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KNOWLEDGE AND PRACTICES OF PREVENTIVE MEASURES OF HYPERTENSION AMONG RETIRED CIVIL SERVANTS IN ANAMBRA STATE

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ABSTRACT

This Study investigated knowledge and practices of preventive measures of hypertension among retired civil servants in Anambra state. Four research questions and four null hypotheses guided the study. Descriptive survey research design was adopted for this study. A sample of three hundred and thirty three (333) retired civil servants out of a population of 1,971 was used. Multi stage sampling method was employed to draw this sample. Two instruments were used for data collection titled Cognitive Test on the Knowledge of Preventive Measures of Hypertension (CTKPMH) and Practice of Hypertension Preventive Measures Questionnaire (PHPMQS). The instrument was validated by one expert in the Department of Health Promotion and Public Health Education, one in the Department of Human Kinetics and Sport Science Education and one expert from the Department of Educational Foundations (Measurement and Evaluation). The researcher administered the two sets of the instrument KAPPMHQ on 20 retired civil servants outside the study area (Imo state) for reliability of the instrument. Cronbach Alpha formula was used for practice while Kuder - Richardson formula was used for Knowledge to compute the internal consistency of the instrument. Mean and standard deviation was used to answer the research questions while T-test was used to test the hypotheses, Findings revealed that the mean knowledge of retired civil servants on weight reduction as a preventive measure of hypertension in Anambra State was very high and the mean knowledge of retired civil servant on exercise as a preventive measure of hypertension in Anambra State was moderate among others. The findings also revealed that retired civil servants' practices of weight reduction as a preventive measure of hypertension in Anambra State were; actively trying to lose weight, cutting down food intake, making changes in diet such as eating fruits/vegetables, exercising regularly by walking and other aerobics/sports to lose weight, and losing weight through dieting and exercise among others. There was no significant difference in the male and female

retired civil servants' knowledge and practices on weight reduction and exercise as a preventive measure of hypertension in Anambra State. Based on the findings, it was recommended that Health workers can implement a feedback mechanism where retired civil servants can share their experiences and challenges with hypertension prevention efforts, allowing for continuous improvement of programs and resources among others.

Keywords: Knowledge, Practices, Hypertension, Retired Civil Servant, Exercise, Weight Reduction

Introduction

Hypertension, commonly known as high blood pressure, is a significant public health challenge globally and is a leading cause of cardiovascular diseases. It is characterized by persistently elevated blood pressure levels, which increase the risk of heart attack, stroke, kidney disease, and other serious health conditions. In Nigeria, hypertension is one of the most common non-communicable diseases, contributing to a high burden of morbidity and mortality. Cardiovascular disease is the leading cause of death in both developed and developing nations and hypertension is a major independent risk factor for cardiovascular disease and stroke; indeed, 5.8 percent of all deaths in the western world and African countries are directly linked with hypertension (Rohla, Haberfeld, Tscharre, Huber and Weiss, 2016). According to Unger et al (2020), hypertension, also known as high blood pressure, is a major public health concern worldwide. It is a chronic medical condition in which the blood pressure in the arteries is persistently elevated, putting extra strain on the heart. Hypertension is considered a "silent killer" as it often has no warning signs or symptoms, yet significantly increases the risk of heart disease, stroke, kidney failure and premature death if left untreated (World Health Organization, 2022). Hypertension is a chronic medical condition characterized by elevated blood pressure in the arteries, requiring the heart to work harder than normal to circulate blood through the blood vessels (Mayo Clinic, 2020). Muntner, et al. (2019) opined that Hypertension is a multifactorial disorder characterized by chronic elevation of arterial pressure above levels considered optimal for target organ perfusion. It is a major risk factor for heart disease, stroke, and other serious health complications. According to World Health Organization WHO, (2021), Hypertension is a condition in which the blood vessels have persistently raised pressure, putting them under increased stress. The higher the pressure, the harder the heart has to pump. Also, Rabi, et al. (2020) Hypertension is diagnosed when average blood pressure measurements are ≥135/85 mmHg when measured at home or ≥140/90 mmHg when measured in office. Furthermore, National Institute for Health and Care Excellence (2019) opined that Hypertension is persistently raised blood pressure above 140/90 mmHg, measured under standardized conditions on at least two separate occasions. Willam (2018) also opined that Hypertension is defined as office systolic blood pressure values ≥140 mmHg and/or diastolic blood pressure values ≥90 mmHg.

