# Zambia Steps 

For Non Communicable
Diseases Risk Factors

## ZAMBIA REPORT for 2017

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## Acronyms and Abbreviations

BMI Body Mass Index
CSO Central Statistics Office
CVD Cardiovascular Disease
DM Diabetes Mellitus
FI Field investigator
FCTC Framework Convention for Tobacco Control
HIV Human Immunodeficiency Virus
MoH Ministry of Health
NCD Non-communicable disease
SEA Standard Enumeration Area
STEPS WHO STEPwise approach to Surveillance
UTH University Teaching Hospital
WHO World Health Organization

## Foreword

Zambia is experiencing an epidemiological transition in its disease burden from communicable to non-communicable conditions resulting in a double burden of disease. Non-communicable diseases are a major public health concern with significant social and economic implications in terms of health care-needs, loss of productivity and premature deaths.

The Zambian Government has taken health as a key economic investment which shall spur socio-economic development and make our country a prosperous middle income country by 2030. This aspiration is in tandem with the Sustainable Development Goal number 3.4 which aims at reducing by one third premature mortality from non-communicable diseases through health promotion, disease prevention and treatment by 2030. However, Non-communicable diseases especially cancers, diabetes mellitus, cardiovascular diseases, trauma particularly road traffic accidents and mental illnesses pose a serious threat to the socio-economic development of our nation.

Government through the Ministry of Health has continued to strengthen health care systems across the continuum of care so as to reduce and halt the spread of non-communicable diseases. However, one of the major challenges faced in the fight against non-communicable diseases is paucity of reliable routine and periodic health information to inform decision making at policy and implementation levels.

It's from this background that Ministry of Health and its development partners undertook the first ever national STEP wise survey on non-communicable diseases risk factors in 2017. The World Health Organisation STEP wise approach to surveillance of Non-communicable disease risk factors survey is part of the global surveillance strategy in response to the growing need for country level trends in Non - communicable diseases. The aim of this survey was to establish a surveillance platform for Zambia that collects baseline and future indicators for policy and planning purposes.

This STEPS survey report include findings on key Non-communicable disease risk factors and their determinants, cervical cancers screening prevalence, mental and oral health assessments among Zambian adults $18-69$ years of age. The survey report will therefore serve as a key benchmark of where our country stands and will be a key reference document for Government and various stakeholders in our efforts to prevent and control Non-communicable diseases.

I thank all those who supported and contributed to the successful completion of the STEPS survey. I call upon all stakeholders to fully utilise this report and significantly contribute to the prevention and control of Non-communicable diseases in our country.


Hon Chilufya, MCC, MP.
MINISTER OF HEALTH

## Executive Summary

The Zambia STEPS 2017 is the first nationally representative survey to collect comprehensive information on risk factors for NCDs, mental and oral health in adults aged 18 to 69 years. The aim of the survey was to establish an NCD surveillance platform that collects baseline indicators on determinants of NCD and their risk factors for policy and planning purposes.

The key objectives of the NCD STEPS survey were: a) To determine the prevalence and determinants for the four major behavioural risk factors for NCDs in Zambia: tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity; b) To determine the prevalence and determinants for the four key biological risk factors for NCDs in Zambia: overweight and obesity, raised blood pressure, raised blood glucose and abnormal blood lipids; c) To determine the prevalence cervical cancer screening in reproductive age women in Zambia; d) To determine the prevalence and determinants of oral and mental health in Zambia; and e) To investigate potential links between different risk factors and determinants of health (such as socio-economic status, demographic factors, gender and age).

Zambia STEPS Survey 2017 Findings:

## Behavioural Risk factors -STEP 1:

Within STEP 1 of the survey, Socio demographic and behavioural information on age, sex, marital status, education, occupation, housing and social amenities were collected. Behavioural information regarding tobacco use, alcohol consumption, diet, physical activity, history of raised blood pressure, history of diabetes, history of raised total cholesterol, history of cardiovascular diseases, lifestyle advice, history of diabetes, cervical cancer screening, and oral health were collected.

Nearly $16.0 \%$ of Zambians currently consume some form of tobacco products with a significantly higher prevalence among men (24.0\%) than women (7.8\%). 12.3\% of Zambians are currently using smoked tobacco products that include manufactured cigarettes, hand rolled cigarettes, pipes and shisha. $9.0 \%$ of Zambians are daily tobacco smokers (the vast majority being males at 17.1 against females at $1.3 \%$ ) with the mean age for starting to smoke being 15.7 years. Up to $4.5 \%$ reported being current use of smokeless tobacco, and of these $6.8 \%$ were women and $2.2 \%$ were men.

Over 63.0\% of Zambians reported to be lifetime abstainers with the percentage of abstinence among women being higher (74.7) than that among men (52.1). Approximately $21.7 \%$ of Zambians currently drink alcohol with $10.9 \%$ engaged in heavy episodic drinking of six or more standard drinks; males significantly contributed more to this proportion at $16.8 \%$ versus $5.1 \%$ in females. The overall mean number of standard drinks per drinking occasion among individuals who currently drink is 5.8 standard drinks with a significant difference among males than females (6.3 versus 4.3).

Approximately $15.7 \%$ of former drinkers reported not taking any drink due to health reasons in the past 12 months. Consumption of unrecorded alcohol including homebrewed alcohol, alcohol brought over the border, (not intended for drinking or other untaxed alcohol), during the past 7 days among current (past 30 days) drinkers was reported by $26.3 \%$ of respondents.

On average Fruit is consumed on 2.1 days a week and vegetables on 6.3 days a week among Zambians. The World Health Organization (WHO) recommends fruit daily and at least 5 servings
of vegetables a day. The survey results show that $90.4 \%$ of Zambians are consuming less than 5 servings of fruits and vegetables per day.

The mean daily intake of salt was at 9.5 grams per day, which is nearly double the WHO recommended limit of 5 grams. Up to $39.8 \%$ of Zambians always add salt often before eating or when eating and $6.0 \%$ admitted to always or often consuming processed food high in salt. Only $15.4 \%$ of Zambians said they thought that they consumed too much salt.

The vast majority at $83.8 \%$ of Zambians reported use of vegetable oil and $14.5 \%$ reported actively avoiding foods prepared outside their homes.

More women (15.1\%) than men (5.7\%) reported insufficient physical activity. WHO recommends that adults should do at least 150 minutes of moderate-intensity physical activity throughout the week, or do at least 75 minutes of vigorous-intensity physical activity throughout the week. The median minutes of total physical activity per day was 188.6. It was established that the median time spent in work-related activity per day was 120 minutes and the median for transport-related activity was 30.0 minutes per day.

More women (45.5\%) than men (23.9\%) reported no vigorous activity at all; and both sexes reported a similar amount of time per day that is spent on sedentary activities at a median of 180 minutes.

Up to $62.2 \%$ of men and $34.9 \%$ of women reported to have never ever had their blood pressure measured. Among those who reported to have been previously diagnosed with hypertension, only $26.0 \%$ were currently on medication prescribed by a health worker. Among those previously diagnosed as having raised blood pressure, about $6.5 \%$ have been to consult traditional healers, and up to $6.9 \%$ were taking herbal or traditional remedies.

Overall, $90.8 \%$ of respondents had never been measured for raised blood sugar and among those diagnosed with elevated blood sugar, less than half ( $36.8 \%$ ) were currently taking medication. The vast majority of Zambians ( $98.0 \%$ ) have never been measured for cholesterol levels; and only $9.8 \%$ of respondents who reported to have been diagnosed with elevated cholesterol levels were on medication.

Only $3.0 \%$ of the respondents reported ever having a heart attack or chest pain from heart disease or a stroke and only $0.7 \%$ reported to be currently taking aspirin regularly to prevent or treat heart disease. About $17.3 \%$ confirmed receiving advice from the doctor or health worker to quit using tobacco or not to start, while $33.3 \%$ had been advised to eat fruit and vegetables.

Approximately $16.4 \%$ of women aged 18 to 69 years reported that they had undergone cervical cancer screening at least once in their life. Among the age group 30 to 49 years which is the recommended age for screening, $21.1 \%$ reported having been screened for cervical cancer.

## Physical Measurements - STEP 2

Physical measurements such as height, weight and blood pressure were collected in Step 2. The mean Body Mass Index (BMI) was $23.2 \mathrm{~kg} / \mathrm{m}^{2}$. Overall, $24.2 \%$ of adult Zambians are either overweight or obese with BMI greater than $25 \mathrm{~kg} / \mathrm{m}^{2}$. Nearly $8 \%$ were obese (BMI greater than $30 \mathrm{~kg} / \mathrm{m}^{2}$ ); and significantly more women ( $12.3 \%$ ) than men ( $3.0 \%$ ) are obese.

The mean waist circumference for men and women is 78.8 cm and 80.7 cm respectively while hip circumferences were 93.2 cm in men and 97.0 cm in women. Mean waist-hip ratios were 0.8 for both sexes. The Waist-hip ratio (the waist circumference divided by the hip circumference) is an index used to identify individuals at increased risk of obesity related morbidity due to accumulation of abdominal fat (WHO, 2011). Women whose waist hip ratio (WHR) is $\geq 0.85$ and men with a WHR $\geq 0.9$ are considered to be at increased risk of obesityrelated morbidity.

Raised blood pressure (defined as having SBP $\geq 140 \mathrm{mmHg}$ and/or DBP $\geq 90 \mathrm{mmHg}$ or on medication for raised blood pressure) was found in $19.1 \%$ of the respondents. About $7.1 \%$ Zambians had severe hypertension (defined as having SBP $\geq 160 \mathrm{mmHg}$ and/or DBP $\geq 100 \mathrm{mmHg}$ or on medication).

## Biochemical Measurements - STEP 3

The survey results showed that $6.2 \%$ of the Zambians have raised fasting blood glucose, defined as capillary whole blood value $\geq 6.1 \mathrm{mmol} / \mathrm{L}(110 \mathrm{mg} / \mathrm{dl})$, or currently on medication for raised blood glucose. Only $0.7 \%$ are currently on medication for diabetes; with no differences observed by sex.

The mean total cholesterol among all respondents including those currently on medication for raised cholesterol was $3.4 \mathrm{mmol} / \mathrm{L}$. Approximately $7.4 \%$ have cholesterol $\geq 5.0 \mathrm{mmol} / \mathrm{L}$ or currently on medication for raised cholesterol.

Levels of sodium and creatinine in spot urine samples are used in STEPS to estimate population 24 hour salt intake. While the WHO recommendation is to consume less than 5 grams of salt per person per day, the Zambian adults had a mean daily intake estimated at 9.5 grams.

The risk of developing cardiovascular disease (CVD) was determined by the combined effect of behavioural and biological risk factors (for instance smoking, or having raised blood sugar), age and sex. $4.2 \%$ of the Zambians in the $40-69$ age group have a 10 -year CVD risk of $30 \%$ or above with only $13.0 \%$ of them currently receiving drug therapy and counselling to prevent heart attacks and strokes.

Assessment of the risk posed by combined risk factors was also determined. The five common and critical risk factors for NCDs that were used in risk assessment are; current daily smoking, being overweight or obese (BMI>25k), raised blood pressure (SBP>140 and/or DBP>90 mmHg or currently on medication for raised BP), less than 5 servings of fruit and vegetables per day and low level of physical activity. Only $4.6 \%$ of Zambians have none of the above risk factors. Among the age group 18 to 44 years, $8.5 \%$ have three or more of the above risk factors while among the age group 45 to 69 years, $22.3 \%$ have three or more of the above risk factors, which indicates a heightened risk of NCDs and their complications. This scenario warrants interventions ranging from awareness, to treatment and follow-up.

## Oral Health

Overall, $95.0 \%$ of adults have twenty or more of their natural teeth. $12.0 \%$ of Zambians reported to have poor or very poor state of teeth among those having natural teeth and $6.8 \%$ reported having poor state of gums among those having natural teeth respectively. Up to 7.8\% of the Zambians reported having removable dentures. While a history of oral pain and discomfort in the past 12 months was reported by $31.5 \%$. Only $7.2 \%$ visited a dentist in the past

12 months. Overall, 74.5\% of Zambians have never visited a dentist, and 63.5\% reported they clean their teeth at least twice daily.

## Mental Health

Nearly 8.0\% of the respondents acknowledged having considered attempting suicide in the last 12 months, with the highest proportion ( $8.6 \%$ ) being reported in the 18 to 29 years age band. Of these, only $23.9 \%$ confirmed to have sought professional help. Among those who attempted suicide in the past 12 months, the methods used included a razor or other sharp tool ( $23.5 \%$ ), overdose of medication (19.8\%) and overdose with other substances (2.2\%).

## Conclusions and Recommendations

This STEPS survey is the first nationally representative survey to collect comprehensive information on risk factors for NCDs, mental health and oral health in Zambia. Besides giving us frequencies on the known risk factors which now constitute a critical baseline for benchmarking trends and progress, it also provides us essential information on these indicators by age group, sex and urban-rural trends. These findings will be critical for informing public health policy and the following recommendations are proposed:

1. There is critical need to create awareness on NCD prevalence, and risk factors in Zambia. Appropriate communication strategies are required to reach all levels of the society from the households, communities, civic leadership and all stakeholders.
2. There is need to prioritize NCD prevention and control at both national and sub-national levels in order to start addressing this emerging threat to health, social and economic development.
3. The health system particularly needs to be reshaped in order to better deal with NCDs. An integrated approach is required so that every contact with the health system becomes an opportunity to detect and tackle NCDs or send preventive messages. For this to be achieved, more health workers will be needed and much retraining emphasizing NCD prevention and care should be provided. This also means procurement and maintenance of basic equipment such as weighing scales, blood pressure machines, glucometers, etc.
4. Integrate NCD indicators in national health surveys to supplement the data collected in periodic STEPS surveys for proper planning and projection of NCD prevention and control.
5. Make plans and budget for periodic (say every 5 to 7 years) STEPS surveys nationally in order to monitor progress and trends. Future surveys could also include other indicators not assessed in this report; such as major causes of premature death, road traffic accidents and injuries in general.

## NCD risk factor specific recommendations:

## Tobacco

1. Zambia should consider increasing excise taxes and prices on tobacco products to discourage people, especially the youth from taking up smoking habits.
2. Consider introducing standardized packaging of cigarettes, which carry clear warning with graphical pictures on the dangers of smoking and consequences.
3. Enforce the law against smoking in public and indoor to reduce exposure to secondhand tobacco smoke in workplaces, public places, and public transport.
4. Implement an effective mass media campaigns to educate the public about the harms of smoking and second hand smoke

## Alcohol

1. The government policy on alcohol should include a commitment to generally increase excise taxes on alcoholic beverages in Zambia.
2. Consider enacting and enforcing restrictions on exposure to alcohol advertising in the public and private media.
3. Consider enacting and enforcing restrictions to reduce physical availability and access to alcohol, and particularly for youths given the finding that age of debut in Zambia is early.

## Salt consumption

1. Consider introducing and enforcing laws to control amount of salts in food products being sold to the public.
2. Ensure a supportive environment in public and private institutions with lower sodium options being provided for meals.
3. Promote behaviour change communication and mass media campaigns for reducing salt intake.

## Physical activity

1. Consider implementing community wide public education and awareness campaigns for physical activity which includes a mass media campaign combined with other community based education, motivational and environmental programs aimed at supporting behavioural change of physical activity levels in both rural and urban areas.
2. Support physical activity champions especially targeted at encouraging women to increase physical exercises.
3. Enhance physical exercise activities through school curricula across the country

## Cervical cancer

1. Promote cervical cancer awareness among women through media and community based awareness programmes.
2. Consider national scale up of the recently piloted vaccination against human papilloma virus (HPV) for young girls 9 to 13 years old; and promote prevention of cervical cancer through availability of screening services for women in the reproductive age group.
3. Promote awareness on the problem of cervical cancer, particularly its devastating outcome if discovered late.

## Mental health

1. Expedite enactment of the mental health bill in Zambia to provide a legal framework for mental health interventions.
2. Promote mental health awareness through public and private media campaigns and focus on stigma reduction in mental health.
3. Promote access to information and support for those needing help with mental health in Zambia.

## Oral health

1. Raise awareness on the need to promote oral health in schools and communities.
2. Make oral health services available and accessible in all public health facilities in Zambia.

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## CHAPTER 1: INTRODUCTION

Non-communicable diseases (NCDs) are currently the leading global cause of death worldwide (WHO, 2012a). According to WHO, of the 57 million deaths that occurred globally in 2012, 38 million (almost two thirds) were due to NCDs, with cardiovascular diseases, cancers, diabetes and chronic respiratory diseases accounting for $82.0 \%$ of the (NCD related) deaths (WHO, 2014b). The combined burden of these diseases is rapidly increasing in lower income countries. $48.0 \%$ of NCD deaths occur in low and middle income countries compared with $28.0 \%$ in high income countries and the majority are considered premature deaths (WHO, 2014b).

A large proportion of NCDs are preventable. They share modifiable behavioural risk factors such as tobacco use, unhealthy diet, lack of physical activity, and the harmful use of alcohol. These risk factors lead to overweight and obesity, raised blood pressure, and raised cholesterol (WHO, 2011). If no action is taken, over the next three decades, the cost of the NCD burden will amount to trillions of dollars of lost resources (Bloom et al., 2012). Feasible and cost-effective interventions to reduce the burden and impact of NCDs exist, and sustained action to prevent risk factors and improve health care can avert millions of preventable premature deaths (Beaglehole et al., 2011, Mendis and Chestnov, 2013, UN, 2011).

The Ministry of health in Zambia, in collaboration with WHO undertook a STEPS survey in Zambia to document the prevalence of NCD related risks factors across the country. This was the first national survey looking at NCDs and associated risk factors. The results provide baseline information and guide evidence based policy and planning for NCDs in Zambia.

### 1.1 Background

Non-communicable diseases (NCDs) are a leading cause of mortality globally, accounting for 38 million out of 57 million deaths which occurred in 2012.(WHO, 2012a). About a quarter of the global NCD related deaths occurred before the age of 60 (WHO, 2014b). As per the global estimates, in 2010, the three leading risk factors for global NCD burden are high blood pressure (7.0\%), tobacco smoking including exposure to second hand smoke (6.3\%) and household air pollution from solid fuels (4.3\%) (Lim et al., 2012). Similarly, dietary risk factors and physical inactivity collectively contributed 10.0\% of global disability adjusted life years (DALYs) in 2010. In the report by Marquez and Farrington (Marquez and Farrington, 2013), it was highlighted that for some time, much of the health focus in the sub Saharan Africa (SSA) region has been understandably directed toward communicable diseases, maternal, perinatal and nutrition causes of mortality and morbidity. These all remain among the leading five causes of DALYs for the SSA region in 2010, accounting for 67.0 to $71.0 \%$ of DALYs in eastern, western, and central SSA. TB, HIV/AIDS and Malaria were responsible for $29.0 \%$ of the all deaths in SSA in 2010, while other communicable disease accounted for $23.0 \%$ (Marquez and Farrington, 2013). These figures are already slightly exceeded by the $25.0 \%$ share of deaths caused by NCDs and rises to $34.0 \%$ including injuries (Figure 1.1).


Source of data: Global Health Observatory Data Repository: http:/apps.who.int/ghodata/
In Zambia, according to WHO's Zambia NCD profile, NCDs accounted for $23.0 \%$ of total deaths. Cardiovascular diseases accounted for $8.0 \%$, cancers $4.0 \%$, chronic respiratory diseases $1.0 \%$, diabetes $1.0 \%$ and other NCDs accounted for $8.0 \%$ (WHO, 2014b). This is depicted in figure 2.2 below.

Figure 11.1.1: Proportion of mortality by cause in Zambia in 2014

## Proportional mortality (\% of total deaths, all ages, both sexes) ${ }^{\star}$



Total deaths: 147,000
NCDs are estimated to account for $\mathbf{2 3} \%$ of total deaths.
Source of data: World Health Organization - Zambia Non-communicable Diseases (NCD) Country Profile, 2014 (WHO, 2014b)

Although limited, the Global School-Based Student Health Survey and Global Youth Tobacco Survey enquiring on the lifestyles of adolescents had been conducted in Zambia (GSHS, 2004), but no similar studies or more comprehensive studies had been conducted among the adult population.

In May 2013, the World Health Assembly adopted the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 (WHO, 2013a). The Plan is articulated around six objectives and based on nine concrete targets to be achieved by 2025; it includes 25 outcome indicators and nine progress indicators. The intended goal is that by collectively implementing the actions included in the Global Action Plan, member states, WHO and partners should strive to achieve a $25.0 \%$ reduction in premature mortality from NCDs by 2025 (WHO, 2013a). Zambia's NCDs Strategic Plan was developed based on the Global Action Plan for the Prevention and Control of Non- communicable Diseases 2013-2020.

### 1.2 Previous risk factor surveys

Zambia conducted sub-national NCD risk factor surveys in four randomly selected districts (two urban and two rural) in four provinces between 2008 and 2011 to provide population based estimates. The surveys were done in the adult population aged 25 years and over, using WHO STEPS methodology. This study found that both the prevalence of current tobacco smoking and current consumption of alcohol were higher in rural areas than urban areas. It was found that in Lusaka district in 2008, 23.6\% of respondents ate fruits 5 to 7 days in a typical week, while $94.8 \%$ ate vegetables 5 to 7 days in a typical week. Physical activity was $31.4 \%$ for moderateintensity recreation-related activities, and $15.1 \%$ for vigorous-intensity recreational activities.

Overweight or obese was estimated at $14.2 \%$ while hypertension was $34.8 \%$. The prevalence for impaired glucose level or diabetes was $4.0 \%$ (Ministry of Health and World Health Organization, 2008, Goma et al., 2011, Nsakashalo-Senkwe et al., 2011, Rudatsikira et al., 2012). The Zambia Global School Health Survey (GSHS) conducted in 2004 among students in grades 710 , in 47 schools, in all the 9 provinces revealed that $42.6 \%$ of the 2,257 students who participated in the survey had taken alcohol on one or more occasion during the previous 30 days. According to the survey, children as young as 13 years had indulged in drinking alcohol. The survey reported that consumption was higher among females (45.5\%) than among males ( $38.9 \%$ ). In the age group of 16 and above, females (49.9\%) drank alcohol one or more times than males ( $35.9 \%$ ). Current estimates indicate that Zambia may be one of the countries with a high prevalence of NCDs with $29.0 \%$ of all mortality being related to NCDs (WHO, 2017a).

### 1.3 Infrastructure and capacity

The policy objective for Zambia, in respect to health infrastructure, is to ensure that the population has access to health facilities within a 5 kilometre radius. In this respect, the most significant steps being undertaken by Government include the establishment of the Cancer Diseases Hospital in Lusaka, construction of 650 rural health centres, up-grading of selected first level hospitals to second level while some second level hospitals are also being up-graded to ensure each of the ten provinces has a tertiary hospital. There is also the upgrading of 8,000 kilometres of selected key roads under the Link Zambia project. Upgrading of roads to bituminous standards will improve transportation and patient referral. The sector has
embarked on strengthening the transport system, through procurement of ambulances, utility vehicles, motorbikes and boats for districts, hospitals and training institution, procurement of mobile hospitals, and strengthening maintenance workshops at provincial level.

Generally, total funding to the health sector has continued to be inadequate and far below required levels. This is despite significant and consistent increases in funding recorded over the past 5 years, from both domestic and international sources. As a percentage of the Gross Domestic Product (GDP), health care spending represents between $5.4 \%$ and $6.6 \%$, which translates to approximately US\$ 28 per capita. The major concern is that both internal and external funding to health has mainly been directed at combating priority communicable diseases, particularly HIV and AIDS, malaria, TB and STIs, with little or no significant improvements in the funding to NCDs. Projected budgetary allocation for NCDs constituted $0.00148 \%$ of allocation to the health sector in 2014. This clearly shows that although funding to NCDs is included in the health sector's plans and budgets, funding levels remain far below the needs.

Since 2006, MOH has been implementing a comprehensive Human Resource for Health Strategic Plan (HRH-SP 2006-10). Implementation of this plan has led to positive trends in the numbers, skills-mix and distribution of health workers. The total number of staff increased from 23,176 in 2005 to 29,533 in 2009, representing 57.0\% of the approved establishment of 51,414. However, notwithstanding these improvements, there are still shortages of health workers at all levels. As at December 2009, there were less than $50.0 \%$ of clinical health workers available, against the approved establishment, leading to high workloads. At community level, only 19.0\% of Community Health Workers (CHWs) are active in providing services within their communities. This has implications on the capacities to promote and scale up community awareness and participation in the scaling up of NCDs activities at community level.

### 1.4 Objectives

The goal of the Zambia STEPS survey was to determine the prevalence of common NonCommunicable Diseases (NCDs) and their associated risk factors in Zambia among Zambian adults aged 18 to 69 years. These behavioural risk factors include:

- Tobacco use
- Alcohol use
- Physical inactivity
- Unhealthy diet
- Over weight and obesity
- Oral health
- Raised blood pressure
- Raised blood glucose
- Abnormal blood lipids
- Mental health (suicidal behaviour)
- Mean population salt intake


### 1.5 Specific Objectives

Specific objectives of this study were:

1. To identify the current levels of key risk factors for NCDs in the adult population aged 18 to 69 years in Zambia
2. To track the key selected indicators related for mental health in the adult population aged 18 to 69 years in Zambia
3. To track the key selected indicators related to oral health in the adult population aged 18 to 69 years in Zambia
4. To collect data from which to predict likely future demands for health services and support planning and development of NCD policy and programme interventions

## CHAPTER 2: SURVEY METHODS AND OPERATION

This section explains the scope of the STEPS survey, the methods used for data collection, and the implementation process. It also describes the sample and analytical methods in sufficient detail to demonstrate that the survey results are reliable and represent the intended population.

### 2.1 Scope

A cross-sectional national survey was conducted to obtain data that was representative of the adult population, aged 18 to 69 years, in Zambia. The survey included three steps - STEP 1 was an interview of participants to assess behavioural risk factors and health history related to NCDs; STEP 2 involved physical measurements to assess blood pressure, height and weight and waist and hip circumference; and STEP 3 included blood chemistry rapid diagnostic tests to assess fasting blood glucose and total cholesterol. This was done by the use of Cardio-Check spot testing equipment. In addition to this mean sodium intake of the adult population was estimated by measuring urinary sodium via a spot urine test. The survey was expanded to include additional modules on mental health and oral health. A question was also included to assess whether women had ever been screened for cervical cancer.

### 2.2 Study population

All adults living in Zambia at the time of the survey were included if they were aged 18 to 69 years and resident in the selected households.

### 2.3 Sample size

The study was designed to estimate prevalence of key risk factors of NCDs with a certain degree of precision. The number of households ( n ) to be surveyed with $95 \%$ confidence was calculated using following formula and assumptions:

$$
\mathrm{n}=\frac{Z^{2} 1-\alpha P(1-P)}{d^{2}} \quad \text { Equation } 1
$$

Where:
$\mathrm{Z}=$ level of confidence measure and it represents the number of standard errors away from the mean. This describes the uncertainty in the sample mean or prevalence as an estimate of the population mean (normal deviate if alpha equals $0.05, Z=1.96$, for $95 \%$ confidence level).
$\mathrm{P}=$ Baseline level of indicators. Since this estimate was not available, it was recommended that the value of $p=0.5$, at maximum variability is used. Generally the greater the variability in the population the lager the sample size in order to achieve the desired level of precision (i.e. the closeness of the sample estimates to the result we could get from a $100 \%$ enumeration or census). Since variability was also not known, a conservative value of $p=0.5$ was used.
$\mathrm{d}=$ Margin of error. The expected half width of the confidence interval and taken 0.05 for this study. Substituting this values into equation 1 gives:

$$
\begin{aligned}
& n=\frac{1.96 * 1.96}{0.05^{*} 0.05} \\
& n=384.16
\end{aligned}
$$

This was multiplied by number of domains to ensure enough representation for age sex groups to be reported and allow reporting of some indicators by urban rural disaggregation. The number of domains was decided by considering male and female and 4 age groups ( 18 to 29, 30 to 44,45 to 59 , and 60 to 69 years), which gives 8 groups of study population. The ( n ) was further adjusted for design effect of 1.5 to address the issue of cluster sampling, which gives:

$$
n=382.16 * 8 * 1.5=4609
$$

The ( $n$ ) was adjusted for expected non-response to get the final sample size. An $80 \%$ response rate was expected. The above sample size was divided by the expected response rate.
$n=4609 / 0.8=5762.4$. Therefore, a total of 5791 households were included in the final sample size calculation.

### 2.4 Sampling

To ensure that the sample reflected the entire country of Zambia, a multi-stage cluster sampling technique was used to select a nationally representative sample of adults in Zambia aged 18 to 69 years. It was decided to utilize the household listing from the Zambia PopulationBased HIV Impact Assessment (ZAMPHIA) - a household-based national survey that was conducted between March and August 2016 in order to measure the status of Zambia's national HIV response. ZAMPHIA offered the most pragmatic up to date and accessible national household listing to be used as the sampling frame for this survey. The ZAMPHIA survey included 60,581 households drawn from 1,103 clusters referred to in this report as standard enumeration area (SEA) (Table 2.4.1). Thus the sample drawn for the STEPS survey was a subsample of the households selected for the ZAMPHIA survey.
In the first stage of sampling, SEAs were selected from each province using probability proportional to size (PPS). In the second stage, 15 households in rural SEAs and 20 households in urban SEAs were selected systematically using appropriate sampling interval based on the number of households in that SEA. These households constituted the final list of households for the STEPS survey prepared for the field investigators (FI). In the third stage, while the FI approached the household and sought consent, all eligible members in the household were entered into the Android-based devise used for the survey. The device then selected one member from the eligible members using a simple random sampling technique. The selected member was then interviewed having gone through the ethical process of consent after being provided with information on the survey. If the selected member was not available, a scheduled visit was made. If the selected member could not be reached after two scheduled visits he or she was considered as non-response. There was no replacement strategy so as to maintain the integrity and representativeness of the sample.

Table 2.4.1: Sample size allocation by province

| Province | ZAMPHIA 2014 |  | ZAMBIA STEPS 2017 |  |
| :--- | :---: | :---: | :---: | :---: |
|  | EA (SEA) | Households | EA (SEA) | Households |
| Central | 85 | 4182 | 36 | 575 |
| Copperbelt | 203 | 10423 | 40 | 750 |
| Eastern | 96 | 5126 | 40 | 625 |
| Luapula | 66 | 3196 | 30 | 480 |
| Lusaka | 221 | 12204 | 50 | 940 |
| Muchinga | 97 | 5128 | 26 | 420 |
| North-Western | 84 | 5421 | 30 | 415 |
| Northern | 78 | 4986 | 26 | 470 |
| Southern | 104 | 6420 | 44 | 705 |
| Western | 69 | 3495 | 25 | 411 |
| Total | $\mathbf{1 1 0 3}$ | $\mathbf{6 0 5 8 1}$ | $\mathbf{3 4 7}$ | $\mathbf{5 7 9 1}$ |

### 2.5 Staff recruitment and training

A total of 41 field investigators (FI) were recruited for the survey. They were mainly Master of Public Health (MPH) students from the University of Zambia, School of Public Health. Training was carried out from $10^{\text {th }}$ to $14^{\text {th }}$ July 2017. The training was facilitated by WHO headquarters staff and the Zambia STEPS research team. The training was officially opened by the Director of Health Policy at the MoH and officially closed by the WHO representative. The mode of training comprised of didactic, group discussions, and mock interviews. The areas covered included:

- Workshop objectives
- Overview of STEPS
- Interview tracking and approaching selected households
- Introduction to e-STEPS Android-based data collection tool
- e-STEPS Android-based participants section
- Informing participants and obtaining consent
- Interview skills
- STEPS instrument
- Recording data on the Android devices
- Taking and recording physical measurements
- Taking height and weight with BMI scale
- Procedures for STEPS 3
- Preparing equipment and supplies for the survey
- Conducting the pilot

After the training and the pilot, the FIs were allocated to 10 teams with each team assigned to each province. The number of FIs per team depended on the number of households to survey in that province (Table 2.5.1). Each team included 1 supervisor (for planning and checking the completeness of questionnaires, and undertaking some interviews/measurement), 3 or 4 field investigators (for STEP 1 and STEP 2 and STEP 3) and one driver.

Table 2.5.1: Number of field investigators (FI) per province (team)

| Province | Number of households to <br> survey | Number of FIs per team |
| :--- | :---: | :---: |
| Central | 575 | 4 |
| Copperbelt | 750 | 5 |
| Eastern | 625 | 5 |
| Luapula | 480 | 4 |
| Lusaka $*$ | 940 | 2 |
| Muchinga | 420 | 4 |
| Northern | 470 | 4 |
| North Western | 415 | 4 |
| Southern | 705 | 5 |
| Western | 411 | 4 |
| Total | 5791 | 41 |

* All teams did Lusaka in the first 10 days. 2 FI were left to complete Lusaka Households.


