

Case Study on Empowering Women through Community - Based Hypertension Screening and Education in Rural Haryana: A Case Study

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Abstract: Hypertension remains a silent killer in rural India due to limited awareness and accessibility to healthcare services. This case study explores the role of community health nursing interventions in early detection and management of hypertension among rural women in a village in Fatehabad, Haryana. A structured screening and educational program led to improved awareness increased health - seeking behavior, and better control of blood pressure levels. Hypertension is a major public health issue in India, especially among rural populations with poor access to primary care. Women, often caregivers, are least likely to prioritize their own health. This study focuses on community health nurses as change agents in addressing this issue through awareness, screening, and referral systems.

Keywords: Community health nursing, hypertension, rural women, health education, nurse - led intervention, primary care, awareness, health seeking behavior

1. Case Description

Case History

The patient, Smt. Sunita Devi, is a 52 - year - old rural housewife from Village Aherwan, District Fatehabad, Haryana. She belongs to a lower - middle socioeconomic status family and has no known prior health conditions. During a routine door - to - door health survey by community health nursing personnel, Sunita Devi reported: Frequent headaches (on most days), Fatigue and general body weakness and Occasional dizziness.

She had never undergone a blood pressure check and attributed her symptoms to "age - related weakness. " During her Clinical Assessment: Vital signs: Blood Pressure: 168/100 mmHg (measured twice at 10 - minute intervals), Pulse Rate: 86 bpm, Anthropometry: Height: 155 cm, Weight: 68 kg, BMI: 28.6 (overweight), Dietary habits: High salt intake (daily pickles), low fruit/vegetable intake, Lifestyle: Sedentary; no regular physical activity, Physical examination: Normal cardiovascular and respiratory

examination; no peripheral edema or visual changes. Based on JNC 8 and WHO criteria, the patient was diagnosed with Stage 2 Hypertension.

Definition:

Hypertension, also known as high blood pressure, is a medical condition where the force of blood against the walls of the arteries is consistently too high. It is typically diagnosed when blood pressure readings are **140/90 mmHg or higher** on two separate occasions.

Hypertension is a major risk factor for heart disease, stroke, kidney disease, and other complications. It is often called the "silent killer" because many people do not experience symptoms until it leads to serious health issues. Risk factors include **age, genetics, obesity, lack of physical activity, high salt intake, excessive alcohol consumption, and stress.**

Comparison of Book Picture vs. Patient Findings in Hypertension

Clinical Feature	Book Picture	Clinical Picture
Age group	Common in adults >40 years	52 years old
Risk factors	High salt intake, obesity, sedentary lifestyle, stress, family history	High salt intake (pickles), overweight (BMI 28.6), sedentary, no exercise
Common symptoms	Often asymptomatic; if present: headache, dizziness, fatigue, blurred vision	Headache, fatigue, occasional dizziness
Blood pressure levels	≥140/90 mmHg (JNC 8 / WHO criteria)	168/100 mmHg on first visit, 142/88 mmHg after 4 weeks of intervention
Lifestyle habits	Unhealthy diet, low physical activity, stress, lack of health awareness	High - salt diet, sedentary, unaware of hypertension, never had BP checked before
Physical examination findings	Often normal; may reveal obesity or signs of target organ damage in advanced cases	No target organ damage; overweight; general physical exam normal
Awareness about hypertension	Book: Awareness is often low in rural areas	Patient had no prior knowledge of blood pressure or its risks
Health - seeking behavior	Delayed due to asymptomatic nature; often discovered during routine check - up	Never visited a doctor; diagnosed during community screening
Intervention guidelines	Lifestyle modifications + medication if needed (per WHO, JNC 8)	Referred to PHC, started on antihypertensives, counseled on diet and exercise
Follow - up outcome	With compliance: gradual BP control, symptom improvement	Reported BP: 142/88 mmHg; symptoms improved; compliant with medication and walking

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2. Interpretation

- The patient's presentation aligns well with textbook features of Stage 2 Hypertension.
- The case confirms the silent nature of hypertension in the community, where patients may not seek care until screened by nursing professionals.
- Highlights the nurse's role in bridging the gap between book knowledge and field - based identification and intervention.
- The study highlighted the hidden burden of undiagnosed hypertension in rural women and demonstrated the effectiveness of simple, nurse - led interventions in improving community health outcomes. The active involvement of Accredited Social Health Activists (ASHAs) enhanced follow - up and compliance.

3. Conclusion

Community health nurses can play a pivotal role in reducing the burden of non - communicable diseases like hypertension in rural India through screening, education, and referral services. This model can be scaled up to other rural areas.

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