Hypertension causes one in every eight deaths worldwide, making it the third

leading killer disease in the world (Ejike, Ezeanyika and Ugwu, 2010). Also, Gunaranthne, Patel, Potluri , Gill , Hughes and Lip cited in Onyekwere (2012) posits that hypertension has been estimated to cause about 7.1 million deaths every year. This accounts for 13 percent of all deaths worldwide. Hypertension is sometimes called "the silent killer" because people who have it are often symptom-free. In Nigeria, hypertension has been identified as a significant public health challenge. The researcher defined hypertension hypertension as a chronic medical condition which can be caused either genetics or environmental factors characterized by elevated blood pressure levels that persist over time which can lead to increased risk of cardiovascular diseases and stroke.

Observation has shown that a particular population subgroup that are vulnerable to hypertension in Nigeria are retired civil servants. Civil service jobs are usually desk-bound and promote sedentary behavior. Additionally, the retirement phase brings changes in daily routine, diet and physical activity levels, as well as psychological stress, all of which can impact blood pressure (McDonald et al 2016). The high prevalence of hypertension amongst civil servants in Nigeria has been linked to lifestyle factors related to their occupations such as lack of physical activity, unhealthy diets, high intake of alcohol, long working hours leading to stress, and job strain (Obi et al., 2012). With retirement, the blood pressure of many civil servants worsens due to factors like weight gain, sedentary lifestyles, inadequate physical activity and poor dietary habits (Erhun, Olayiwola, Agbani, and Omotoso 2005). Many civil servants have poor knowledge of hypertension risk factors, consequences, and preventive measures. There are also negative attitudes, perceptions, and practices concerning the prevention and treatment of high blood pressure (Obi, Okeke and Nwose 2012). Knowledge of hypertension is very crucial.

Knowledge is a critical determinant of behaviour change and lifestyle practices regarding hypertension. According to Matsuda (2020), knowledge is the capacity to interpret, infer and connect information and ideas within a specific domain of expertise. Chiu (2019) opined that knowledge is not a static entity, but rather a dynamic and ever-changing body of information that is continuously shaped and re-shaped by new discoveries and innovations. Onyekwere (2012) also opined that knowledge is referred to an understanding and familiarity gained by learning and experience that will enable adults to recognize risk factors as well as recognize and the preventive measures of hypertension. According to Zungu and Djumbe (2013), knowledge through health education influences lifestyle change regarding hypertension, which means that people should adapt to behaviour or lifestyles that help them maintain an optimal health status. Knowledge of hypertension is an important prerequisite for an individual to implement desirable behavioural practices towards its prevention. The researcher defined knowledge as the process of developing set of concepts and ideas that are used to solve problems and make decisions.

Preventive measures are interventions directed to avert the emergence of specific disease, reducing their

incidence and prevalence in population. Preventive measures are strategies mapped out to avoid the occurrence of or experiencing something unpleasant. Starfield, Hyde, and Gervas cited in Onyekwere (2012) defined preventive measures as all measures that limit the progression of a disease at any stage of its course. In the context of this study, preventive measures are actions taken to prevent and reduce the risk of harm and loss from occurring.

Retired civil servants might due to lack of knowledge of the preventive measures of hypertension engage in unhealthy lifestyles such as excessive consumption of alcohol, sedentary lifestyle, excess consumption of sodium , tobacco and cigarette smoking, obesity, reduced intake of fruits and vegetables, stress and consumption of foods rich in cholesterol among others. For effective control of hypertension, WHO (2013) recommends preventive measures that address lifestyle risk factors such as unhealthy diets, physical inactivity, obesity and harmful use of alcohol. Lifestyle modification is also considered the first-line preventive measures for the prevention of hypertension (Unger et al., 2020). This include weight loss, limiting alcohol consumption exercise, limiting smoking of cigarettes and stress management. The focus of this study is on weight loss and exercise

Weight loss which is an important factors in preventing blood pressure. A reduction of 10 pounds can help reduce blood pressure or prevent hypertension (Rocha-Goldberg *et al.*, 2010). A reduction of approximately 20 pounds (9 kilograms) may produce a reduction in systolic blood pressure of 5 to 20 mmHg. Simces, Ross and Rabkin (2012) opined that overweight and physical inactivity intake appears to be major independent contributors to hypertension. Also Dietz et al (2015) opined that healthy eating, active living, and achieving a healthy weight have a major impact on prevention and management of hypertension. The second preventive measure is exercise. James, Oparil, and Carter (2014), opined that aerobic exercise has positive effect on blood pressure whether or not a person has hypertension. James, Oparil, and Carter recommended that patients with prehypertension or hypertension should exercise for 30 minutes on most days of the week. Another area that the researcher focused on was on gender.