### 2.6 Pilot study

A one day field pilot survey was conducted immediately after the training of supervisors and FIs on the $14^{\text {th }}$ July 2017. The objectives of the pilot testing were:

- To assess the applicability of the questionnaires to the local communities
- To assess reactions of the respondents to the survey procedures
- To assess whether the instructions in the field manual were relevant and straightforward
- To estimate time needed to administer each questionnaire
- To assess the sequencing/flow of questions
- To check the content validity of the questions after translation.

The pilot was conducted in a SEA situated in Chongwe district. All Fls participated in the pilot. After the pilot, the team reconvened to receive feedback from Fls. All issues identified were addressed and the survey tools were finalized.

### 2.7 Survey tools

The generic WHO STEPS survey tools were adapted by the Zambia survey team. This included adaptation and translation of any relevant materials into the 7 main local languages. The showcard were also adapted to reflect locally relevant alcoholic drinks, tobacco, fruits, and vegetables. All core modules were included. STEP 1 was expanded to include tobacco policy, oral health, and mental health/suicide, which are relevant areas of concern in Zambia. The contents of the questionnaire were as follows:

STEP 1: included demographic data: - sex, age, education, tribe, marital status, occupation, household income, tobacco use, tobacco policy, alcohol consumption, fruit and vegetable consumption, dietary salt, physical activity, history of raised blood pressure, history of diabetes, history of raised total cholesterol, history of cardiovascular disease, lifestyle advice, uptake of cervical cancer screening, oral health, and mental health and suicide.

STEP 2: included physical measurements: - blood pressure, height, weight, waist circumference, hip circumference, and heart rate.

STEP 3: included biochemical measurements: - blood glucose, blood lipids, urinary sodium, and creatinine.

### 2.8 Main field work/data collection

The main field work started on $22^{\text {nd }}$ July 2017 in Lusaka province, which ran until ${ }^{\text {st }}$ August 2017. The entire ten teams were deployed in Lusaka province. This strategy ensured that all technical issues were resolved and a refresher session held before redeployment of teams to respective provinces. The Lusaka experience was useful as it helped troubleshoot some technical issues that were encountered with the Android devices.

Following the Lusaka survey, two members of the Lusaka team remained to complete all households. The other nine teams were redeployed to their respective provinces in turn as and when MoH made vehicles available. The main fieldwork ended on $15^{\text {th }}$ October 2017. Each team was provided with a field kit containing: a carrier bag, letters to the provincial health authorities, tablets for data collection/recording responses, charging cords for tablets, feedback forms for participants, consent forms, checklist, list of the selected standard enumeration area and households, and SEA maps. The team were also provided with field log book, interview tracking forms, operational manual, pens, pencils, clipboards, notebooks, scales for weight and height measurements, tapes for hip and waist measurements, digitalized blood pressure monitors, devices and test strips for STEP 3 (plus lancets, swabs and sharp containers, gloves, pipettes), and urine sample containers. Each member of the survey team had a project bag and identity card.

Each selected participant in the survey was assigned a system generated unique identifier, based on the device ID and number of eligible members in the household as well as the serial number assigned in the household, which appeared on any relevant forms such as consent forms and clinic appointment cards. Each supervisor and FI was also given a unique identification code based on the device ID. Each interview took approximately one and a half hours.

STEP 3 was done in the morning of the following day in most cases. However in some places modifications were made so that participants were prepared beforehand through local leaders and community health workers, who were contact before the research teams arrived. Eligible members from sampled families were asked to come to a central location on a named day and time. Participants were told not to eat until they were seen by the research team. Once on site, the research team explained the purpose of the study to sampled families. Prior to entering the names of those eligible, selection was done and urine was collected immediately after validating that it wasn't the first time to pass urine that morning. For those who had fasted, glucose measurements were taken the same day while those who had not fasted, glucose measurements were done the following morning.

Each team spent an average of 55 days to complete the survey over and above the budgeted 40 days. This was mainly due to the travel time between SEAs, especially in the rural SEAs.

### 2.9 Data management

Data entry was done on handheld devices used by each member of the survey team to record the respondents' answers to the STEP 1 interview and the physical and biochemical results from STEP 2 and 3 , except for the results from the urine analysis of sodium and creatinine, which was separately recorded by a central laboratory. WHO e-STEPS software was used on the handheld devices to capture all survey data. A storage device card was fitted in every PDA to ensure a backup copy of data was stored in case of any device failures. No additional data entry was required as all data was entered at time of interview and measurements on the handheld devices.

Data from handheld devices was periodically uploaded to a central server hosted at the Centre for infectious Diseases Research (CIDRZ) premises in Lusaka, usually every 2 to 3 days as internet connectivity in the field permitted. Data cleaning and weighting was undertaken prior to data analysis, following guidance provided by WHO in the e-STEPS manual. The weighting was done to make the sample representative of the target population (adults in Zambia aged 18 to 69 years). Sample weights, reflecting the inverse of the probability of selection of each participant, were calculated using a combination of the probabilities of selection of the ZAMPHIA SEAs plus the probabilities of selection at each stage of the subsampling process described previously. That is, the probability of selection of the SEA, the household and the participant were each calculated and multiplied by the probability of selection of the SEA in the original ZAMPHIA sample. The final weight was adjusted for the differences between the sample population and target population (population weight) using the UN Population Division population estimates. This adjustment was done separately for Step 3 in light of the substantial difference in response rate for this Step compared to Step 1 and 2.

### 2.10 Data analysis

Data analysis was conducted using Epi Info 3.5.1, using STEPS tools and analysis commands developed by WHO and adapted for use by the Zambian survey team. This was done during a 4 -day workshop for data management and analysis from $22^{\text {nd }}$ to $25^{\text {th }}$ January 2018. Tables were presented using the WHO STEPS factsheet and data book templates. Variables measured on binary or categorical scale were summarized using proportions (percentages) while those measured on continuous scale were summarized using median. Confidence intervals at 95\% were presented for all percentages as a measure of precision for the estimated percentages while interquartile range were presented for median. All estimates were presented for each sex group as well as both sexes and disaggregated by age groups. Estimates for which the denominator was less than 50 were not presented and were indicated where appropriate.

### 2.11 Response rate

The response rate of the Zambia STEPS survey was calculated using two approaches. The first approach which used the WHO STEPS convention gave a response rate of $74.3 \%$ ( $=4302 / 5791$ ), which simply divided the number of participants included in the analysis by the total number of participants targeted for the survey as per sample size calculation. The second approach gave a response rate of $77.7 \%$ ( $4302 / 5536$ ), which used the same numerator as the first approach but the denominator was based on the number of eligible members selected for the survey.

## CHAPTER 3: SURVEY RESULTS

### 3.1 Characteristics of survey respondents

## Age and sex distribution of respondents

Almost two thirds (62.5\%) of the respondents were women (Table 3.1.1) with about 66.9\% being female in the 60 to 69 years age group. Regarding both sexes, $37.7 \%$ were aged 18 to 29 years (Table 3.1.1).

Table 3.1.1: Age group and sex of respondents

| Age Group (years) | Men |  | Women |  | Both Sexes |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | \% | N | \% | N | \% |
| 18-29 | 597 | 36.9 | 1023 | 63.1 | 1620 | 37.7 |
| 30-44 | 578 | 38.2 | 935 | 61.8 | 1513 | 35.2 |
| 45-59 | 312 | 39.7 | 473 | 60.3 | 785 | 18.2 |
| 60-69 | 127 | 33.1 | 257 | 66.9 | 384 | 8.9 |
| 18-69 | 1614 | 37.5 | 2688 | 62.5 | 4302 | 100 |

## Highest level of education

The majority of the respondents (26.1\%) had attained at least some primary school education. Nearly a tenth (9.9\%) of the respondents had no formal schooling while about a quarter (24.1\%) completed primary school and $13.1 \%$ had completed senior high secondary school. About onesixth ( $16.4 \%$ ) of male respondents completed senior high school compared to $11.2 \%$ of female respondents. The majority of male respondents (23.5\%) had completed primary school while the majority of women ( $28.3 \%$ ) had only some primary school education Table 3.1.2. indicates the distribution of the respondents age 18 to 69 by the level of education, age group and sex.

Table 3.1.2: Highest level of education by sex and age group

| Age Group (years) | Men |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% No formal schooling | \% Less than primary school | \% Primary <br> school completed | \% Junior <br> Secondary school completed | \% Secondary Higher school completed | \% College/ <br> University completed | \% Post graduate degree completed |
| 18-29 | 597 | 2.2 | 18.3 | 20.3 | 27.5 | 22.9 | 8.7 | 0.2 |
| 30-44 | 578 | 5.7 | 24.2 | 25.8 | 18.3 | 14.9 | 10.0 | 1.0 |
| 45-59 | 311 | 6.4 | 25.4 | 25.4 | 24.8 | 9.3 | 8.4 | 0.3 |
| 60-69 | 127 | 10.2 | 25.2 | 23.6 | 15.7 | 9.4 | 14.2 | 1.6 |
| 1869 | 1613 | 4.9 | 22.3 | 23.5 | 22.8 | 16.4 | 9.5 | 0.6 |
| Women |  |  |  |  |  |  |  |  |
| 18-29 | 1023 | 4.2 | 22.4 | 24.6 | 23.9 | 19.3 | 5.6 | 0.1 |
| 30-44 | 934 | 14.6 | 30.5 | 24.4 | 15.3 | 7.3 | 7.4 | 0.5 |
| 45-59 | 473 | 16.5 | 33.6 | 27.7 | 11.6 | 5.7 | 4.9 | 0.0 |
| 60-69 | 256 | 34.8 | 34.4 | 18.0 | 6.6 | 3.1 | 3.1 | 0.0 |
| 18-69 | 2686 | 12.9 | 28.3 | 24.5 | 17.1 | 11.2 | 5.8 | 0.2 |
| Both Sexes |  |  |  |  |  |  |  |  |
| 18-29 | 1620 | 3.5 | 20.9 | 23.0 | 25.2 | 20.6 | 6.7 | 0.1 |
| 30-44 | 1512 | 11.2 | 28.1 | 24.9 | 16.5 | 10.2 | 8.4 | 0.7 |
| 45-59 | 784 | 12.5 | 30.4 | 26.8 | 16.8 | 7.1 | 6.3 | 0.1 |
| 60-69 | 383 | 26.6 | 31.3 | 19.8 | 9.7 | 5.2 | 6.8 | 0.5 |
| 18-69 | 4299 | 9.9 | 26.1 | 24.1 | 19.2 | 13.1 | 7.2 | 0.4 |

## Marital status of respondents

Slightly over $60.0 \%$ of the total number of respondents (61.1\%) were currently married while $21.8 \%$ had never been married. More men reported being married (66.3\%) compared to women (57.98\%). In addition, 17.0\% of the respondents were either separated, divorced or widowed. Table 3.1 .3 shows the distribution of respondents age 18 to 69 by marital status and sex.

Table 3.1.3: Marital status of respondents

| Age <br> Group <br> (years) | Men |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | \% Never married | \% Currently married | \% Separated | \% <br> Divorced | \% Widowed | \% Cohabiting |
| 18-29 | 596 | 59.1 | 38.4 | 1.0 | 0.7 | 0.5 | 0.3 |
| 30-44 | 578 | 10.2 | 81.3 | 4.3 | 2.9 | 1.0 | 0.2 |
| 45-59 | 312 | 3.5 | 84.0 | 4.2 | 5.4 | 2.6 | 0.3 |
| 60-69 | 127 | 1.6 | 85.0 | 2.4 | 2.4 | 8.7 | 0.0 |
| 18-69 | 1613 | 26.3 | 66.3 | 2.9 | 2.5 | 1.7 | 0.2 |
| Age <br> Group <br> (years) | Women |  |  |  |  |  |  |
|  | N | \% Never married | \% Currently married | \% Separated | \% Divorced | \% <br> Widowed | $\%$ <br> Cohabitin <br> g |
| 18-29 | 1020 | 40.1 | 52.5 | 2.9 | 3.8 | 0.6 | 0.0 |
| 30-44 | 931 | 8.1 | 71.5 | 4.9 | 10.0 | 5.3 | 0.2 |
| 45-59 | 473 | 4.9 | 53.7 | 5.1 | 12.3 | 24.1 | 0.0 |
| 60-69 | 255 | 1.2 | 37.6 | 0.8 | 11.0 | 49.4 | 0.0 |
| 18-69 | 2679 | 19.0 | 57.9 | 3.8 | 8.1 | 11.0 | 0.1 |
| Age | Both Sexes |  |  |  |  |  |  |
| Group (years) | N | \% Never married | \% Currently married | \% Separated | $\begin{aligned} & \mathrm{d} \\ & \hline \text { Divorced } \end{aligned}$ | \% Widowed | \% Cohabiting |
| 18-29 | 1616 | 47.1 | 47.3 | 2.2 | 2.7 | 0.6 | 0.1 |
| 30-44 | 1509 | 8.9 | 75.3 | 4.7 | 7.3 | 3.6 | 0.2 |
| 45-59 | 785 | 4.3 | 65.7 | 4.7 | 9.6 | 15.5 | 0.1 |
| 60-69 | 382 | 1.3 | 53.4 | 1.3 | 8.1 | 35.9 | 0.0 |
| 18-69 | 4292 | 21.8 | 61.1 | 3.5 | 6.0 | 7.5 | 0.1 |

## Employment status of the respondents

The biggest percentage of the respondents ( $50.0 \%$ ) were unpaid, while 39.8 percent were selfemployed as shown in the table below:

| Age group (years) | N | \% Government employee | \% Nongovernment employee | \% Self-employed | \% Unpaid |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Men |  |  |  |  |  |
| 18-29 | 597 | 2.7 | 9.5 | 36.3 | 51.4 |
| 30-44 | 577 | 7.3 | 13.3 | 55.3 | 24.1 |
| 45-59 | 312 | 4.5 | 8.7 | 55.8 | 31.1 |
| 60-69 | 127 | 0.8 | 5.5 | 40.9 | 52.8 |
| 18-69 | 1613 | 4.5 | 10.4 | 47.2 | 37.8 |
| Women |  |  |  |  |  |
| 18-29 | 1023 | 1.9 | 4.5 | 27.1 | 66.6 |
| 30-44 | 932 | 4.5 | 5.3 | 42.6 | 47.6 |
| 45-59 | 473 | 2.3 | 4.9 | 42.3 | 50.5 |
| 60-69 | 254 | 0.4 | 2.4 | 28.7 | 68.5 |
| 18-69 | 2682 | 2.7 | 4.6 | 35.3 | 57.3 |
| Both sexes |  |  |  |  |  |
| 18-29 | 1620 | 2.2 | 6.4 | 30.5 | 61.0 |
| 30-44 | 1509 | 5.6 | 8.3 | 47.4 | 38.6 |
| 45-59 | 785 | 3.2 | 6.4 | 47.6 | 42.8 |
| 60-69 | 381 | 0.5 | 3.4 | 32.8 | 63.3 |
| 18-69 | 4295 | $3.4$ | 6.8 | $39.8$ | 50.0 |

### 3.2 Behavioural Risk Factors

### 3.2.1 Tobacco Use

Tobacco use is a major risk factor for lung cancer and cardiovascular diseases. The 2017 WHO report on the global tobacco epidemic indicated that although the WHO framework Convention on Tobacco Control (WHO FCTC) was ratified on $23^{\text {rd }}$ May 2008, Zambia has not yet signed (WHO, 2017a). The report also indicated that although there is a national agency or technical unit for tobacco control there was no specific national government objectives in tobacco control and that as of 2008 Government's expenditure on tobacco control was USD 37,257 (WHO, 2017c).

## Current tobacco users

Current tobacco use is defined as the percentage of daily and non-daily tobacco users, includes smoking and smokeless, among all respondents. The overall prevalence of tobacco use was $15.8 \%$ with a significantly higher prevalence among men (24.0\%) than among women (7.8\%). The age group of 60 to 69 years had the highest prevalence of tobacco use at $25.3 \%$. Table 3.2.1 shows the distribution of current tobacco use by age group, sex and residence.

Table 3.2.1: Current tobacco users by age group and sex

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% <br> Current users | 95\% CI | N | \% <br> Current users | 95\% CI | n | \% <br> Current users | 95\% CI |
| 18-29 | 597 | 19.6 | 15.6-23.6 | 1022 | 6.5 | 4.4-8.6 | 1619 | 13.0 | 10.6-15.4 |
| 30-44 | 578 | 25.8 | 21.7-30.0 | 932 | 6.2 | 4.5-7.9 | 1510 | 16.0 | 13.6-18.3 |
| 45-59 | 312 | 31.8 | 25.6-38.1 | 470 | 11.7 | 8.2-15.1 | 782 | 21.1 | 17.6-24.6 |
| 60-69 | 127 | 34.6 | 23.9-45.4 | 257 | 18.1 | $\begin{aligned} & 11.6- \\ & 24.6 \end{aligned}$ | 384 | 25.3 | 18.9-31.6 |
| 18-69 | 1614 | 24.0 | 21.4-26.7 | 2681 | 7.8 | 6.4-9.2 | 4295 | 15.8 | $\begin{aligned} & 14.2- \\ & 17.3 \end{aligned}$ |

## Current Tobacco Smokers

The overall prevalence of tobacco smoking was $12.3 \%$. There was a significant gender difference in the prevalence of tobacco smoking. Tobacco smoking was more prevalent in men (23.0\%) than in women (2.0\%). The largest proportion of tobacco smokers were in the 60 to 69 years age group. Tobacco smoking was also higher in rural areas (14.9\%) than in urban (9.5\%). Table 3.2 .2 shows the distribution of tobacco smoking by sex and age group.

Table 3.2.2: Current tobacco smokers

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% <br> Current smoker | 95\% CI | N | \% <br> Current <br> smoker | 95\% Cl | n | \% Current smoker | 95\% CI |
| 18-29 | 597 | 18.9 | 14.9-22.8 | 1022 | 1.4 | 0.5-2.3 | 1619 | 10.1 | 8.0-12.2 |
| 30-44 | 578 | 24.8 | 20.7-28.8 | 933 | 1.6 | 0.8-2.5 | 1511 | 13.2 | $\begin{aligned} & 10.9- \\ & 15.4 \end{aligned}$ |
| 45-59 | 312 | 30.5 | 24.4-36.6 | 470 | 2.9 | 1.4-4.4 | 782 | 15.9 | $\begin{aligned} & 12.8- \\ & 18.9 \end{aligned}$ |
| 60-69 | 127 | 30.6 | 19.9-41.4 | 257 | 7.4 | $\begin{aligned} & 3.0- \\ & 11.8 \end{aligned}$ | 384 | 17.5 | $\begin{aligned} & 11.8- \\ & 23.1 \end{aligned}$ |
| 18-69 | 1614 | 23.0 | 20.4-25.6 | 2682 | 2.0 | 1.4-2.6 | 4296 | 12.3 | $\begin{aligned} & \hline 10.9- \\ & 13.6 \end{aligned}$ |
| Residence |  |  |  |  |  |  |  |  |  |
| Rural | 1057 | 26.8 | 23.9-30.0 | 1600 | 2.0 | 1.0-2.9 | 2657 | 14.9 | $\begin{aligned} & \hline 13.2- \\ & 16.7 \end{aligned}$ |
| Urban | 557 | 18.5 | 15.0-22.6 | 1082 | 2.0 | 1.3-3.1 | 1639 | 9.5 | 7.9-11.6 |

## Smoking status

Overall prevalence of daily smoking among current smokers was $9.0 \%$ with men having a significantly higher prevalence ( $17.1 \%$ ) than women (1.3\%). Most of the respondents ( $82.0 \%$ ) had never smoked before while $5.7 \%$ where former smokers.
Table 3.2.3 shows the smoking status of respondents categorized as daily smokers, non-daily smokers, former smokers and never smokers.

Table 3.2.3: Smoking status of respondents

| Age <br> Gro <br> up <br> (yea <br> rs) | Current smoker |  |  |  |  |  |  | Non-smokers |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | $\begin{array}{r} \% \\ \text { Daily } \end{array}$ | 95\% CI | \% Nondaily | 95\% CI | Former smoker | 95\% CI | \% Never smoker | 95\% CI |
| Men |  |  |  |  |  |  |  |  |  |
| $\begin{aligned} & 18- \\ & 29 \end{aligned}$ | 597 | 13.2 | 10.0-16.4 | 5.7 | 3.2-8.2 | 11.8 | 8.3-15.3 | 69.4 | 64.5-74.3 |
| $\begin{gathered} 30- \\ 44 \end{gathered}$ | 578 | 18.6 | 15.1-22.1 | 6.1 | 3.8-8.5 | 6.3 | 3.8-8.8 | 69.0 | 64.4-73.6 |
| $\begin{gathered} 45- \\ 59 \end{gathered}$ | 312 | 25.2 | 19.5-30.9 | 5.3 | 2.7-8.0 | 15.7 | 10.8-20.5 | 53.8 | 46.6-61.0 |
| $\begin{aligned} & 60- \\ & 69 \end{aligned}$ | 127 | 22.9 | 13.7-32.1 | 7.8 | 0.0-15.8 | 13.3 | 6.3-20.2 | 56.1 | 44.5-67.7 |
| $\begin{aligned} & \text { 18- } \\ & 69 \end{aligned}$ | 1614 | 17.1 | 15.0-19.3 | 5.9 | 4.3-7.4 | 10.5 | 8.3-12.6 | 66.6 | 63.3-69.8 |
|  |  |  |  |  |  |  |  |  | Women |
| $\begin{aligned} & 18- \\ & 29 \end{aligned}$ | 1022 | 0.7 | 0.0-1.4 | 0.7 | 0.2-1.3 | 0.8 | 0.2-1.4 | 97.8 | 96.7-98.9 |
| $\begin{gathered} 30- \\ 44 \end{gathered}$ | 933 | 1.2 | 0.4-1.9 | 0.5 | 0.0-0.9 | 1.1 | 0.2-2.0 | 97.3 | 96.0-98.5 |
| $\begin{gathered} 45- \\ 59 \end{gathered}$ | 470 | 2.2 | 0.9-3.6 | 0.7 | 0.0-1.3 | 1.0 | 0.2-1.9 | 96.1 | 94.4-97.8 |
| $\begin{aligned} & 60- \\ & 69 \\ & \hline \end{aligned}$ | 257 | 4.9 | 1.8-8.1 | 2.5 | 0.0-5.6 | 2.9 | 0.1-5.6 | 89.7 | 84.8-94.7 |
| $\begin{aligned} & 18- \\ & 69 \\ & \hline \end{aligned}$ | 2682 | 1.3 | 0.8-1.8 | 0.7 | 0.4-1.1 | 1.0 | 0.6-1.5 | 97.0 | 96.2-97.7 |
| Both Sexes |  |  |  |  |  |  |  |  |  |
| $\begin{gathered} \hline 18- \\ 29 \end{gathered}$ | 1619 | 6.9 | 5.2-8.5 | 3.2 | 1.9-4.5 | 6.3 | 4.5-8.1 | 83.7 | 81.0-86.4 |
| $\begin{gathered} 30- \\ 44 \end{gathered}$ | 1511 | 9.9 | 7.9-11.8 | 3.3 | 2.0-4.6 | 3.7 | 2.4-5.0 | 83.2 | 80.6-85.8 |
| $\begin{gathered} 45- \\ 59 \end{gathered}$ | 782 | 13.0 | 10.1-15.9 | 2.9 | 1.6-4.2 | 7.9 | 5.4-10.4 | 76.2 | 72.3-80.2 |
| $\begin{gathered} 60- \\ 69 \end{gathered}$ | 384 | 12.7 | 8.3-17.1 | 4.8 | 0.9-8.7 | 7.4 | 4.0-10.8 | 75.2 | 69.1-81.3 |
| $\begin{aligned} & \text { 18- } \\ & 69 \end{aligned}$ | 4296 | 9.0 | 7.9-10.2 | 3.2 | 2.4-4.1 | 5.7 | 4.6-6.8 | 82.0 | 80.3-83.7 |

## Tobacco product use by age group

About two-thirds (67.9\%) of the current smokers reported using manufactured cigarettes. Hand rolled cigarettes were used by $48.6 \%$ of the respondents while shisha and pipes were used by $3.3 \%$ and $5.1 \%$ of the respondents respectively. Manufactured cigarettes were used mainly in the 18 to 29 years age group (77.1\%). The tobacco products used by current smokers are illustrated in Table 3.2.4

Table 3.2.4: Percentage of current smokers smoking different tobacco products

|  | Both Sexes <br> Age Group <br> (years) |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | \% Manuf. <br> cigs. | \% Hand- <br> rolled cigs. | \% Pipes of <br> tobacco | \% Cigars, <br> cheroots, <br> cigarillos | \% <br> Shish <br> a | \% Other |
| $18-29$ | 130 | 77.1 | 39.8 | 5.2 | 10.9 | 3.9 | 2.7 |
| $30-44$ | 175 | 70.0 | 48.0 | 2.3 | 8.5 | 3.2 | 3.2 |
| $45-59$ | 120 | 52.4 | 68.3 | 9.5 | 12.9 | 2.9 | 5.4 |
| $60-69$ | 50 | 46.2 | 47.9 | 8.8 | 1.6 | 2.0 | 4.7 |
| $\mathbf{1 8 - 6 9}$ | $\mathbf{4 7 5}$ | $\mathbf{6 7 . 9}$ | 48.6 | 5.1 | 9.8 | 3.3 | 3.5 |

## Mean age of smoking initiation

Table 3.2.5 highlights the mean age that current daily smokers started smoking. The overall mean age of starting smoking is 21 years with no marked difference between rural and urban areas.

Table 3.2.5: Average age of smoking initiation among daily smokers

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | Mean age | 95\% CI | N | Mean age | $\begin{aligned} & 95 \% \\ & \mathrm{Cl} \end{aligned}$ | N | Mean age | 95\% CI |
| 18-29 | 72 | 18.2 | 17.4-19.0 |  |  |  | 76 | 18.3 | 17.5-19.1 |
| 30-44 | 108 | 20.3 | 19.2-21.4 |  |  |  | 117 | 20.4 | 19.3-21.5 |
| 45-59 | 79 | 25.1 | 22.3-27.9 |  |  |  | 84 | 25.5 | 22.8-28.3 |
| 60-69 | 27 | 23.5 | 19.9-27.0 |  |  |  | 35 | 27.4 | 22.3-32.4 |
| 18-69 | 286 | 20.7 | 19.8-21.6 | 26* |  |  | 312 | 21.2 | 20.2-22.1 |
| Residence |  |  |  |  |  |  |  |  |  |
| Rural | 215 | 21.6 | 20.5-22.6 |  |  |  | 232 | 21.9 | 20.8-23.0 |
| Urban | 71 | 19.1 | 17.8-20.3 |  |  |  | 80 | 19.7 | 18.3-21.1 |

*estimates based on less than 50 unweighted cases have been censored.

## Smokeless tobacco

The overall prevalence of smokeless tobacco use was $4.5 \%$. Women significantly used more smokeless tobacco ( $6.8 \%$ ) compared to men ( $2.2 \%$ ). In both sexes, the use of smokeless tobacco was more in the 60 to 69 years age group (10.5\%). Table 3.2.6 shows the distribution of current smokeless tobacco users by age group and sex.

Table 3.2.6: Current use of smokeless tobacco

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n |  | 95\% CI | N |  | 95\% Cl | n |  | 95\% CI |
| 18-29 | 597 | 1.8 | 0.6-3.0 | 1023 | 5.8 | 3.8-7.8 | 1620 | 3.8 | 2.7-4.9 |
| 30-44 | 578 | 2.5 | 1.0-4.0 | 933 | 5.5 | 3.8-7.1 | 1511 | 4.0 | 2.9-5.1 |
| 45-59 | 312 | 1.9 | 0.4-3.4 | 473 | 10.1 | 6.8-13.5 | 785 | 6.3 | 4.3-8.2 |
| 60-69 | 127 | 5.5 | 1.4-9.5 | 257 | 14.3 | 8.0-20.7 | 384 | 10.5 | $\begin{aligned} & 6.4- \\ & 14.6 \end{aligned}$ |
| 18-69 | 1614 | 2.2 | 1.3-3.1 | 2686 | 6.8 | 5.4-8.2 | 4300 | 4.5 | 3.7-5.3 |

## Status of smokeless tobacco

Table 3.2.7 shows the smokeless tobacco use status of respondents categorized as daily users, non-daily users, former users and never users. Overall, $93.6 \%$ of the respondents have never used smokeless tobacco. Very few respondents (2.1\%) are daily users of smokeless tobacco. There was a significant gender difference on the daily users of smokeless tobacco with $3.2 \%$ of the women using compared to only $0.9 \%$ of the men.

Table 3.2.7: Status of smokeless tobacco use

| $\begin{aligned} & \hline \text { Age } \\ & \text { group } \\ & \text { (years) } \end{aligned}$ | N | Current user |  |  |  | Non user |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | \% Daily | 95\% CI | \% Nondaily | 95\% CI | \% Past user | 95\% CI | \% Never used | 95\% CI |
| Men |  |  |  |  |  |  |  |  |  |
| 18-29 | 597 | 0.6 | 0.0-1.2 | 1.2 | 0.2-2.2 | 2.0 | 0.5-3.5 | 96.2 | 94.4-98.1 |
| 30-44 | 578 | 1.2 | 0.1-2.2 | 1.3 | 0.2-2.4 | 2.1 | 0.5-3.8 | 95.4 | 93.2-97.6 |
| 45-59 | 312 | 0.6 | 0.0-1.4 | 1.3 | 0.0-2.6 | 2.4 | 0.1-4.6 | 95.7 | 93.1-98.4 |
| 60-69 | 127 | 4.1 | 1.0-7.2 | 1.4 | 0.0-4.1 | 1.2 | 0.0-2.5 | 93.4 | 89.1-97.6 |
| 18-69 | 1614 | 0.9 | 0.4-1.4 | 1.3 | 0.5-2.0 | 2.1 | 1.1-3.0 | 95.8 | 94.5-97.1 |
| Women |  |  |  |  |  |  |  |  |  |
| 18-29 | 1023 | 1.9 | 0.6-3.2 | 3.9 | 2.3-5.5 | 1.4 | 0.4-2.4 | 92.8 | 90.4-95.2 |
| 30-44 | 933 | 2.9 | 1.6-4.2 | 2.6 | 1.5-3.6 | 1.5 | 0.6-2.5 | 93.0 | 91.1-94.9 |
| 45-59 | 473 | 5.9 | 3.3-8.4 | 4.2 | 1.8-6.7 | 1.7 | 0.1-3.3 | 88.2 | 84.5-91.8 |
| 60-69 | 257 | 8.5 | 4.9-12.1 | 5.8 | 0.3-11.3 | 3.7 | 0.1-7.4 | 81.9 | 75.1-88.8 |
| 18-69 | 2686 | 3.2 | 2.3-4.0 | 3.6 | 2.6-4.6 | 1.6 | 1.0-2.3 | 91.6 | 90.0-93.3 |
| Both Sexes |  |  |  |  |  |  |  |  |  |
| 18-29 | 1620 | 1.2 | 0.5-1.9 | 2.6 | 1.6-3.5 | 1.7 | 0.8-2.6 | 94.5 | 93.1-95.9 |
| 30-44 | 1511 | 2.0 | 1.2-2.9 | 1.9 | 1.2-2.7 | 1.8 | 0.9-2.8 | 94.2 | 92.8-95.6 |
| 45-59 | 785 | 3.4 | 2.0-4.9 | 2.8 | 1.4-4.3 | 2.0 | 0.7-3.4 | 91.7 | 89.3-94.2 |
| 60-69 | 384 | 6.6 | 4.2-9.1 | 3.9 | 0.5-7.2 | 2.6 | 0.5-4.8 | 86.9 | 82.4-91.4 |
| 18-69 | 4300 | 2.1 | 1.6-2.5 | 2.5 | 1.8-3.1 | 1.8 | 1.3-2.4 | 93.6 | 92.7-94.6 |

The distribution of current users of smokeless tobacco using various smokeless tobacco products is detailed in Table 3.2.8. 69.1\% of the current users of smokeless tobacco used snuff by nose followed by $26.5 \%$ use snuff by mouth. Approximately $5.6 \%$ of the respondents reported chewing tobacco.

