**INTRODUCTION**

Nigeria has a population of about 150 million people and is the most populous Black country in the world. The population distribution indicates a relatively larger rural populace compared to urban. A national survey of non-communicable disease (NCD) in Nigeria about two decades ago showed that the prevalence of hypertension in the rural community was 9.8% using the former World Health Organization criteria of blood pressure (BP) of 160/95 mm Hg.\(^1\) The projected prevalence of hypertension using the current definition of hypertension from the Seventh Joint National Committee on Prevention, Detection, Evaluation and Treatment of high blood pressure (JNC7) guideline of a cut-off point of 140/90 mm Hg is 20–25%.\(^2\)

Several studies attest to rural vs urban differences in blood pressure levels throughout sub-Saharan Africa.\(^1,3\) The reported prevalence of hypertension in rural studies in the 1970s and 1980s was generally low. By 2001 and 2002, the prevalence of hypertension rose considerably with age in a Ghanaian rural community with approximately one-third having hypertension at the age \(\geq 65\).\(^4\) Similarly, in a recent study of Port Harcourt, the urban capital city of Rivers State, Nigeria, prevalence of hypertension was 40.8%.\(^5\) Such changes are probably the result of acculturations which can be expected to proceed at different rates in different communities. It is thought that urban societies have higher rates of hypertension when compared with the rural areas.\(^6\) Rural to urban migration markedly increases the risk of hypertension.\(^7\) Reasons offered for rural/urban differences in hypertension include change in diet with higher salt and calorie intake and reduced potassium intake.\(^8,9\) Other factors include sedentary life style and more psychosocial stress,\(^6\) which are worse in urban dwellers. Our study was carried out to determine the prevalence of hypertension among adults aged \(\geq 18\) years in a rural community and to identify the presence of known risk factors.

**METHODS**

**Study Setting**

As part of an annual household-based, population study of community health status indicators undertaken by the Department of Preventive and Social Medicine of the University of Port Harcourt, a cross-sectional prevalence