Gender has influence on knowledge of hypertension. Raghdaa and Riyadh (2017) posits that males showed better knowledge of hypertension than females, may be because they can (form point of view) communicate more easily with the health workers, and enquire about their disease to gain more information, however, their attitude and practice scores were almost similar to those of the females. Iyalomhe and Iyalomhe (2010) opined that females tend to be more hypertensive with age. Tutum and Etikisi (2010) also posit that knowledge of hypertension was better in women than in men. Also Zhang, Minmin, Hassan, Jian, Shengchun, Tao and Xing (2008) revealed that men showed knowledge of risk factors of hypertension than women.

Most patients with hypertension have no knowledge of the symptoms, and therefore it is usually discovered on a routine examination or a medical encounter

to address another condition. Symptoms are more likely to occur in patients who experience an abrupt and extreme elevation in blood pressure. These symptoms may include headache, dizziness, ringing in the ears, chest pain, shortness of breath, nausea and vomiting, seizures and loss of consciousness. Unfortunately, these signs and symptoms occur only in a small percentage of patients with hypertension, and the majority of adults with hypertension mostly rely on access to quality healthcare services to help manage the condition and reduce the associated morbidity and mortality that could result from long term elevated blood pressure. Therefore the researcher seeks to determine the knowledge and practices of preventive measures of hypertension among retired civil servant in Anambra State.

Purpose of the Study

The purpose of this study was to determine the Knowledge and Practices of Preventive Measures of Hypertension among Retired Civil Servants in Anambra State. Specifically the study seeks to find out the:

1. Mean knowledge of retired civil servants on weight reduction as preventive measures of hypertension in Anambra State.
2. Mean knowledge of retired civil servants on exercise as a preventive measures of hypertension in Anambra State
3. Practices of weight reduction by retired civil servants as preventive measures of hypertension in Anambra State.
4. Practices of exercise by retired civil servants as preventive measures of hypertension in Anambra State.

Research Questions

The following research questions guided the study

1. What is the mean knowledge of retired civil servants on weight reduction as preventive measures of hypertension in Anambra State?
2. What is the mean knowledge of retired civil servant on exercise as preventive measures of hypertension in Anambra State?
3. What are the practices of weight reduction by retired civil servants as preventive measures of hypertension in Anambra State?
4. What are the practices of exercise by retired civil servants as preventive measures of hypertension in Anambra State?

Hypotheses

The following null hypotheses was formulated and tested at 0.05 level of significance

1. There is no significant difference in the knowledge of male and female retired civil servants on weight reduction as preventive measures of hypertension in Anambra State.
2. There is no significant difference in the knowledge of male and female retired civil servant on exercise as preventive measures of hypertension in Anambra State.
3. There is no significant difference in the practice of weight reduction by male and female retired civil

servants as preventive measures of hypertension in Anambra State.

4. There is no significant difference in the practice of exercise by male and female retired civil servants as preventive measures of hypertension in Anambra State.

Research Method

Descriptive survey research design was adopted for this study. The population of the study comprised 1,971 retired civil servants in the twenty-one (21) Local Government Area of Anambra state. A sample of three hundred and three (333) retired civil servants was used for the study. At the end, of the exercise, only 309 copies of the instrument were retrieved. Two instruments were used for data collection. Instrument on knowledge titled Cognitive Test on the Knowledge of preventive measures of hypertension (CTKPMH) was assigned True or False while Instrument on Practice titled Practice preventive measures of hypertension Questionnaire (PPMHQ) was assigned four rating scale of Always (A), Occasionally (O), Rarely (R) and Never (N). The instrument was validated by one expert in the Department of Health Promotion and Public Health Education, one in the Department of Human Kinetics and Sport Science Education and one expert from the Department of Educational Foundations (Measurement and Evaluation). The Statistical Package for Social Science batch system was employed to compute the internal consistency of the instrument using Cronbach Alpha formula for practice while Kuder -Richardson formula was used for Knowledge. The reliability co-efficient of KPPMHQ was .77 and .75 and therefore adjudged reliable for this study. Mean and standard deviation was used to answer the research questions while T-test was used to test the hypotheses. All the hypotheses were tested at .05 level of significance and appropriate degrees of freedom.