Table 3.2.8: percentage of current users of smokeless tobacco by selected products

| Age <br> Grou <br> p <br> (year <br> s) | Both Sexes |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N |  |  | \% | 95\% CI | \% |  | \% | 95\% CI | \% | 95\% Cl |
|  |  |  |  | Che |  |  | Bete | Othe |  |  |
|  |  |  |  |  |  | Snuf | win |  | I, |  | r |  |
|  |  | by | 95\% CI | f by |  | g | 95\% CI | quid |  |  |  |
|  |  | h |  | nose |  | toba |  |  |  |  |  |
|  |  |  |  |  |  | cco |  |  |  |  |  |
| 18-29 | 61 | 19.7 | 7.2-32.2 | 62.4 | 48.2-76.5 | 6.9 | 0.0-15.6 | 0.0 | 0.0-0.0 | 2.7 | 0.0-7.9 |
| 30-44 | 68 | 28.7 | 16.4-41.1 | 66.8 | 52.5-81.1 | 5.9 | 0.0-14.1 | 0.0 | 0.0-0.0 | 0.7 | 0.0-2.2 |
| 45-59 | 56 | 43.4 | 26.6-60.2 | 81.9 | 69.6-94.2 | 3.5 | 0.0-7.6 | 3.5 | 0.0-7.6 | 5.8 | 0.0-11.8 |
| 60-69 | 45 | 13.6 | 2.6-24.5 | 76.4 | 61.5-91.2 | 4.2 | 0.0-9.9 | 0.0 | 0.0-0.0 | 0.0 | 0.0-0.0 |
| 18-69 | 23 | 26.5 | 19.1-33.8 | 69.1 | 61.1-77.1 | 5.6 | 13-10.0 | 0.7 | 0.0-1.5 | 2.4 | 0.0-4.9 |
| 18-69 | 0 | 26.5 | 19.1-33.8 | 69.1 | 61.1-77.1 |  | 1.3-10.0 |  |  |  |  |

## Tobacco cessation

Overall, $49.3 \%$ of current smokers attempted to quit smoking in the last 12 months. Table 3.2.9 shows the distribution of current smokers who have attempted to quit smoking in the past 12 months.

Table 3.2.9: Percentage of current smokers who have tried to stop smoking in the last 12 months

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | \% Tried to stop smoking | 95\% CI | N | \% Tried to stop smoking | 95\% CI | n | \% Tried to stop smoking | 95\% CI |
| 18-29 | 116 | 55.1 | 44.4-65.7 | 14 | 22.7 | 0.0-51.4 | 130 | 52.9 | 42.6-63.1 |
| 30-44 | 158 | 45.0 | 36.6-53.5 | 17 | 41.3 | 13.7-69.0 | 175 | 44.8 | 36.7-52.9 |
| 45-59 | 104 | 54.9 | 43.8-65.9 | 16 | 23.4 | 1.3-45.6 | 120 | 51.8 | 41.5-62.2 |
| 60-69 | 36 | 52.3 | 31.1-73.4 | 14 | 30.2 | 4.3-56.0 | 50 | 47.0 | 28.0-66.0 |
| 18-69 | 414 | 51.1 | 45.2-57.1 | 61 | 29.4 | 15.4-43.5 | 475 | 49.3 | 43.8-54.9 |

Table 3.2.10 details the distribution of respondents advised to stop smoking by a doctor or health worker. Overall, almost one-fifth (19.7\%) of the respondents had been advised to stop smoking by health workers. The 18 to 29 years age group had the least percentage of respondents advised to stop smoking.

Table 3.2.10: Percentage of current smokers who have been advised by a health worker to stop smoking

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% <br> Advised to stop smoking | 95\% CI | N | \% Advised to stop smoking | 95\% CI | n | \% <br> Advised to stop smoking | 95\% CI |
| 18-29 | 96 | 16.8 | 8.2-25.4 | 12 | 3.9 | 0.0-12.2 | 108 | 15.9 | 7.8-24.0 |
| 30-44 | 122 | 21.0 | 12.7-29.3 | 15 | 12.5 | 0.0-35.7 | 137 | 20.4 | 12.1-28.7 |
| 45-59 | 89 | 25.1 | 13.9-36.3 | 10 | 14.8 | 0.0-36.0 | 99 | 24.4 | 13.8-35.0 |
| 60-69 | 30 | 30.2 | 6.7-53.8 | 13 | 4.2 | 0.0-12.9 | 43 | 24.2 | 5.5-43.0 |
| 18-69 | 337 | 20.7 | $\begin{aligned} & \hline 15.4- \\ & 26.1 \end{aligned}$ | 50 | 8.2 | 0.0-17.3 | 387 | 19.7 | 14.6-24.7 |

## Exposure to second hand smoke

Table 3.2.11 shows the distribution of respondents exposed to second hand smoke in their home. $17.4 \%$ of the respondents reported being exposed to second hand smoke in their homes. There was no significant gender difference in the exposure to second hand smoke in the home ( $17.0 \%$ in men compared to $17.9 \%$ in women).

Table 3.2.11: Percentage of respondents exposed to second hand smoke in the home

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | $\begin{gathered} \% \\ \text { Exposed } \\ \hline \end{gathered}$ | 95\% Cl | n | $\begin{gathered} \% \\ \text { Exposed } \\ \hline \end{gathered}$ | 95\% Cl | N | $\begin{gathered} \% \\ \text { Exposed } \\ \hline \end{gathered}$ | 95\% CI |
| 18-29 | 597 | 19.2 | 15.3-23.2 | 1023 | 17.6 | 14.3-21.0 | 1620 | 18.4 | 15.6-21.2 |
| 30-44 | 578 | 14.8 | 11.2-18.5 | 934 | 19.6 | 16.3-23.0 | 1512 | 17.2 | 14.5-20.0 |
| 45-59 | 312 | 15.2 | 10.3-20.2 | 473 | 16.0 | 12.0-19.9 | 785 | 15.6 | 12.4-18.8 |
| 60-69 | 127 | 15.6 | 7.6-23.5 | 257 | 14.3 | 8.0-20.6 | 384 | 14.8 | 9.8-19.8 |
| 18-69 | 1614 | 17.0 | 14.5-19.5 | 2687 | 17.9 | 15.6-20.2 | 4301 | 17.4 | 15.5-19.4 |

Slightly over one-fifth of the respondents (21.1\%) reported being exposed to second hand smoke in the workplace in the last 30 days. A significantly higher proportion of men (25.7\%) than women (16.5\%) reported that they have been exposed to second-hand smoke in the workplace. Table 3.2.12 illustrates the distribution of respondents who were exposed to smoke in their workplace.

Table 3.2.12: Percentage of respondents exposed to second hand smoke in the workplace

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | $\begin{gathered} \hline \% \\ \text { Exposed } \end{gathered}$ | 95\% Cl | n | $\begin{gathered} \% \\ \text { Exposed } \end{gathered}$ | 95\% Cl | n | $\begin{gathered} \hline \% \\ \text { Exposed } \\ \hline \end{gathered}$ | 95\% CI |
| 18-29 | 468 | 28.3 | 23.0-33.6 | 808 | 16.2 | 12.9-19.6 | 1276 | 22.2 | 18.9-25.5 |
| 30-44 | 436 | 25.8 | 20.9-30.7 | 705 | 20.1 | 16.1-24.0 | 1141 | 22.9 | 19.4-26.5 |
| 45-59 | 230 | 21.3 | 14.6-28.1 | 359 | 12.8 | 8.5-17.1 | 589 | 16.8 | 12.6-20.9 |
| 60-69 | 97 | 9.3 | 3.3-15.2 | 202 | 8.0 | 3.9-12.2 | 299 | 8.6 | 5.2-11.9 |
| 18-69 | 1231 | 25.7 | $\begin{gathered} 22.2- \\ 29.3 \end{gathered}$ | 2074 | 16.5 | 14.1-19.0 | 3305 | 21.1 | 18.7-23.4 |

### 3.2.2 Tobacco policy

$38.0 \%$ of respondents reported receiving information on the dangers of tobacco via the radio as compared to $21.0 \%$ who saw messages on TV and $17.7 \%$ who saw messages in print media (Table 3.2.13).

Table 3.2.13: Percentage of respondents who noticed information in different media about dangers of smoking or that encourages quitting

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% | 95\% CI | N | \% | 95\% CI | n | \% | 95\% CI |
| Newspaper/Magazines |  |  |  |  |  |  |  |  |  |
| 18-29 | 569 | 21.9 | 17.6-26.1 | 940 | 18.1 | 14.4-21.8 | 1509 | 20.0 | 16.7-23.3 |
| 30-44 | 543 | 19.4 | 15.1-23.8 | 866 | 14.0 | 10.9-17.2 | 1409 | 16.8 | 14.0-19.5 |
| 45-59 | 289 | 19.0 | 13.3-24.8 | 423 | 11.1 | 7.6-14.6 | 712 | 14.9 | 11.6-18.2 |
| 60-69 | 118 | 11.0 | 3.4-18.5 | 232 | 8.3 | 3.9-12.6 | 350 | 9.4 | 5.4-13.4 |
| 18-69 | 1519 | 20.2 | $\begin{aligned} & 17.2- \\ & 23.2 \end{aligned}$ | 2461 | 15.2 | 13.0-17.4 | 3980 | 17.7 | 15.6-19.8 |
| Television |  |  |  |  |  |  |  |  |  |
| 18-29 | 565 | 25.2 | 20.6-29.9 | 933 | 22.1 | 18.5-25.8 | 1498 | 23.7 | 20.4-27.0 |
| 30-44 | 534 | 20.0 | 15.7-24.4 | 857 | 20.7 | 16.8-24.7 | 1391 | 20.4 | 17.5-23.2 |
| 45-59 | 292 | 16.8 | 10.8-22.8 | 428 | 16.9 | 12.9-20.9 | 720 | 16.9 | 13.1-20.6 |
| 60-69 | 116 | 19.9 | 10.1-29.7 | 228 | 13.2 | 7.8-18.7 | 344 | 16.1 | 11.0-21.3 |
| 18-69 | 1507 | 22.1 | $\begin{aligned} & \hline 19.0- \\ & 25.1 \end{aligned}$ | 2446 | 20.4 | 18.0-22.9 | 3953 | 21.2 | 19.1-23.4 |
| Radio |  |  |  |  |  |  |  |  |  |
| 18-29 | 566 | 40.7 | 35.5-45.8 | 948 | 34.5 | 30.7-38.3 | 1514 | 37.6 | 34.0-41.2 |
| 30-44 | 538 | 38.5 | 32.9-44.0 | 870 | 39.1 | 34.7-43.5 | 1408 | 38.8 | 35.0-42.6 |
| 45-59 | 295 | 40.8 | 33.1-48.5 | 436 | 34.9 | 29.5-40.3 | 731 | 37.7 | 32.7-42.7 |
| 60-69 | 119 | 41.8 | 29.5-54.0 | 232 | 33.6 | 26.7-40.5 | 351 | 37.2 | 30.2-44.1 |
| 18-69 | 1518 | 40.0 | $\begin{gathered} 36.2- \\ 43.8 \end{gathered}$ | 2486 | 36.1 | 33.3-38.9 | 4004 | 38.0 | 35.2-40.8 |

$18.4 \%$ of respondents reported having seen an advertisement and promotion for cigarettes in the last 30 days (Table 3.2.14). Men were more likely to see advertisements and promotion of cigarettes (22.0\%) than women (14.8\%)

Table 3.2.14: Promotion and advertisements for cigarettes

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% | 95\% Cl | N | \% | 95\% Cl | n | \% | 95\% Cl |
| 18-29 | 572 | 21.1 | 16.3-26.0 | 948 | 16.0 | 12.8-19.2 | 1520 | 18.6 | 15.5-21.7 |
| 30-44 | 542 | 24.0 | 18.2-29.9 | 849 | 14.1 | 10.8-17.4 | 1391 | 19.1 | 15.5-22.7 |
| 45-59 | 290 | 20.0 | 13.9-26.1 | 428 | 14.5 | 10.2-18.7 | 718 | 17.1 | 13.3-20.9 |
| 60-69 | 113 | 22.4 | 11.5-33.3 | 226 | 9.9 | 5.2-14.6 | 339 | 15.4 | 9.9-20.9 |
| 18-69 | 1517 | 22.0 | 18.5-25.6 | 2451 | 14.8 | 12.4-17.2 | 3968 | 18.4 | 16.0-20.9 |

About two thirds (66.9\%) of all the current smokers have thought about quitting smoking after noticing health warnings about the dangers of tobacco smoking (Table 3.2.15)

Table 3.2.15: Percentage of Current smokers who saw health warnings on cigarette packages that thought of quitting

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% | 95\% Cl | N | \% | 95\% Cl | n | \% | 95\% CI |
| 18-29 | 62 | 73.7 | 59.7-87.7 | 5 |  |  | 67 | 70.4 | 56.4-84.4 |
| 30-44 | 91 | 67.7 | 57.2-78.2 | 6 |  |  | 97 | 68.2 | 57.8-78.5 |
| 45-59 | 52 | 54.2 | 37.2-71.2 | 5 |  |  | 57 | 55.8 | 39.6-72.1 |
| 60-69 | 16 | 69.3 | 38.4-100.0 | 3 |  |  | 19 | 63.7 | 31.5-95.9 |
| 18-69 | 221 | 68.1 | 59.9-76.2 | 19* |  |  | 240 | 66.9 | 58.9-74.9 |

The average price for a pack of 20 cigarettes was K20.00 (Table 3.2.16).

Table 3.2.16: Average price paid for 20 manufactured cigarettes

| Age Group | Both Sexes |  |  |
| :---: | :---: | :---: | :---: |
| (years) | n | Mean KWA | $95 \% \mathrm{Cl}$ |
| $18-29$ | 99 | 24.2 | $17.5-30.9$ |
| $30-44$ | 121 | 17.0 | $14.8-19.1$ |
| $45-59$ | 66 | 16.3 | $11.6-20.9$ |
| $60-69$ | 26 | 15.0 | $10.4-19.7$ |
| $\mathbf{1 8 - 6 9}$ | $\mathbf{3 1 2}$ | 19.9 | $\mathbf{1 6 . 8 - 2 2 . 9}$ |

### 3.2.2 Alcohol Consumption

There are a number of health hazards associated with alcohol intake in large amounts. This includes alcoholism, malnutrition, alcoholic liver diseases, and cancer among others. The 2014 World Health Organization global alcohol report (WHO, 2014a) indicated that although Zambia has restrictions for on/off-premises sales of alcoholic beverages as well as exercise tax on beer/wine/spirits, there was no written national policy adopted or revised. The Zambia national legal minimum age for off-premise sales of alcoholic beverages was 18 years. The report also indicated that there were no legally binding regulations on alcohol advertising, product placement, sponsorship, and sales promotion.

## Distribution of alcohol consumption

Overall, $21.7 \%$ of the respondents were current drinkers of alcohol with a significant gender difference ( $32.0 \%$ for men compared to $11.8 \%$ for women). In men, the largest proportion of drinkers ( $37.8 \%$ ) was among the 30 to 44 years while in women ( $15.3 \%$ ) was among the 60 to 69 years age group. $74.7 \%$ of the women were lifetime abstainers as opposed to $52.1 \%$ of the men.

The percentage of current drinkers was significantly higher among women in urban areas ( $15.7 \%$ ) than in rural areas ( $7.8 \%$ ). The distribution of alcohol consumption by sex, age group and residence is shown in
Table 3.2.17 below.

Table 3.2.17: Distribution of alcohol consumption among respondents

|  | N | \% Current drinker (past 30 days) | 95\% CI | \% Drank <br> in past 12 <br> months, not current | 95\% Cl | \% Past 12 <br> months abstainer | 95\% CI | \% Lifetime abstainer | 95\% CI |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Men |  |  |  |  |  |  |  |  |  |
| 18-29 | 59 7 | 27.4 | 23.2-31.6 | 7.1 | 4.5-9.6 | 8.8 | 5.9-11.8 | 56.7 | 51.7-61.7 |
| 30-44 | 57 8 | 37.8 | 32.8-42.8 | 3.0 | 1.5-4.4 | 11.6 | 7.2-15.9 | 47.7 | 42.9-52.4 |
| 45-59 | $\begin{aligned} & 31 \\ & 2 \end{aligned}$ | 33.2 | 27.0-39.4 | 5.4 | 1.7-9.2 | 13.4 | 8.6-18.2 | 48.0 | 41.2-54.8 |
| 60-69 | $\begin{aligned} & 12 \\ & 7 \end{aligned}$ | 32.3 | 20.8-43.7 | 3.9 | 0.9-6.8 | 14.8 | 6.1-23.4 | 49.1 | 37.1-61.1 |
| 18-69 | $\begin{aligned} & 16 \\ & 14 \end{aligned}$ | 32.0 | 29.2-34.9 | 5.3 | 3.9-6.6 | 10.7 | 8.2-13.1 | 52.1 | 48.7-55.4 |
| Women |  |  |  |  |  |  |  |  |  |
| 18-29 | 10 23 | 10.1 | 8.0-12.1 | 5.8 | 3.8-7.7 | 9.0 | 6.7-11.3 | 75.2 | 71.3-79.1 |
| 30-44 | $\begin{aligned} & 93 \\ & 4 \end{aligned}$ | 13.6 | 10.7-16.6 | 4.1 | 2.6-5.6 | 7.4 | 5.5-9.3 | 74.9 | 70.9-78.8 |
| 45-59 | $\begin{aligned} & 47 \\ & 3 \end{aligned}$ | 12.1 | 8.4-15.8 | 4.3 | 2.0-6.5 | 9.6 | 6.1-13.1 | 74.0 | 68.2-79.9 |
| 60-69 | $\begin{aligned} & 25 \\ & 7 \end{aligned}$ | 15.3 | 9.4-21.3 | 4.7 | 1.6-7.9 | 8.9 | 3.8-14.0 | 71.0 | 63.8-78.2 |
| 18-69 | $\begin{aligned} & 26 \\ & 87 \end{aligned}$ | 11.8 | 10.3-13.4 | 4.9 | 3.8-6.0 | 8.5 | 7.0-10.1 | 74.7 | 72.1-77.4 |
| Both Sexes |  |  |  |  |  |  |  |  |  |
| 18-29 | 16 20 | 18.7 | 16.1-21.3 | 6.4 | 4.8-8.0 | 8.9 | 7.0-10.8 | 66.0 | 62.5-69.5 |
| 30-44 | $\begin{aligned} & 15 \\ & 12 \end{aligned}$ | 25.7 | 22.6-28.7 | 3.5 | 2.4-4.6 | 9.5 | 7.0-11.9 | 61.3 | 58.0-64.7 |
| 45-59 | $\begin{aligned} & 78 \\ & 5 \end{aligned}$ | 22.0 | 18.1-25.9 | 4.8 | 2.6-7.1 | 11.4 | 8.6-14.2 | 61.8 | 57.1-66.6 |
| 60-69 | $\begin{aligned} & 38 \\ & 4 \end{aligned}$ | 22.7 | 16.4-29.0 | 4.4 | 2.2-6.5 | 11.4 | 6.9-16.0 | 61.5 | 54.3-68.7 |
| 18-69 | $\begin{aligned} & 43 \\ & 01 \end{aligned}$ | 21.7 | 20.0-23.4 | 5.1 | 4.2-6.0 | 9.6 | 8.0-11.1 | 63.6 | 61.2-66.0 |
| Reside nce |  |  |  |  |  |  |  |  |  |
| Men |  |  |  |  |  |  |  |  |  |
| Rural | $\begin{aligned} & 10 \\ & 57 \end{aligned}$ | 31.0 | 27.9-34.4 | 5.9 | 4.4-7.9 | 8.7 | 6.9-10.8 | 54.4 | 50.9-57.9 |
| Urban | $\begin{aligned} & 55 \\ & 7 \end{aligned}$ | 33.2 | 28.6-38.0 | 4.5 | 2.8-7.3 | 13.0 | 9.7-17.2 | 49.3 | 44.2-54.5 |
| Women |  |  |  |  |  |  |  |  |  |
| Rural | $\begin{aligned} & 16 \\ & 00 \end{aligned}$ | 7.8 | 6.4-9.4 | 3.6 | 2.6-4.9 | 4.5 | 3.3-6.0 | 84.2 | 81.9-86.2 |
| Urban | $\begin{aligned} & 10 \\ & 87 \end{aligned}$ | 15.7 | 13.2-18.5 | 6.2 | 4.6-8.3 | 12.3 | $\begin{aligned} & 10.0- \\ & 15.1 \end{aligned}$ | 65.9 | 62.2-69.3 |
| Both Sexes |  |  |  |  |  |  |  |  |  |
| Rural | $\begin{aligned} & 26 \\ & 57 \end{aligned}$ | 19.8 | 18.0-21.8 | 4.8 | 3.8-5.9 | 6.7 | 5.6-7.9 | 68.7 | 66.5-70.9 |
| Urban | $\begin{aligned} & 16 \\ & 44 \end{aligned}$ | 23.7 | 21.2-26.5 | 5.4 | 4.2-7.0 | 12.6 | $\begin{aligned} & 10.6- \\ & 15.0 \end{aligned}$ | 58.2 | 55.1-61.3 |

## Frequency of alcohol consumption in the last 7 days among current drinkers

The minority of current drinkers (7.6\%) consume alcohol daily with little difference between sexes ( $7.4 \%$ for men and $8.0 \%$ for women). The majority of the current drinkers (53.4\%) consume alcohol 1 to 2 days in the last week. A fifth (19.8\%) of the respondents reported not having consumed any alcohol in the past week (Table 3.2.18).

Table 3.2.18: Frequency of alcohol consumption in the last 7 days by current drinkers

| Age <br> Group (years) | N | \% <br> Daily | 95\% CI | $\begin{aligned} & \text { \% 5-6 } \\ & \text { days } \end{aligned}$ | 95\% CI | $\begin{aligned} & \text { \% 3-4 } \\ & \text { days } \end{aligned}$ | 95\% CI | $\begin{aligned} & \text { \% 1-2 } \\ & \text { days } \end{aligned}$ | 95\% CI | $\begin{aligned} & \% 0 \\ & \text { days } \end{aligned}$ | 95\% CI |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Men |  |  |  |  |  |  |  |  |  |  |  |
| 18-29 | 162 | 3.3 | 0.0-7.5 | 5.1 | 1.4-8.9 | 21.6 | 13.4-29.7 | 52.5 | 43.7-61.3 | 17.5 | 10.4-24.7 |
| 30-44 | 217 | 9.0 | 4.4-13.6 | 5.0 | 1.6-8.4 | 16.1 | 9.9-22.3 | 51.2 | 42.6-59.8 | 18.7 | 12.2-25.2 |
| 45-59 | 103 | 12.6 | 4.0-21.3 | 2.6 | 0.0-6.1 | 12.1 | 5.2-18.9 | 52.3 | 41.1-63.6 | 20.4 | 9.2-31.6 |
| 60-69 | 39 | 15.4 | 2.7-28.1 | 2.0 | 0.0-6.1 | 23.8 | 1.1-46.6 | 48.7 | 27.4-69.9 | 10.1 | 1.5-18.7 |
| 18-69 | 521 | 7.4 | 4.6-10.2 | 4.6 | 2.5-6.7 | 18.1 | 13.7-22.6 | 51.8 | 46.4-57.2 | 18.1 | 13.8-22.3 |
| Women |  |  |  |  |  |  |  |  |  |  |  |
| 18-29 | 90 | 7.9 | 0.0-16.6 | 4.6 | 0.0-9.5 | 5.3 | 0.9-9.7 | 58.5 | 45.7-71.2 | 23.8 | 13.3-34.2 |
| 30-44 | 115 | 10.4 | 0.0-22.0 | 4.6 | 0.4-8.8 | 4.0 | 0.0-8.3 | 54.2 | 42.3-66.1 | 26.8 | 15.1-38.4 |
| 45-59 | 50 | 1.7 | 0.0-4.1 | 7.3 | 0.0-17.1 | 8.9 | 0.0-18.0 | 64.5 | 49.8-79.3 | 17.6 | 5.7-29.5 |
| 60-69 | 34 | 8.0 | 0.0-18.8 | 0.9 | 0.0-2.7 | 5.2 | 0.0-11.4 | 59.0 | 38.0-80.1 | 26.9 | 8.5-45.4 |
| 18-69 | 289 | 8.0 | 2.1-13.9 | 4.7 | 1.6-7.9 | 5.3 | 2.5-8.2 | 57.7 | 50.8-64.6 | 24.3 | 18.0-30.6 |
| Both sexes |  |  |  |  |  |  |  |  |  |  |  |
| 18-29 | 252 | 4.5 | 0.7-8.3 | 5.0 | 2.0-8.0 | 17.4 | 11.2-23.6 | 54.0 | 46.8-61.3 | 19.1 | 12.8-25.5 |
| 30-44 | 332 | 9.4 | 3.8-15.0 | 4.9 | 2.2-7.6 | 12.8 | 8.2-17.4 | 52.0 | 45.2-58.8 | 20.9 | 15.2-26.6 |
| 45-59 | 153 | 9.4 | 3.5-15.3 | 4.0 | 0.2-7.8 | 11.1 | 5.8-16.5 | 55.9 | 46.2-65.6 | 19.6 | 11.0-28.2 |
| 60-69 | 73 | 12.5 | 3.8-21.3 | 1.6 | 0.0-4.2 | 16.6 | 1.5-31.7 | 52.7 | 36.7-68.6 | 16.6 | 7.4-25.8 |
| 18-69 | 810 | 7.6 | 4.7-10.4 | 4.6 | 2.9-6.4 | 14.6 | 11.3-17.9 | 53.4 | 49.3-57.5 | 19.8 | 16.2-23.4 |

## Mean number of drinking occasions in the past 30 days among current drinkers

The mean number of drinking occasions in the last 30 days among current drinkers was 6.7 days, which was significantly higher in males ( 7.7 days) compared to women ( 4.0 days). Table 3.2.19 below illustrates the mean number of drinking occasions among current drinkers in the last 30 days.

Table 3.2.19: Mean number of drinking occasions in the last 30 days among current drinkers

| Age <br> Group <br> (years) | N | Men | Women |  |  |  |  |  |  |  |  |  |  | $95 \% \mathrm{Cl}$ | N | Mean | $95 \% \mathrm{Cl}$ | n | Mean | $95 \% \mathrm{Cl}$ |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 138 | 7.4 | $5.0-9.9$ | 81 | 3.5 | $2.3-4.6$ | 219 | 6.4 | $4.5-8.4$ |  |  |  |  |  |  |  |  |  |  |  |
| $30-44$ | 180 | 8.1 | $6.4-9.7$ | 93 | 3.8 | $2.6-5.0$ | 273 | 6.8 | $5.6-8.1$ |  |  |  |  |  |  |  |  |  |  |  |
| $45-59$ | 90 | 7.1 | $5.3-8.9$ | 34 | 5.8 | $2.1-9.5$ | 124 | 6.8 | $5.2-8.3$ |  |  |  |  |  |  |  |  |  |  |  |
| $60-69$ | 28 | 10.4 | $5.2-15.7$ | 28 | 5.7 | $2.5-8.9$ | 56 | 8.6 | $5.0-12.3$ |  |  |  |  |  |  |  |  |  |  |  |
| $18-69$ | 436 | 7.7 | $6.5-9.0$ | 236 | 4.0 | $3.1-4.9$ | 672 | 6.7 | $5.7-7.8$ |  |  |  |  |  |  |  |  |  |  |  |

Table 3.2.20 shows the average volume of alcohol consumed during a drinking occasion. The mean number of standard drinks per drinking occasion was 5.8 with a significant difference between males (6.3) and female (4.3).

Table 3.2.20: Mean standard drinks per drinking occasion among current drinkers in the past 30 days

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | Mean | 95\% Cl | $N$ | Mean | 95\% Cl | n | Mean | 95\% Cl |
| 18-29 | 139 | 5.7 | 4.8-6.7 | 82 | 4.8 | 3.5-6.2 | 221 | 5.5 | 4.7-6.3 |
| 30-44 | 182 | 6.6 | 5.5-7.7 | 88 | 3.9 | 3.3-4.5 | 270 | 5.9 | 5.0-6.7 |
| 45-59 | 84 | 6.9 | 5.4-8.3 | 34 | 4.6 | 2.7-6.5 | 118 | 6.3 | 4.8-7.7 |
| 60-69 | 26 | 7.2 | 4.2-10.2 | 27 | 3.5 | 2.6-4.3 | 53 | 5.7 | 3.9-7.6 |
| 18-69 | 431 | 6.3 | 5.6-6.9 | 231 | 4.3 | 3.7-5.0 | 662 | 5.8 | 5.2-6.3 |

Table 3.2.21 shows the largest number of drinks consumed during a single drinking occasion. The mean number of standard drinks per drinking occasion was 8.3 with a significant difference between males (9.2) and female (5.7).

Table 3.2.21: Mean maximum number of standard drinks consumed on one occasion in the last 30 days

| Age <br> Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | Mean maximum number | 95\% CI | n | Mean maximum number | 95\% CI | n | Mean maximum number | 95\% CI |
| 18-29 | 129 | 9.0 | 7.3-10.6 | 79 | 6.3 | 4.9-7.7 | 208 | 8.3 | 6.9-9.6 |
| 30-44 | 179 | 9.4 | 7.8-10.9 | 90 | 5.1 | 4.0-6.1 | 269 | 8.2 | 7.0-9.5 |
| 45-59 | 87 | 9.7 | 6.2-13.2 | 35 | 7.1 | $\begin{aligned} & 3.1- \\ & 11.1 \end{aligned}$ | 122 | 9.0 | 5.5-12.5 |
| 60-69 | 27 | 8.2 | 6.4-9.9 | 30 | 3.9 | 3.0-4.9 | 57 | 6.4 | 5.0-7.7 |
| 18-69 | 422 | 9.2 | 8.1-10.3 | 234 | 5.7 | 4.8-6.6 | 656 | 8.3 | 7.4-9.2 |

About one in ten respondents (10.9\%) reported having consumed 6 or more drinks on a single occasion in the last 30 days, with the percentage for men (16.8\%) significantly higher than that of women ( $5.1 \%$ ). Among women, urban residents were more likely to drink more than 6 drinks (7.5\%) than rural women (2.6\%) The distribution of the consumption of 6 or more drinks is detailed in Table 3.2.22.

Table 3.2.22: Consumption of six or more drinks on a single occasion among current drinkers

| Age <br> Group <br> (years) | Men | N | $\% \geq 6$ <br> drinks | $95 \% \mathrm{Cl}$ | N | $\% \geq 6$ <br> drinks | $95 \% \mathrm{Cl}$ | N | $\% \geq 6$ <br> drinks |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  | $95 \% \mathrm{Cl}$ |  |  |  |  |  |  |  |  |
| $18-29$ | 597 | 14.9 | $11.4-18.3$ | 1023 | 4.6 | $3.0-6.2$ | 1620 | 9.7 | $7.6-11.8$ |
| $30-44$ | 578 | 18.7 | $15.0-22.5$ | 934 | 6.0 | $4.3-7.7$ | 1512 | 12.3 | $10.2-14.5$ |
| $45-59$ | 312 | 17.9 | $12.6-23.3$ | 473 | 5.4 | $2.8-7.9$ | 785 | 11.2 | $8.1-14.4$ |
| $60-69$ | 127 | 19.1 | $9.8-28.4$ | 257 | 3.7 | $0.5-7.0$ | 384 | 10.4 | $5.8-14.9$ |
| $\mathbf{1 8 - 6 9}$ | $\mathbf{1 6 1 4}$ | $\mathbf{1 6 . 8}$ | $\mathbf{1 4 . 5 - 1 9 . 1}$ | $\mathbf{2 6 8 7}$ | $\mathbf{5 . 1}$ | $\mathbf{4 . 1 - 6 . 2}$ | $\mathbf{4 3 0 1}$ | $\mathbf{1 0 . 9}$ | $\mathbf{9 . 5 - 1 2 . 2}$ |
| Residence |  |  |  |  |  |  |  |  |  |
| Rural | 1057 | 15.2 | $12.8-17.9$ | 1600 | 2.6 | $1.8-3.7$ | 2657 | 9.1 | $7.8-10.6$ |
| Urban | 557 | 18.7 | $15.1-22.9$ | 1087 | 7.5 | $5.8-9.6$ | 1644 | 12.7 | $10.7-14.9$ |

## Consumption of unrecorded alcohol

Slightly over a quarter (26.3\%) of the respondents reported having consumed unrecorded alcohol in the last 7 days with little difference among the sexes. The 60 to 69 years age group had the largest percentage ( $36.1 \%$ ) of respondents consuming unrecorded alcohol. The distribution of consumption of unrecorded alcohol is given in Table 3.2.23.

