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Note : Paper presented at the sub-Saharan Diabetes Mellitus and Cardiovascular Diseases Seminar, University of Copenhagen, Denmark

Keywords : adults / risk behaviour / ageing / health

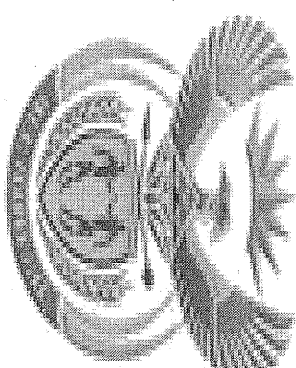
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Preliminary findings from a longitudinal cohort of individuals aged 50+: Health Risk Behaviour and NCD prevalence

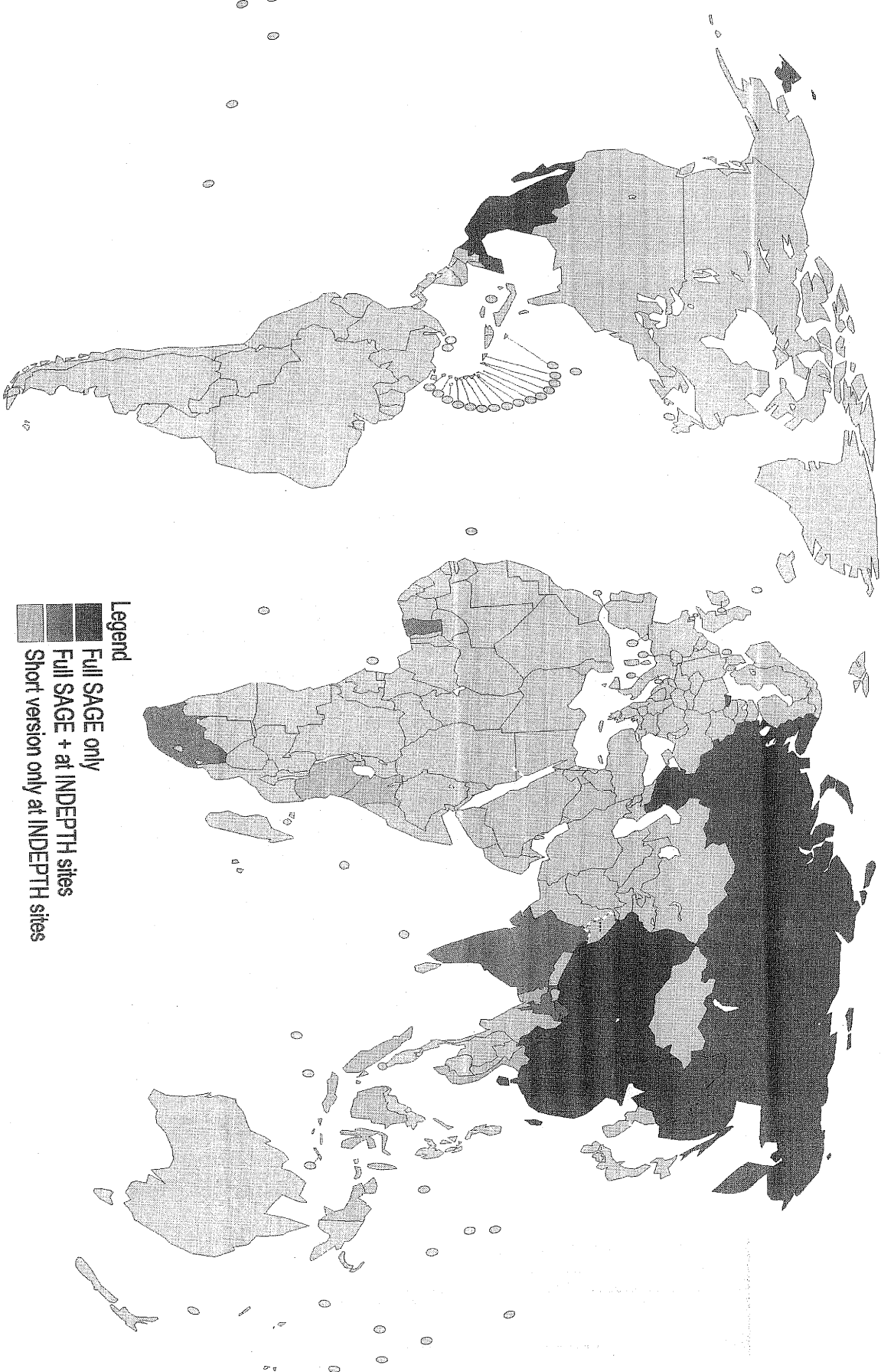


Nancy (Refilwe) Phaswana-Mafuya

HSRC RESEARCH OUTPUTS
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Rationale for undertaking the study