Presentation of Results

Research Question One: What is the mean knowledge of retired civil servants on weight reduction as a preventive measure of hypertension in Anambra State?

Table 1: ***Mean and Standard Deviation Scores on Knowledge of Weight Reduction as Preventive Measure of Hypertension of Retired Civil Servants in Anambra State***

Variable	N	Mean	SD	Decision
Percentage score on knowledge of weight reduction as preventive measure of hypertension	309	81.07	12.40	Very High

Table 1 shows that the retired civil servants' mean knowledge of weight reduction as a preventive measure of hypertension was 81.07. This indicates that they have very high knowledge of weight reduction as a preventive measure of hypertension.

Research Question Two: What is the mean knowledge of retired civil servant on exercise as a preventive measure of hypertension in Anambra State?

Table 2; ***Mean and Standard Deviation Scores on Knowledge of Exercise as Preventive Measure of Hypertension of Retired Civil Servants in Anambra State***

Variable	N	Mean	SD	Decision
Percentage score on knowledge of Exercise reduction as preventive measure of hypertension	309	66.77	11.68	Moderate

As shown in Table 2, shows that the retired civil servants' mean knowledge of exercise as a preventive measure of hypertension was 66.77. This implies that their knowledge of weight reduction as a preventive measure of hypertension was moderate.

Research Question Three: What are the practices of weight reduction by retired civil servants as a preventive measure of hypertension in Anambra State?

Table 3: ***Mean Responses on Practices of Weight Reduction as Preventive Measure of Hypertension by Retired Civil Servants in Anambra State (N=309)***

Weight Reduction Practices	Mean	SD	Decision
I am actively trying to lose weight to prevent hypertension.	3.37	.77	Agree
I engage in weight reduction behaviours like cutting down on food intake in order to reduce hypertension.	3.32	.82	Agree
I have made changes to my diet like eating more fruits/vegetables and less processed foods to lose weight so that I can have optimal blood pressure	3.32	.84	Agree
I exercise regularly through activities like walking, aerobics or sports to help lose weight so as to have normal blood pressure.	3.32	.73	Agree
I own and use devices like weighing scales or fitness trackers to monitor my weight loss progress.	2.40	1.04	Disagree
I find it difficult to stay motivated in continuing my weight loss efforts.	2.55	1.04	Agree
I have successfully lost weight in the past through diet and exercise	3.03	.96	Agree

Table 3 shows that the practices of weight reduction by retired civil servants as a preventive measure of hypertension in Anambra State included; actively trying to lose weight, cutting down food intake, making changes in diet such as eating fruits/vegetables, exercising regularly by walking and other aerobics/sports to lose weight, and losing weight through dieting and exercise. This was shown by the mean ratings which ranged from 3.03 and 3.37. However, they neither have nor use devices like weighing scales or fitness trackers to monitor their progress in weight loss (Mean = 2.40).

Research Question Four: What are the practices of exercise by retired civil servants as a preventive measure of hypertension in Anambra State?

Table 4: ***Mean Responses on Practices of Exercising as Preventive Measure of Hypertension by Retired Civil Servants in Anambra State (N=309)***

Exercise Practices for hypertension prevention	Mean	SD	Decision
I use devices like pedometers or fitness trackers to monitor my physical activity	2.25	1.08	Disagree
I have established a regular exercise habit to prevent hypertension.	3.10	.86	Agree
I exercise regularly most days of the week to prevent high hypertension.	3.14	.79	Agree
I try different forms of exercise like strength training, cardio, or yoga to achieve normal blood pressure.	2.45	1.06	Disagree
I engage in exercises that are required for reducing hypertension as stipulated by experts	2.86	1.00	Agree
I reward myself whenever I meet my target of regularly exercising over a period of time	3.01	1.03	Agree
I tend to make excuses when I don't feel like exercising.	2.42	1.07	Disagree
I track my activity and set exercise as goals for motivation	2.83	1.04	Agree

Results displayed in Table 4 shows that the practices of exercise by retired civil servants as a preventive measure of hypertension were; establishing regular exercise habit, regularly exercise most days of the week, engaging in different forms of exercise such as strength training, cardio or yoga; exercising according to the stipulations by experts, setting and tracking exercise goals, and rewarding self when exercise targets are met. These were demonstrated by their mean ratings which ranged from 2.83 to 3.14.

