# Prevalence Of Hypertension And It's Associated SocioDemographic Factors In Homemakers Of Chargawan Block Of Gorakhpur 

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#### Abstract

Background: Hypertension is a chronic condition of concern due its role in the causation of coronary heart disease, stroke and other vascular complications ${ }^{1}$. Every 2 seconds someone aged 30-70 years dies prematurely from non-communicable diseases. In India, $63 \%$ of deaths were due to NCDs, out of which $45 \%$ were women ${ }^{2}$. Hypertension among homemaker women has become an important public health concern. Lack of awareness to NCDs make homemakers neglected, forgotten and devalued. They do not get screened for NCDS and end up with dreadful complications. Aims \& Objectives: To study the prevalence of Hypertension in homemakers of age 30-50 years in rural area of Gorakhpur in relation to their socio-demographic profile. Material \& Methods: A cross-sectional study was carried out in 275 homemakers of age 30-50 years living in Chargawan block of district Gorakhpur in India selected through multi-stage random sampling. Study was carried out for duration of one year(Aug 2021- July 2022) JNC 7 classification was used for classification of hypertension. Blood pressure was measured using digital BP machine. Socio demographic data were assessed by interviewing subjects with the help of pre-designed and pretested questionnaire. Results: The prevalence of hypertension was seen to be $22.18 \%$ and pre-hypertension as $23.27 \%$. Proportion of hypertension was highest ( $39.41 \%$ ) in the age-group of $44-50$ years. It was seen that proportion of hypertension in homemakers who live in joint family is significantly higher that is $28.2 \%$ followed by those homemakers who live in nuclear family which was $14.3 \%$. Proportion of hypertension among homemakers who were either illiterate or had received education below high school was significantly higher i.e., $25.1 \%$ followed by $7.5 \%$ among those who had their educational qualification up to high school and above. Proportion of hypertension was found to be significantly higher ( $58.49 \%$ ) in lower socioeconomic class.


Keywords: Hypertension, pre-hypertension, non-communicable diseases, cardiovascular diseases and stroke

## I. INTRODUCTION

Hypertension is termed as silent killer as very rarely any symptoms can be seen in its early stage. According to WHO 1 in 4 men and 1 in 5 women have hypertension with a global estimate of 1.13 billion suffering from it ${ }^{3}$. An estimated 1.28 billion adults aged 30-79 years worldwide have hypertension, most (two-thirds) living in low- and middle-income countries ${ }^{4}$.

Prevalence of hypertension in India is $29.8 \%$. According to ICMR it is responsible for $29 \%$ of all stroke and $24 \%$ of all heart attacks in India. ${ }^{5}$ NFHS-5 data shows that 21 percent of women age 15 and over have hypertension, including 12 percent with mildly elevated blood pressure, 4 percent with moderately elevated blood pressure, and 2 percent with severely elevated blood pressure. Forty-four percent of women have blood pressure within the normal range. Almost two-fifths ( $39 \%$ ) of women are pre-hypertensive. One percent of women are currently taking antihypertensive medicine and have their blood pressure in the normal range. ${ }^{6}$. Further focussing our attention on Uttar Pradesh, according to NFHS-5, elevated blood pressure (Systolic $\geq 140 \mathrm{~mm}$ of Hg and/or Diastolic $\geq 90 \mathrm{~mm}$ of Hg ) or taking medicine to control blood pressure in urban population was found to be $20.9 \%$ and in rural area as $17.6 \% .^{7}$ It is estimated that at least one in four adults in India has hypertension ${ }^{8}$ but, only about $12 \%$ of them have their blood pressure under control. India has set a target of $25 \%$ relative reduction in the prevalence of hypertension by $2025^{9}$.

Despite increasing prevalence, the proportion of hypertension, its awareness, treatment, and control remains low. Due to various social customs, women's opportunities for physical activities are reduced and thus
they are more vulnerable to NCDs. Adult female mortality can lead to higher mortality among small children, children withdrawn from school, increased work burden on children. Women's health is, therefore, critically important for the health of future generations. Hypertension among homemaker women has become an important public health concern.

## II. AIMS \& OBJECTIVES

To study the prevalence of Hypertension in homemakers of age 30-50 years in rural area of Gorakhpur in relation to their socio-demographic profile.

## III. MATERIAL \& METHODS

## Definitions

Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) classification was used for hypertension. Hypertension is defined as systolic BP level of $\geq 140 \mathrm{mmHg}$ and/or diastolic BP level of $\geq 90 \mathrm{mmHg}$ or being previously diagnosed as hypertensive by any health professional. The area falling between $120-139 \mathrm{mmHg}$ systolic BP and $80-90 \mathrm{mmHg}$ diastolic BP is defined as Prehypertension ${ }^{10}$
Inclusion Criteria: Homemakers of age 30-50 years residing in Chargawan block in Gorakhpur District. Exclusion Criteria

Not willing to participate in study and/or not giving consent
2. Person with unstable mental status
3. Pregnant females.

