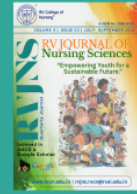




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A Cross Sectional Study to assess the Prevalence on Hypertension Among Urban Elderly at Medar Block, Mysuru.

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ABSTRACT

Hypertension, commonly known as high blood pressure, is a chronic medical condition characterized by persistently elevated pressure in the arteries. Often termed a "silent killer," hypertension may not present noticeable symptoms, making early detection and management crucial. According to recent studies, nearly 30% of adults in India are affected by hypertension, with both urban and rural populations witnessing rising trends. The research methods: selected for this study was descriptive design. Survey approaches was adopted to urban Elderly at medar block, Mysuru. Result: revealed that majority of urban elderly are have hypertension. there is association between the Prevalence of hypertension with the selected variable such as gender, education and also income. Conclusion: The urban Elderly having high prevalence rate of hypertension and there is statistical significance association between the prevalence and demographic variable such as age, gender and occupation, income.

INTRODUCTION

Hypertension is a major global public health concern and a significant risk factor for cardiovascular diseases, stroke, and kidney failure. It is defined as a persistent elevation of systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg¹ Often referred to as a "silent killer," hypertension frequently remains undetected until it leads to severe complications. In India, the prevalence of hypertension has been increasing rapidly due to urbanization, sedentary lifestyles, unhealthy diets, stress, and rising obesity rates. Studies estimate that approximately 25% to 30% of the adult population in India is affected by hypertension, with rural areas now showing prevalence rates comparable to urban populations^{2,3}. The WHO estimates that hypertension the number of people living with hypertension rose from 200 million in 1990 to 830 million in 2022. One of the global targets for non communicable diseases is to reduce the prevalence of hypertension by 33% between 2010 and 2030. around 29.8% of adults have hypertension in India, prevalence is higher in urban (24 to 30%) than compare to rural (12 to 14%).⁴ hence it is high time to assess the prevalence and create the awareness on hypertension in urban slum. Reasons Why prevalence study about hypertension is Important in rural area is, many individuals in rural India remain unaware of their hypertensive status due

to poor health infrastructure, limited access to regular screening, and low health literacy.⁵ Research helps identify the true burden of hypertension, which is often underestimated, With rural communities undergoing socio-economic transitions, traditional lifestyles are being replaced by sedentary behaviors, poor dietary habits, and increased consumption of tobacco and alcohol, leading to a surge in non-communicable diseases like hypertension. early Detection and Prevention timely research enables the establishment of preventive screening programs, ultimately reducing the burden of advanced complications like stroke, kidney failure, and heart attacks, which often go untreated in rural settings.⁶

RESEARCH METHODOLOGY

It is Quantitative approach for this present study. Descriptive design was adopted. Research variable was Prevalence of Hypertension and Other variables was Selected personal variables such as age, and gender educational qualification. Sources of the Data was people who is having hypertension at medar block urban community. The present study was conducted at medar block under JSS Urban health Centre, Mysuru. Population comprised of urban elderly residing at Medar block and who is meeting the including criteria. Sampling Technique Survey was conducted for the study to select urban elderly at Medar Block of Mysuru to assess the prevalence of hypertension. under sampling criteria inclusion criteria was

urban elders who are: who meets inclusion criteria. Such as Urban elderly who diagnosed, recently diagnosed and not diagnosed also will be included in this study. Available during the period of data collection and willing to participate in the study Exclusion criteria are Urban elders who are not willing to participate the study. Data collection techniques and instruments the tool was developed through following steps such as Review of research and non-research literature related to hypertension. Opinion of experts from the nursing department. Description of Tool The tool consists of two sections. Section A Consists of Proforma for selected personal variables of respondents seeking information such

as age, gender, educational status of hypertension and Section B: Includes tested reliable digital sphygmomanometer used to screen the hypertension. Reliability of the sphygmomanometer was tested by expert. Permission for conducting the study was obtained from consent authority the data was collected. An informed consent was obtained from each subject to indicate their willingness to participate in the study. The data collection process was terminated after thanking each respondent for their participation and their cooperation.

