

### Elderly Women Are Disproportionately Vulnerable to Hypertension in Bangladesh: Evidence from the National Nutrition Surveillance Study

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**Objectives:** Bangladesh has a dearth of information on the prevalence and factors associated with hypertension among elderlies. We assessed the prevalence, sex differences in prevalence, and factors associated with hypertension in the most recent national nutrition surveillance round (2018–19).

**Methods:** We analyzed data of 4817 elderlies ( $\geq 60$  years) from 82 clusters (57 rural, 15 urban and 10 slum) selected by multistage cluster sampling. Hypertension was defined as systolic blood pressure  $\geq 140$  mmHg and/or diastolic blood pressure  $\geq 90$  mmHg and/or having a history of hypertension. We analyzed data using Stata 15.0.

**Results:** The weighted prevalence of hypertension was 42%, and 56% for elderly males, and females, respectively; and was higher among

females for many socio-demographic, behavioural and anthropometric variables including age 70 + years (58% vs. 46%); high waist circumference (69% vs. 65%); diabetes (69% vs. 65%); living in rural (55% vs. 41%), urban (63% vs. 45%) and slum (50% vs. 30%) area; Muslim (56% vs. 42%); insufficient physical activity (60% vs 52%); and inadequate fruits/vegetables intake (56% vs. 43%). Among females, the factors associated with hypertension were age 70 + years (AOR: 1.40, 95% CI: 1.15–1.71), waist circumference  $\geq 80$  cm (AOR: 2.20, 95% CI: 1.82–2.67), diabetes (AOR: 1.82, 95% CI: 1.35–2.45), and inadequate physical activity (AOR: 1.38, 95% CI: 1.15–1.67). Among males, these factors were age 70 + years (AOR: 1.32, 95% CI: 1.09–1.60), waist circumference  $\geq 90$  cm (AOR: 2.76, 95% CI: 2.22–3.43), diabetes (AOR: 1.36, 95% CI: 1.02–1.82), slum-dwelling (AOR: 0.71, 95% CI: 0.52–0.96), > 10 years of education (AOR: 1.83; 95% CI: 1.38, 2.44), inadequate physical activity (AOR: 1.50, 95% CI: 1.25–1.81), and current smoking (AOR: 0.74; 95% CI: 0.61, 0.89). In both males and females, fruits and vegetables intake was not associated with hypertension.

**Conclusions:** In Bangladesh, the elderly female population is disproportionately affected by hypertension. They were found having a consistent pattern of higher prevalence of hypertension for many socio-demographic, behavioral, and anthropometric variables. The ministry of health of Bangladesh should consider this disproportionately high prevalence of hypertension among elderly females while designing and implementing health programs.

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