- There is currently very little data on ageing and health (incl NCDs) in South Africa, apart from some provincial or local level surveys.
- Existing data are inadequate to accurately and reliably inform policy formulation and implementation.
- Against this background, the first ever population based, longitudinal cohort study, SAGE, was conducted from 2006-2008



China
India
Russia

Mexico
South Africa
Ghana

Kenya
Tanzania
Bangladesh

Viet Nam
Indonesia

SAGE				
FULL		SHORT**	SUMMARY SHORT***	FULL+****
WHO	INDEPTH	INDEPTH	SHARE	GCC
China		Tanzania-Ilfakara	Belgium(2)	Bahrain
Ghana	Navrongo	Navrongo	Greece	Kuwait
India	Vadu	Vadu	Sweden	Oman
Mexico		*Indonesia-Purworejo	Spain	Qatar
Russia		Bangladesh-Matlab	Germany	Saudi Arabia
South Africa	Agincourt	Agincourt *	France	UAE
		*Viet Nam-FilaBavi	Netherlands	Yemen
		Kenya-Kisumu / Kilifi	Italy	
		*South Africa-Hlabisa		
6	3	6	8	7

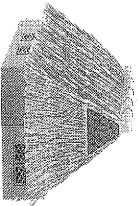
***SIDA funded**

****Health State Descriptions + functional assessment + vignettes + WHOQOL**

*****Health State Descriptions + functional assessment + vignettes**

******FULL SAGE + mortality + maternal and child health**

Multistage Stratified Random Cluster Sample



Household

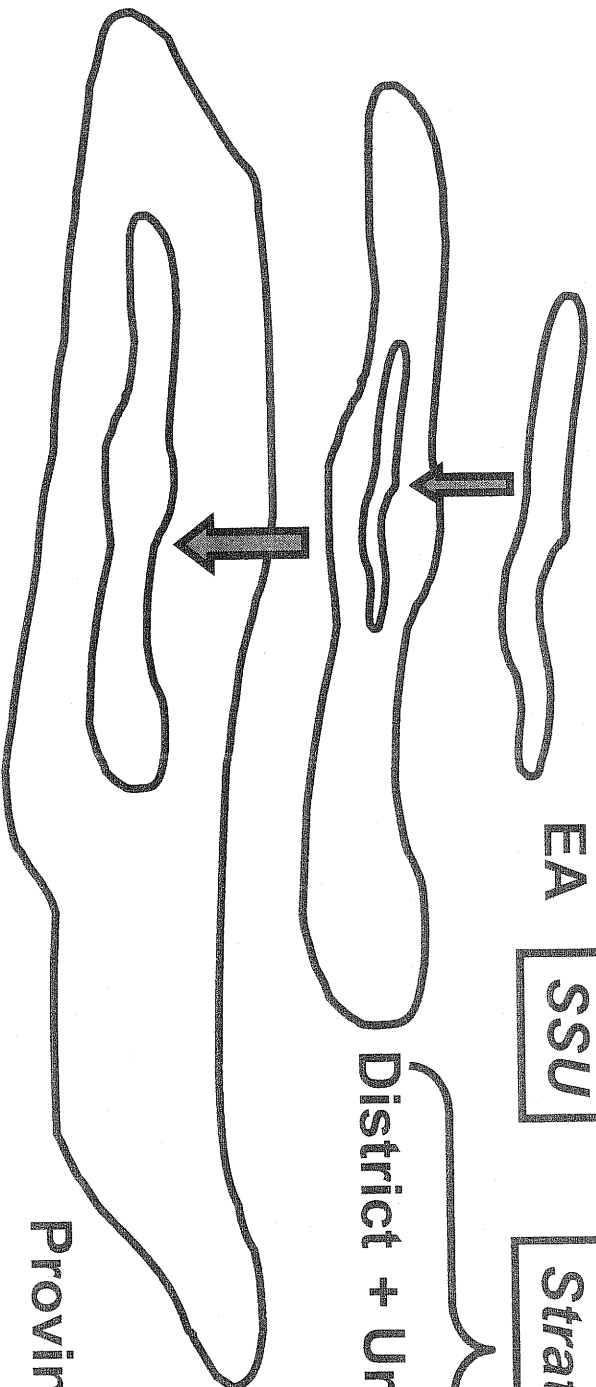
TSU

EA

SSU

Strata

District + Urban/rural



Province **PSU**

⇒ 1. Key Sampling Table

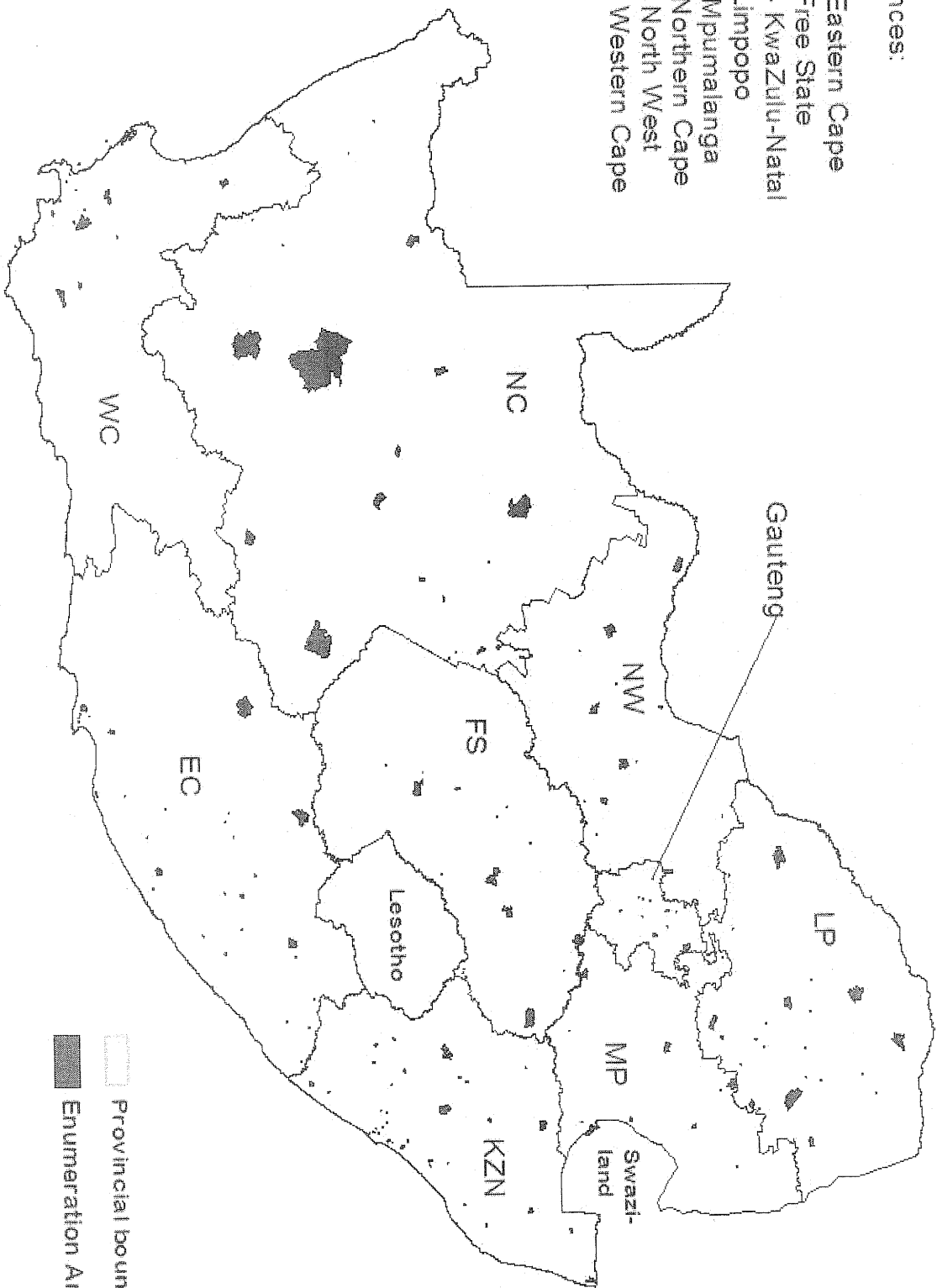
Province	Strata	EA	SSU	TSU
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1	1	1	1	5
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1	1	1	1	100