Table 3.2.23: Consumption of unrecorded alcohol during the past 7 days

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% consuming unrecorded alcohol | 95\% CI | n | \% consuming unrecorded alcohol | 95\% CI | N | \% consuming unrecorded alcohol | 95\% CI |
| 18-29 | 162 | 19.6 | 12.8-26.3 | 95 | 27.2 | 16.1-38.3 | 257 | 21.7 | 16.0-27.3 |
| 30-44 | 211 | 32.7 | 25.7-39.6 | 111 | 21.9 | 12.8-31.0 | 322 | 29.7 | 23.8-35.7 |
| 45-59 | 108 | 27.6 | 17.4-37.7 | 49 | 26.7 | 13.6-39.9 | 157 | 27.3 | 18.7-36.0 |
| 60-69 | 37 | 32.9 | 14.1-51.7 | 33 | 41.2 | 18.7-63.7 | 70 | 36.1 | 21.8-50.5 |
| 18-69 | 518 | 26.5 | 21.9-31.0 | 288 | 26.0 | 19.4-32.6 | 806 | 26.3 | 22.5-30.2 |

### 3.2.3 Diet

A healthy diet helps protect against malnutrition in all its forms, as well as non-communicable diseases (NCDs), including diabetes, heart disease, stroke and cancer. However, the effects of urbanization and changing lifestyles have resulted in changing diet patterns with an increase in the consumption of processed foods high in sugar, salt and fats and reduction in consumption of fruits and vegetables (WHO, 2015).

### 3.2.3.1 Fruit and vegetable consumption

The WHO recommends eating at least 400 g or 5 portions of fruits and vegetables per day reduces the risk of NCDs and helps ensure an adequate daily intake of dietary fibre (WHO, 2015). In Zambia, previous studies have shown that consumption of fruits/vegetables is low with the majority of the population not meeting the recommended 5 portions of fruits and vegetables daily (WHO, 2008).

## Mean number of days of fruit consumption in a typical week

Respondents were asked about their fruit and vegetable intake in a typical week and on how many servings of fruit and vegetables they consumed on one of these days.
On average, respondents reported consuming fruits on 2.1 days in a week with little difference between men ( 2.0 days) and women ( 2.1 days). However, urban residents consumed fruit one more day than rural residents ( 2.4 days for urban compared to 1.6 days for rural). Table 3.2.24 show the average number of days of fruit consumption by age group and sex and residence.

Table 3.2.24: Mean number of days of fruits consumption

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | Mean number of days | 95\% CI | N |  | 95\% CI | n | Mean number of days | 95\% CI |
| 18-29 | 448 | 2.1 | 1.9-2.4 | 760 | 2.2 | 2.0-2.4 | 1208 | 2.2 | 2.0-2.4 |
| 30-44 | 419 | 2.0 | 1.7-2.3 | 658 | 2.1 | 1.9-2.3 | 1077 | 2.1 | 1.9-2.2 |
| 45-59 | 220 | 1.7 | 1.4-2.1 | 324 | 1.8 | 1.5-2.1 | 544 | 1.8 | 1.5-2.0 |
| 60-69 | 73 | 2.0 | 1.4-2.6 | 165 | 1.3 | 0.9-1.7 | 238 | 1.6 | 1.2-2.0 |
| 18-69 | 1160 | 2.0 | 1.9-2.2 | 1907 | 2.1 | 1.9-2.2 | 3067 | 2.1 | 1.9-2.2 |
| Residence |  |  |  |  |  |  |  |  |  |
| Rural | 730 | 1.6 | 1.4-1.8 | 1038 | 1.7 | 1.5-1.8 | 1768 | 1.6 | 1.5-1.8 |
| Urban | 430 | 2.5 | 2.2-2.7 | 869 | 2.4 | 2.2-2.6 | 1299 | 2.4 | 2.3-2.6 |

## Mean number of days vegetables are consumed in a typical week

Respondents reported consuming vegetables on average of 6.3 days in a week. There was no significant difference in the consumption of vegetables among the sexes and the age groups. Urban residents consumed vegetables every day in a week ( 6.5 days) compared to 6.0 days for rural residents. Table 3.2.25 shows the mean consumption of vegetables by age group, sex and residence.

Table 3.2.25: Mean number of days of vegetable consumption

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N |  | 95\% CI | N | Mean number of days | 95\% CI | n |  | 95\% CI |
| 18-29 | 566 | 6.0 | 5.8-6.2 | 967 | 6.4 | 6.2-6.5 | 1533 | 6.2 | 6.1-6.3 |
| 30-44 | 552 | 6.3 | 6.1-6.4 | 880 | 6.4 | 6.3-6.5 | 1432 | 6.3 | 6.2-6.4 |
| 45-59 | 297 | 6.0 | 5.7-6.3 | 444 | 6.5 | 6.4-6.6 | 741 | 6.3 | 6.1-6.4 |
| 60-69 | 115 | 6.4 | 6.1-6.7 | 236 | 6.3 | 6.0-6.5 | 351 | 6.3 | 6.1-6.5 |
| 18-69 | 1530 | 6.1 | 6.0-6.2 | 2527 | 6.4 | 6.3-6.5 | 4057 | 6.3 | 6.2-6.3 |
| Residence |  |  |  |  |  |  |  |  |  |
| Rural | 990 | 5.9 | 5.7-6.0 | 1474 | 6.2 | 6.1-6.3 | 2464 | 6.0 | 5.9-6.1 |
| Urban | 540 | 6.4 | 6.2-6.5 | 1053 | 6.5 | 6.4-6.6 | 1593 | 6.5 | 6.4-6.6 |

## Mean number of servings of fruit on average per day

Respondents reported consuming on average less than one (0.7) serving of fruits per day. This was largely consistent across the age groups and sexes. Table 3.2.26 illustrates the mean number of servings of fruits on average per day.

Table 3.2.26: Mean number of servings of fruits on average per day

| Age <br> Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N |  | 95\% CI | N | Mean number of servings | 95\% CI | n | Mean number of servings | 95\% CI |
| 18-29 | 440 | 0.8 | $\begin{gathered} \hline 0.6- \\ 0.9 \end{gathered}$ | 747 | 0.7 | 0.6-0.8 | 1187 | 0.7 | 0.6-0.8 |
| 30-44 | 414 | 0.7 | $\begin{gathered} 0.6- \\ 0.9 \end{gathered}$ | 651 | 0.7 | 0.6-0.9 | 1065 | 0.7 | 0.6-0.8 |
| 45-59 | 215 | 0.6 | $\begin{gathered} 0.4- \\ 0.8 \end{gathered}$ | 320 | 0.5 | 0.4-0.7 | 535 | 0.6 | 0.4-0.7 |
| 60-69 | 71 | 1.1 | $\begin{gathered} 0.3- \\ 1.9 \end{gathered}$ | 162 | 0.3 | 0.2-0.4 | 233 | 0.6 | 0.3-1.0 |
| 18-69 | 1140 | 0.7 | $\begin{gathered} \hline 0.6- \\ 0.8 \end{gathered}$ | 1880 | 0.7 | 0.6-0.7 | 3020 | 0.7 | 0.6-0.8 |

## Mean number of servings of vegetables on average per day

On average, respondents consume two (2.1) serving of fruits per day with no difference between the sexes. Table 3.2.27 illustrates the mean number of servings of vegetables on average per day.

Table 3.2.27: Mean number of serving of vegetable on average per day

| Age <br> Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Mean number of servings | 95\% CI | N | Mean number of servings | 95\% CI | n | Mean number of servings | 95\% Cl |
| 18-29 | 555 | 2.0 | 1.8-2.2 | 950 | 2.0 | 1.9-2.2 | 1505 | 2.0 | 1.9-2.2 |
| 30-44 | 542 | 2.3 | 2.0-2.5 | 863 | 2.2 | 2.0-2.4 | 1405 | 2.2 | 2.1-2.4 |
| 45-59 | 292 | 1.9 | 1.7-2.1 | 437 | 2.3 | 2.0-2.7 | 729 | 2.1 | 1.9-2.4 |
| 60-69 | 113 | 2.4 | 1.6-3.2 | 228 | 2.2 | 1.8-2.5 | 341 | 2.3 | 1.9-2.7 |
| 18-69 | 1502 | 2.1 | 2.0-2.3 | 2478 | 2.1 | 2.0-2.3 | 3980 | 2.1 | 2.0-2.3 |

## Fruit and vegetable servings on average per day

The World Health Organization (WHO) recommends at least 5 servings of fruits and vegetables a day.
Table 3.2.28 below shows the mean number of servings of fruit and vegetables on average per day. Overall, respondents reported an average daily consumption of about three (2.6) servings of fruit and vegetables with no difference across age groups and sexes.

Table 3.2.28: Mean number of servings of fruit and/or vegetables on average per day

| Age <br> Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Mean number of servings | 95\% CI | N | Mean number of servings | 95\% CI | n | Mean number of servings | 95\% Cl |
| 18-29 | 567 | 2.6 | 2.3-2.8 | 969 | 2.5 | 2.3-2.7 | 1536 | 2.6 | 2.4-2.7 |
| 30-44 | 554 | 2.8 | 2.5-3.0 | 880 | 2.7 | 2.4-3.0 | 1434 | 2.7 | 2.5-2.9 |
| 45-59 | 295 | 2.3 | 2.1-2.6 | 442 | 2.7 | 2.3-3.1 | 737 | 2.5 | 2.3-2.8 |
| 60-69 | 114 | 3.1 | 2.1-4.1 | 233 | 2.3 | 2.0-2.7 | 347 | 2.7 | 2.2-3.1 |
| 18-69 | 1530 | 2.6 | 2.4-2.8 | 2524 | 2.6 | 2.4-2.8 | 4054 | 2.6 | $\begin{gathered} 2.5- \\ 2.8 \end{gathered}$ |

Number of servings of fruit and/or vegetables on average per day
Overall $11.4 \%$ of the respondents reported no consumption of fruits and/or vegetables on average per day while only a tenth (9.6\%) of the respondents reported consuming more than 5 servings on average per day. Table 3.2.29 details the distribution by sex and age group.

Table 3.2.29: Percentage of respondents taking various numbers of servings of fruits and/or vegetables on average per day

| Age <br> grou <br> p | n | \% no <br> fruit <br> and/or <br> vegeta <br> bles | 95\% CI | \% 1-2 servings | 95\% CI | \% 3-4 servings | 95\% CI | $\% \geq 5$ servings | 95\% CI |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Men |  |  |  |  |  |  |  |  |  |
| 18-29 | 567 | 13.2 | 9.5-16.8 | 60.8 | 54.9-66.6 | 16.4 | 11.9-20.8 | 9.7 | 6.6-12.8 |
| 30-44 | 554 | 11.2 | 8.0-14.5 | 60.4 | 55.0-65.9 | 17.4 | 12.4-22.3 | 11.0 | 7.8-14.1 |
| 45-59 | 295 | 15.9 | 10.6-21.3 | 59.9 | 53.1-66.8 | 15.2 | 10.3-20.1 | 8.9 | 5.1-12.8 |
| 60-69 | 114 | 8.4 | 3.1-13.7 | 65.7 | 55.0-76.5 | 15.7 | 6.9-24.4 | 10.2 | 2.8-17.6 |
| 18-69 | 1530 | 12.7 | 10.4-15.0 | 60.7 | 57.0-64.5 | 16.5 | 13.5-19.6 | 10.1 | 7.8-12.3 |
| Women |  |  |  |  |  |  |  |  |  |
| 18-29 | 969 | 10.3 | 7.6-13.0 | 68.0 | 64.2-71.8 | 13.4 | 10.9-15.8 | 8.3 | 6.1-10.5 |
| 30-44 | 880 | 10.1 | 7.8-12.4 | 62.1 | 57.6-66.6 | 17.6 | 14.5-20.8 | 10.1 | 7.0-13.2 |
| 45-59 | 442 | 8.5 | 5.3-11.7 | 67.0 | 61.3-72.8 | 13.7 | 9.9-17.4 | 10.8 | 6.4-15.2 |
| 60-69 | 233 | 13.8 | 8.2-19.5 | 66.0 | 57.9-74.2 | 12.8 | 7.7-17.9 | 7.3 | 3.8-10.9 |
| 18-69 | 2524 | 10.2 | 8.4-11.9 | 65.8 | 63.1-68.5 | 14.8 | 13.1-16.6 | 9.2 | 7.2-11.3 |
| Both Sexes |  |  |  |  |  |  |  |  |  |
| 18-29 | 1536 | 11.7 | 9.5-14.0 | 64.4 | 60.9-67.8 | 14.9 | 12.3-17.4 | 9.0 | 7.0-11.0 |
| 30-44 | 1434 | 10.7 | 8.6-12.7 | 61.3 | 57.6-65.0 | 17.5 | 14.6-20.4 | 10.5 | 8.0-13.0 |
| 45-59 | 737 | 12.0 | 9.0-15.0 | 63.7 | 59.3-68.2 | 14.4 | 11.3-17.4 | 9.9 | 6.7-13.1 |
| 60-69 | 347 | 11.5 | 7.6-15.4 | 65.9 | 59.1-72.7 | 14.0 | 9.2-18.9 | 8.5 | 4.8-12.3 |
| 18-69 | 4054 | 11.4 | 9.9-12.9 | 63.3 | 60.7-65.8 | 15.7 | 13.9-17.5 | 9.6 | 7.8-11.4 |

Inadequate intake of fruit and/or vegetables on average per day

Nine out of ten respondents (90.4\%) reported consuming less than five portions of fruits and/or vegetables on average per day with no significant sex or age group difference. Table 3.2.30 illustrates the distribution of fruit and vegetable intake among the respondents.

Table 3.2.30: Percentage of respondents who have less than five servings of fruit and/or vegetables on average per day

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | \% < five servings per day | 95\% CI | N | \% < five servings per day | 95\% CI | n | \% < five servings per day | 95\% CI |
| 18-29 | 567 | 90.3 | 87.2-93.4 | 969 | 91.7 | 89.5-93.9 | 1536 | 91.0 | 89.0-93.0 |
| 30-44 | 554 | 89.0 | 85.9-92.2 | 880 | 89.9 | 86.8-93.0 | 1434 | 89.5 | 87.0-92.0 |
| 45-59 | 295 | 91.1 | 87.2-94.9 | 442 | 89.2 | 84.8-93.6 | 737 | 90.1 | 86.9-93.3 |
| 60-69 | 114 | 89.8 | 82.4-97.2 | 233 | 92.7 | 89.1-96.2 | 347 | 91.5 | 87.7-95.2 |
| 18-69 | 1530 | 89.9 | 87.7-92.2 | 2524 | 90.8 | 88.7-92.8 | 4054 | 90.4 | 88.6-92.2 |

### 3.2.3.2 Salt intake

Salt intake is quite high in many countries. High salt consumption and insufficient potassium intake (less than 3.5 g ) contribute to high blood pressure, which in turn increases the risk of heart disease and stroke. The WHO recommends less than 5 g of iodized salt (equivalent to approximately 1 teaspoon) per day, and it is estimated that 1.7 million deaths could be prevented each year if people's salt consumption were reduced to this recommended level (WHO, 2015). Foods with a high salt content include processed foods like bacon, ham and other salty snacks; stock cubes and sauces. Practises like adding salt at the table also leads to a higher salt intake.

## Mean salt intake among all respondents

The average salt intake among respondents was $9.5 \mathrm{~g} /$ day, almost twice the recommended amount (Table 3.2.31). Salt intake was highest among men (10.5g/day) than among women (8.5g/day)

Table 3.2.31: Mean salt intake (g/day)

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Mean | 95\% Cl | N | Mean | 95\% Cl | N | Mean | 95\% CI |
| 18-29 | 421 | 10.4 | 10.1-10.6 | 623 | 8.4 | 8.3-8.6 | 1044 | 9.5 | 9.3-9.6 |
| 30-44 | 403 | 10.7 | 10.4-10.9 | 577 | 8.9 | 8.7-9.0 | 980 | 9.8 | $\begin{aligned} & 9.6- \\ & 10.0 \end{aligned}$ |
| 45-59 | 217 | 10.6 | 10.3-10.9 | 313 | 8.4 | 8.3-8.6 | 530 | 9.5 | 9.2-9.7 |
| 60-69 | 83 | 10.3 | 9.8-10.8 | 173 | 7.2 | 7.0-7.4 | 256 | 8.6 | 8.2-8.9 |
| 18-69 | 1124 | 10.5 | 10.4-10.6 | 1686 | 8.5 | 8.4-8.6 | 2810 | 9.5 | 9.4-9.6 |

## Respondents who always add salt to their food

Almost two-fifth (39.8\%) of the respondents reported adding salt always or often before or when eating. In both sexes, the 18 to 29 years age group had the largest proportion (41.9\%) of respondents adding salt always or often before or when eating food. Table 3.2.32 details the distribution by age group and sex.

[^0]| Age | Men |  |  |  |  | Women |  |  | Both Sexes |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Group <br> (years) | n | $\%$ | $95 \% \mathrm{Cl}$ | N | $\%$ | $95 \% \mathrm{Cl}$ | n |  |  |  |


| 18-29 | 595 | 42.9 | 37.8-48.1 | 1022 | 41.0 | 36.8-45.2 | 1617 | 41.9 | 38.2-45.7 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 30-44 | 578 | 41.4 | 36.6-46.1 | 929 | 37.3 | 32.9-41.7 | 1507 | 39.3 | 35.8-42.9 |
| 45-59 | 312 | 40.0 | 33.2-46.7 | 471 | 31.6 | 25.9-37.2 | 783 | 35.5 | 31.1-39.9 |
| 60-69 | 126 | 40.8 | 28.4-53.1 | 256 | 29.9 | 22.7-37.1 | 382 | 34.6 | 27.5-41.6 |
| 18-69 | 1611 | 41.9 | 38.4-45.4 | 2678 | 37.8 | 34.7-40.8 | 4289 | 39.8 | 37.0-42.5 |

Table 3.2.33 shows the percentage of respondents who added salt always or often when cooking or preparing food at home. The vast majority of respondents (81.5\%) added salt always or often when cooking or preparing food at home.

Table 3.2.33: Percentage of respondents who add salt always or often when preparing or cooking food at home

| Age <br> Group <br> (years) | n | $\%$ | $95 \% \mathrm{Cl}$ | N | $\%$ | $95 \% \mathrm{Cl}$ | n | $\%$ | $95 \% \mathrm{Cl}$ |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| $18-29$ | 595 | 82.9 | $79.0-86.9$ | 1022 | 80.3 | $76.6-84.0$ | 1617 | 81.6 | $79.0-84.2$ |
| $30-44$ | 576 | 83.7 | $79.6-87.7$ | 933 | 79.6 | $76.1-83.2$ | 1509 | 81.6 | $78.7-84.6$ |
| $45-59$ | 312 | 84.4 | $79.7-89.2$ | 473 | 78.3 | $72.9-83.7$ | 785 | 81.2 | $77.3-85.1$ |
| $60-69$ | 127 | 77.7 | $67.0-88.5$ | 257 | 82.4 | $76.3-88.5$ | 384 | 80.4 | $74.6-86.1$ |
| $\mathbf{1 8 - 6 9}$ | $\mathbf{1 6 1 0}$ | $\mathbf{8 3 . 2}$ | $\mathbf{8 0 . 4 - 8 5 . 9}$ | $\mathbf{2 6 8 5}$ | $\mathbf{7 9 . 9}$ | $\mathbf{7 7 . 2 - 8 2 . 6}$ | $\mathbf{4 2 9 5}$ | $\mathbf{8 1 . 5}$ | $\mathbf{7 9 . 3 - 8 3 . 7}$ |

## Consumption of processed foods high in salt

WHO reports that a major source of dietary salt can be from eating processed foods high in salt (e.g. bacon, ham and salty snacks) or from foods consumed frequently in large amounts such as bread which contain high levels of salt.
Overall, $6.0 \%$ of the respondents reported always or often consuming processed food high in salt. The 18 to 29 years age group had the largest proportion (7.4\%) of respondents always or often consuming processed foods high in salt, and a decrease in the consumption with age was seen. Table 3.2.34 presents the distribution by sex and age group.

Table 3.2.34: Percentage of respondents who always or often consume processed foods high in salt

| Always or often consume processed food high in salt |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Age <br> Group <br> (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
|  | n | \% | 95\% CI | N | \% | 95\% CI | n | \% | 95\% CI |
| 18-29 | 592 | 6.2 | 3.8-8.5 | 1014 | 8.5 | 6.1-11.0 | 1606 | 7.4 | 5.7-9.0 |
| 30-44 | 574 | 5.7 | 3.4-8.0 | 922 | 6.4 | 4.3-8.5 | 1496 | 6.1 | 4.6-7.5 |
| 45-59 | 309 | 1.8 | 0.1-3.5 | 460 | 3.8 | 1.1-6.4 | 769 | 2.9 | 1.0-4.7 |
| 60-69 | 123 | 0.3 | 0.0-0.8 | 249 | 2.1 | 0.0-4.8 | 372 | 1.3 | 0.0-2.8 |
| 18-69 | 1598 | 5.2 | 3.8-6.6 | 2645 | 6.8 | 5.2-8.3 | 4243 | 6.0 | 4.9-7.0 |

## Respondent's perception and knowledge of salt consumption

Slightly over three quarters $(78.0 \%$ ) of the respondents felt that they consumed just the right amount of salt, with little difference across the age groups. About $15.4 \%$ of the respondents felt they consumed far too much salt. The 18 to 29 years age group has the largest percentage (14.7\%) of respondents who felt they consumed too much salt while the 60 to 69 years age group had the highest percentage ( $11.5 \%$ ) of those who felt that they consumed too little salt. Table 3.2.35 highlights the respondent's perception of salt intake.

Table 3.2.35: Perceptions of the amount of salt consumed

| Age Group (years ) | Both Sexes |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% Far <br> too <br> much | 95\% CI | \% <br> Too much | 95\% CI | \% Just the right amount | 95\% CI | $\begin{gathered} \% \\ \text { Too } \\ \text { little } \end{gathered}$ | 95\% CI | \% Far <br> too <br> little | 95\% CI |
| 18-29 | 1576 | 1.8 | 1.0-2.6 | 14.7 | 11.9-17.4 | 78.0 | 75.1-80.9 | 5.2 | 3.9-6.5 | 0.3 | 0.0-0.7 |
| 30-44 | 1465 | 2.3 | 1.4-3.2 | 13.3 | 11.0-15.5 | 78.2 | 75.5-80.8 | 5.9 | 4.5-7.2 | 0.4 | 0.0-0.7 |
| 45-59 | 751 | 1.7 | 0.7-2.8 | 11.0 | 8.1-13.8 | 78.6 | 75.3-81.8 | 8.4 | 6.2-10.6 | 0.3 | 0.0-0.7 |
| 60-69 | 363 | 1.6 | 0.1-3.2 | 9.8 | 5.2-14.4 | 75.9 | 70.3-81.4 | 11.5 | 7.6-15.4 | 1.1 | 0.0-2.4 |
| 18-69 | 4155 | 2.0 | 1.4-2.6 | 13.4 | 11.7-15.1 | 78.0 | 76.3-79.8 | 6.2 | 5.3-7.0 | 0.4 | 0.1-0.6 |

## Respondents knowledge of the dangers of high Salt intake

Table 3.2.36 below shows the percentage of respondents who think that too much salt can cause a health problem. $62.2 \%$ of all respondents think that consuming too much salt could cause serious health problem with no gender differences.

Table 3.2.36: percentage of respondents with knowledge of the dangers of high salt intake

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% | 95\% Cl | N | \% | 95\% Cl | n | \% | 95\% Cl |
| 18-29 | 597 | 60.7 | 55.0-66.5 | 1023 | 62.7 | 58.5-67.0 | 1620 | 61.7 | 58.1-65.4 |
| 30-44 | 578 | 59.8 | 54.8-64.8 | 934 | 62.3 | 58.0-66.7 | 1512 | 61.1 | 57.3-64.8 |
| 45-59 | 312 | 64.0 | 57.5-70.5 | 473 | 69.1 | 63.7-74.4 | 785 | 66.7 | 62.5-70.9 |
| 60-69 | 127 | 57.2 | 45.3-69.2 | 257 | 63.7 | 56.4-71.0 | 384 | 60.9 | 53.9-68.0 |
| 18-69 | 1614 | 60.7 | 56.9-64.5 | 2687 | 63.6 | 60.6-66.6 | 4301 | 62.2 | 59.5-64.8 |

## Strategies to Controlling salt intake

Limit consumption of processed food
Overall $21.7 \%$ of respondents controlled their salt intake by limiting the consumption of processed foods with no significant different between the sexes ( $19.7 \%$ for males and $23.6 \%$ for females). Table 3.2.37 below shows the percentage of respondents limiting the consumption of processed foods.

Table 3.2.37: Percentage of respondents who limit consumption of processed foods

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% | 95\% CI | N | \% | 95\% CI | n | \% | 95\% CI |
| 18-29 | 597 | 20.2 | 15.8-24.6 | 1023 | 22.5 | 19.1-25.9 | 1620 | 21.4 | 18.2-24.5 |
| 30-44 | 578 | 18.8 | 15.0-22.6 | 934 | 22.5 | 19.1-26.0 | 1512 | 20.7 | 17.9-23.4 |
| 45-59 | 312 | 19.0 | 13.9-24.1 | 473 | 28.0 | 22.6-33.5 | 785 | 23.8 | 19.9-27.7 |
| 60-69 | 127 | 25.3 | 15.4-35.2 | 257 | 26.9 | 20.0-33.8 | 384 | 26.2 | 20.3-32.1 |
| 18-69 | 1614 | 19.7 | 16.8-22.6 | 2687 | 23.6 | 21.0-26.2 | 4301 | 21.7 | 19.4-24.0 |

Look at the salt or sodium content on food labels
Approximately $6.6 \%$ of the respondents control salt intake by looking at the salt or sodium content on food labels. Table 3.2.38 highlights the distribution of respondents who look at food labels to establish salt content.

Table 3.2.38: Percentage of respondents who look at the salt or sodium content on food labels

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% | 95\% CI | N | \% | 95\% Cl | n | \% | 95\% Cl |
| 18-29 | 597 | 8.4 | 5.4-11.5 | 1023 | 6.4 | 4.4-8.4 | 1620 | 7.4 | 5.4-9.4 |
| 30-44 | 578 | 6.2 | 3.6-8.7 | 934 | 5.9 | 4.1-7.6 | 1512 | 6.0 | 4.5-7.5 |
| 45-59 | 312 | 4.7 | 2.0-7.4 | 473 | 7.3 | 3.8-10.9 | 785 | 6.1 | 3.7-8.5 |
| 60-69 | 127 | 4.7 | 0.6-8.7 | 257 | 2.7 | 0.7-4.7 | 384 | 3.5 | 1.5-5.6 |
| 18-69 | 1614 | 7.0 | 5.1-8.8 | 2687 | 6.2 | 4.8-7.5 | 4301 | 6.6 | 5.2-7.9 |

Buying of low salt/sodium alternative
Only $5.2 \%$ of the respondents control salt intake by buying low salt/sodium alternatives. Table 3.2.39 highlights the distribution of respondents who buy low salt alternatives.

Table 3.2.39: Percentage of respondents buying low salt/sodium alternatives

| Age <br> Group <br> (years) | n | $\%$ | $95 \% \mathrm{Cl}$ | N | $\%$ | $95 \% \mathrm{Cl}$ | n | $\%$ | Women |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 597 | 5.6 | $3.1-8.1$ | 1023 | 5.1 | $3.2-7.1$ | 1620 | 5.4 | $3.6-7.1$ |
| $30-44$ | 578 | 4.5 | $2.2-6.9$ | 934 | 5.5 | $3.6-7.4$ | 1512 | 5.0 | $3.5-6.6$ |
| $45-59$ | 312 | 3.7 | $1.2-6.3$ | 473 | 8.1 | $4.5-11.6$ | 785 | 6.0 | $3.8-8.3$ |
| $60-69$ | 127 | 2.8 | $0.2-5.3$ | 257 | 2.5 | $0.2-4.8$ | 384 | 2.6 | $0.9-4.3$ |
| $\mathbf{1 8 - 6 9}$ | $\mathbf{1 6 1 4}$ | $\mathbf{4 . 8}$ | $\mathbf{3 . 2 - 6 . 5}$ | $\mathbf{2 6 8 7}$ | $\mathbf{5 . 6}$ | $\mathbf{4 . 1 - 7 . 0}$ | $\mathbf{4 3 0 1}$ | $\mathbf{5 . 2}$ | $\mathbf{4 . 0}$ |

Avoid eating foods prepared outside of home
Nearly fifteen percent (14.5\%) of all respondents control salt intake by avoiding eating food prepared outside of the home. Table 3.2.40 highlights the distribution of respondents who avoid eating foods prepared outside the home.

Table 3.2.40: Percentage of respondents who avoid eating foods prepared outside of the home

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% | 95\% CI | n | \% | 95\% Cl | n | \% | 95\% CI |
| 18-29 | 597 | 15.4 | 11.5-19.2 | 1023 | 14.0 | 10.8-17.3 | 1620 | 14.7 | 11.9-17.5 |
| 30-44 | 578 | 14.1 | 10.3-17.9 | 934 | 15.2 | 12.1-18.3 | 1512 | 14.7 | 12.2-17.2 |
| 45-59 | 312 | 11.2 | 6.5-15.9 | 473 | 16.7 | 11.9-21.4 | 785 | 14.1 | 10.7-17.5 |
| 60-69 | 127 | 13.6 | 5.9-21.3 | 257 | 12.9 | 7.8-18.0 | 384 | 13.2 | 8.8-17.6 |
| 18-69 | 1614 | 14.3 | 11.6-17.0 | 2687 | 14.8 | 12.5-17.0 | 4301 | 14.5 | 12.4-16.6 |

### 3.2.3.3 Dietary Fats and oils

Reducing the amount of total fat intake to less than $30.0 \%$ of total energy intake helps prevent unhealthy weight gain in the adult population. The risk of developing NCDs is lowered by reducing saturated fats to less than $10.0 \%$ of total energy intake, and trans-fats to less than $1.0 \%$ of total energy intake, and replacing both with unsaturated fats. Unsaturated fats (such as those found in fish, avocado, nuts and sunflower seed) are preferable to saturated fats (such as those found in fatty meat, butter, palm and coconut oil, cream, cheese, ghee and lard) (WHO,

2002; WHO, 2015). Industrial trans-fats (such as those found in processed food, fast food, snack food, fried food, pies, cookies and margarines) are not part of a healthy diet

## Type of oil used most frequently

Over $83.0 \%$ of respondents used vegetable oil for cooking. Other types of oil used by respondents include lard (7.0\%). Only 1.0\% of respondents reported not using any type of oil or fat when cooking.

### 3.2.4 Physical activity

Physical activity has been associated with reduction in the risk of coronary heart disease, high blood pressure, stroke, type 2 diabetes, metabolic syndrome, colon and breast cancer, and depression (Organization, 2004). WHO recommends that adults should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week or an equivalent combination of moderate and vigorous-intensity activity. These recommendation can be achieved through recreational activities (sports), occupational activities (e.g. manual work) or transport related activities (e.g. walking or cycling). With changing lifestyles, people are less active and more sedentary (WHO, 2006b).
In this report, we calculated the weekly minutes of moderate to vigorous intensity activities in minutes, which were weighted by metabolic equivalent giving a physical activity score. The total physical activity score was used to classify respondent into "does not meet WHO recommendation" and meets WHO recommendation*.

## Percentage of respondents not meeting WHO recommendation on physical activity

Overall, $6.6 \%$ of respondents did not meet WHO recommendation of at least 150 minutes of moderate-intensity aerobic physical activity throughout the week. Nearly one-tenth (9.9\%) of women did not meet the WHO recommendation compared to $3.5 \%$ of men. Table 3.2 .40 below shows the percentage of respondents not meeting WHO recommendations on physical activity for health.

Table 3.2.41: Percentage of respondents not meeting WHO recommendations on physical activity for health

| Age Group (years) | n | \% who did not meet WHO recommendation | 95\% CI |
| :---: | :---: | :---: | :---: |
| Men |  |  |  |
| 18-29 | 523 | 2.6 | 1.4-4.6 |
| 30-44 | 494 | 3.2 | 1.9-5.3 |
| 45-59 | 277 | 6.5 | 3.7-11.1 |
| 60-69 | 103 | 6.5 | 3.2-12.7 |
| 18-69 | 1397 | 3.5 | 2.6-4.7 |
| Women |  |  |  |
| 18-29 | 854 | 9.6 | 7.4-12.6 |
| 30-44 | 757 | 10.1 | 7.7-13.7 |
| 45-59 | 377 | 6.9 | 4.3-11.0 |
| 60-69 | 200 | 16.0 | 10.9-22.9 |
| 18-69 | 2187 | 9.7 | 8.2-11.4 |
| Both Sexes |  |  |  |
| 18-29 | 1377 | 6.1 | 4.8-7.8 |
| 30-44 | 1251 | 6.6 | 5.2-8.3 |
| 45-59 | 654 | 6.7 | 4.7-9.6 |
| 60-69 | 303 | 11.8 | 8.4-16.4 |
| 18-69 | 3585 | 6.6 | 5.7-7.6 |

## Mean minutes of physical activity on average per day

On average respondents spent 244.5 minutes in a typical day on physical activity with men spending more time ( 289.4 minutes) than did women ( 199.5 minutes). Across the sexes, the 60 to 69 years age group spent the least average time ( 194.6 minutes) on physical activity followed by the 18 to 29 ( 231.1 minutes). Rural residents had an overall higher level of physical activity across the sexes than the urban residents. Table 3.2 .42 below shows the distribution of the mean minutes of total physical activity across all three domains (work, transport and leisure time) in minutes per day by sex, age group and residence.