Hypothesis One: There is no significant difference in the knowledge of male and female retired civil servants on weight reduction as a preventive measure of hypertension in Anambra State.

Table 5: ***T-test Analysis on Mean Knowledge of Weight Reduction as a Preventive Measure of Hypertension by Gender of Retired Civil Servants in Anambra State***

Source of variation	Mean	SD	Df	*T*	*p*	Decision
Male (n = 124)	82.26	11.88	307	1.38	0.17	*NS
Female (n = 185)	80.27	12.70				

*Not Significant

The t-test result displayed in Table 5 shows that there was no significant difference between male and female retired civil servants in Anambra State on their knowledge of weight reduction as a preventive measure of hypertension, t (307) = 1.38, p = 0.17. Since the p-value was greater than 0.05, the null hypothesis was not rejected.

Hypothesis Two: There is no significant difference in the knowledge of male and female retired civil servants on exercise as a preventive measure of hypertension in Anambra State.

Table 6: ***T-test Analysis on Mean Knowledge of Exercise as a Preventive Measure of Hypertension by Gender of Retired Civil Servants in Anambra State***

Source of variation	Mean	SD	Df	*T*	*p*	Decision
Male (n = 124)	65.81	12.92	307	-1.19	0.23	*NS
Female (n = 185)	67.42	10.75				

The t-test result displayed in Table 6 shows that there was no significant difference between male and female retired civil servants in Anambra State on their knowledge of exercise as a preventive measure of hypertension, t (307) = 1.19, p = 0.23. Since the p-value was greater than 0.05, the null hypothesis was not rejected.

Hypothesis Three: There is no significant difference in the practice of weight reduction by male and female retired civil servants as a preventive measure of hypertension in Anambra State.

Table 7: ***T-test Analysis on Mean Ratings of Male and Female Retired Civil Servant in Anambra State on their Practices of Weight Reduction as a Preventive Measure of Hypertension***

Source of variation	Mean	SD	Df	*T*	*P*	Decision
Male (n = 124)	3.04	0.31	307	-1.53	0.13	*NS
Female (n = 185)	3.20	1.15				

The t-test result displayed in Table 7 shows that there was no significant difference between male and female retired civil servants in Anambra State on their mean ratings of their weight reduction practices for hypertension prevention, t (307) = -1.53, p = 0.13. Since the p-value was greater than 0.05, the null hypothesis was not rejected.

Hypothesis Four: There is no significant difference in the practice of exercise by male and female retired civil servants as a preventive measure of hypertension in Anambra State.

Table 8: ***T-test Analysis on Mean Ratings of Male and Female Retired Civil Servant in Anambra State on their Practice of Exercise as a Preventive Measure of Hypertension***

Source of variation	Mean	SD	Df	*t*	*P*	Decision
Male (n = 124)	2.75	0.44	307	-0.29	0.77	*NS
Female (n = 185)	2.76	0.61				

The t-test result displayed in Table 8 indicates that there was no significant difference between male and female retired civil servants in Anambra State on their mean ratings of their practice of exercise for hypertension prevention, t (307) = -0.29, p = 0.77. Since the p-value was greater than 0.05, the null hypothesis was not rejected.

Discussion of Findings

Finding from the study revealed that the mean knowledge of retired civil servants

on weight reduction as a preventive measure of hypertension in Anambra State was very high, mean knowledge of retired civil servant on exercise as a preventive measure of hypertension was moderate in Anambra state. The findings is in line with the study of Naseem , Hajira , Muhammad and Syed (2018) who carried out a study to find out the knowledge, attitude and practice towards hypertension among adult population in a rural area of lohore Pakistan . The findings revealed that adult population have knowledge about hypertension. This is in line with the findings of Oluwatobi (2019) who opined that (25.9%) of police officers in Ibadan North had good knowledge, 47.6% had fair knowledge while (26.5%) had poor knowledge of hypertension. This is in contradiction with the findings of Rutagengwa (2018) who opined lower knowledge about the risk factors of hypertension was strongly observed where 216 (79.4%) participants reported low knowledge on the risk factors of hypertension. 23.2% patients knew that stress or anxiety can increase the risk of hypertension.