New!

Enumerator areas for SAGE

Provinces:

EC - Eastern Cape
FS - Free State
KZN - KwaZulu-Natal
LP - Limpopo
MP - Mpumalanga
NC - Northern Cape
NW - North West
WC - Western Cape



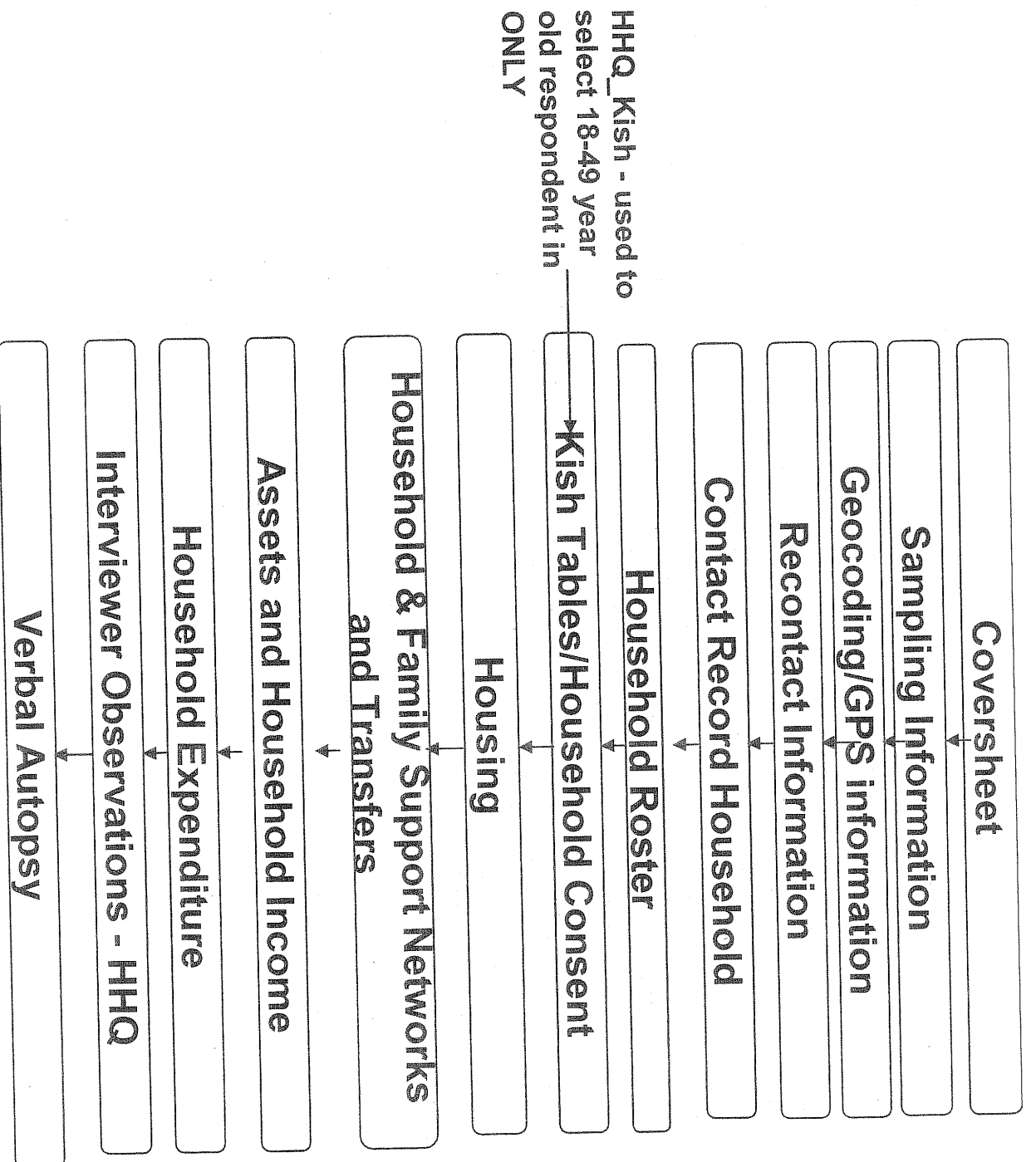
EAs by main stratification variables

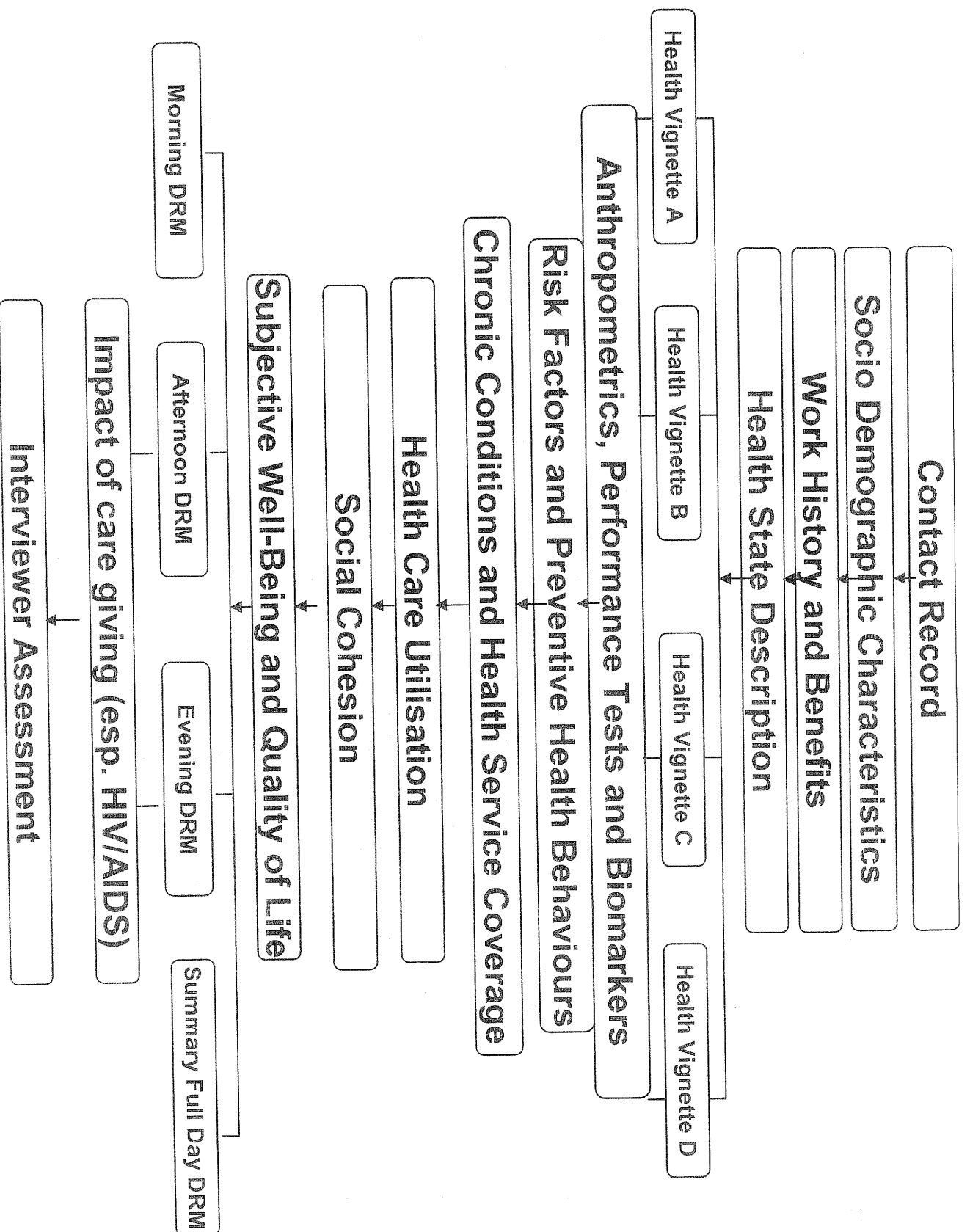
Geotype						
Province	Urban formal	Urban informal	Rural formal	Tribal areas	TOTAL	
Western Cape	62	7	8	0	77	
Eastern Cape	40	9	7	23	79	
Northern Cape	34	3	8	0	45	
Free State	25	6	8	6	45	
KwaZulu Natal	73	9	9	20	111	
North West	20	2	7	15	44	
Gauteng	82	15	2	0	99	
Mpumalanga	22	5	7	12	46	
Limpopo	16	2	6	30	54	
TOTAL	374	58	62	106	600	