Table 3.2.42: Mean minutes of total physical activity on average per day by age and sex

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Mean minutes | 95\% CI | n | Mean <br> Minutes | 95\% CI | n | Mean minutes | 95\% CI |
| 18-29 | 523 | 287.5 | 264.5-310.5 | 854 | 174.3 | 159.3-189.4 | $\begin{aligned} & 137 \\ & 7 \end{aligned}$ | 231.1 | 215.8-246.4 |
| 30-44 | 494 | 293.8 | 270.0-317.7 | 756 | 223.5 | 205.3-241.7 | $\begin{aligned} & 125 \\ & 0 \end{aligned}$ | 259.2 | 242.7-275.7 |
| 45-59 | 277 | 297.5 | 266.6-328.4 | 377 | 241.4 | 216.8-266.1 | 654 | 269.3 | 250.0-288.6 |
| 60-69 | 103 | 240.9 | 199.4-282.4 | 200 | 158.1 | 128.8-187.4 | 303 | 194.6 | 170.2-218.9 |
| 18-69 | 1397 | 289.4 | 273.6-305.1 | 2187 | 199.5 | 188.1-210.9 | $\begin{aligned} & 358 \\ & 4 \\ & \hline \end{aligned}$ | 244.5 | 233.6-255.3 |
| Residence |  |  |  |  |  |  |  |  |  |
| Rural | 928 | 328.0 | 311.5-344.4 | 1263 | 258.2 | 246.2-270.2 | $\begin{aligned} & 219 \\ & 1 \end{aligned}$ | 296.2 | 285.5-306.8 |
| Urban | 469 | 241.6 | 216.9-266.2 | 924 | 148.8 | 136.7-160.9 | $139$ | 191.0 | 177.6-204.5 |

The median time of total physical activity per day was 188.6 minutes with men spending more time (median $=248.6$ minutes) than did women (median $=137.1$ minutes). Across the sexes, the 60 to 69 years age group spent the least time on physical activity followed by the age group

18 to 29. Table 3.2.43 below shows the distribution of the median minutes of total physical activity across all three domains (work, transport and leisure time) in minutes per day by sex and age group.

Table 3.2.43: Median minutes of total physical activity on average per day

| Age <br> Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Median minutes | Inter-quartile range (P25P75) | N | Median minutes | Interquartile range (P25P75) | n | Median minutes | Inter-quartile <br> range (P25- <br> P75) |
| 18-29 | 523 | 242.1 | 107.1-437.1 | 854 | 120.0 | 48.6-262.9 | 1377 | 162.9 | 71.4-355.7 |
| 30-44 | 494 | 257.1 | 107.1-437.1 | 756 | 171.4 | 51.4-360.0 | 1250 | 220.0 | 72.9-398.6 |
| 45-59 | 277 | 302.1 | 111.4-437.1 | 377 | 227.1 | 64.3-377.1 | 654 | 257.1 | 83.6-411.4 |
| 60-69 | 103 | 235.7 | 72.9-347.1 | 200 | 105.0 | 17.1-240.0 | 303 | 137.1 | 42.9-311.4 |
| 18-69 | 1397 | 248.6 | 107.1-437.1 | 2187 | 137.1 | 51.4-316.4 | 3584 | 188.6 | 71.4-375.4 |

## Domain-specific physical activity- mean minutes per day

## Work-related physical activity

Overall respondents reported spending on average 175.6 minutes on work related physical activity on a typical day. Men were more active ( 196.8 minutes on average) compared to women ( 154.3 minutes on average). Table 3.2.44 below shows distribution of the mean minutes spent in work-related physical activities by age and sex.

Table 3.2.44: Mean minutes of work-related physical activity on average per day

| Age | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Group (years) | n | Mean minutes | 95\% CI | n | Mean minutes | 95\% CI | n | Mean minutes | 95\% CI |
| 18-29 | 523 | 177.2 | $\begin{gathered} \hline 158.6- \\ 195.7 \end{gathered}$ | 854 | 130.9 | 117.5-144.3 | 1377 | 154.1 | 142.1-166.1 |
| 30-44 | 494 | 213.0 | $\begin{aligned} & 190.2- \\ & 235.8 \end{aligned}$ | 756 | 175.8 | 159.6-192.1 | 1250 | 194.7 | 179.6-209.8 |
| 45-59 | 277 | 226.6 | $\begin{aligned} & 198.8- \\ & 254.5 \end{aligned}$ | 377 | 190.6 | 166.9-214.4 | 654 | 208.5 | 190.3-226.7 |
| 60-69 | 103 | 188.3 | $\begin{aligned} & 150.7- \\ & 225.9 \end{aligned}$ | 200 | 129.2 | 106.1-152.2 | 303 | 155.2 | 134.8-175.7 |
| 18-69 | $\begin{gathered} 139 \\ 7 \end{gathered}$ | 196.8 | $\begin{gathered} \hline 183.1- \\ 210.6 \end{gathered}$ | $\begin{gathered} 218 \\ 7 \end{gathered}$ | 154.3 | 144.1-164.6 | 3584 | 175.6 | 166.3-184.9 |

Transport-related physical activity
Overall, respondents spent an average of 53.1 minutes in transport related physical activity per day. There was a significant difference in the time spent on transport related physical activity between men ( 68.1 minutes) and women ( 38.0 minutes).
Table 3.2 .45 below shows the distribution of mean minutes spend on transport-related physical activity by age group and sex.

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Mean minutes | 95\% CI | n | Mean minutes | 95\% CI | n | Mean minutes | 95\% CI |
| 18-29 | 523 | 72.6 | 63.2-82.0 | 854 | 33.4 | 29.8-36.9 | 1377 | 53.1 | 47.6-58.5 |
| 30-44 | 494 | 64.9 | 56.4-73.5 | 756 | 43.4 | 38.1-48.8 | 1250 | 54.3 | 48.8-59.9 |
| 45-59 | 277 | 65.1 | 54.8-75.5 | 377 | 44.5 | 37.8-51.3 | 654 | 54.8 | 48.4-61.2 |
| 60-69 | 103 | 50.5 | 38.3-62.6 | 200 | 27.6 | 17.4-37.8 | 303 | 37.7 | 29.5-45.8 |
| 18-69 | 1397 | 68.1 | 62.4-73.8 | 2187 | 38.0 | 35.2-40.9 | 3584 | 53.1 | 49.4-56.7 |

Recreation-related physical activities
On an average per day, respondents spent 15.8 minutes on recreation related physical activity with men being significantly more active ( 24.4 minutes) than women ( 7.2 minutes). Table 3.2.46 below shows the mean minutes spent on recreation related physical activity on average per day by the respondents.

Table 3.2.46: Mean minutes spent on recreation related physical activity on average per day

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Mean minutes | 95\% CI | n | Mean minutes | 95\% CI | n | Mean minutes | 95\% CI |
| 18-29 | 523 | 37.8 | 31.2-44.3 | 854 | 10.0 | 7.7-12.4 | 1377 | 23.9 | 20.3-27.6 |
| 30-44 | 494 | 15.9 | 11.9-20.0 | 756 | 4.2 | 3.0-5.5 | 1250 | 10.2 | 8.0-12.3 |
| 45-59 | 277 | 5.7 | 2.7-8.8 | 377 | 6.2 | 0.3-12.2 | 654 | 6.0 | 2.6-9.4 |
| 60-69 | 103 | 2.1 | 0.2-4.0 | 200 | 1.3 | 0.0-2.7 | 303 | 1.7 | 0.5-2.8 |
| 18-69 | 1397 | 24.4 | 20.8-28.1 | 2187 | 7.2 | 5.6-8.7 | 3584 | 15.8 | 13.8-17.8 |

## No physical activity by domain

Almost one in every 5 respondents (19.8\%) did not engage in any work related physical activity with the highest proportion among the 60 to 69 years age group ( $25.5 \%$ ). Women had a higher percentage ( $22.2 \%$ ) of respondents with no work related physical activity compared to men (17.3\%). Table 3.2.47 below shows the percentage of respondents who do not engage in workrelated physical activity.

Table 3.2.47: Percentage of respondents with no work related physical activity by age group and sex

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | $\begin{aligned} & \text { \% no } \\ & \text { activity } \\ & \text { at work } \end{aligned}$ | 95\% CI | N | \% no activity at work | 95\% CI | n | \% no activity at work | 95\% CI |
| 18-29 | 523 | 15.9 | 12.3-19.6 | 854 | 23.0 | 19.2-26.8 | 1377 | 19.5 | 16.5-22.5 |
| 30-44 | 494 | 19.1 | 14.7-23.5 | 756 | 20.8 | 16.3-25.2 | 1250 | 19.9 | 16.5-23.4 |
| 45-59 | 277 | 17.1 | 11.8-22.5 | 377 | 20.3 | 14.7-25.9 | 654 | 18.7 | 14.8-22.7 |
| 60-69 | 103 | 19.4 | 10.1-28.7 | 200 | 30.2 | 22.3-38.1 | 303 | 25.5 | 19.5-31.4 |
| 18-69 | 1397 | 17.3 | 14.8-19.9 | 2187 | 22.2 | 19.3-25.1 | 3584 | 19.8 | 17.6-22.0 |

No transport-related physical activity
Overall, $14.4 \%$ of respondents do not engage in transport-related physical activity. The percentage of women not engaging in transport related physical activity was almost twice
(18.9\%) that of men (9.9\%). Table 3.2.48 below shows the percentage of respondents who do not engage in transport-related physical activity.

Table 3.2.48: Percentage of respondents with no transport related physical activity by age group

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% no activity for transport | 95\% CI | N | \% no activity for transport | 95\% CI | n | \% no activity for transport | 95\% CI |
| 18-29 | 523 | 9.6 | 6.7-12.5 | 854 | 17.1 | 13.1-21.0 | 1377 | 13.3 | 10.7-15.9 |
| 30-44 | 494 | 8.4 | 5.5-11.2 | 756 | 20.1 | 16.2-24.1 | 1250 | 14.2 | 11.5-16.9 |
| 45-59 | 277 | 12.7 | 7.4-18.0 | 377 | 18.4 | 12.9-23.9 | 654 | 15.6 | 11.7-19.4 |
| 60-69 | 103 | 16.2 | 8.5-23.9 | 200 | 29.4 | 21.7-37.1 | 303 | 23.6 | 18.0-29.2 |
| 18-69 | 1397 | 9.9 | 7.9-11.9 | 2187 | 18.9 | 16.0-21.7 | 3584 | 14.4 | 12.4-16.3 |

No recreation-related physical activity
More than $73.0 \%$ of the respondents reported no recreation-related physical activity with a significantly higher proportion in women ( $84.4 \%$ ) than men ( $62.3 \%$ ). Table 3.2.49 below shows the percentage of respondents who do not engage in recreational-related physical activity.

Table 3.2.49: Percentage of respondents with no recreation related physical activity by age group

| Age <br> Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% no activity at recreation | 95\% CI | N | \% no activity at recreation | 95\% CI | n | \% no activity at recreation | 95\% CI |
| 18-29 | 523 | 44.7 | $\begin{aligned} & 38.2- \\ & 51.3 \end{aligned}$ | 854 | 78.8 | 75.4-82.2 | 1377 | 61.7 | 57.6-65.8 |
| 30-44 | 494 | 72.6 | $\begin{aligned} & 67.6- \\ & 77.7 \end{aligned}$ | 756 | 88.0 | 85.4-90.6 | 1250 | 80.2 | 77.3-83.1 |
| 45-59 | 277 | 88.8 | $\begin{aligned} & 84.6- \\ & 93.1 \end{aligned}$ | 377 | 90.8 | 86.2-95.4 | 654 | 89.8 | 86.7-93.0 |
| 60-69 | 103 | 92.3 | $\begin{aligned} & 85.2- \\ & 99.4 \end{aligned}$ | 200 | 96.1 | $\begin{aligned} & 92.2- \\ & 100.0 \end{aligned}$ | 303 | 94.4 | 90.6-98.2 |
| 18-69 | 1397 | 62.3 | $\begin{aligned} & 58.3- \\ & 66.2 \end{aligned}$ | 2187 | 84.4 | 82.3-86.5 | 3584 | 73.3 | 70.9-75.7 |

Table 3.2.50 below shows the distribution of total physical activity across the three domains. The largest proportion of physical activity is from work related activities (61.0\%) followed by transport related activities ( $30.9 \%$ ) and recreational activities ( $8.0 \%$ ).

Table 3.2.50: Composition of total physical activity by age group and sex

| Age <br> Group <br> (years) | n | \% Activity <br> from work | $95 \% \mathrm{Cl}$ | \% Activity for <br> transport | $95 \% \mathrm{Cl}$ | \% Activity <br> during <br> leisure time | 95\% CI |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

## No vigorous physical activity

Over one third (34.7\%) of all the respondents reported not engaging in vigorous physical activity with a higher percentage among women ( $45.5 \%$ ) than men ( $23.9 \%$ ). Table 3.2.51 below shows the percentage of respondents who do not engage in vigorous physical activity by age, group and sex.

Table 3.2.51: Percentage of respondents who do not engage in vigorous physical activity by age group

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% no vigorous activity | 95\% CI | n | \% no vigorous activity | 95\% CI | N | \% no vigorous activity | 95\% CI |
| 18-29 | 523 | 18.2 | 13.8-22.5 | 854 | 48.1 | 43.4-52.8 | 1377 | 33.1 | 29.6-36.5 |
| 30-44 | 494 | 29.9 | 23.8-36.0 | 756 | 41.2 | 36.1-46.2 | 1250 | 35.5 | 31.0-39.9 |
| 45-59 | 277 | 29.5 | 22.5-36.5 | 377 | 41.8 | 34.9-48.8 | 654 | 35.7 | 31.1-40.3 |
| 60-69 | 103 | 20.9 | 11.4-30.3 | 200 | 60.2 | 52.0-68.3 | 303 | 42.9 | 35.9-49.8 |
| 18-69 | 1397 | 23.9 | 20.4-27.4 | 2187 | 45.5 | 42.0-49.0 | 3584 | 34.7 | 31.9-37.4 |

## Sedentary behaviour

Table 3.2.52 below shows the mean minutes spent in sedentary activities on a typical day. Overall, respondents spend an average of 189 minutes per day on sedentary time. The median minutes of total sedentary activity per day is 180 .

Table 3.2.52: Minutes spent in sedentary time on average per day by age group and sex

| Age Group (years) | Men |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | Mean minutes | 95\% CI | Median minutes | $\begin{aligned} & \text { Inter-quartile } \\ & \text { range } \\ & \text { (P25-P75) } \\ & \hline \end{aligned}$ |
| 18-29 | 597 | 181.6 | 166.4-196.7 | 150.0 | 60.0-240.0 |
| 30-44 | 578 | 180.7 | 167.4-194.0 | 150.0 | 60.0-240.0 |
| 45-59 | 312 | 195.0 | 173.4-216.6 | 180.0 | 83.0-240.0 |
| 60-69 | 127 | 239.1 | 201.8-276.5 | 210.0 | 120.0-300.0 |
| 18-69 | 1614 | 185.5 | 175.8-195.2 | 180.0 | 60.0-240.0 |
| Women |  |  |  |  |  |
| 18-29 | 1023 | 189.5 | 176.6-202.4 | 180.0 | 60.0-240.0 |
| 30-44 | 933 | 191.6 | 177.1-206.0 | 150.0 | 60.0-260.0 |
| 45-59 | 473 | 193.4 | 174.9-211.9 | 180.0 | 60.0-300.0 |
| 60-69 | 257 | 223.7 | 194.6-252.9 | 180.0 | 60.0-360.0 |
| 18-69 | 2686 | 192.5 | 182.5-202.5 | 180.0 | 60.0-270.0 |
| Both Sexes |  |  |  |  |  |
| 18-29 | 1620 | 185.5 | 174.8-196.3 | 165.0 | 60.0-240.0 |
| 30-44 | 1511 | 186.1 | 175.9-196.4 | 150.0 | 60.0-240.0 |
| 45-59 | 785 | 194.1 | 179.4-208.9 | 180.0 | 60.0-260.0 |
| 60-69 | 384 | 230.4 | 207.2-253.6 | 180.0 | 60.0-360.0 |
| 18-69 | 4300 | 189.1 | 181.1-197.0 | 180.0 | 60.0-240.0 |

### 3.3 Past medical history

### 3.3.1 Raised Blood Pressure or Hypertension

WHO defines raised blood pressure (hypertension) as systolic blood pressure $>=140 \mathrm{~mm} \mathrm{Hg}$ and /or diastolic blood pressure $=>90 \mathrm{~mm} \mathrm{Hg}$ (WHO, 2013b).

Respondents were asked if they had ever had their blood pressure measured by a doctor or other health worker and for those previously measured, if they had been diagnosed with hypertension. Almost half of the all the respondents (48.3\%) have never had their blood pressure measured, with men having a significantly higher proportion ( $62.2 \%$ ) than women (34.9\%). Only $7.8 \%$ of the respondents had been diagnosed with hypertension in the last 12 months with the 60 to 69 years age group most likely to have been previously diagnosed with hypertension as shown in Table 3.3.1 below.

Table 3.3.1: Previous diagnosis of raised blood pressure or hypertension

| Blood pressure measurement and diagnosis |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Men |  |  |  |  |  |  |  |  |
| Age <br> Group (years ) | n | \% Never measure d | 95\% CI | ```% measured, not diagnosed``` | 95\% Cl | \% <br> diagnosed , but not within past 12 months | 95\% CI | \% <br> diagnosed <br> within <br> past 12 <br> months | 95\% CI |
| 18-29 | 597 | 71.7 | 67.3-76.2 | 24.2 | 20.0-28.4 | 1.5 | 0.3-2.6 | 2.6 | 1.1-4.1 |
| 30-44 | 578 | 56.2 | 50.8-61.5 | 34.5 | 29.6-39.5 | 2.4 | 0.9-3.8 | 6.9 | 3.5-10.4 |
| 45-59 | 312 | 49.7 | 43.3-56.1 | 37.1 | 30.8-43.3 | 3.0 | 0.8-5.1 | 10.2 | 5.1-15.4 |
| 60-69 | 127 | 45.9 | 34.5-57.3 | 28.5 | 18.2-38.8 | 9.8 | 1.7-17.8 | 15.8 | 8.3-23.3 |
| 18-69 | 1614 | 62.2 | 59.1-65.4 | 29.7 | 26.8-32.7 | 2.3 | 1.5-3.1 | 5.7 | 4.1-7.3 |
| Women |  |  |  |  |  |  |  |  |  |
| 18-29 | 1023 | 39.1 | 35.6-42.5 | 52.6 | 49.0-56.3 | 4.2 | 2.7-5.8 | 4.1 | 2.5-5.6 |
| 30-44 | 933 | 30.2 | 25.9-34.6 | 55.0 | 50.7-59.3 | 5.6 | 3.5-7.7 | 9.2 | 6.7-11.7 |
| 45-59 | 473 | 32.9 | 27.6-38.1 | 38.2 | 32.8-43.6 | 6.8 | 3.8-9.7 | 22.2 | 16.7-27.6 |
| 60-69 | 257 | 33.2 | 26.4-40.0 | 25.3 | 19.1-31.4 | 11.4 | $\begin{aligned} & 6.9- \\ & 15.8 \end{aligned}$ | 30.2 | 23.0-37.4 |
| 18-69 | 2686 | 34.9 | 32.4-37.3 | 49.9 | 47.3-52.5 | 5.4 | 4.3-6.6 | 9.8 | 8.2-11.5 |
| Both sexes |  |  |  |  |  |  |  |  |  |
| 18-29 | 1620 | 55.3 | 52.1-58.4 | 38.5 | 35.5-41.6 | 2.9 | 1.9-3.8 | 3.3 | 2.2-4.4 |
| 30-44 | 1511 | 43.2 | 39.5-46.9 | 44.8 | 41.3-48.3 | 4.0 | 2.7-5.2 | 8.1 | 6.0-10.1 |
| 45-59 | 785 | 40.8 | 36.5-45.1 | 37.7 | 33.4-42.0 | 5.0 | 3.1-6.9 | 16.6 | 12.9-20.3 |
| 60-69 | 384 | 38.7 | 32.8-44.6 | 26.7 | 21.1-32.2 | 10.7 | 6.5-14.9 | 24.0 | 18.2-29.7 |
| 18-69 | 4300 | 48.3 | 46.1-50.5 | 40.0 | 37.9-42.1 | 3.9 | 3.2-4.6 | 7.8 | 6.7-9.0 |

## Currently on hypertension treatment

Slightly over a quarter (26.0\%) of all the respondents previously diagnosed with raised blood pressure reported being on medication for raised blood pressure, with no significant difference between the sexes. Table 3.3.2 highlights the distribution of respondents currently taking medication for raised blood pressure.

Table 3.3.2: Percentage of respondents currently taking drugs (medication) prescribed by a doctor or health worker

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n |  | 95\% CI | n | \% taking meds | 95\% CI | n |  | 95\% CI |
| 18-29 | 22 | 28.2 | 4.1-52.3 | 81 | 7.4 | 1.7-13.1 | 103 | 14.2 | 4.9-23.5 |
| 30-44 | 45 | 16.3 | 2.9-29.6 | 124 | 22.7 | 14.3-31.2 | 169 | 20.2 | 12.7-27.8 |
| 45-59 | 32 | 49.3 | 25.2-73.3 | 124 | 35.5 | 25.9-45.0 | 156 | 39.4 | 29.7-49.1 |
| 60-69 | 29 | 30.6 | 12.0-49.2 | 97 | 39.3 | 27.3-51.3 | 126 | 36.6 | 26.1-47.1 |
| 18-69 | 128 | 28.5 | 18.5-38.5 | 426 | 24.8 | 20.1-29.6 | 554 | 26.0 | 21.2-30.9 |

A minority of the respondents (6.9\%) previously diagnosed with raised blood pressure reported taking traditional or herbal remedies for their raised blood pressure with no significant difference between men (6.6\%) and women (7.1\%). The 18 to 29 years and 45 to 59 age groups were most likely to take traditional or herbal remedies among men and women respectively as highlighted in Table 3.3.3.

Table 3.3.3: Percentage of respondents currently taking herbal or traditional remedies

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% taking trad. meds | 95\% CI | n | \% taking trad. meds | 95\% CI | n | \% taking trad. meds | 95\% CI |
| 18-29 | 22 | 13.7 | 0.0-33.8 | 81 | 1.1 | 0.0-2.6 | 103 | 5.2 | 0.0-12.3 |
| 30-44 | 45 | 2.8 | 0.0-6.2 | 124 | 8.2 | 2.8-13.7 | 169 | 6.2 | 2.4-9.9 |
| 45-59 | 32 | 8.1 | 0.0-18.4 | 124 | 10.7 | 5.2-16.3 | 156 | 10.0 | 5.1-14.9 |
| 60-69 | 29 | 2.7 | 0.0-8.0 | 97 | 7.6 | 2.0-13.2 | 126 | 6.0 | 2.0-10.0 |
| 18-69 | 128 | 6.6 | 0.8-12.4 | 426 | 7.1 | 4.6-9.6 | 554 | 6.9 | 4.3-9.5 |

### 3.3.2 Diabetes Mellitus

Diabetes mellitus (DM) is a chronic, metabolic disease characterized by elevated levels of blood glucose (or blood sugar), which leads over time to serious damage to the heart, blood vessels, eyes, kidneys, and nerves. A diagnosis of diabetes mellitus is made based on measurement of a blood sugar either after fasting or as a random measure. A fasting blood glucose level of $>7$ $\mathrm{mmol} / \mathrm{l}$ is considered diagnostic of diabetes mellitus while a level of $6.1-7 \mathrm{mmol} / \mathrm{l}$ is known as impaired fasting glycaemia (pre-diabetic state) (WHO, 2006a).

Respondents were asked if they had ever had their blood glucose measurement taken and if so whether they had been diagnosed with diabetes of raised blood glucose.
Nine in ten respondents ( $90.8 \%$ ) have never had their blood glucose measured, with no significant difference between the sexes. Only $1.1 \%$ of the respondents had been diagnosed with diabetes in the last 12 months with the 60 to 69 years age group most likely to be diagnosed with diabetes as shown in Table 3.3.4 below.

Table 3.3.4: Percentage of respondents measured for raised blood sugar

| Age <br> group (years) | n | \% Never measure d | 95\% CI | \% measured, not diagnosed | 95\% Cl but | \% diagnosed, but not within past 12 months | 95\% Cl | \% <br> diagnose d within past 12 months | 95\% CI |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Men |  |  |  |  |  |  |  |  |  |
| 18-29 | 597 | 95.4 | 93.5-97.4 | 4.1 | 2.3-6.0 | 0.1 | 0.0-0.4 | 0.3 | 0.0-0.7 |
| 30-44 | 578 | 91.0 | 88.1-93.9 | 7.2 | 4.4-9.9 | 0.5 | 0.0-1.2 | 1.4 | 0.1-2.6 |
| 45-59 | 312 | 84.5 | 79.2-89.7 | 12.7 | 7.7-17.7 | 0.9 | 0.0-2.0 | 2.0 | 0.4-3.6 |
| 60-69 | 127 | 80.5 | 69.6-91.4 | 9.8 | 3.9-15.6 | 3.7 | 0.0-8.8 | 6.1 | $\begin{aligned} & 0.5- \\ & 11.7 \end{aligned}$ |
| 18-69 | 1614 | 91.8 | 90.1-93.4 | 6.6 | 5.1-8.1 | 0.5 | 0.1-0.9 | 1.1 | 0.5-1.8 |
| Women |  |  |  |  |  |  |  |  |  |
| 18-29 | 1023 | 92.7 | 90.5-94.9 | 6.5 | 4.4-8.5 | 0.2 | 0.0-0.5 | 0.6 | 0.0-1.5 |
| 30-44 | 933 | 89.5 | 86.7-92.3 | 9.4 | 6.9-12.0 | 0.3 | 0.0-0.6 | 0.9 | 0.0-1.8 |
| 45-59 | 473 | 83.3 | 78.8-87.8 | 13.6 | 9.6-17.5 | 1.1 | 0.1-2.1 | 2.1 | 0.5-3.6 |
| 60-69 | 257 | 84.4 | 78.7-90.1 | 8.4 | 3.8-13.0 | 1.8 | 0.1-3.6 | 5.3 | 1.4-9.3 |
| 18-69 | 2686 | 89.8 | 88.1-91.5 | 8.6 | 7.1-10.1 | 0.4 | 0.2-0.7 | 1.1 | 0.5-1.8 |
| Both sexes |  |  |  |  |  |  |  |  |  |
| 18-29 | 1620 | 94.1 | 92.6-95.6 | 5.3 | 3.9-6.7 | 0.2 | 0.0-0.4 | 0.4 | 0.0-0.9 |
| 30-44 | 1511 | 90.2 | 88.2-92.3 | 8.3 | 6.4-10.2 | 0.4 | 0.0-0.8 | 1.1 | 0.3-1.9 |
| 45-59 | 785 | 83.8 | 80.5-87.2 | 13.1 | 10.0-16.2 | 21.0 | 0.3-1.8 | 2.0 | 0.9-3.1 |
| 60-69 | 384 | 82.7 | 76.7-88.7 | 9.0 | 5.5-12.5 | 2.6 | 0.2-5.1 | 5.7 | 2.4-9.0 |
| 18-69 | 4300 | 90.8 | 89.5-92.0 | 7.6 | 6.5-8.8 | 0.5 | 0.2-0.7 | 1.1 | 0.7-1.6 |

## Currently on treatment for raised blood glucose

Over a third (36.8\%) of all the respondents previously diagnosed with raised blood glucose reported being on treatment with the highest proportion in the 60 to 69 years age group.
highlights the distribution of respondents currently taking medication for raised blood glucose. Of the respondent's previously diagnosed with raised blood sugar, 20.9 percent reported being on insulin treatment.

### 3.3.3 Raised Total Cholesterol

Raised total cholesterol is a major cause of disease burden in both the developed and developing world as a risk factor for Ischemic heart disease and stroke. Studies show a strong association between reduction in serum cholesterol and reduction in risk of ischemic heart disease. Blood cholesterol test profiles is usually categorized into low-density lipoprotein cholesterol (LDL), high-density lipoprotein cholesterol (HDL) and triglycerides (WHO, 2014).

Almost all the respondents (98.0\%) had never had their cholesterol measured before, with the highest proportion in the 18 to 29 years age group (99.1\%).

Table 3.3 .5 shows the distribution of respondents by sex and age group.

Table 3.3.5: Percentage of respondents measured for raised total cholesterol

| Age group (years) | n | \% Never measure d | 95\% CI | \% <br> measured <br> , not diagnosed | 95\% Cl | \% diagnosed, but not within past 12 months | 95\% CI | \% diagnosed within past 12 months | 95\% CI |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Men |  |  |  |  |  |  |  |  |  |
| 18-29 | 597 | 99.5 | 98.9-100.0 | 0.5 | 0.0-1.1 | 0.0 | 0.0-0.0 | 0.0 | 0.0-0.0 |
| 30-44 | 578 | 96.5 | 94.5-98.5 | 2.5 | 0.7-4.3 | 0.3 | 0.0-0.9 | 0.7 | 0.0-1.5 |
| 45-59 | 312 | 97.0 | 94.7-99.3 | 2.4 | 0.3-4.6 | 0.6 | 0.0-1.5 | 0.0 | 0.0-0.0 |
| 60-69 | 127 | 98.2 | 95.5-100.0 | 0.5 | 0.0-1.4 | 0.0 | 0.0-0.0 | 1.3 | 0.0-3.9 |
| 18-69 | 1614 | 98.1 | 97.3-98.9 | 1.5 | 0.7-2.2 | 0.2 | 0.0-0.4 | 0.3 | 0.0-0.6 |
| Women |  |  |  |  |  |  |  |  |  |
| 18-29 | 1023 | 98.7 | 97.9-99.4 | 1.3 | 0.6-2.1 | 0.0 | 0.0-0.0 | 0.0 | 0.0-0.0 |
| 30-44 | 933 | 98.1 | 97.1-99.1 | 1.3 | 0.5-2.1 | 0.5 | 0.0-1.0 | 0.1 | 0.0-0.4 |
| 45-59 | 473 | 95.9 | 93.5-98.4 | 2.8 | 0.4-5.1 | 0.5 | 0.0-1.1 | 0.8 | 0.0-1.6 |
| 60-69 | 257 | 97.2 | 94.9-99.4 | 2.1 | 0.0-4.2 | 0.3 | 0.0-1.0 | 0.4 | 0.0-0.9 |
| 18-69 | 2686 | 98.0 | 97.3-98.6 | 1.6 | 1.0-2.2 | 0.3 | 0.0-0.5 | 0.2 | 0.0-0.3 |
| Both sexes |  |  |  |  |  |  |  |  |  |
| 18-29 | 1620 | 99.1 | 98.6-99.6 | 0.9 | 0.4-1.4 | 0.0 | 0.0-0.0 | 0.0 | 0.0-0.0 |
| 30-44 | 1511 | 97.3 | 96.2-98.4 | 1.9 | 0.9-2.9 | 0.4 | 0.0-0.9 | 0.4 | 0.0-0.8 |
| 45-59 | 785 | 96.4 | 94.7-98.1 | 2.6 | 1.0-4.2 | 0.6 | 0.0-1.1 | 0.4 | 0.0-0.8 |
| 60-69 | 384 | 97.6 | 95.9-99.4 | 1.4 | 0.2-2.7 | 0.2 | 0.0-0.6 | 0.8 | 0.0-1.9 |
| 18-69 | 4300 | 98.0 | 97.5-98.6 | 1.5 | 1.0-2.0 | 0.2 | 0.0-0.4 | 0.2 | 0.1-0.4 |

### 3.3.4 Cardiovascular disease

Respondents were asked if they ever had a heart attack, or if they had a stroke, or if they were currently taking aspirin regularly to prevent or treat heart disease, or if they were currently taking statins regularly to prevent or treat heart disease. Only $3.0 \%$ of the respondents reported having a history of cardiovascular diseases with no significant difference between the sexes ( $2.3 \%$ for men and $3.7 \%$ for women). The 60 to 69 years age group had the largest percentage (7.4\%) of respondents with a history of CVD as shown in Table 3.3.6 below.

