MZI, et al. Epidemiology of hypertension among Bangladeshi adults using the 2017 ACC/AHA Hypertension Clinical Practice Guidelines and Joint National Committee 7 Guidelines. J Hum Hypertens (2020).
5. Chowdhury MZI, et al. Changes in prevalence and risk factors of hypertension among adults in Bangladesh: an analysis of two waves of nationally representative surveys. PLoS One (2021).
6. Rahman M, et al. Prevalence of risk factors for hypertension: A cross-sectional study in an urban area of Bangladesh. BMC Public Health (2016).
7. Rahman M, et al. May Measurement Month 2017: an analysis of blood pressure screening results in Bangladesh—South Asia. Eur Heart J Suppl (2019).
8. Rahman M, et al. May Measurement Month 2018: an analysis of blood pressure screening results from Bangladesh. Eur Heart J Suppl (2020).
9. Rahman M, et al. May Measurement Month 2019: an analysis of blood pressure screening results from Bangladesh. Eur Heart J Suppl (2021).
10. Rahman M, et al. May Measurement Month 2021: an analysis of blood pressure screening results from Bangladesh. Eur Heart J Suppl (2024).
11. Miah A, Haque MM, Alam SS, et al. Knowledge, attitude and practice about hypertension among adult people of selected areas of Bangladesh. MOJ Public Health 7 (2018).
12. Sultana R, et al. Baseline knowledge about hypertension and sociodemographic factors related to salt intake behavior among hypertensive individuals in a rural community of Bangladesh. BMC Cardiovasc Disord (2024).
13. Forrester T, Adeyemo A, Soarres-Wynter S, et al. A randomized trial on sodium reduction in two developing countries. J Hum Hypertens 19 (2005): 55-60.
14. MacGregor GA, Markandu ND, Best FE, et al. Double-blind randomised crossover trial of moderate sodium restriction in essential hypertension. Lancet 319 (1982): 351-355.
15. Geleijnse JM, Witteman JCM, Bak AAA, et al. Reduction in blood pressure with a low sodium, high potassium, high magnesium salt in older subjects with mild to moderate hypertension. BMJ 309 (1994): 436.
16. Juraschek SP, et al. Effects of sodium reduction and the DASH diet in relation to baseline blood pressure. J Am Coll Cardiol (2018).
17. Islam MS, et al. Hypertension prevention behavior and its predictors among rural adults in Bangladesh: a community survey using the theory of planned behavior. J Public Health Dev 24 (2026): 117-128.

This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC-BY) license 4.0

Citation: Golam Rabbi, Khairul Islam Sajib, Fabashshir Zahan, Md Ferdos Ahmed, Esmat Ara, Afsara Islam, Faisal Noor, Shahanoor Rohani. Knowledge, Attitudes, and Practices Regarding Hypertension Prevention and Control Among Young Adults in Bangladesh: A Community-Based Cross-Sectional Study. Fortune Journal of Health Sciences. 9 (2026): 581-586.