

Thesis Proposal: Subject & Title

Complete the following step

Student Name:

Michelle Jarvis Jarvis

ID#:

UM91021EP100242

Subject:

Hypertension

Title:

Hypertension Among Women Aged 40 and Above: Prevalence, Risk Factors, and Public Health Strategies for Prevention and Control

Introduction

Complete Step

Introduction

Hypertension is a leading global health concern and a major risk factor for cardiovascular disease, stroke, and kidney failure (*Hypertension*, n.d.). Among women aged 40 and above, the prevalence of hypertension increases significantly due to physiological changes such as pregnancy, menopause, lifestyle factors, and comorbidities (Ghazi & Bello, 2021). Despite its high burden, hypertension in this demographic is often underdiagnosed and poorly managed, particularly in low- and middle-income countries. This thesis aims to explore the prevalence and risk factors of hypertension in women over 40 and evaluate public health strategies for its prevention and control.

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Description

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Description

This thesis investigates the growing public health challenge of hypertension among women aged 40 and above

- Women 40 and above are increasingly vulnerable due to physiological changes, lifestyle factors, and health system gaps.
- The study aims to assess the prevalence of hypertension in this group, identify both modifiable and non-modifiable risk factors, and evaluate the effectiveness of current public health strategies aimed at prevention and control.
- By employing a mixed-methods approach, the research will combine quantitative data on blood pressure trends and risk profiles with qualitative insights from healthcare providers and community stakeholders.
- The findings will provide inform evidence-based recommendations for targeted treatment, policy enhancements, and community outreach programs tailored to the unique needs of aging women

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General Analysis

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General Analysis

This research document will aim to utilized the folowing to anylize my topic:

- **Focused Demographic:** Targeting women aged 40+ allows for a understanding of gender- and age-specific risk factors.
- **Comprehensive Objectives:** The inclusion of prevalence, risk factors, and public health strategies ensures a well-rounded investigation.
- **Mixed-Methods Potential:** The topic lends itself well to both quantitative (e.g., blood pressure screening, surveys) and qualitative (e.g., interviews with healthcare providers) approaches.
- **Relevance as to Policy:** Findings can inform national and local health strategies, especially in low-resource settings where gender disparities in care persist.

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Current Information

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Current Information

Prevalence

- Globally, 1 in 3 adults has hypertension, and the number of people living with it has doubled from 650 million in 1990 to 1.3 billion in 2019 (*Hypertension*, n.d.)
- Women over 40 experience a notable increase in hypertension prevalence, especially post-menopause due to hormonal changes and vascular aging (*Hypertension*, n.d.)
- In the Kenya, nearly half of adults (48.1%) have high blood pressure, with a significant proportion being women over 40 (CDC, 2025a)

Risk Factors

Modifiable:

- High-salt diet, physical inactivity, obesity, alcohol use, and tobacco consumption. (*Hypertension*, n.d.), (Liu et al., 2025)
- Low intake of fruits and vegetables and high BMI are particularly significant in women over 40. (*WMA - The World Medical Association-WMA Statement on Hypertension and Cardiovascular Disease*, n.d.)

Non-Modifiable:

- Age, family history, and hormonal changes during menopause. (*Hypertension*, n.d.)
- Women post-55 are more likely than men to develop hypertension. (Moussouni et al., 2022)

Public Health Strategies

- WHO's HEARTS Initiative promotes standardized treatment protocols, team-based care, and access to essential medicines in primary care settings. (*Hypertension*, n.d.)
- Lifestyle interventions—such as sodium reduction, physical activity promotion, and tobacco cessation—are cost-effective and scalable. (CDC, 2025b)
- Community-based programs and telehealth have improved screening and adherence, especially in underserved populations. (*Hypertension*, n.d.)

- Countries like Canada and South Korea have achieved over 50% blood pressure control through national hypertension programs. (*Hypertension*, n.d.)

Policy Implications

- Hypertension remains underdiagnosed and undertreated, especially in low- and middle-income countries where over 75% of cases are found. (*Hypertension*, n.d.)
- WHO estimates that 76 million deaths could be prevented by 2050 if hypertension control is scaled up globally. (*Hypertension*, n.d.)

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Discussion

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Discussion

The findings of this thesis will focus on underscore the growing burden of hypertension among women aged 40 and above, a demographic increasingly vulnerable due to physiological, behavioral, and social determinants. The observed prevalence aligns with global trends reported by the World Health Organization, which indicate a sharp increase in hypertension rates among postmenopausal women due to hormonal changes, particularly the decline in estrogen that contributes to vascular stiffness and elevated blood pressure. (*Hypertension*, n.d.)

The analysis of risk factors revealed a combination of modifiable (e.g., high sodium intake, physical inactivity, obesity, alcohol use) and non-modifiable (e.g., age, family history, menopause) contributors. These findings are consistent with previous studies conducted in Ghana and Ethiopia, which identified poor dietary habits, low physical activity, and limited awareness as significant predictors of hypertension in women over 40. Notably, the role of sociocultural factors—such as health literacy, access to care, and gender norms—emerged as critical in shaping health behaviors and treatment adherence

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Conclusion

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Conclusion

In conclusion, I will be addressing hypertension among women aged 40 and above which requires a **comprehensive, gender-sensitive approach** that combines clinical care with upstream public health interventions. Focusing on future policies must prioritize early detection, equitable access to care, and empowerment of women through education and community participation. These efforts are essential not only for reducing cardiovascular disease burden but also for advancing health equity and achieving Sustainable Development Goal of Good Health and Well-being.

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Bibliography

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