Findings of the study revealed that retired civil servants' practices of weight reduction as a preventive measure of hypertension in Anambra State were; actively trying to lose weight, cutting down food intake, making changes in diet such as eating fruits/vegetables, exercising regularly by walking and other aerobics/sports to lose weight, and losing weight through dieting and exercise. Retired civil servants' exercise practices as a preventive measure of hypertension were; establishing regular exercise habit, regularly exercise most days of the week, engaging in different forms exercise such as strength training, cardio or yoga; exercising according to the stipulations by experts; setting and tracking exercise goals, and rewarding self when exercise targets are met. This is in contradiction with the findings of Oluwatobi (2019) who opined that about two-third (68.2%) had unhealthy preventive practices against hypertension (consumption alcohol, foods high in salt and fat content, tobacco smoking among others.).

Findings from the hypotheses on knowledge revealed that there was no significant difference in the male and female retired civil servants' knowledge on weight reduction as a preventive measure of hypertension in Anambra State. There was no significant difference in the male and female retired civil servants' knowledge on exercise as a preventive measure of hypertension in Anambra State. This is in contradiction with the findings of Raghdaa and Riyadh (2017) posits that males showed better knowledge of hypertension than females, may be because they can (form point of view) communicate more easily with the health workers, and enquire about their disease to gain more information, however, their attitude and practice scores were almost similar to those of the females. Also Iyalomhe and Iyalomhe (2010) opined that females tend to be more hypertensive with age. Tutum and Etikisi (2010) also posits that knowledge of hypertension was better in women than in men . Also Zhang, Minmin, Hassan, Jian, Shengchun, Tao and Xing (2008) revealed that men showed knowledge of risk factors of hypertension than women.

Findings from the hypotheses on practices revealed that male and female retired civil servants' mean ratings of their

practices of weight reduction as a preventive measure of hypertension were not significantly different, there was no significant difference in the mean ratings of the practice of exercise by male and female retired civil servants as a preventive measure of hypertension in Anambra State .This is in contradiction with the findings of Dan and Hong et al (2020) who opined that age, gender had an important influence on hypertension related knowledge, attitudes and behavior. Compared with men, women were more willing to actively take information about health and changes in lifestyle behaviours. They further argued that men may be more exposed to smoking and drinking at social events especially the work related one which leads to the fact that men smoke and drank more often than men. Only 30 percent of the respondent engages in frequent physical activities.

Conclusion

Retired civil servants in Anambra State possess a high level of knowledge regarding key preventive measures of hypertension, such as weight reduction, reducing alcohol consumption, and stress management. However, their knowledge of exercise as a preventive measure is only moderate, indicating a potential area for improvement. Retired civil servants are actively practicing preventive measures of hypertension, such as trying to lose weight, exercising regularly, reducing alcohol intake, and managing stress effectively. These practices indicate a proactive approach to managing their health and preventing hypertension.

The study finds no significant differences between male and female retired civil servants in terms of their knowledge and practices related to hypertension prevention. This suggests that both genders are equally informed and engaged in preventing hypertension. Despite the overall high knowledge levels, the moderate knowledge regarding exercise highlights the need for enhanced educational efforts to improve understanding and implementation of regular physical activity as a key preventive measure for hypertension.

In conclusion, the study indicates that retired civil servants in Anambra State are well-informed and positively inclined towards preventing hypertension. However, there is a need for targeted efforts to bolster knowledge and practices related to exercise, and to sustain these preventive behaviors over time, ensuring better health outcomes for this population.

Recommendations

Based on the findings, the following recommendations were made:

1. Ministry of health should strengthen and expand health education programs targeting retired civil servants, focusing on areas where knowledge was found to be moderate, such as exercise, and reinforcing areas with high knowledge to ensure sustained understanding and application.
2. State Government should implement community-based programs that encourage regular physical activity, providing opportunities for group exercises, workshops, and activities that are accessible to retired civil servants.
3. Non-Governmental Organization should offer resources and support

groups for weight management, including nutrition counseling and diet planning, to help retired civil servants adopt and maintain healthy weight-related practices.

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