This cross-sectional study was conducted in homemakers of 30-50 years in Chargawan block, Gorakhpur. Sample size was estimated by taking Prevalence of hypertension in females as $18.69 \%$ according to NFHS-4. ${ }^{11}$ Sample size ( n ) is calculated by taking allowable error of $5 \%$ at $95 \%$ confidence by using Cochran's formula. A minimum sample size of 234 is obtained. Considering the non-response of data $20 \%$, collection was done for 281 individuals.

Chargawan Block consists of one block PHC and four additional PHCs. Out of these 5 PHCs, 2 PHCs i.e., Maniram and Chargawan were selected randomly. In the next step one subcenter from Maniram PHC and one sub-center from Chargawan PHC were selected randomly. Further from these two subcenters, 2 villages from each subcenter i.e., a total of 4 villages were selected randomly. From the 4 villages list of all homemakers 30 years to 50 years of age with their name and address excluding pregnant females was prepared by house-to-house visit. The list of study population (containing name of participants and village name) from villages was compiled in a single list. A total of 281 participants were selected randomly from the list. ( 85 participants from village 1, Narayanpur, 78 participants from village 2, Mirzapur, 62 participants from village 3, Maheshara, 56 participants from village 4, Mohripur). Before collection of data from the study subject, written consent was taken in Hindi after explaining the procedure and purpose of study. Complete confidentiality and anonymity of the respondents were maintained. Each participant of the sample population was directly interviewed with help of a pre- tested and pre- designed questionnaire. A total of 275 participants were interviewed, 6 participants were found to be non- respondent in our study due to various reason like refusal to give interview, non-availability at time of interview. Data obtained after the interviews of the participants were entered in to the Microsoft office excel sheet. The master chart was prepared. Data was analysed and appropriate statistical tests were applied. An estimation of Prevalence of Hypertension in homemakers of age 30-50 years and its correlates was done in Chargawan block of district Gorakhpur. All the necessary advices and lifestyle modification education was given to hypertensive homemakers and awareness was spread among all regarding dreadful complication of hypertension.

## IV. RESULTS

## Hypertension Profile



Figure:1 This pie-chart shows proportion of pre-hypertension and hypertension in homemakers.
Flow diagram showing awareness, treatment, and adequacy of control of hypertension among homemakers.


Table No. 1: Prevalence of Hypertension among homemakers according to their age group

| Age <br> Group in <br> completed <br> years | Normal | Pre- <br> hypertension | $\mathbf{N y p e r t e n s i o n ~}$ | Total | p-value (by chi- <br> square test <br> calculated <br> between <br> normal and |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  | $\mathbf{N 0 - 3 6}$ | $63(65.62)$ | $21(21.9)$ | $\mathbf{N}(\%)$ | $12(12.5)$ |
| hypertension <br> category) |  |  |  |  |  |
| $\mathbf{3 7 - 4 3}$ | $51(72.9)$ | $13(18.6)$ | $6(8.6)$ | $96(100.0)$ | $70(100.0)$ |

Table 1, Shows Prevalence of Hypertension among homemakers according to their age group. It was seen that proportion of hypertension was highest ( $39.41 \%$ ) in the age-group of $44-50$ years, followed by $12.5 \%$ in the 30-36 age group and $8.6 \%$ among the homemakers of $37-43$-year age group. Similar type of findings was observed regarding proportion of pre-hypertension which was highest (27.5\%) in age group 44-50 years followed by $21.9 \%$ in age group $30-36$ years and $18.6 \%$ among homemakers of age group 37 to 43 years and this association was found to be statistically significant.

Table No. 2: Prevalence of Hypertension among homemakers according to their Religion

| Religion | Normal | Pre-Hypertension | Hypertension | Total | p-value by chi- <br> square calculated <br> between normal <br> and hypertension |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  | $\mathbf{N}(\%)$ | $\mathbf{N}(\%)$ | $\mathbf{N}(\%)$ | $\mathbf{N}=\mathbf{2 7 5}$ | $249(100.0)$ |
|  |  |  |  |  |  |

Table 2, shows Prevalence of Hypertension Among homemakers according to their Religion. Proportion of hypertension was found to be higher that is $26.9 \%$ in Muslims whereas proportion of hypertension in Hindus was seen as $21.7 \%$. Proportion of Pre-Hypertension was found to be almost equal in both Hindus and in Muslims i.e., $23.3 \%$. The association was not found to be statistically significant.

