RESEARCH ARTICLE

Relationship between socio-economic status and hypertension

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ABSTRACT

The present study was conducted to assess the relationship between socio-economic variables and hypertension. The investigation was made for 50 hypertensive subjects selected from parbhani. The selection of sample was done by using stratified random sampling method. The information regarding the socio-economic status of the selected subjects was determined by following the scheduled questionnaire. Findings of the study revealed that majority of the patients lie in the range of 40-55 years, sex wise comparison of the data indicated that prevalence of hypertension was greater among females (64%) than that of males (36%). Findings led to conclude that majority of hypertensive belonged to nuclear families (80%) and middle (34%) and high (38%) income group families than that of joint (20%) and low income (28%) group families, respectively. Literacy status of the study subjects was satisfactory (82%). Findings also indicate grater prevalence of hypertension among sedentary workers (92%). Findings also reveals that majority of males do service (24%) followed by business (12%) whereas in case of females majority were homemakers (54%), followed by business (6%) and service (4%). Approximately, 64 per cent of the hypertensive were vegetarian and follows three meal pattern (60%) whereas 36 per cent were non-vegetarian and 40 per cent subjects follow two meal pattern.

INTRODUCTION

The World Health Organization has estimated that hypertension causes one in every 8 deaths worldwide making hypertension the third leading killer in the world. WHO defines hypertension is a condition in which systolic pressure exceeds 160 mmHg and diastolic pressure 95 mmHg. High blood pressure is not a disease but only a symptom indicating that some underlying disease is processing (Shrilakshmi, 2009). The prevalence of hypertension in india has been reported as 50.9 and 69.9 per 1,000 in males and females, respectively in the urban population, and 35.3 and 35.9 per 1,000 in males and females, respectively in rural population.

Over a period of time, the human race has been taking a wide range of naturally occuring substances as foods. However, in recent times the changes in dietary patterns have probably been too fast for physiological adaptations. The dynamic relationship between changes in people's diet and health is generally seen in the fast changing patterns of certain diseases. With rapid socio-economic development, decreasing trends in infectious diseases due to better health care and consequently longer life expectancy, chronic degenerative diseases are increasing even in developing countries. The disorders that lead to the processes of atherosclerosis and thrombosis (Coronary artery disease, stroke and pheripheral vascular diseases) are generally associated with affluence and consequent alterations in life style such as faulty dietary habits, smoking, alcoholism, tobacco chewing and sedentary living. Available evidence indicates that coronary artery disease, hypertension, diabetes, and obesity are increasing in certain segments of the population, particularly in urban areas (Mahtab *et al.,* 2004).

It is likely that many environmental factors related to socioeconomic circumstances are important in the development and course of hypertension. "We need to take these environmental factors into account both in preventing and treating hypertension" (American Heart Association, 2002). "It is important to look at what factors are related to changes in blood pressure. So looking at how these factors might impact very early changes in blood pressure would be very important from a prevention perspective". The present study was undertaken to assess the prevalence of hypertension among respondents on the basis of their age and sex and to identify relationship between socioeconomic variables and hypertension.