Table 3.3.6: Percentage of respondents with history of cardiovascular diseases

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% CVD <br> history | 95\% CI | N | \% CVD history | 95\% CI | n | \% <br> CVD <br> history | 95\% CI |
| 18-29 | 597 | 1.7 | 0.5-2.8 | 1023 | 3.2 | 1.9-4.4 | 1620 | 2.4 | 1.5-3.3 |
| 30-44 | 578 | 1.4 | 0.4-2.5 | 935 | 3.8 | 2.4-5.3 | 1513 | 2.6 | 1.8-3.5 |
| 45-59 | 312 | 4.7 | 1.7-7.7 | 473 | 4.4 | 2.3-6.6 | 785 | 4.6 | 2.7-6.4 |
| 60-69 | 127 | 9.0 | 1.9-16.1 | 257 | 6.3 | 2.4-10.1 | 384 | 7.4 | 3.5-11.3 |
| 18-69 | 1614 | 2.3 | 1.4-3.2 | 2688 | 3.7 | 2.8-4.7 | 4302 | 3.0 | 2.4-3.7 |

Less than $1 \%$ of the respondents reported taking aspirin regularly to prevent CVDs as shown in Table 3.3.7 below.

Table 3.3.7: Percentage of respondents taking aspirin regularly to prevent CVDs

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% taking aspirin | 95\% CI | n | \% taking aspirin | 95\% CI | n | \% taking aspirin | 95\% CI |
| 18-29 | 597 | 0.2 | 0.0-0.7 | 1023 | 0.6 | 0.1-1.2 | 1620 | 0.4 | 0.1-0.8 |
| 30-44 | 578 | 0.8 | 0.0-1.7 | 933 | 0.7 | 0.1-1.3 | 1511 | 0.7 | 0.2-1.3 |
| 45-59 | 312 | 1.4 | 0.0-2.8 | 473 | 1.0 | 0.2-1.8 | 785 | 1.2 | 0.4-2.0 |
| 60-69 | 127 | 2.3 | 0.0-5.4 | 257 | 3.1 | 0.4-5.7 | 384 | 2.7 | 0.7-4.8 |
| 18-69 | 1614 | 0.7 | 0.2-1.1 | 2686 | 0.8 | 0.5-1.2 | 4300 | 0.7 | 0.4-1.1 |

### 3.3.4 Cervical Cancer Screening

## Awareness of Cervical Cancer Screening

Cancer of the cervix is a leading cause of cancer deaths in developing countries as well as one of the top cancers affecting women in Africa. Early detection has been shown to prevent up to $80.0 \%$ of cervical cancers. Screening is therefore recommended for every woman age 30 to 49 at least once in her lifetime and ideally more frequently. Some of the common tests used for cervical cancer screening include Visual Inspection with Acetic Acid (VIA), Visual Inspection under Lugol's lodine (VILI), Pap smear and the Human Papilloma Virus test (Health et al., 2006)

## Life time screening among all the women

The overall prevalence of cervical cancer screening among respondents aged 18 to 69 years was $16.4 \%$, with the highest percentage ( $22.6 \%$ ) in the 45 to 59 years sub group. Table 3.3.8 highlights the distribution of cervical cancer screening among the female respondents.

Table 3.3.8: Percentage of female respondents who have ever had a screening test for cervical cancer among all female respondents.

| Age Group | Women |  |  |
| :---: | :---: | :---: | :---: |
| (years) | N | \% ever tested | $95 \% \mathrm{Cl}$ |
| $18-29$ | 119 | 12.2 | $9.7-14.7$ |
| $30-44$ | 174 | 20.4 | $16.6-24.1$ |
| $45-59$ | 98 | 22.6 | $17.8-27.3$ |
| $60-69$ | 23 | 9.9 | $5.0-14.8$ |
| $\mathbf{1 8 - 6 9}$ | $\mathbf{4 1 4}$ | $\mathbf{1 6 . 4}$ | $\mathbf{1 4 . 2 - 1 8 . 5}$ |

### 3.4 Healthy lifestyle advice

Information and counselling are important tools in promoting healthy lifestyles in the population. Health workers are especially well placed to provide correct and timely information regarding healthy lifestyles that can prevent the development of common NCDs like diabetes and hypertension. In the context of the STEPS survey, counselling was defined as receiving advice from a doctor or other health worker to quit using tobacco or not start, reduce salt in diet, eat at least five servings of fruit and/or vegetables per day, reduce fat in diet, start or do more physical activity, maintain a healthy body weight or lose weight.

Figure 3.4.1 below shows the percentage of respondent's age 18 to 69 years who had been given advice by a health worker relating to the four major NCD behavioural risk factors in the past three years. The most common form of lifestyle advice was to eat fruit and vegetables with $33.3 \%$ of respondent advised to eat at least 5 servings of fruit and vegetables. Only $17.3 \%$ reported being advised against smoking tobacco.

Figure 3.4.1: Percentage of respondents receiving healthy lifestyle advice


### 3.5 Physical Measurements

### 3.5.1 Blood pressure measurement

Elevated blood pressure is one of the major risk factors for development of cardiovascular diseases. According to the STEPS protocol, blood pressure measurements were taken using an automated blood pressure machine. Three readings were taken $3-5$ minutes apart with the last two readings averaged to estimate the respondent's blood pressure

## Mean blood pressure

The mean systolic blood pressure was 124.4 mmHg and the mean diastolic blood pressure was 76.8 mmHg (Table 3.5.1)

Table 3.5.1: Men blood pressure of respondents

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Mean | 95\% CI | N | Mean | 95\% CI | n | Mean | 95\% CI |
| Mean systolic blood pressure ( mmHg ) |  |  |  |  |  |  |  |  |  |
| 18-29 | 583 | 125.9 | 124.5-127.4 | 988 | 118.3 | 117.3-119.4 | 1571 | 122.1 | 121.2-123.0 |
| 30-44 | 553 | 127.0 | 125.6-128.5 | 894 | 120.9 | 119.8-122.0 | 1447 | 124.0 | 123.0-124.9 |
| 45-59 | 301 | 128.6 | 126.2-131.1 | 463 | 128.0 | 125.7-130.2 | 764 | 128.3 | 126.6-129.9 |
| 60-69 | 119 | 134.6 | 128.9-140.3 | 252 | 143.7 | 139.8-147.5 | 371 | 139.8 | 136.3-143.4 |
| 18-69 | 1556 | 127.0 | 126.0-128.0 | 2597 | 122.0 | $\begin{aligned} & 121.2- \\ & 122.7 \end{aligned}$ | 4153 | 124.4 | 123.8-125.1 |
| Mean diastolic blood pressure ( mmHg ) |  |  |  |  |  |  |  |  |  |
| 18-29 | 583 | 75.0 | 73.7-76.3 | 988 | 73.7 | 72.8-74.5 | 1571 | 74.3 | 73.6-75.1 |
| 30-44 | 553 | 78.6 | 77.4-79.8 | 894 | 76.6 | 75.8-77.5 | 1447 | 77.6 | 76.9-78.3 |
| 45-59 | 301 | 80.8 | 78.9-82.8 | 463 | 80.6 | 79.0-82.1 | 764 | 80.7 | 79.5-81.9 |
| 60-69 | 119 | 81.6 | 78.3-84.8 | 252 | 85.7 | 83.2-88.1 | 371 | 83.9 | 81.8-86.0 |
| 18-69 | 1556 | 77.3 | 76.5-78.1 | 2597 | 76.3 | 75.7-76.9 | 4153 | 76.8 | 76.3-77.3 |

## Prevalence of raised blood pressure

Almost one-fifth of the respondents (19.0\%) had raised blood pressure or were currently on medication for raised blood pressure. The 60 to 69 years age group had the highest prevalence of raised blood pressure with $50.5 \%$ ( $38.6 \%$ in males and $59.4 \%$ in females). In both sexes, the prevalence of raised blood pressure increased with increasing age as shown in Table 3.5.2 below.

Table 3.5.2: Percentage of respondents with raised blood pressure or currently on medication

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% | 95\% CI | n | \% | 95\% CI | n | \% | 95\% CI |
| 18-29 | 583 | 16.3 | 12.4-20.2 | 988 | 8.4 | 6.2-10.6 | 1571 | 12.3 | 10.1-14.6 |
| 30-44 | 553 | 20.8 | 17.0-24.7 | 894 | 16.7 | 13.7-19.7 | 1447 | 18.8 | 16.4-21.1 |
| 45-59 | 301 | 29.4 | 23.0-35.7 | 463 | 33.5 | 27.8-39.2 | 764 | 31.6 | 27.3-35.9 |
| 60-69 | 119 | 38.6 | 26.9-50.2 | 252 | 59.4 | 52.6-66.1 | 371 | 50.5 | 43.5-57.6 |
| 18-69 | 1556 | 20.5 | 18.1-23.0 | 2597 | 17.6 | 15.8-19.4 | 4153 | 19.1 | 17.5-20.6 |

Overall, over $80.0 \%$ of the respondents with raised blood pressure were not on medication, with males having a significantly higher percentage (91.0\%) than females (77.3\%). Only $6.7 \%$ of all the respondents had controlled blood pressure and this was significantly higher in females (11.4\%) than in males (2.5\%).

Table 3.5.3 below highlights the distribution of blood pressure control by sex and age group.

Table 3.5.3: Percentage of respondents with raised blood pressure on medication

| Age <br> Group (years) | n | $\begin{gathered} \% \text { On } \\ \text { medication and } \\ \text { SBP<140 and } \\ \text { DBP<90 } \end{gathered}$ | 95\% CI | \% On medication and $S B P \geq 140$ and/or DBP $\geq 90$ | 95\% CI | \% Not on medication and $S B P \geq 140$ and/or DBP $\geq 90$ | 95\% CI |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Men |  |  |  |  |  |  |  |
| 18-29 | 94 | 2.1 | 0.0-4.5 | 7.3 | 0.0-14.7 | 90.6 | 82.9-98.3 |
| 30-44 | 115 | 2.3 | 0.0-5.8 | 2.7 | 0.0-8.0 | 95.0 | 88.9-100.0 |
| 45-59 | 80 | 2.4 | 0.0-5.2 | 10.9 | 0.0-22.1 | 86.7 | 75.4-98.0 |
| 60-69 | 55 | 5.5 | 0.0-13.4 | 8.4 | 1.0-15.8 | 86.1 | 75.8-96.4 |
| 18-69 | 344 | 2.5 | 0.7-4.2 | 6.5 | 2.5-10.5 | 91.0 | 86.8-95.3 |
| Women |  |  |  |  |  |  |  |
| 18-29 | 76 | 9.4 | 2.8-16.1 | 2.9 | 0.0-6.8 | 87.7 | 80.0-95.3 |
| 30-44 | 136 | 11.9 | 5.0-18.8 | 7.5 | 2.7-12.2 | 80.7 | 72.9-88.5 |
| 45-59 | 156 | 12.3 | 4.7-19.9 | 21.2 | 13.2-29.2 | 66.5 | 57.5-75.5 |
| 60-69 | 145 | 11.4 | 4.1-18.7 | 12.6 | 6.1-19.0 | 76.0 | 67.0-85.0 |
| 18-69 | 513 | 11.4 | 7.7-15.0 | 11.3 | 8.2-14.4 | 77.3 | 72.6-82.0 |
| Both sexes |  |  |  |  |  |  |  |
| 18-29 | 170 | 4.6 | 1.7-7.5 | 5.8 | 0.7-10.9 | 89.6 | 83.9-95.3 |
| 30-44 | 251 | 6.6 | 3.1-10.1 | 4.8 | 1.3-8.3 | 88.6 | 82.9-94.3 |
| 45-59 | 236 | 8.0 | 3.4-12.6 | 16.8 | 10.3-23.3 | 75.2 | 68.1-82.2 |
| 60-69 | 200 | 9.5 | 4.0-15.0 | 11.2 | 6.2-16.2 | 79.3 | 72.5-86.1 |
| 18-69 | 857 | 6.7 | 4.8-8.6 | 8.8 | 6.3-11.2 | 84.6 | 81.5-87.6 |

## Severe hypertension

Severe hypertension is defined as systolic blood pressure >=160 mm Hg and/or diastolic blood pressure $>=100 \mathrm{~mm} \mathrm{Hg}$.
Table 3.5.4 shows the distribution of respondents with SBP $\geq 160$ and/or DBP $\geq 100 \mathrm{mmHg}$ or currently on medication for raised blood pressure. Overall the prevalence of severe hypertension was $7.1 \%$ with the highest percentage in the 60 to 69 years age group.

Table 3.5.4: Percentage of respondents with severe hypertension

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% | 95\% CI | n | \% | 95\% CI | n | \% | 95\% CI |
| 18-29 | 583 | 3.2 | 1.3-5.0 | 988 | 3.3 | 1.8-4.7 | 1571 | 3.2 | 2.0-4.4 |
| 30-44 | 553 | 6.2 | 4.0-8.3 | 894 | 6.7 | 4.8-8.7 | 1447 | 6.4 | 5.0-7.9 |
| 45-59 | 301 | 10.3 | 5.6-15.0 | 463 | 18.0 | 13.7-22.2 | 764 | 14.4 | 11.1-17.7 |
| 60-69 | 119 | 22.5 | 13.2-31.7 | 252 | 33.6 | 26.7-40.5 | 371 | 28.9 | 22.7-35.0 |
| 18-69 | 1556 | 5.9 | 4.5-7.4 | 2597 | 8.2 | 7.0-9.5 | 4153 | 7.1 | 6.1-8.1 |

### 3.5.2 Body Mass Index (BMI) and overweight and obesity

## Overweight and obesity

Overweight and obesity refer to abnormal accumulation of fat in the body that may impair health and wellbeing. Body mass index (BMI) is a simple index of weight-for-height that provides population-level measure of overweight and obesity as it is the same for both sexes and for all ages of adults. It is defined as a person's weight in kilograms divided by the square of their height in meters ( $\mathrm{kg} / \mathrm{m} 2$ ). A person whose BMI is greater than or equal to 25 is considered overweight while one with a BMI greater than or equal to 30 is considered obese (WHO, 2017b).

## Mean Body Mass Index

The mean BMI for the respondents was $23.8 \mathrm{~kg} / \mathrm{m}^{2}$ with women having a significantly higher mean BMI ( $24.0 \mathrm{~kg} / \mathrm{m}^{2}$ compared to men ( $22.5 \mathrm{~kg} / \mathrm{m}^{2}$ ) (Table 3.5.5).

Table 3.5.5: Mean body mass index for respondents

| Mean BMI (kg/m ${ }^{\mathbf{2}}$ ) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
|  | n | Mean | 95\% CI | n | Mean | 95\% CI | n | Mean | 95\% CI |
| 18-29 | 583 | 22.0 | 21.7-22.3 | 879 | 23.2 | 22.8-23.6 | 1462 | 22.6 | 22.3-22.8 |
| 30-44 | 556 | 22.9 | 22.5-23.3 | 837 | 24.5 | 24.1-25.0 | 1393 | 23.7 | 23.4-24.0 |
| 45-59 | 304 | 23.2 | 22.4-24.1 | 464 | 24.9 | 24.2-25.7 | 768 | 24.1 | 23.6-24.7 |
| 60-69 | 121 | 22.1 | 21.3-23.0 | 249 | 25.1 | 24.2-26.0 | 370 | 23.8 | 23.1-24.5 |
| 18-69 | 1564 | 22.5 | 22.3-22.7 | 2429 | 24.0 | 23.8-24.3 | 3993 | 23.2 | 23.0-23.5 |

Table 3.5.6 shows the percentage of respondents with a BMI of greater than or equal to 25 . The results indicated that $16.2 \%$ of the respondents were either overweight or obese with no significant difference between men (16.2\%) and women (20.2\%).

Table 3.5.6: Prevalence of obesity and overweight

| Age <br> Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | $\begin{aligned} & \% \\ & \mathrm{BMI} \geq 25 \end{aligned}$ | 95\% CI | n | $\begin{aligned} & \% \\ & \mathrm{BMI} \geq 25 \end{aligned}$ | 95\% CI | n | \% <br> BMI $\geq 25$ | 95\% CI |
| 18-29 | 583 | 11.2 | 8.0-14.3 | 879 | 24.6 | 20.8-28.5 | 1462 | 17.6 | 14.9-20.2 |
| 30-44 | 556 | 19.1 | 15.3-22.9 | 837 | 37.3 | 33.3-41.4 | 1393 | 27.9 | 24.9-30.9 |
| 45-59 | 304 | 25.1 | 18.7-31.6 | 464 | 41.5 | 35.1-47.9 | 768 | 33.9 | 29.1-38.7 |
| 60-69 | 121 | 20.1 | 11.2-29.0 | 249 | 40.4 | 32.6-48.2 | 370 | 31.6 | 25.3-37.9 |
| 18-69 | 1564 | 16.2 | 13.8-18.5 | 2429 | 32.5 | 30.0-35.0 | 3993 | 24.2 | 22.3-26.1 |

Overall, $7.5 \%$ of the respondents were obese while $16.7 \%$ were overweight. The percentage of women who were overweight or obese was significantly higher than of men. Obesity was highest in the 45 to 59 years age group (
Table 3.5.7)

Table 3.5.7: Percentage of respondents in each BMI category

| Age <br> group (years) | n | $\begin{gathered} \hline \% \\ \text { Under- } \\ \text { weight } \\ <18.5 \end{gathered}$ | 95\% CI | \% Normal <br> weight <br> 18.5-24.9 | 95\% CI | $\begin{gathered} \text { \% BMI } \\ 25.0-29.9 \end{gathered}$ | 95\% CI | $\begin{gathered} \text { \% } \\ \text { Obese } \\ \geq 30.0 \end{gathered}$ | 95\% CI |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Men |  |  |  |  |  |  |  |  |  |
| 18-29 | $\begin{gathered} 58 \\ 3 \end{gathered}$ | 5.6 | 3.0-8.1 | 83.2 | 79.2-87.3 | 9.9 | 7.0-12.8 | 1.3 | 0.0-2.5 |
| 30-44 | $\begin{gathered} 55 \\ 6 \end{gathered}$ | 4.4 | 2.4-6.3 | 76.6 | 72.7-80.5 | 15.8 | 12.4-19.3 | 3.2 | 1.6-4.8 |
| 45-59 | $\begin{gathered} 30 \\ 4 \end{gathered}$ | 9.6 | 5.9-13.3 | 65.2 | 58.7-71.7 | 17.4 | 11.8-23.0 | 7.7 | 3.0-12.5 |
| 60-69 | $\begin{gathered} 12 \\ 1 \end{gathered}$ | 8.5 | 3.5-13.5 | 71.4 | 62.3-80.6 | 15.6 | 8.0-23.1 | 4.5 | 0.0-9.6 |
| 18-69 | $\begin{aligned} & 15 \\ & 64 \end{aligned}$ | 5.8 | 4.3-7.4 | 78.0 | 75.4-80.6 | 13.2 | 11.2-15.2 | 3.0 | 1.9-4.0 |
| Women |  |  |  |  |  |  |  |  |  |
| 18-29 | $\begin{gathered} 87 \\ 9 \end{gathered}$ | 5.2 | 3.3-7.1 | 70.2 | 66.2-74.1 | 16.6 | 13.5-19.8 | 8.0 | 5.7-10.4 |
| 30-44 | 837 | 5.3 | 3.6-7.0 | 57.4 | 53.3-61.4 | 24.2 | 20.4-28.0 | 13.1 | $\begin{gathered} 10.1- \\ 16.2 \end{gathered}$ |
| 45-59 | 464 | 10.5 | 7.0-13.9 | 48.0 | 41.8-54.3 | 21.6 | 16.7-26.4 | 20.0 | $\begin{gathered} 14.9- \\ 25.0 \end{gathered}$ |
| 60-69 | 249 | 6.5 | 3.3-9.7 | 53.1 | 45.2-61.0 | 21.5 | 15.3-27.7 | 18.9 | $\begin{aligned} & 12.2- \\ & 25.6 \end{aligned}$ |
| 18-69 | $\begin{gathered} 242 \\ 9 \end{gathered}$ | 6.2 | 4.9-7.4 | 61.3 | 58.8-63.8 | 20.2 | 18.1-22.3 | 12.3 | $\begin{gathered} 10.5- \\ 14.1 \end{gathered}$ |
| Both sexes |  |  |  |  |  |  |  |  |  |
| 18-29 | $\begin{gathered} 146 \\ 2 \end{gathered}$ | 5.4 | 3.8-7.0 | 77.0 | 74.0-80.0 | 13.1 | 10.9-15.3 | 4.5 | 3.1-5.8 |
| 30-44 | $\begin{gathered} 139 \\ 3 \end{gathered}$ | 4.8 | 3.5-6.1 | 67.3 | 64.4-70.1 | 19.9 | 17.3-22.4 | 8.0 | 6.2-9.8 |
| 45-59 | 768 | 10.1 | 7.6-12.5 | 56.0 | 51.3-60.8 | 19.6 | 15.8-23.4 | 14.3 | $\begin{gathered} 10.6- \\ 18.0 \end{gathered}$ |
| 60-69 | 370 | 7.4 | 4.5-10.2 | 61.0 | 54.8-67.3 | 19.0 | 14.1-23.8 | 12.7 | 7.9-17.4 |
| 18-69 | 3993 | 6.0 | 5.0-7.0 | 69.8 | 67.9-71.8 | 16.7 | 15.1-18.2 | 7.5 | 6.4-8.7 |

## Waist and Hip Measurements

## Waist Circumference

The respondent's waist circumference is illustrated in Table 3.5.8. Women had a significantly larger mean waist circumference of 81 centimetres as compared to men whose mean was 79 centimetres.

Table 3.5.8: Mean waist circumference

| Age Group (years) | Men |  |  | Women |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | Mean | 95\% CI | n | Mean | 95\% Cl |
| 18-29 | 582 | 76.3 | 75.5-77.0 | 881 | 77.4 | 76.6-78.2 |
| 30-44 | 555 | 80.1 | 79.1-81.1 | 842 | 82.1 | 81.0-83.1 |
| 45-59 | 304 | 83.0 | 81.1-84.8 | 465 | 84.9 | 83.2-86.6 |
| 60-69 | 121 | 83.3 | 81.2-85.3 | 248 | 86.2 | 83.7-88.7 |
| 18-69 | 1562 | 78.8 | 78.2-79.4 | 2436 | 80.7 | 80.0-81.3 |

## Hip circumference

The respondent's hip circumference is illustrated in Table 3.5.9. Women had a significantly larger mean hip circumference of 97 centimetres as compared to men whose mean was 93 centimetres.

Table 3.5.9: Mean hip circumference

| Age Group (years) | Men |  |  | Women |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Mean | 95\% CI | N | Mean | 95\% Cl |
| 18-29 | 582 | 92.0 | 91.2-92.7 | 881 | 94.6 | 93.7-95.4 |
| 30-44 | 555 | 94.3 | 93.4-95.3 | 842 | 98.6 | 97.5-99.6 |
| 45-59 | 304 | 94.5 | 93.0-95.9 | 465 | 99.5 | 97.8-101.2 |
| 60-69 | 121 | 95.1 | 92.9-97.3 | 248 | 100.5 | 98.4-102.6 |
| 18-69 | 1562 | 93.2 | 92.7-93.8 | 2436 | 97.0 | 96.4-97.7 |

## Waist-hip ratio

Waist-hip ratio (the waist circumference divided by the hip circumference) is an index used to identify individuals at increased risk of obesity related morbidity due to accumulation of abdominal fat (WHO, 2011). Women whose waist hip ratio (WHR) is $\geq 0.85$ and men with a WHR $\geq 0.9$ are considered to be at increased risk of obesity-related morbidity (WHO, 2000).

Overall the waist/hip ration for the respondents was 0.8 without any difference between men and women as shown in Table 3.5.10 below.

Table 3.5.10: Mean waist/hip ratio by sex and age group

| Age Group (years) | Men |  |  | Women |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Mean | 95\% Cl | N | Mean | 95\% CI |
| 18-29 | 582 | 0.8 | 0.8-0.8 | 881 | 0.8 | 0.8-0.8 |
| 30-44 | 555 | 0.9 | 0.8-0.9 | 842 | 0.8 | 0.8-0.8 |
| 45-59 | 304 | 0.9 | 0.9-0.9 | 465 | 0.9 | 0.8-0.9 |
| 60-69 | 121 | 0.9 | 0.9-0.9 | 248 | 0.9 | 0.8-0.9 |
| 18-69 | 1562 | 0.8 | 0.8-0.9 | 2436 | 0.8 | 0.8-0.8 |

### 3.6 Biochemical measurements

### 3.6.1 Blood Glucose Measurement

Blood glucose levels were measured after at least 10 hours of fasting. Testing was performed using a portable rapid diagnostic device (Cardiochek ${ }^{\text {M }}$ ) machine which used test strips for both blood glucose and lipid profile (total Cholesterol and HDL Cholesterol). Blood sample was collected via a minimally invasive figure prick.

## Mean Fasting Glucose

The overall mean fasting blood glucose level was $4.7 \mathrm{mmol} / \mathrm{l}$ with no significant difference between men and women and the age groups as shown in Table 3.6.1 below:

Table 3.6.1: mean fasting blood glucose (mmol/l)

| Age <br> Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | Mean | 95\% CI | n | Mean | 95\% CI | n | Mean | 95\% CI |
| 18-29 | 511 | 4.4 | 4.2-4.6 | 834 | 4.7 | 4.5-4.8 | 1345 | 4.5 | 4.4-4.6 |
| 30-44 | 493 | 4.6 | 4.4-4.8 | 769 | 4.9 | 4.8-5.0 | 1262 | 4.7 | 4.6-4.9 |
| 45-59 | 265 | 5.1 | 4.7-5.5 | 402 | 5.2 | 4.9-5.5 | 667 | 5.2 | 4.9-5.4 |
| 60-69 | 110 | 5.3 | 4.5-6.1 | 224 | 5.4 | 5.1-5.8 | 334 | 5.4 | 5.0-5.8 |
| 18-69 | 1379 | 4.6 | 4.5-4.7 | 2229 | 4.9 | 4.8-5.0 | 3608 | 4.7 | 4.6-4.8 |

Overall, $9.0 \%$ of the respondents had impaired fasting blood glucose levels, with the highest percentage among the 45 to 59 years age group as shown in Table 3.6.2 below.

Table 3.6.2: Prevalence of impaired fasting blood glucose

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | \% | 95\% CI | n | \% | 95\% Cl | n | \% | 95\% CI |
| 18-29 | 511 | 6.2 | 3.9-8.5 | 834 | 9.2 | 6.9-11.5 | 1345 | 7.7 | 6.0-9.3 |
| 30-44 | 493 | 7.5 | 5.0-10.1 | 769 | 10.5 | 7.8-13.1 | 1262 | 9.0 | 7.1-10.9 |
| 45-59 | 265 | 12.2 | 7.4-17.1 | 403 | 12.6 | 9.0-16.2 | 668 | 12.4 | 9.6-15.3 |
| 60-69 | 110 | 9.2 | 2.6-15.8 | 224 | 10.7 | 5.8-15.6 | 334 | 10.1 | 6.0-14.1 |
| 18-69 | 1379 | 7.6 | 5.9-9.3 | 2230 | 10.2 | 8.7-11.7 | 3609 | 8.9 | 7.7-10.1 |

## Prevalence of raised blood glucose

Only $6.0 \%$ of the respondents had raised blood glucose or were on medication for diabetes with no significant difference between the men and women. The highest prevalence was among the 60 to 69 years age group at 20.0\%. Table 3.6.3 highlights the distribution of raised blood glucose among the respondents.

Table 3.6.3: Prevalence of raised blood glucose or currently on medication for diabetes

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | \% | 95\% Cl | n | \% | 95\% Cl | n | \% | 95\% CI |
| 18-29 | 511 | 3.3 | 1.1-5.5 | 834 | 3.1 | 1.9-4.3 | 1345 | 3.2 | 2.0-4.5 |
| 30-44 | 493 | 6.0 | 3.8-8.2 | 769 | 7.0 | 4.4-9.6 | 1262 | 6.5 | 4.8-8.2 |
| 45-59 | 265 | 11.8 | 6.5-17.0 | 403 | 9.8 | 6.3-13.3 | 668 | 10.7 | 7.6-13.8 |
| 60-69 | 110 | 17.2 | 8.9-25.5 | 224 | 22.2 | 15.2-29.2 | 334 | 20.0 | 14.7-25.4 |
| 18-69 | 1379 | 6.0 | 4.3-7.6 | 2230 | 6.4 | 5.2-7.7 | 3609 | 6.2 | 5.2-7.3 |

### 3.6.2 Blood cholesterol measurement

## Mean total cholesterol

The overall mean blood cholesterol level was $3.4 \mathrm{mmol} / \mathrm{l}$ with no significant difference between men and women and the age groups as shown in Table 3.6.4 below:

Table 3.6.4: Mean total cholesterol

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | Mean | 95\% CI | n | Mean | 95\% Cl | n | Mean | 95\% CI |
| 18-29 | 527 | 3.0 | 2.9-3.1 | 867 | 3.4 | 3.3-3.5 | 1394 | 3.2 | 3.1-3.3 |
| 30-44 | 503 | 3.3 | 3.2-3.4 | 792 | 3.6 | 3.5-3.7 | 1295 | 3.4 | 3.4-3.5 |
| 45-59 | 275 | 3.5 | 3.4-3.7 | 419 | 3.8 | 3.7-4.0 | 694 | 3.7 | 3.6-3.8 |
| 60-69 | 112 | 3.7 | 3.4-3.9 | 232 | 4.1 | 3.9-4.4 | 344 | 3.9 | 3.8-4.1 |
| 18-69 | 1417 | 3.2 | 3.2-3.3 | 2310 | 3.6 | 3.5-3.6 | 3727 | 3.4 | 3.3-3.4 |

## Prevalence of raised total cholesterol

The prevalence of raised blood cholesterol (cholesterol levels above $5.0 \mathrm{mmol} / \mathrm{l}$ ) was $7.4 \%$ with women having a significantly higher prevalence (9.3\%) than men (4.5\%). The 60 to 69 years age group had the highest percentage of respondents with raised cholesterol at $21.0 \%$ as shown in Table 3.6.5 below.

Table 3.6.5: Percentage of respondents with total cholesterol $\geq 5.0 \mathrm{mmol} / \mathrm{L}$ or $\geq 190 \mathrm{mg} / \mathrm{dl}$ or currently on medication for raised cholesterol

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | \% | 95\% Cl | n | \% | 95\% CI | n | \% | 95\% CI |
| 18-29 | 9 | 1.8 | 0.3-3.4 | 50 | 6.2 | 4.0-8.3 | 61 | 4.0 | 2.7-5.3 |
| 30-44 | 24 | 4.3 | 2.5-6.1 | 78 | 9.3 | 6.8-11.8 | 108 | 7.5 | 5.9-9.2 |
| 45-59 | 29 | 12.0 | 6.9-17.2 | 66 | 13.5 | 9.6-17.4 | 101 | 13.4 | 10.3-16.6 |
| 60-69 | 14 | 12.7 | 5.9-19.5 | 56 | 24.6 | 17.7-31.5 | 74 | 21.0 | 15.8-26.1 |
| 18-69 | 76 | 4.5 | 3.3-5.8 | 250 | 9.3 | 7.7-10.8 | 344 | 7.4 | 6.3-8.4 |

### 3.7 Combined risk factors

## Population risk of developing cardiovascular disease (CVD)

The total risk of developing cardiovascular disease (CVD) is determined by the combined effect of behavioural and biological risk factors. In the STEPS survey, a 10 -year CVD risk of $\geq 30 \%$ was defined according to age, sex, blood pressure, smoking status (current smokers OR those who quit smoking less than 1 year before the assessment), total cholesterol, and diabetes (previously diagnosed OR a fasting plasma glucose concentration $>7.0 \mathrm{mmol} / \mathrm{l}(126 \mathrm{mg} / \mathrm{dl})$ ).

Table 3.7.1 below shows the percentage of respondents who had a CVD risk of $30 \%$ or above. About 4\% of the respondents in the 40-69 age group had a CVD risk of 30 percent or above with no significant difference between women and men.