Table No. 3: Prevalence of Hypertension among homemakers according to their Category

| Category | Normal | Pre-Hypertension | Hypertension | Total | p-value (by chi- <br> square <br> calculated <br> between normal <br> and <br> hypertension <br> category) |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | N (\%) | N (\%) | N (\%) | N=275 |  |
| General | 29(52.7) | 17(30.9) | 9(16.4) | 55(100.0) |  |
| OBC | 99(58.9) | 27(16.1) | 42(25) | 168(100.0) |  |
| SC/ST | 22(42.3) | 20(38.5) | 10(19.2) | 52(100.0) |  |
| Total | 150(54.55) | 64(23.27) | 61(22.18) | 275(100.0) | $.725$ |

Table 3, shows prevalence of Hypertension among homemakers according to their category. Proportion of hypertension in OBC category is higher i.e., $25 \%$ followed by $19.2 \%$ in SC/ST and $16.4 \%$ in general category whereas proportion of Pre-hypertension is $38.5 \%$ in SC/ST followed by $30.9 \%$ in general and $16.1 \%$ in OBC and the association was not found to be statistically significant.

Table No. 4: Prevalence of Hypertension among homemakers according to their Type of family

| Type of Family | Normal | Pre-Hypertension | Hypertension | Total | p-value(by chisquare calculated between normal and hypertension category) |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | N (\%) | N (\%) | N (\%) | $\mathrm{N}=275$ |  |
| Nuclear | 77(64.7) | 25(21.0) | 17(14.3) | 119(100.0) |  |
| Joint | 73(46.8) | 39(25.0) | 44(28.2) | 156(100.0) |  |
| Total | 150(54.55) | 64(23.27) | 61(22.18) | 275(100.0) | . 0018 |

Table 4, shows Prevalence of Hypertension among homemakers according to their type of family. It is seen that proportion of hypertension in homemakers who live in joint family is higher that is $28.2 \%$ followed by those homemakers who live in nuclear family which was $14.3 \%$. Similarly, Proportion of Pre-hypertension was
higher in homemakers living in joint family that is $25 \%$ whereas proportion of pre-hypertension in homemakers living in nuclear family was $21 \%$ and association was found to be statistically significant.

Table No. 5: Prevalence of Hypertension among homemakers according to their Marital Status

|  | Normal | PreHypertension | Hypertension | Total | p-value (byapplying chi-square calculatedbetween normaland hypertensioncategory) |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Marital status | N (\%) | N (\%) | N (\%) | $\mathrm{N}=275$ |  |
| Married | $\begin{aligned} & \hline 126 \\ & (54.8) \\ & \hline \end{aligned}$ | $\begin{aligned} & \hline 52 \\ & (22.6) \\ & \hline \end{aligned}$ | $\begin{aligned} & 52 \\ & (22.6) \\ & \hline \end{aligned}$ | $\begin{aligned} & 230 \\ & (100) \\ & \hline \end{aligned}$ |  |
| Widow/Divorced | $\begin{aligned} & \hline 24 \\ & (53.3) \\ & \hline \end{aligned}$ | $\begin{aligned} & \hline 12 \\ & (26.7) \\ & \hline \end{aligned}$ | 9(20.0) | $\begin{aligned} & \hline 45 \\ & (100) \\ & \hline \end{aligned}$ |  |
| Total | $\begin{aligned} & 150 \\ & (54.55) \\ & \hline \end{aligned}$ | 64(23.27) | $\begin{aligned} & \hline 61 \\ & (22.18) \\ & \hline \end{aligned}$ | $\begin{aligned} & 275 \\ & (100) \\ & \hline \end{aligned}$ |  |

Table 5, shows Prevalence of Hypertension among homemakers according to their marital status. It was seen in the table that proportion of hypertension in married homemakers was higher i.e., $22.6 \%$ followed by $20 \%$ in widow/divorced homemaker. Proportion of Pre-hypertension in widow/divorced homemakers was $26.7 \%$ in comparison to married homemakers in which it was $22.6 \%$ and this association was not found to be statistically significant.

Table No. 6: Prevalence of Hypertension among homemakers according to their Education

| Education Status | Normal | Pre-hypertension | Hypertension | Total |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | N (\%) | N (\%) | N (\%) | N=275 |  |
| High School and above | 15(37.5) | 22(55) | 3(7.5) | 40(100.0) |  |
| Below High <br> School <br> (including <br> illiterate) | 135(57.4) | 41(17.44) | 58(25.1) | 235(100.0) |  |
| Total | 150(54.55) | 64(23.27) | 61(22.18) | 275(100.0) |  |
|  |  |  |  |  |  |

Table 6, shows Prevalence of Hypertension among homemakers according to their Education. Proportion of hypertension among homemakers who were either illiterate received education below high school was higher i.e., $25.1 \%$ followed by $7.5 \%$ among those who had their educational qualification up to high school and above whereas proportion of Pre-hypertension among homemakers having education qualification up to high school and above was higher i.e., $55 \%$ followed by $17.44 \%$ in homemakers who were either illiterate or received education below high school and the association was not found to be statistically significant.