RESULTS

Description of selected personal variables of study subjects

Table 1: Frequency and percentage distribution on risk factor elderly according to their selected personal variables.

N = 89

SL. NO	Respondents	Category	Respondents	
			frequency	Percent (%)
1	Age(years)	.>35	11	12.35
		35-45	19	21.34
		45-55	39	43.82
		55and above	20	22.47
2	Gender	Male	59	66.29
		Female	30	33.7
		Transgender		
3	Religion	Hindu	61	68.53
		Christine	26	29.21
		Muslim	2	2.24
4	Type of Family	Nuclear	77	86.51
		Joint	12	13.48
5	Education	Illiterates	43	48.31
		Primary	15	16.85
		Higher	11	12.35
		secondary	20	22.47
		PUC and above		
6	Income	<10000	27	30.33
		Rs10000-20000	43	48.31
		Rs .>20000	19	21.34
7	Awareness of hypertension,	Yes	89	100%
		No	0	0

Table-02 Frequency and percentage distribution of urban elderly according prevalence,

N=89

Sl.No	Prevalence	f(%)	(%)
1	Hypertensive	67	75.28%
2	Normotensive	22	24.71%

Majority of the population 67 that is **75.28%** of the population are hypertensive at medar block Mysuru.

Table 3: Correlation between the prevalence of hypertension and age of the urban elderly.**N=89**

Age in year	Prevalent	Not prevalent	Pearson's coefficient
Below 35	67	22	0.6
35-45			
45-55			
Above 55			

INTERPRETATION OF TABLES

The study reveals that **advancing age, low education levels, and socioeconomic factors** may be associated with a higher risk of hypertension in urban elderly individuals. Despite 100% awareness of hypertension among the participants, the prevalence remains alarmingly high, suggesting a gap between awareness and effective management or lifestyle interventions.

CONFLICT OF INTEREST

The researcher hereby declares that there are **no conflicts of interest** associated with this study. The present research was conducted independently for academic and scientific purposes only. There were no financial, institutional, or personal relationships that could have influenced the research process, data collection, analysis, or interpretation of the results.

The study was conducted with due permissions from the concerned authorities, and informed consent was obtained from all participants. The research was carried out solely to assess the prevalence of hypertension and associated personal variables among the urban elderly population of Medar Block under JSS Urban Health Centre, Mysuru.

DISCUSSION

In the present study, the majority of participants (43.82%) were aged between **45-55 years**, followed by 22.47% in the **55 years and above** category, indicating an aging population at increased risk of hypertension. **Male respondents (66.29%)** outnumbered females, aligning with existing evidence that men tend to develop hypertension earlier than women.

Most participants (68.53%) were **Hindus**, and 86.51% belonged to **nuclear families**, which may impact social support and stress levels. A significant proportion (48.31%) were **illiterate**, highlighting low educational status as a contributing factor to poor health outcomes. Nearly half (48.31%) earned between **Rs. 10,000 - 20,000**, with 30.33% earning less than Rs. 10,000, suggesting financial limitations in accessing healthcare.

Notably, 100% of respondents were aware of hypertension, yet the prevalence remained high at 75.28%, indicating that awareness alone does not ensure effective management or prevention.

A **moderate positive correlation ($r = 0.6$)** was found between age and hypertension prevalence, with the highest number of cases observed in the **45-55 years** age group, followed by the elderly above 55 years. This underlines the need for early screening, lifestyle interventions, and continuous monitoring to address the growing burden of hypertension among the urban elderly.

CONCLUSION

It was concluded that majority of the urban elderly is having hypertension. There will be a positive association between the prevalence of hypertension and age in the Medar Block. Study finding also emphasizes the there is a significance association between the gender and income with their selected personnel demographic variable.

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