Table 3.7.1: Percentage of respondents aged 40-69 years with a 10-year CVD risk $\geq 30$ percent or with existing CVD

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | \% | 95\% Cl | N | \% | 95\% Cl | n | \% | 95\% Cl |
| 40-54 | 334 | 2.1 | 0.5-3.8 | 512 | 3.6 | 2.0-5.3 | 846 | 2.9 | 1.7-4.1 |
| 55-69 | 164 | 9.2 | 3.8-14.6 | 336 | 6.2 | 3.0-9.3 | 500 | 7.5 | 4.3-10.7 |
| 40-69 | 498 | 4.0 | 2.1-5.9 | 848 | 4.4 | 2.8-6.0 | 1346 | 4.2 | 2.9-5.5 |

Out of the eligible persons aged 40 to 69 years, $13.0 \%$ reported receiving drugs and counselling for CVDs as shown in Table 3.7.2 below.

Table 3.7.2: Percentage of eligible persons receiving drug therapy and counselling to prevent heart attacks and strokes

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% | 95\% CI | N | \% | 95\% CI | n | \% | 95\% Cl |
| 40-54 | 9 |  |  | 25 |  |  | 34 | 8.0 | 0.2-15.8 |
| 55-69 | 15 |  |  | 22 |  |  | 37 | 18.0 | 3.9-32.2 |
| 40-69 | 24* |  |  | 47* |  |  | 71 | 13.0 | 4.5-21.6 |

From steps 1 and 2 of the survey, respondents were categorized according to the number of the following risk factors they presented with:

- Current daily smoking
- Less than five servings of fruit and/or vegetables per day
- Not meeting WHO recommendations on physical activity for health (<150 minutes of moderate activity per week, or equivalent)
- Overweight or obese ( $\mathrm{BMI} \geq 25 \mathrm{~kg} / \mathrm{m}^{2}$ )
- Raised BP (SBP $\geq 140$ and/or DBP $\geq 90 \mathrm{mmHg}$ or currently on medication for raised BP).

Table 3.7.3 shows the distribution of respondents according to the number of risk factors they presented with. The majority of respondents (84.0\%) had 1-2 risk factors while only $5.3 \%$ had no risk factors at all.

Table 3.7.3: Percentage of respondents with 0, 1-2, or 3-5 risk factors

| Age <br> Group <br> years) | n | \% with 0 <br> risk factors | 95\% CI | \% with 1-2 <br> risk factors | $95 \% \mathrm{Cl}$ | \% with 3-5 <br> risk factors | 95\% Cl |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

### 3.8 Oral health

According to WHO, oral health is essential to general health and quality of life and defines it as a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing. Risk factors for oral diseases include an unhealthy diet, tobacco use, harmful alcohol use and poor oral hygiene, and social determinants (WHO, 2012b)

### 3.8.1 Oral health status

Over $95.0 \%$ of the respondents had 20 or more natural teeth, with men having a higher percentage ( $97.1 \%$ ) compared to women ( $94.3 \%$ ). Table 3.8 .1 show the percentage of respondents and the number of natural teeth.

Table 3.8.1: Percentage of respondents with natural teeth

| Age Group (years) | n | \% No <br> natural teeth | 95\% CI | \% <br> 1-9 natural teeth | 95\% CI | $\begin{gathered} \% \\ 10-19 \\ \text { natural } \\ \text { teeth } \end{gathered}$ | 95\% CI | $\% \geq 20$ <br> natural teeth | 95\% CI |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Men |  |  |  |  |  |  |  |  |  |
| 18-29 | 576 | 0.0 | 0.0-0.0 | 0.0 | 0.0-0.0 | 0.4 | 0.0-0.8 | 99.6 | 99.2-100.0 |
| 30-44 | 564 | 0.0 | 0.0-0.0 | 0.0 | 0.0-0.0 | 3.2 | 1.4-4.9 | 96.8 | 95.1-98.6 |
| 45-59 | 296 | 0.0 | 0.0-0.0 | 0.0 | 0.0-0.0 | 6.2 | 3.5-8.9 | 93.8 | 91.1-96.5 |
| 60-69 | 120 | 1.6 | 0.0-4.2 | 2.4 | 0.0-4.7 | 15.0 | 7.6-22.4 | 81.0 | 72.8-89.2 |
| 18-69 | 1556 | 0.1 | 0.0-0.2 | 0.1 | 0.0-0.2 | 2.7 | 1.9-3.6 | 97.1 | 96.3-98.0 |
| Women |  |  |  |  |  |  |  |  |  |
| 18-29 | 987 | 0.0 | 0.0-0.0 | 0.0 | 0.0-0.0 | 0.3 | 0.0-0.7 | 99.7 | 99.4-100.0 |
| 30-44 | 882 | 0.0 | 0.0-0.0 | 0.1 | 0.0-0.3 | 5.6 | 3.3-7.9 | 94.3 | 92.0-96.6 |
| 45-59 | 450 | 0.1 | 0.0-0.3 | 1.0 | 0.1-1.9 | 14.6 | 10.1-19.0 | 84.3 | 79.7-88.9 |
| 60-69 | 243 | 0.0 | 0.0-0.0 | 3.3 | 1.0-5.6 | 22.1 | 16.0-28.3 | 74.6 | 68.1-81.1 |
| 18-69 | 2562 | 0.0 | 0.0-0.1 | 0.4 | 0.1-0.6 | 5.3 | 4.2-6.4 | 94.3 | 93.2-95.5 |
| Both Sexes |  |  |  |  |  |  |  |  |  |
| 18-29 | 1563 | 0.0 | 0.0-0.0 | 0.0 | 0.0-0.0 | 0.3 | 0.0-0.6 | 99.7 | 99.4-100.0 |
| 30-44 | 1446 | 0.0 | 0.0-0.0 | 0.1 | 0.0-0.2 | 4.4 | 2.9-5.9 | 95.6 | 94.1-97.0 |
| 45-59 | 746 | 0.1 | 0.0-0.2 | 0.5 | 0.0-1.0 | 10.6 | 7.9-13.4 | 88.8 | 86.0-91.6 |
| 60-69 | 363 | 0.7 | 0.0-1.8 | 2.9 | 1.2-4.6 | 19.0 | 14.2-23.9 | 77.3 | 72.1-82.6 |
| 18-69 | 4118 | 0.0 | 0.0-0.1 | 0.2 | 0.1-0.3 | 4.0 | 3.3-4.8 | 95.7 | 94.9-96.5 |

## Perception of the state of teeth

Approximately $12.0 \%$ of the respondents felt that their natural teeth were in poor or very poor state, with women having a significantly higher percentage ( $15.0 \%$ ) than men ( $8.5 \%$ ). Nearly one third ( $32.1 \%$ ) of the respondents in the 60 to 69 years age group felt that their teeth were in poor state as shown in
Table 3.8.2.

Table 3.8.2: Percentage of respondents having poor or very poor state of teeth among those having natural teeth

| Age <br> Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% having poor or very poor state of teeth | 95\% CI | N | \% having poor or very poor state of teeth | 95\% CI | n | \% having poor or very poor state of teeth | 95\% CI |
| 18-29 | 591 | 2.9 | 1.3-4.6 | 1017 | 7.9 | 5.8-10.0 | 1608 | 5.5 | 4.0-6.9 |
| 30-44 | 578 | 10.8 | 7.2-14.4 | 925 | 17.8 | 14.5-21.1 | 1503 | 14.3 | 11.7-16.9 |
| 45-59 | 309 | 14.7 | 10.0-19.4 | 471 | 26.1 | 21.2-31.0 | 780 | 20.8 | 17.4-24.2 |
| 60-69 | 123 | 32.4 | 21.6-43.3 | 257 | 31.9 | 24.7-39.0 | 380 | 32.1 | 25.8-38.4 |
| 18-69 | 1601 | 8.5 | 6.7-10.3 | 2670 | 15.2 | 13.4-17.0 | 4271 | 11.9 | 10.5-13.3 |

Among the respondents with natural teeth, only $6.8 \%$ had poor or very poor state of their gums with the highest percentage among the 60 to 69 years age group. Table 3.8.3 illustrates the percentage of respondents who felt they had poor or very poor state gums.

Table 3.8.3: Percentage of respondents having poor or very poor state of gums among those having natural teeth

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% having poor or very poor state of gums | 95\% CI | n | \% having <br> poor or very poor state of gums | 95\% CI | n | \% having poor or very poor state of gums | 95\% CI |
| 18-29 | 592 | 3.2 | 1.5-5.0 | 1017 | 4.1 | 2.8-5.3 | 1609 | 3.7 | 2.6-4.8 |
| 30-44 | 576 | 5.8 | 3.7-7.9 | 924 | 7.6 | 5.7-9.5 | 1500 | 6.7 | 5.2-8.2 |
| 45-59 | 311 | 9.3 | 5.6-13.0 | 471 | 16.1 | 12.1-20.1 | 782 | 12.9 | 10.2-15.6 |
| 60-69 | 123 | 18.6 | 10.7-26.5 | 255 | 21.6 | 15.7-27.5 | 378 | 20.3 | 15.4-25.3 |
| 18-69 | 1602 | 5.6 | 4.2-6.9 | 2667 | 8.0 | 6.8-9.2 | 4269 | 6.8 | 5.8-7.8 |

Table 3.8.4 shows percentage of respondents who had removable dentures. Overall, $7.8 \%$ of the respondents had removable dentures. There was no notable difference in proportion of men and women having removable dentures. The age group of 60 to 69 has a highest percentage of respondents with removable dentures for both men and women at $18.8 \%$.

Table 3.8.4: Percentage of respondents having removable dentures

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% Having removable dentures | 95\% CI | n | \% Having removable dentures | 95\% Cl | n | \% Having removable dentures | 95\% Cl |
| 18-29 | 597 | 4.4 | 2.2-6.6 | 1023 | 4.1 | 2.4-5.7 | 1620 | 4.2 | 2.8-5.7 |
| 30-44 | 578 | 5.8 | 3.4-8.2 | 933 | 9.6 | 6.9-12.3 | 1511 | 7.7 | 5.7-9.7 |
| 45-59 | 312 | 15.1 | 10.1-20.2 | 473 | 17.3 | 12.4-22.2 | 785 | 16.3 | 12.4-20.2 |
| 60-69 | 127 | 18.1 | 10.9-25.4 | 257 | 19.3 | 13.1-25.6 | 384 | 18.8 | 13.9-23.8 |
| 18-69 | 1614 | 6.9 | 5.2-8.6 | 2686 | 8.7 | 6.9-10.4 | 4300 | 7.8 | 6.4-9.2 |

## History of pain or discomfort

Almost a third (32.0\%) of the respondents reported having experienced oral pain or discomfort in the preceding 12 months. Oral pain and discomfort was more common among women (36.4\%) than men (26.5\%) as illustrated in Table 3.8.5 below.

Table 3.8.5: Percentage having oral pain or discomfort in the last 12 months

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% Having oral pain or discomfo rt | 95\% CI | n | \% Having oral pain or discomfor t | 95\% CI | N | \% Having oral pain or discomfort | 95\% CI |
| 18-29 | 597 | 21.7 | 17.9-25.5 | $\begin{aligned} & 102 \\ & 3 \end{aligned}$ | 28.0 | 24.6-31.4 | 1620 | 24.8 | 22.3-27.4 |
| 30-44 | 578 | 29.1 | 24.6-33.6 | 933 | 40.9 | 37.2-44.6 | 1511 | 35.0 | 31.7-38.3 |
| 45-59 | 312 | 31.9 | 25.4-38.4 | 473 | 47.6 | 41.9-53.3 | 785 | 40.3 | 35.8-44.7 |
| 60-69 | 127 | 42.7 | 32.5-52.9 | 257 | 50.0 | 42.5-57.6 | 384 | 46.9 | 40.7-53.0 |
| 18-69 | $\begin{aligned} & 161 \\ & 4 \\ & \hline \end{aligned}$ | 26.5 | 23.8-29.2 | $\begin{aligned} & 268 \\ & 6 \end{aligned}$ | 36.4 | 34.0-38.8 | 4300 | 31.5 | 29.6-33.5 |

### 3.8.2 Oral health behaviour/ risk factors

## Dental visits

Only 7.2 \% of the respondents reported having visited a dentist in the past 12 months with no appreciable difference between the age groups and men and women as shown Table 3.8.6 below.

Table 3.8.6: Percentage of respondents having seen a dentist during the past 12 months

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% having seen a dentist during the past 12 months | 95\% CI | n | \% having seen a dentist during the past 12 months | 95\% CI | n | \% having seen a dentist during the past 12 months | 95\% Cl |
| 18-29 | 597 | 5.6 | 3.3-7.9 | 1023 | 6.9 | 5.0-8.9 | 1620 | 6.3 | 4.8-7.8 |
| 30-44 | 578 | 6.4 | 4.1-8.6 | 933 | 9.5 | 6.6-12.5 | 1511 | 7.9 | 6.0-9.9 |
| 45-59 | 312 | 5.0 | 2.0-8.0 | 473 | 10.0 | 6.9-13.2 | 785 | 7.7 | 5.4-10.0 |
| 60-69 | 127 | 12.6 | 4.6-20.5 | 257 | 5.4 | 2.4-8.4 | 384 | 8.5 | 4.6-12.4 |
| 18-69 | 1614 | 6.1 | 4.7-7.5 | 2686 | 8.2 | 6.8-9.6 | 4300 | 7.2 | 6.1-8.2 |

Almost three quarters (74.5\%) of the respondents have never received dental care with men ( $77.6 \%$ ) having a higher percentage than women (71.5\%). Respondents in the 18 to 29 years age group had the highest percentage ( $82.3 \%$ ) for those who have never received dental care among both the women and men as shown in Table 3.8.7 below.

Table 3.8.7: Percentage of respondents who have never received dental care

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% never received dental care | 95\% CI | N | \% never received dental care | 95\% CI | n | \% never received dental care | 95\% CI |
| 18-29 | 502 | 83.5 | 79.7-87.2 | 852 | 81.1 | 77.4-84.8 | 1354 | 82.3 | 79.4-85.2 |
| 30-44 | 430 | 74.4 | 70.3-78.4 | 654 | 67.9 | 63.7-72.2 | 1084 | 71.1 | 68.3-74.0 |
| 45-59 | 223 | 70.2 | 63.7-76.6 | 268 | 55.0 | 49.3-60.8 | 491 | 62.1 | 57.8-66.5 |
| 60-69 | 81 | 62.7 | 52.8-72.6 | 144 | 55.5 | 47.9-63.1 | 225 | 58.6 | 52.1-65.2 |
| 18-69 | 1284 | 77.6 | 75.1-80.2 | 1918 | 71.5 | 68.8-74.1 | 3154 | 74.5 | 72.5-76.5 |

The most common reason for visiting the dentist was pain or trouble with teeth or gums ( $74.8 \%$ ). Only $6.6 \%$ of the respondents went to dentist for routine checks while $4.6 \%$ of the respondents went for consultations and advice. Table 3.8 .8 below shows the distribution for reason dental visit by sex and age group.

Table 3.8.8: Main reason for last visit to the dentist among those who ever visited a dentist

| Age Group (years) | N | Consultation/ advice | 95\% Cl | \% Pain or trouble with teeth or gums | 95\% CI | \% Follow-up treatment | 95\% Cl | \% Routine check-up treatment | 95\% CI | \% <br> Other | 95\% CI |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Men |  |  |  |  |  |  |  |  |  |  |  |
| 18-29 | 95 | 6.7 | 2.6-10.7 | 68.5 | 61.3-75.6 | 14.4 | 9.8-19.1 | 9.8 | 4.6-14.9 | 0.7 | 0.0-2.0 |
| 30-44 | 148 | 5.3 | 2.8-7.8 | 76.0 | 70.9-81.0 | 12.6 | 8.4-16.7 | 5.7 | 3.1-8.4 | 0.4 | 0.0-1.1 |
| 45-59 | 89 | 0.9 | 0.1-1.7 | 81.8 | 75.9-87.8 | 13.4 | 8.3-18.4 | 3.9 | 0.4-7.4 | 0.0 | 0.0-0.0 |
| 60-69 | 46 | 2.0 | 0.0-4.8 | 76.4 | 67.8-85.0 | 16.3 | 8.6-23.9 | 4.4 | 1.1-7.7 | 1.0 | 0.0-2.9 |
| 18-69 | 378 | 4.6 | 2.9-6.2 | 74.8 | 71.0-78.6 | 13.6 | $\begin{gathered} \hline 10.7- \\ 16.5 \end{gathered}$ | 6.6 | 3.9-9.2 | 0.5 | 0.0-1.0 |
| Women |  |  |  |  |  |  |  |  |  |  |  |
| 18-29 | 171 | 5.9 | 0.2-11.5 | 69.6 | 61.4-77.9 | 11.7 | 6.0-17.3 | 11.6 | 5.3-17.8 | 1.3 | 0.0-3.8 |
| 30-44 | 279 | 4.3 | 1.0-7.6 | 74.5 | 68.3-80.7 | 14.0 | 8.9-19.2 | 6.5 | 3.1-9.9 | 0.7 | 0.0-1.9 |
| 45-59 | 205 | 1.1 | 0.0-2.2 | 85.2 | 79.6-90.8 | 12.1 | 6.7-17.5 | 1.6 | 0.2-3.1 | 0.0 | 0.0-0.0 |
| 60-69 | 113 | 1.0 | 0.0-2.3 | 76.9 | 66.7-87.0 | 19.5 | 9.9-29.1 | 2.7 | 0.0-5.7 | 0.0 | 0.0-0.0 |
| 18-69 | 768 | 3.7 | 1.6-5.9 | 75.7 | 71.4-80.0 | 13.3 | $\begin{gathered} \hline 10.0- \\ 16.6 \end{gathered}$ | 6.6 | 3.8-9.4 | 0.7 | 0.0-1.6 |
| Both Sexes |  |  |  |  |  |  |  |  |  |  |  |
| 18-29 | 266 | 6.7 | 2.6-10.7 | 68.5 | 61.3-75.6 | 14.4 | 9.8-19.1 | 9.8 | 4.6-14.9 | 0.7 | 0.0-2.0 |
| 30-44 | 427 | 5.3 | 2.8-7.8 | 76.0 | 70.9-81.0 | 12.6 | 8.4-16.7 | 5.7 | 3.1-8.4 | 0.4 | 0.0-1.1 |
| 45-59 | 294 | 0.9 | 0.1-1.7 | 81.8 | 75.9-87.8 | 13.4 | 8.3-18.4 | 3.9 | 0.4-7.4 | 0.0 | 0.0-0.0 |
| 60-69 | 159 | 2.0 | 0.0-4.8 | 76.4 | 67.8-85.0 | 16.3 | 8.6-23.9 | 4.4 | 1.1-7.7 | 1.0 | 0.0-2.9 |
| 18-69 | $\begin{gathered} 114 \\ 6 \end{gathered}$ | 4.6 | 2.9-6.2 | 74.8 | 71.0-78.6 | 13.6 | $\begin{gathered} \hline 10.7- \\ 16.5 \end{gathered}$ | 6.6 | 3.9-9.2 | 0.5 | 0.0-1.0 |

## Teeth cleaning

A vast majority ( $96.0 \%$ ) of the respondent reported cleaning their teeth at least daily with no difference between men and women and between age groups as shown in Table 3.8.9 below.

Table 3.8.9: Percentage of respondents cleaning their teeth at least once a day

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% cleaning teeth at least daily | 95\% Cl | N | \% cle <br> teeth <br> daily | 95\% CI | n | \% cle <br> teeth <br> daily | $95 \% \mathrm{Cl}$ |
| 18-29 | 597 | 94.8 | 92.5-97.1 | 1023 | 97.5 | 96.1-98.8 | 1620 | 96.1 | 94.8-97.5 |
| 30-44 | 578 | 96.5 | 94.9-98.2 | 933 | 96.5 | 94.9-98.1 | 1511 | 96.5 | 95.3-97.7 |
| 45-59 | 312 | 94.6 | 91.4-97.8 | 473 | 95.1 | 93.0-97.3 | 785 | 94.9 | 93.0-96.8 |
| 60-69 | 127 | 94.0 | 89.8-98.1 | 257 | 93.8 | 90.6-96.9 | 384 | 93.9 | 91.3-96.4 |
| 18-69 | 1614 | 95.3 | 93.9-96.7 | 2686 | 96.6 | 95.6-97.6 | 4300 | 96.0 | 95.0-96.9 |

Nearly two-thirds (63.4\%) of respondents reported cleaning their teeth at least twice per day. Women were more likely to clean their teeth at least twice ( $67.7 \%$ ) than men ( $59.1 \%$ ). The 18 to 29 years age group had the biggest percentage (67.0\%) of respondents cleaning their teeth at least twice daily as shown in Table 3.8.10 below.

Table 3.8.10: Percentage of respondents cleaning their teeth at least twice a day

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% cleaning teeth at least twice a day | 95\% CI | N | \% cl <br> teeth <br> least <br> a day | 95\% CI | n | \% cle teeth least a day | 95\% CI |
| 18-29 | 597 | 61.6 | 56.3-66.9 | 1023 | 72.2 | $\begin{aligned} & 68.3- \\ & 76.2 \end{aligned}$ | 1620 | 67.0 | 63.6-70.3 |
| 30-44 | 578 | 58.8 | 53.6-64.0 | 933 | 67.8 | $\begin{aligned} & 63.9- \\ & 71.6 \end{aligned}$ | 1511 | 63.3 | 60.1-66.5 |
| 45-59 | 312 | 53.1 | 46.7-59.5 | 473 | 57.9 | $\begin{aligned} & 52.1- \\ & 63.7 \end{aligned}$ | 785 | 55.6 | 51.3-60.0 |
| 60-69 | 127 | 51.8 | 40.2-63.4 | 257 | 55.6 | $\begin{aligned} & 48.3- \\ & 62.9 \end{aligned}$ | 384 | 54.0 | 47.2-60.7 |
| 18-69 | 1614 | 59.1 | 55.6-62.5 | 2686 | 67.7 | $\begin{aligned} & 65.0- \\ & 70.4 \end{aligned}$ | 4300 | 63.5 | 61.1-65.9 |

Table 3.8.11 shows the respondents who used toothpaste to clean their teeth. Over three quarters $(77.9 \%)$ of the respondents reported using toothpaste to clean their teeth with the highest percentage among the 18 to 29 years age group.

Table 3.8.11: Percentage of respondents using toothpaste among those cleaning their teeth

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% using toothpaste | 95\% CI | n | \% using toothpaste | 95\% CI | n | \% using toothpaste | 95\% CI |
| 18-29 | 457 | 79.2 | $\begin{aligned} & \hline 75.5- \\ & 82.9 \end{aligned}$ | 828 | 83.6 | $\begin{aligned} & 80.6- \\ & 86.5 \end{aligned}$ | 1285 | 81.4 | $\begin{aligned} & \hline 79.0- \\ & 83.8 \end{aligned}$ |
| 30-44 | 432 | 78.0 | $\begin{aligned} & 73.9- \\ & 82.1 \end{aligned}$ | 678 | 75.5 | $\begin{aligned} & 72.0- \\ & 79.1 \end{aligned}$ | 1110 | 76.8 | $\begin{aligned} & 73.8- \\ & 79.7 \end{aligned}$ |
| 45-59 | 217 | 72.2 | $\begin{aligned} & 66.4- \\ & 78.1 \end{aligned}$ | 339 | 74.4 | $\begin{aligned} & 69.1- \\ & 79.7 \end{aligned}$ | 556 | 73.4 | $\begin{aligned} & 69.3- \\ & 77.5 \end{aligned}$ |
| 60-69 | 73 | 64.3 | $\begin{aligned} & 53.6- \\ & 74.9 \end{aligned}$ | 144 | 64.3 | $\begin{aligned} & 57.5- \\ & 71.0 \end{aligned}$ | 217 | 64.3 | $\begin{aligned} & 58.3- \\ & 70.2 \end{aligned}$ |
| 18-69 | 1179 | 77.2 | $\begin{aligned} & 74.5- \\ & 80.0 \end{aligned}$ | 1989 | 78.5 | $\begin{aligned} & 76.2- \\ & 80.8 \end{aligned}$ | 3168 | 77.9 | $\begin{aligned} & 75.9- \\ & 79.9 \end{aligned}$ |

Table 3.8.12 shows the respondents who used toothpaste containing fluoride to clean their teeth. Overall $73.3 \%$ of the respondents reported using toothpaste containing fluoride, with the highest percentage ( $78.1 \%$ ) in the 18 to 29 years age group.

Table 3.8.12: Percentage of respondents using toothpaste containing fluoride among those using toothpaste

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% us <br> tooth <br> conta <br> fluor | 95\% CI | n | \% us tooth cont fluor | 95\% CI | n | \% usi tooth conta fluor | 95\% CI |
| 18-29 | 407 | 76.0 | $\begin{aligned} & 72.0- \\ & 80.0 \end{aligned}$ | 731 | 78.1 | $\begin{aligned} & 74.6- \\ & 81.7 \end{aligned}$ | 1138 | 78.1 | $\begin{aligned} & 74.6- \\ & 81.7 \end{aligned}$ |
| 30-44 | 390 | 72.9 | $\begin{aligned} & 68.3- \\ & 77.5 \end{aligned}$ | 590 | 71.4 | $\begin{aligned} & 67.4- \\ & 75.3 \end{aligned}$ | 980 | 71.4 | $\begin{aligned} & 67.4- \\ & 75.3 \end{aligned}$ |
| 45-59 | 193 | 68.0 | $\begin{aligned} & 61.8- \\ & 74.2 \end{aligned}$ | 293 | 67.5 | $\begin{aligned} & 61.6- \\ & 73.5 \end{aligned}$ | 486 | 67.5 | $\begin{aligned} & 61.6- \\ & 73.5 \end{aligned}$ |
| 60-69 | 64 | 58.9 | $\begin{aligned} & 47.4- \\ & 70.4 \end{aligned}$ | 122 | 59.2 | $\begin{aligned} & 51.6- \\ & 66.9 \end{aligned}$ | 186 | 59.2 | $\begin{aligned} & 51.6- \\ & 66.9 \end{aligned}$ |
| 18-69 | 1054 | 73.1 | $\begin{aligned} & 70.2- \\ & 76.1 \end{aligned}$ | 1736 | 73.3 | $\begin{aligned} & 70.7- \\ & 76.0 \end{aligned}$ | 2790 | 73.3 | $\begin{aligned} & 70.7- \\ & 76.0 \end{aligned}$ |

The majority of respondents reported using toothbrushes (90.3\%) to clean their teeth followed by wooden toothbrushes ( $28.4 \%$ ) and chew sticks ( $17.5 \%$ ). Table 3.8.13 highlights the respondent's choice of tools to clean their teeth.

Table 3.8.13: Percentage of respondents using various tools to clean teeth

| Age Group (years) | Men |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% Toothbrush | \% <br> Wooden toothpicks | \% Plastic tooth-picks | \% Thread (dental floss) | \% Charcoal | \% Chewstick/ miswak | \%Other |
| 18-29 | 596 | 90.6 | 33.1 | 2.4 | 2.1 | 7.4 | 19.1 | 14.1 |
| 30-44 | 577 | 88.9 | 29.4 | 3.0 | 1.6 | 8.7 | 20.4 | 19.9 |
| 45-59 | 310 | 89.3 | 25.9 | 3.0 | 1.3 | 8.9 | 22.9 | 21.3 |
| 60-69 | 123 | 86.0 | 28.0 | 2.9 | 3.2 | 8.3 | 20.9 | 17.2 |
| 18-69 | $\begin{gathered} 160 \\ 6 \end{gathered}$ | 89.7 | 30.6 | 2.7 | 1.8 | 8.1 | 20.2 | 17.2 |
| Women |  |  |  |  |  |  |  |  |
| 18-29 | 596 | 93.2 | 24.7 | 4.3 | 2.7 | 8.4 | 13.9 | 16.3 |
| 30-44 | 577 | 90.2 | 28.5 | 2.2 | 2.0 | 8.1 | 14.8 | 19.4 |
| 45-59 | 310 | 88.6 | 25.1 | 2.2 | 1.9 | 8.6 | 17.5 | 21.6 |
| 60-69 | 123 | 83.0 | 26.9 | 3.1 | 1.8 | 11.8 | 20.0 | 18.5 |
| 18-69 | $\begin{gathered} 160 \\ 6 \end{gathered}$ | 91.0 | 26.2 | 3.2 | 2.3 | 8.5 | 15.0 | 18.3 |
| Both sexes |  |  |  |  |  |  |  |  |
| 18-29 | 596 | 91.9 | 28.9 | 3.3 | 2.4 | 7.9 | 16.5 | 15.2 |
| 30-44 | 577 | 89.5 | 28.9 | 2.6 | 1.8 | 8.4 | 17.6 | 19.6 |
| 45-59 | 310 | 88.9 | 25.5 | 2.6 | 1.6 | 8.7 | 20.0 | 21.5 |
| 60-69 | 123 | 84.3 | 27.4 | 3.0 | 2.4 | 10.3 | 20.4 | 18.0 |
| 18-69 | $\begin{gathered} 160 \\ 6 \end{gathered}$ | 90.3 | 28.4 | 3.0 | 2.1 | 8.3 | 17.5 | 17.7 |

Figure 3.8.1 below shows the dental associated difficulties reported by the survey respondents. The most commonly reported problem was problems with chewing food (26.3\%), followed by interrupted sleep (17.1\%) and difficulty doing usual activities (14.5\%).

Figure 3.8.1: Percentage of respondents with various dental associated difficulties in the past 12 months


### 3.9 Mental Health

## Mental health/ Suicide

Overall, $7.8 \%$ of the population admitted to have considered attempting suicide in the past 12 month with the largest proportion in the 18 to 29 years age group. Women were most likely to consider attempting suicide (10.4\%) compared to men (5.1\%) as shown in Table 3.9.1 below.

Table 3.9.1: Percentage having considered attempting suicide in the last 12 months

| Age <br> Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n |  | 95\% CI | n | \% considered attempting suicide | 95\% CI | n |  | 95\% CI |
| 18-29 | 593 | 6.4 | 4.2-8.7 | 1016 | 10.8 | 8.4-13.1 | 1609 | 8.6 | 7.0-10.2 |
| 30-44 | 577 | 4.3 | 2.6-6.0 | 924 | 10.8 | 8.2-13.3 | 1501 | 7.5 | 5.9-9.1 |
| 45-59 | 311 | 2.9 | 1.2-4.7 | 468 | 9.3 | 5.7-12.9 | 779 | 6.3 | 4.2-8.4 |
| 60-69 | 126 | 5.4 | 1.3-9.4 | 256 | 7.4 | 3.1-11.7 | 382 | 6.5 | 3.4-9.7 |
| 18-69 | 1607 | 5.1 | 3.9-6.4 | 2664 | 10.4 | 8.8-12.0 | 4271 | 7.8 | 6.8-8.8 |

Table 3.9.2 shows the distribution of respondents who sought professional help among those who considered attempting suicide in the past 12 months. Only $31.0 \%$ of men and $20.6 \%$ of women sought professional help after considering attempting suicide. Overall, the largest percentage ( $28.5 \%$ ) of respondents seeking professional help were in the 18 to 29 years age group.

Table 3.9.2: Percentage having sought professional help

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% sought <br> professional help | 95\% CI | n | \% sought <br> professional help | 95\% CI | n | \% sought professional help | 95\% CI |
| 18-29 |  |  |  | 97 | 26.2 | $\begin{aligned} & 16.3- \\ & 36.1 \end{aligned}$ | 140 | 28.5 | $\begin{aligned} & 19.6- \\ & 37.4 \end{aligned}$ |
| 30-44 |  |  |  | 97 | 16.2 | 7.4-25.0 | 124 | 19.4 | $\begin{aligned} & 10.9- \\ & 27.9 \end{aligned}$ |
| 45-59 |  |  |  | 40 | 17.5 | 4.6-30.5 | 55 | 21.4 | 9.1-33.7 |
| 60-69 |  |  |  | 18 | 0.0 | 0.0-0.0 | 26 | 9.7 | 0.0-22.7 |
| 18-69 | 93 | 31.0 | $\begin{aligned} & 19.0- \\ & 42.9 \end{aligned}$ | 252 | 20.6 | $\begin{aligned} & 14.6- \\ & 26.5 \end{aligned}$ | 345 | 23.9 | $\begin{aligned} & 18.3- \\ & 29.6 \end{aligned}$ |

Only $2.0 \%$ of all respondents reported having attempted suicide with the highest percentage among the 18 to 29 years age group as shown in Table 3.9.3.