Table No. 7: Prevalence of Hypertension among homemakers according to their Socio-Economic Status

| Socio-economic <br> Class | Normal | Pre-Hypertension | Hypertension | Total | p-valueby chi- <br> square calculated <br> between <br> and <br> and hypertension <br> category) |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  | $\mathbf{N}(\%)$ | $\mathbf{N}(\%)$ | $\mathbf{N}(\%)$ | $\mathbf{N}=\mathbf{2 7 5}$ |  |
| Upper class | $25(71.4)$ | $5(14.2)$ | $5(14.4)$ | $35(100.0)$ |  |
| Middle class | $29(55.76)$ | $11(21.15)$ | $12(23.09)$ | $52(100.0)$ |  |
| Lower Middle <br> class | $84(62.22)$ | $38(28.148)$ | $13(9.64)$ | $135(100.0)$ | .00001 |
| Lower class | $12(22.71)$ | $10(18.8)$ | $31(58.49)$ | $53(100.0)$ |  |
| Total | $150(54.55)$ | $64(23.27)$ | $61(22.18)$ | $275(100.0)$ |  |

Table 7, Shows Prevalence of Hypertension Among homemakers according to their Socio-economic status. Proportion of hypertension was found to be higher i.e., $58.49 \%$ in lower socioeconomic class, followed by $23.09 \%$ in middle class, $14.4 \% \%$ in upper class and $9.64 \%$ in lower middle class. Proportion of pre-hypertension was found to be higher i.e., $28.14 \%$ in lower middle class followed by $18.8 \%$ in lower class , $21.5 \%$ in middle class and $14.2 \%$ in upper class. The association was found to be statistically significant.

## V. DISCUSSION

The present study, prevalence of hypertension and its correlates in homemakers was carried out in Chargawan block of Gorakhpur. Association of hypertension with various socio-demographic factors such as age of homemakers, their marital status, education, socio-economic status, religion, type of family was studied.

In the present cross- sectional community-based study prevalence of hypertension came out to be $22.18 \%$ and pre-hypertension as $23.27 \%$. $54.55 \%$ of participants had blood pressure within normal range. Study done by Vijna, Mishra CP et al. in rural areas of Varanasi have shown the prevalence of hypertension was $31.5 \%$ which came out to be higher than the present study. ${ }^{12}$ A Patel et al. in their study conducted in Jhansi have shown that Prevalence of prehypertension and hypertension was $24.2 \%$ and $19.3 \%$ which is similar to our study. ${ }^{13}$

In our study mean age of the homemakers enrolled in the study was found to be $40.7 \pm 7$ years. It was seen that proportion of hypertension was highest ( $39.6 \%$ ) in the age-group of $44-50$, followed by $12.5 \%$ in the $30-$ 36 age group and $8.6 \%$ among the homemakers of $37-43$-year age group. Similar type of findings was observed regarding proportion of pre-hypertension which was highest ( $27.5 \%$ ) in age group 44-50 years followed by $21.9 \%$ in age group 30-36 years and $18.6 \%$ among homemakers of age group 37 to 43 years. Association was found to be statistically significant.

Vijna, Mishra CP et al. in their study Prevalence and predictors of hypertension: Evidence from a study of rural India have depicted a significant association of BP with age which is similar to present study. ${ }^{12}$

As seen in the present study proportion of hypertension among homemakers who were either illiterate or had received education below high school was higher i.e., $25.1 \%$ followed by $7.5 \%$ among those who had their educational qualification up to high school and above.

Similar to the present study, in the study done by Amrit Vrik et al. showed hypertension to be inversely proportionate to level education, possibly due to better knowledge of disease and its risk factors and better healthcare seeking behaviour. ${ }^{14}$

In the present study proportion of hypertension was found more in lower socio economic class. In contrast to our study, Shikha Singh et al. in their study have concluded that better socioeconomic status imparts people with more purchasing power of junk food and less physical activity thus contributing to hypertension. ${ }^{15}$ In the present study it is seen that proportion of hypertension in married homemakers is higher i.e., $22.6 \%$ followed by $20 \%$ in widow/divorced homemaker.

Study done by S Singh et al. also supports the finding that hypertension is found to be more prevalent in married individuals. ${ }^{31}$

## VI. CONCLUSION AND RECOMMENDATION

In the present study one in five homemakers of age 30-50 years were found hypertensive. The prevalence of hypertension in homemakers was significantly associated with higher age, joint family, low socio economic status and low education status. The study recommends that they must be motivated for their blood pressure check- up at least once in 6 months. These homemakers should also be made aware about the risk factors of hypertension and should be encouraged to adopt healthy lifestyle.

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