SAGE Instrument

The WHS questionnaire was used as a starting point. It was revised following:

- A **review** of 16 large cross-national and longitudinal ageing surveys
- **Recommendations** from experts in the field
- **Cognitive testing** of the revised instrument in 2 countries (South Africa & Viet Nam) by StatsSweden.
- A **pretest** of the instrument in 3 countries (Ghana, Viet Nam and Tanzania) - the results were analysed and used to make final revisions to the SAGE questionnaire.
- Objective and subjective measures were used in order to cross validate self-reported information.





Results: Health Risk Behaviour

Smoking

- About 36% were current daily smokers (inhaling, sniffing, chewing tobacco products)
- More females (54.16) than males (45.84) were current daily smokers
- Mean daily tobacco consumption was higher:
 - for the 70+ (3.73) than for the 60-69 (3.17) and the 50-59 (1.95)
 - for men (2.86) than for women (1.93)
 - in urban (3.43) than in rural (0.58) areas

Alcohol Consumption

- While the majority of the respondents across gender, type of residence and marital status reported to be life time abstainers (75%), about 20% were infrequent heavy drinkers (1-2 days a week with 5+ standard drinks) and about 5% were frequent heavy drinkers (3 or more days per week with 5 standard drinks).

Results: Health Risk Behaviour

- **Nutrition:** About 95% across gender and geographic setting had an insufficient intake of fruit/vegetables (< 5 servings in a typical day on average in past 7 days)
- **Water:** More urban (72.0) than rural (28.0) respondents had improved drinking water
- **Sanitation:** More urban (65.7) than rural (34.3%) had improved sanitation
- **Air pollution:** More than 75% of the respondents had improved indoor air. Use of solid fuel was more frequently used (30%) by respondents living in rural areas compared to only 2% from urban areas
- **Physical Activity:** More than 50% of respondents in all age categories did insufficient physical activity less than 150 min a week

Results: Self-reported prevalence of NCDs

- 15.1% of men and 25.7% of women indicated that they had been diagnosed with arthritis,
- 4.3% of men and 3.3% of the women had had a stroke;
- 5.0% and 6.0% for angina (men and women respectively),
- 6.1% and 10.6% diabetes (men and women respectively);
- 1.9% and 2.5% chronic lung disease, (men and women respectively),
- 3.7% and 3.9% asthma, (men and women respectively),
- 2.6% and 3.1% depression, (men and women respectively),
- 23.2% and 32.9% hypertension, (men and women respectively),
- 7.1% and 10.% edentulism, (men and women respectively),
- 4.2% and 4.8% cataracts (men and women respectively).
- In the past year 1.6% male and 1.2% female had been in a traffic accident, of which more than 1 out of 3 sustained a disability resulting from the accident.
- >50% of women had undergone cervical cancer screening at their last pelvic examination
- > 7% of women in ages 50-69 years had breast cancer screening in the past 10 years,
- > 80% of women reported having had a breast cancer screening at least once ever in their lives.

Conclusion

Individuals aged 50+:

- Engage in health risk behaviour
- Suffer a range of NCDs
- Provision for the prevention, early detection, and cost-effective management of NCDs is urgently needed
- Limitation: Objective measures to validate self-reported data have not yet been measured

Further Information

Visit

<http://www.who.int/healthinfo/systems/sage>

<http://www.who.int/whs>