Table 3.9.3: Percentage having ever attempted suicide

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% <br> attempted suicide | 95\% CI | n | $\%$ <br> attempted suicide | 95\% CI | n | $\%$ <br> attempted suicide | 95\% CI |
| 18-29 | 591 | 2.5 | 1.2-3.8 | 1009 | 4.0 | 2.4-5.6 | 1600 | 3.3 | 2.2-4.3 |
| 30-44 | 577 | 1.4 | 0.6-2.3 | 920 | 1.9 | 0.8-3.0 | 1497 | 1.7 | 1.0-2.4 |
| 45-59 | 310 | 1.0 | 0.1-1.9 | 467 | 1.4 | 0.0-2.8 | 777 | 1.2 | 0.3-2.1 |
| 60-69 | 125 | 1.1 | 0.0-2.8 | 256 | 1.2 | 0.0-2.5 | 381 | 1.2 | 0.1-2.2 |
| 18-69 | 1603 | 1.9 | 1.1-2.6 | 2652 | 2.8 | 1.9-3.6 | 4255 | 2.3 | 1.8-2.9 |

Almost half of all the respondents who reported having tried to commit suicide attempted in the past 12 months. The highest percentage was among the 18 to 29 year olds (53.0\%).

The most commonly used methods for suicide among those who attempted suicide (Table 3.9.4) were; use of a sharp instrument ( $23.5 \%$ ) followed by poisoning with pesticides (20.8\%) and poisonous gases from charcoal (20.7\%)

Table 3.9.4: Method used last time suicide was attempted

| Age Group (years) | Both Sexes |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | N | \% razor, knife or other sharp instrument | \% overdose <br> of medication | \% overdose <br> of other <br> substance | \% poisoning <br> with <br> pesticides | \% other poisoning | \% poisonous gases from charcoal | \% other |
| 18-29 | 40 | 26.6 | 13.7 | 2.6 | 21.0 | 12.7 | 18.1 | 5.4 |
| 30-44 | 28 | 23.2 | 23.8 | 1.9 | 25.8 | 5.4 | 19.9 | 0.0 |
| 45-59 | 8 | 3.9 | 68.0 | 0.0 | 5.2 | 0.0 | 22.9 | 0.0 |
| 60-69 | 5 | 0.0 | 0.0 | 0.0 | 9.2 | 0.0 | 90.8 | 0.0 |
| 18-69 | 81 | 23.5 | 19.8 | 2.2 | 20.8 | 9.6 | 20.7 | 3.5 |

Among the respondents who had ever attempted suicide, nearly one in four (23.9\%) sought care.

Overall $10.7 \%$ of respondents reported having a close family member who attempted suicide (Table 3.9.5), with no significant difference between men (10.7\%) and women (12.0\%).

Table 3.9.5: Percentage of respondents having close family who attempted suicide

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% close family attempt suicide | 95\% CI | n | \% close family attempt suicide | 95\% CI | n | \% close <br> family <br> attempt <br> suicide | 95\% CI |
| 18-29 | 594 | 11.9 | 8.8-14.9 | 1018 | 12.4 | 9.5-15.3 | 1612 | 12.1 | 9.9-14.3 |
| 30-44 | 576 | 10.9 | 7.7-14.0 | 923 | 11.2 | 8.6-13.8 | 1499 | 11.0 | 9.0-13.1 |
| 45-59 | 311 | 7.9 | 4.3-11.4 | 467 | 13.4 | 9.9-17.0 | 778 | 10.8 | 8.4-13.3 |
| 60-69 | 126 | 4.7 | 0.0-10.4 | 255 | 10.1 | 4.4-15.8 | 381 | 7.7 | 3.7-11.8 |
| 18-69 | 1607 | 10.7 | 8.7-12.6 | 2663 | 12.0 | 10.3-13.8 | 4270 | 11.4 | 9.9-12.8 |

Among those respondents who had a family member attempt suicide, half (54.4\%) had a family member who died from suicide with no significant difference between men (51.9\%) and women (56.6\%) (Table 3.9.6)

Table 3.9.6: Percentage of respondents having close family who died from suicide

| Age Group (years) | Men |  |  | Women |  |  | Both Sexes |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | n | \% close <br> family <br> died <br> from <br> suicide | 95\% CI | N | \% close <br> family died from suicide | 95\% CI | n | \% close family died from suicide | 95\% CI |
| 18-29 | 68 | 40.8 | 26.9-54.7 | 107 | 58.7 | 46.8-70.7 | 175 | 50.0 | 41.4-58.6 |
| 30-44 | 58 | 62.8 | 45.7-79.9 | 103 | 52.5 | 40.6-64.3 | 161 | 57.5 | 47.8-67.3 |
| 45-59 | 26 | 62.8 | 40.9-84.6 | 62 | 55.9 | 41.6-70.2 | 88 | 58.3 | 45.9-70.7 |
| 60-69 | 5 | 100.0 | 100.0-100.0 | 22 | 66.6 | 44.2-89.0 | 27 | 75.4 | 56.5-94.4 |
| 18-69 | 157 | 51.9 | 41.2-62.6 | 294 | 56.6 | 48.5-64.7 | 451 | 54.4 | 48.2-60.6 |

## CHAPTER 4: DISCUSSION AND CONCLUSIONS

This is the first national survey of its kind in Zambia and affords the country a national picture of the prevalence of NCD risk factors in Zambia. These finding will be critical in planning national interventions to address growing burden and threat of NCDs in Zambia.

### 4.1 Tobacco Use

This survey showed that $15.8 \%$ of Zambian adults aged between 18 to 69 years currently consume some form of tobacco products. The prevalence of tobacco smoking was higher among males smoking than females. It was also noted that most of those smoking use manufactured cigarettes with majority starting to smoke at about 16 years of age. These findings indicate clearly that men should be targeted in smoking cessation campaigns, as this will help reduce both active and passive smoking. Zambia has laws in place to control smoking in public places but enforcement of these laws has been very weak. In view of the early age at which most people start smoking in Zambia, it is important to target prevention messages to young people in schools and communities before they pick up tobacco smoking habits.

### 4.2 Alcohol use

The prevalence of alcohol consumption was at $21.7 \%$ with a clear difference between men and women. Most concerning was the reported episodes of heavy drinking and drinking of more than recommended 5 standard drinks per drinking episode. Urban respondents consumed twice the amount of alcohol compared to those living in rural areas. This clearly shows that abuse of alcohol is a big problem in Zambia. This has both health and socio-economic implications. In this study we could already observe some health consequences with about 17\% of those quitting drinking citing health reasons for stopping. Reports from the Road Traffic Agency (RTSA) indicate that Zambia has seen a rise in road traffic accidents in the past few years and alcohol has been one of the major contributing factors to these accidents. This survey has confirmed the burden of alcohol abuse and the need for a multi-sectoral response in view of the different sources and types of alcohol being consumed. The country has been working on the alcohol policy but this has not been finalised for a number of years now. With these findings, it is important that a national policy on alcohol control is put in place to regulate manufacturing, distribution and consumption.

### 4.3 Diet

The study looked at the habits of fruit and vegetable consumption in the respondents' diet.
Generally, the study revealed that fruit consumption was low in Zambia with average of 2.1 days out of 7 days reported as constituting of fruits. Although vegetable consumption was higher, generally the amount consumed was lower than the recommended amounts by WHO of 5 servings per day, over $90 \%$ consumed less than this recommendation. It is taken for granted that Zambian diet does almost always include vegetables, but this survey has now shown that consuming vegetable every day does not necessarily translate into having sufficient amounts. This requires public sensitisation and changing of mind-sets.
The limitation of the study was that it was done during the dry season when fruits such as mango and traditional vegetables were not in season. It would be expected that daily consumption may go up in the rain season. However, normal consumption must be encouraged
throughout the year as the body cannot store some vitamins for longer periods of time and therefore daily consumption is recommended.
The study has also revealed that consumption of salt is very high in the Zambian population with $39.8 \%$ agreeing to adding salt to their diet always. Quantification results confirmed that Zambians consume on-average 9.5 grams per day, which almost is twice the 5grams recommended by WHO. The consequences of over consumption of salt include raised pressure due to fluid retention and this has effect on other body organs such as the heart, brain and kidneys (WHO, 2006b).
It is crucial that right messages are sent to the public in relation to salt consumption and the associated dangers. Interventions should target behaviour change early in childhood. School health programmes targeting reduction in salt consumption for children, could benefit both children and families. Although the study did not show a high prevalence of consumption of processed foods, the trend of fast foods is likely to increase with westernisation of Zambian life styles. Therefore regulation on salt products will be vital to prevent high salt consumption whether intended or untended.

### 4.4 Physical activity

WHO recommendation are that adults (18-64) should at least have 150 minutes of moderate to intensive physical activity per week or 75 minutes of intensive activity per week, the study revealed that $10 \%$ of Zambian population do not engage in sufficient physical activities. Significantly more women (45.5\%) than men (23.9\%) reported no vigorous activity at all.
With the changing life styles, which now includes office work, use of vehicles to drive to work and home sedentary life styles, the lack of adequate physical activities is likely to rise in the Zambia population. This calls for multi-sectoral response to include safe walking paths and parks for exercising. Work place environments which facilitate physical activities must be encouraged. Public sensitization should be an integral part of any intervention that will be aimed at improving physical activities among Zambians.

### 4.5 Raised blood pressure and blood glucose

Raised blood pressure is a well-known risk factor for cardiovascular diseases. These complications are expensive to manage from both health system and individual/family perspectives. Therefore prevention is the best approach recommended. In this survey, the prevalence of high blood pressure (>140/90) was 19.1\%. There was no difference between men and women in the prevalence of hypertension. However, gender differences were clear in terms of who had ever been screened for high blood with two thirds of the men never ever screened for raised blood and one third of the women. Among those found with raised blood pressure just 1 in every 4 patients were on medication for high blood pressure.
This finding is not surprising as the country has reported a rise in complications of hypertension such as heart failure and strokes (MOH, 2014).
The most worrisome observation was that majority of those with raised blood pressure do not even know that they have this condition. Public awareness will be a critical intervention to ensure all Zambians check their blood pressure at least once a year. The country needs to plan services to manage these chronic conditions such as hypertension and associated complications. Integration of other life style interventions to address other risk factors will be much more cost effective than dealing with hypertension alone.
In this study, it was noted that majority of Zambians had never been screened for blood sugar or cholesterol levels. This was expected as most primary care facilities do not routinely screen for cholesterol or diabetes. However, this situation need urgent attention as it is clear primary facilities require capacity and resources to conduct these tests if Zambia is to reach NCD global
targets by 2030 (WHO, 2017a, Aantjes et al., 2014, McKee et al., 2014, Mendis and Chestnov, 2013)

### 4.6 Cervical cancer screening

Cervical cancer is a leading cause of death among women in Zambia with HIV being a major risk factor for this cancer (Bateman et al., 2015a). Most patients present very late when cure is not possible. Therefore screening women in the reproductive age group and those with HIV will be critical if the country is to reverse this trend. In this survey, only $16.4 \%$ of women aged 18 to 69 years had ever undergone cervical cancer screening while among those aged 30 to 49 years, the recommended age for screening only 1 in 5 have ever been screened for cervical cancer. While Zambia has invested in cervical cancer screening countrywide, this has not translated into general screening for most of the women who are at risk of cervical cancer (Bateman et al., 2015b, Bateman et al., 2014, Mwanahamuntu et al., 2014). Strategies to integrate cervical cancer into other services would improve uptake. This should be supported by information dissemination through various platforms to reach all women regardless of age, residence or social status.

### 4.7 Physical Measurements

Obesity is a known risk factor for NCD diseases such as diabetes and hypertension. In this study data was collected on physical measurements such as height and weight. Overall, $24.2 \%$ the Zambian adults are either overweight or obese (BMI greater than $25 \mathrm{~kg} / \mathrm{m}^{2}$ ). Significantly more women were obese than men
These findings collaborate well with other risk factors discussed earlier such as lack of physical activities, which was high among women. These results should raise alarm bells on the growing epidemic of obesity in Zambia and the likely health complications associated with obesity. Responding to this risk factor will require all sectors of the economy to collaborate. Policy harmonisation will be key as conflicting policy directions risk making interventions ineffective.

### 4.8 Cardiovascular risk

WHO has recommended a measure of risk for cardiovascular disease in the next 10 years. The total risk of developing cardiovascular disease (CVD) was therefore determined by the combined effect of behavioural and biological risk factors (for instance smoking, or having raised blood sugar), age and sex. The finding showed that $4.2 \%$ of the Zambians in the 40-69 age group have a 10 -year CVD risk of $30 \%$. These findings support reports based on routine health information data, which have reported an increase in patients presenting to outpatient departments with cardiovascular complications, especially in urban areas of Zambia. Life style changes and HIV infection and associated treatment side effects, can contribute to this raised risk but this study did not collect information on HIV, which will be useful to understand the distribution of these risk factors for targeted interventions. Nonetheless, it is important to raise awareness in the general population and among health workers about the changing cardiovascular risk patterns in Zambia and the need to intervene early.

### 4.9 Mental Health

Mental health is a neglected non-communicable disease in Zambia, which has proved difficult to estimate due to under reporting and lack of national surveys with validated measures to ascertain the burden of mental illness. The study has shown that $7.8 \%$ reported attempting suicide with majority being young people between ages 18 to 29 . Health seeking behaviour remained poor in this group with less than $23.9 \%$ seeking help. This should raise the issue of mental health in Zambia and the need to address cultural beliefs which fuel silence and bad
health seeking behaviour. The health systems and health workers will need capacity building to handle the growing burden of mental health which has seen very little investment since independence. In view of the young age of those at risk, school based programme and peer support systems in colleges can help young people to cope better with mental health issues.

### 4.10 Oral Health

Oral health is another neglected area of public health importance in Zambia. This is the first national survey to address this area. Overall, $74.5 \%$ of Zambians have never visited a dentist and less than $10 \%$ visited a dentist in the past 12 months. It was therefore not surprising that $31.5 \%$ reported oral pain and discomfort in the past 12 months. Oral hygiene remained poor with most people not cleaning teeth regularly. Oral health interventions are non-existent in Zambia and the survey confirmed this. It will be important to develop a national strategy on oral health and ensure it is fully implemented. School based programmes might be costeffective and quick win intervention focusing on adopting good oral health behaviour among young people.

## CHAPTER 5: POLICY IMPLICATIONS AND RECOMMENDATIONS

## Conclusions and Recommendations

This STEPs survey is the first nationally representative survey to collect comprehensive information on risk factors for NCDs, mental health and oral health in Zambia. Besides giving us overall data on the known risk factors which now constitute a critical baseline for benchmarking trends and progress, it also provides us essential information on these indicators by age group, sex and urban-rural trends. These findings will be critical for informing public health policy and the following recommendations are proposed.

### 5.1 General recommendations:

1. There is critical need to create awareness on NCD prevalence, and risk factors in Zambia. Appropriate communication strategies are required to reach all levels of the society from the households, communities, civic leadership and all stakeholders.
2. There is a need to prioritize NCD prevention and control at both national and subnational levels in order to start addressing this emerging threat to health, social and economic development.
3. The health system particularly needs to be reshaped in order to better deal with NCDs. An integrated approach is required so that every contact with the health system becomes an opportunity to detect and tackle NCDs or send preventive messages. For this to be achieved, more health workers will be needed and much retraining emphasizing NCD prevention and care should be provided. This also means procurement and maintenance of basic equipment such as weighing scales, blood pressure machines, glucometers, etc.
4. Integrate NCD indicators in national health surveys to supplement the data collected in periodic STEPS survey for proper planning and projection of NCD prevention and control.
5. Make plans and budget for periodic (say every 5 to 7 years) STEPS surveys nationally in order to monitor progress and trends. Future surveys could also include other indicators not assessed in this report; these may be such major causes of premature death as road traffic accidents and injuries in general.

### 5.2 NCD risk factor specific recommendations

### 5.2.1. Tobacco

1) Zambia should consider increasing excise taxes and prices on tobacco products to discourage people, especially the youth from taking up smoking habits.
2) Consider introducing large, rotating Pictorial health warnings that comply with WHO FCTC provisions, on all tobacco product packaging and labelling to convey the dangers of tobacco use.
3) Enforce the law against smoking in public and indoor to reduce exposure to secondhand tobacco smoke in workplaces, public places, and public transport.
4) Implement an effective mass media campaigns to educate the public about the harms of smoking and second hand smoke

### 5.2.2 Alcohol

1) The government policy on alcohol should be consisted with a commitment to generally increase excise taxes on alcoholic beverages in Zambia.
2) Consider enacting and enforcing restrictions on exposure to alcohol advertising in the public and private media.
3) Consider enacting and enforcing restrictions to reduce physical availability and access to alcohol, and particularly for youths given the finding that age of debut in Zambia is early.

### 5.2.3 Salt consumption

1) Consider introducing and enforcing laws to control amount of salts in food products being sold to the public.
2) Ensure a supportive environment in public and private institutions with lower sodium options being provided for meals.
3) Promote behaviour change communication and mass media campaigns for reducing salt intake

### 5.2.4 Physical activity

1) Consider implementing community wide public education and awareness campaign for physical activity which includes a mass media campaign combined with other community based education, motivational and environmental programs aimed at supporting behavioural change of physical activity levels in both rural and urban areas.
2) Support physical activity champions especially targeted at encouraging women to increase physical exercises.
3) Enhance physical exercise activities through school curricula across the country

### 5.2.5 Cervical cancer

1) Promote cervical cancer awareness among women through media and community based awareness programmes.
2) Consider national scale up of the recently piloted vaccination against human papillomavirus for young girls 9 to 13 year old; and promote prevention of cervical cancer through availability of screening services for women in the reproductive age group.
3) Promote awareness on the problem of cervical cancer, particularly its very poor outcomes if discovered late

### 5.2.6 Mental health

1) Expedite enactment of the mental health bill in Zambia to provide a legal framework for mental health interventions.
2) Promote mental health awareness through public campaigns and focus on stigma reduction in mental health.
3) Promote access to information and support for those needing help with mental health in Zambia.

### 5.2.7 Oral health

1) Raise awareness on the need to promote oral health in schools and communities.
2) Make oral health services available and accessible in public health facilities in Zambia

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## APPENDIX A: SAMPLE DESIGN

## STEPS ZAMBIA 2017

## Survey Information

| Location and Date | Response | Code |
| :---: | :---: | :---: |
| Province |  |  |
| District |  |  |
| Constituency \& ward |  |  |
| Enumeration area (CSA_SEA) |  | 11 |
| Interviewer ID |  | 13 |
| Date of completion of the instrument |  | 14 |


| Consent, Interview Language and Name | Response |  |  | Code |
| :---: | :---: | :---: | :---: | :---: |
| Consent has been read and obtained | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | 1 2 | If $N O, E N D$ | 15 |
| Interview Language | English <br> Nyanja <br> Bemba <br> Lozi <br> Tonga <br> Luvale <br> Lunda <br> Kaonde | $\begin{aligned} & 1 \\ & 2 \\ & 3 \\ & 4 \\ & 5 \\ & 6 \\ & 7 \\ & 7 \end{aligned}$ |  | 16 |
| Time of interview (24 hour clock) |  |  |  | 17 |
| Family Surname |  |  |  | 18 |
| First Name |  |  |  | 19 |
| Additional Information that may be helpful |  |  |  |  |
| Contact phone number where possible |  |  |  | 110 |

## Step 1 Demographic Information

| Demographic Information |  |  |
| :---: | :---: | :---: |
| Question | Response | Code |
| Sex (Record Male / Female as observed) | Male 1 <br> Female 2 | C1 |
| What is your date of birth? <br> Don't Know 77777777 |  | C2 |
| How old are you? | Years لــــــ | C3 |
| In total, how many years have you spent at school and in fulltime study (excluding pre-school)? | Years | C4 |

## Demographic Information

| What is the highest level of education you have completed? | No formal schooling Less than primary Primary school completed Junior Secondary school completed Secondary Higher school completed College/University completed Post graduate degree Refused | 1 2 3 4 5 6 7 88 | C5 |
| :---: | :---: | :---: | :---: |
| What tribe do you belong to? | Bemba Ila Kaonde Lala Lamba Lozi Lunda Luvale Chewa Soli Tonga Other Refused | 1 2 3 4 5 6 7 8 10 11 12 13 88 | C6 |
| What is your marital status? | Never married Currently married Separated <br> Divorced <br> Widowed <br> Cohabitating <br> Refused | 2 3 4 5 6 88 | C7 |
| Which of the following best describes your main work status over the past 12 months? | Government employee Non-government employee Self-employed Non-paid | 1 2 | C8 |



Participant Identification Number


| Demographic Information, Continued |  |  |
| :---: | :---: | :---: |
| Question | Response | Code |
| Taking the past year, can you tell me what the average earnings of the household have been? <br> (RECORD ONLY ONE, NOT ALL 3) | Per week $\quad \mathrm{L}$ | C10a |
|  | OR per month L | C10b |
|  | OR per year $\quad$ llllllll\| | C10c |
|  | Refused 88 | C10d |
| If you don't know the amount, can you give an estimate of the annual household income if I read some options to you? Is it <br> (READ OPTIONS) | $\leq 4,000 \mathrm{ZMK}$ 1 <br> More than $4,001, \leq 10,000 \mathrm{ZMK}$ 2 <br> More than $10,001, \leq 15,000 \mathrm{ZMK}$ 3 <br> More than $15,001, \leq 20,000 \mathrm{ZMK}$ 4 <br> More than $20,000 \mathrm{ZMK}$ 5 <br> Don't Know 77 <br> Refused 88 | C11 |

## Step 1 Behavioural Measurements



| Tobacco Use |  |  |  |
| :---: | :---: | :---: | :---: |
| Question | Response |  | Code |
| How old were you when you stopped smoking? |  |  | T10 |
| How long ago did you stop smoking? <br> (RECORD ONLY 1, NOT ALL 3) <br> Don't Know 77 |  |  | T11a |
|  |  |  | T11b |
|  | OR Weeks ago |  | T11c |
| Do you currently use any smokeless tobacco products such as snuff, chewing tobacco? (USE SHOWCARD) | Yes 1 <br> No 2 If No, go to T15 |  | T12 |
| Do you currently use smokeless tobacco products daily? | Yes <br> No | 1 <br> 2 If No, go to T14aw | T13 |
| On average, how many times a day/week do you use .... <br> (IF LESS THAN DAILY, RECORD WEEKLY) <br> (RECORD FOR EACH TYPE, USE SHOWCARD) <br> Don't Know 7777 | DAILY $\downarrow$ WEEKLY $\downarrow$ |  |  |
|  | Snuff, by mouth | $\xrightarrow[\square]{\square}$ | $\begin{aligned} & \text { T14a/ } \\ & \text { T14aw } \end{aligned}$ |
|  | Snuff, by nose | L | $\begin{aligned} & \text { T14b/ } \\ & \text { T14bw } \\ & \hline \end{aligned}$ |
|  | Chewing tobacco | $\square \perp$ | $\begin{aligned} & \hline \text { T14c/ } \\ & \text { T14cw } \end{aligned}$ |
|  | Betel, quid with tobacco | L | T14d/ <br> T14dw |
|  | Other | $\xrightarrow[L]{L}$ <br> If Other, go to T140ther, if T13=No, go to $\mathrm{T16}$, else go to T 17 | T14e/ T14ew |
|  | Other (please specify): $\square$ <br> If T13=No, go to T16, else go to T17 |  | T14other/ T14otherw |
| In the past, did you ever use smokeless tobacco products such as snuff, chewing tobacco, or betel with tobacco? | Yes <br> No | $\begin{array}{ll} 1 \\ 2 & \text { If No, go to T17 } \end{array}$ | T15 |
| In the past, did you ever use smokeless tobacco products such as snuff, chewing tobacco, or betel with tobacco daily? | Yes <br> No | 1 2 | T16 |
| During the past 30 days, did someone smoke in your home? | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | $\begin{aligned} & 1 \\ & 2 \end{aligned}$ | T17 |
| During the past 30 days, did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office)? | Yes <br> No <br> Don't work in a closed area | 1 2 3 | T18 |

## Tobacco Policy

## Tobacco Policy

You have been asked questions on tobacco consumption before. The next questions ask about tobacco control policies. They include questions on your exposure to the media and advertisement, on cigarette promotions, health warnings and cigarette purchases.

## Question

Response
Code
During the past 30 days, have you noticed information
about the dangers of smoking cigarettes or that
encourages quitting through the following media?
(RECORD FOR EACH)

| Newspapers or magazines | Yes No Don't know | $\begin{aligned} & \hline 1 \\ & 2 \\ & 77 \\ & \hline \end{aligned}$ | TP1a |
| :---: | :---: | :---: | :---: |
| Television | Yes No Don't know | $\begin{aligned} & \hline 1 \\ & 2 \\ & 77 \\ & \hline \end{aligned}$ | TP1b |
| Radio | Yes No Don't know | $\begin{aligned} & 1 \\ & 2 \\ & 77 \\ & \hline \end{aligned}$ | TP1c |
| During the past 30 days, have you noticed any advertisements or signs promoting cigarettes in stores where cigarettes are sold? | Yes No Don't know | 1 2 77 | TP2 |

During the past 30 days, have you noticed any of the
following types of cigarette promotions?
(RECORD FOR EACH)

| Free samples of cigarettes | $\begin{aligned} & \hline \text { Yes } 1 \\ & \text { No } 2 \\ & \text { Don't know } 77 \\ & \hline \end{aligned}$ | TP3a |
| :---: | :---: | :---: |
| Cigarettes at reduced sale prices | $\begin{aligned} & \text { Yes } 1 \\ & \text { No } 2 \\ & \text { Don't know } 77 \\ & \hline \end{aligned}$ | TP3b |
| Coupons for cigarettes | Yes 1 <br> No 2 <br> Don't know 77 | TP3c |
| Free gifts or special discount offers on other products when buying cigarettes | $\begin{aligned} & \text { Yes } 1 \\ & \text { No } 2 \\ & \text { Don't know } 77 \\ & \hline \end{aligned}$ | TP3d |
| Clothing or other items with a cigarette brand name or logo | $\begin{aligned} & \text { Yes } 1 \\ & \text { No } 2 \\ & \text { Don't know } 77 \\ & \hline \end{aligned}$ | TP3e |
| Cigarette promotions in the mail | $\begin{aligned} & \text { Yes } 1 \\ & \text { No } 2 \\ & \text { Don't know } 77 \\ & \hline \end{aligned}$ | TP3f |
| The next questions TP4 - TP7 are administered to current smokers only. |  |  |
| During the past 30 days, did you notice any health warnings on cigarette packages? | Yes 1 <br> No 2 <br>  If no, go to TP6 <br> Did not see any cigarette packages If "did not see any cigarette <br> packages", go to TP6 <br> Don't know 77 If Don't know, go to TP6 | TP4 |
| During the past 30 days, have warning labels on cigarette packages led you to think about quitting? | Yes 1 <br> No 2 <br> Don't know 77 | TP5 |
| The last time you bought manufactured cigarettes for yourself, how many cigarettes did you buy in total? | $\quad$ Number of cigarettes If "Don't know or don't smoke or <br> Don'_ purchase manuf. cig.", end section | TP6 |
| In total, how much money in Zambian Kwacha did you pay for this purchase? | Amount    <br> Don't know 7777   <br> Refused 8888   | TP7 |


| The next questions ask about the consumption of alcohol. |  |  |
| :---: | :---: | :---: |
| Question | Response | Code |
| Have you ever consumed any alcohol such as beer, wine, spirits or opaque beer, Including; Chibuku, Shake-shake, kachasu, lutuku, katata, Imbote etc.? <br> (USE SHOWCARD OR SHOW EXAMPLES) | Yes 1 <br> No 2 If No, go to A16 | A1 |
| Have you consumed any alcohol within the past 12 months? | Yes 1 If Yes, go to A4 <br> No 2 | A2 |
| Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker? | Yes 1 If Yes, go to A16 <br> No 2 If No, go to A16 | A3 |
| During the past 12 months, how frequently have you had at least one standard alcoholic drink? <br> (READ RESPONSES, USE SHOWCARD) | Daily 1 <br> 5-6 days per week 2 <br> 3-4 days per week 3 <br> 1-2 days per week 4 <br> 1-3 days per month 5 <br> Less than once a month 6 | A4 |
| Have you consumed any alcohol within the past 30 days? | Yes 1 <br> No 2 If No, go to A13 | A5 |
| During the past 30 days, on how many occasions did you have at least one standard alcoholic drink? | Number Don't know $77 \quad ـ \quad 1$ | A6 |
| During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? <br> (USE SHOWCARD) | Number <br> Don't know 77 $\qquad$ | A7 |
| During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together? | Largest number <br> Don't Know 77 $\qquad$ | A8 |
| During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion? | Number of times <br> Don't Know 77 $\qquad$ , | A9 |
| During each of the past 7 days, how many standard drinks did you have each day? | Monday | A10a |
|  | Tuesday | A10b |
|  | Wednesday | A10c |
| (USE SHOWCARD) | Thursday | A10d |
| Don't Know 77 | Friday | A10e |
|  | Saturday | A10f |
|  | Sunday | A10g |

## Alcohol Consumption, continued

I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.

| Question | Response | Code |
| :---: | :---: | :---: |
| During the past 7 days, did you consume any homebrewed alcohol, any alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol <br> (USE SHOWCARD) | Yes 1 <br> No 2 If No, go to A13 | A11 |
| On average, how many standard drinks of the following did you consume during the past 7 days? | Homebrewed spirits, e.g. Lutuku, Kachasu, $\qquad$ | A12a |
|  | Homebrewed beer or wine, e.g. Katata, Imbote, Katube, Ngaankta $\qquad$ | A12b |
| (such as kachasu, Lutuku, Katata, Imbote etc.) (USE SHOWCARD) | Alcohol brought over the border/from another country $\qquad$ | A12c |
|  | Alcohol not intended for drinking, e.g. Methylated spirits, cough syrup $\qquad$ | A12d |
| Don't Know 77 | Other untaxed alcohol in the country $\qquad$ | A12e |

## Alcohol Consumption

| During the past 12 months, how often have you found that you were not able to stop drinking once you had started? | Daily or almost daily <br> Weekly <br> Monthly <br> Less than monthly <br> Never | 5 | A13 |
| :---: | :---: | :---: | :---: |
| During the past 12 months, how often have you failed to do what was normally expected from you because of drinking? | Daily or almost daily <br> Weekly <br> Monthly <br> Less than monthly <br> Never | 5 | A14 |
| During the past 12 months, how often have you needed a first drink in the morning to get yourself going after a heavy drinking session? | Daily or almost daily <br> Weekly <br> Monthly <br> Less than monthly <br> Never | 5 | A15 |
| During the past 12 months, have you had family problems or problems with your partner due to someone else's drinking? | Yes, more than monthly <br> Yes, monthly <br> Yes, several times but less than monthly Yes, once or twice | 1 3 3 4 5 | A16 |

The next questions ask about the fruits and vegetables that you usually eat. I can show you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.

| Question | Response |  |  | Code |
| :---: | :---: | :---: | :---: | :---: |
| In a typical week, on how many days do you eat fruit? (USE SHOWCARD) | Number of days Don't Know 77 | 5.2.7.1.1.1.1.1.1 | I | 5.2.7.1.1 |
| How many servings of fruit do you eat on one of those days? (USE SHOWCARD) | Number of servings Don't Know 77 |  |  | 5.2.7.1 |
| In a typical week, on how many days do you eat vegetables? (USE SHOWCARD) | Number of days Don't Know 77 | 5.2.7.1.1.1.1.1.4 | 1 | D3 |
| How many servings of vegetables do you eat on one of those days? (USE SHOWCARD) | Number of servings Don't know 77 |  |  | D4 |
| 5.2.7.1.1.1.1.1.5 Dietary salt |  |  |  |  |
| 5.2.7.1.1.1.1.1.6 <br> With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as locally produced salt, iodized salt, salty stock cubes and powders, and salty sauces such as soya sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as chips, biltong, salt preserved fish and salted nuts, and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt. |  |  |  |  |
| How often do you add salt or a salty sauce such as soya sauce to your food right before you eat it or as you are eating it? <br> (SELECT ONLY ONE) <br> (USE SHOWCARD) | Always <br> Often <br> Sometimes <br> Rarely <br> Never <br> Don't know | $\begin{aligned} & 1 \\ & 2 \\ & 3 \\ & 4 \\ & 5 \\ & 77 \end{aligned}$ |  | D5 |
| How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household? | Always <br> Often <br> Sometimes <br> Rarely <br> Never <br> Don't know | 1 2 3 3 4 5 77 |  | D6 |
| How often do you eat processed food high in salt? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and processed meat such as polony, Hungarian sausages, biltong, salt preserved fish, etc. (USE SHOWCARD) |  | $\begin{aligned} & 1 \\ & 2 \\ & 3 \\ & 4 \\ & 5 \end{aligned}$ |  | D7 |
| How much salt or salty sauce do you think you consume? | Far too much <br> Too much <br> Just the right amoun <br> Too little <br> Far too little <br> Don't know | $\begin{aligned} & 1 \\ & 2 \\ & 3 \\ & 4 \\ & 5 \\ & 77 \end{aligned}$ |  | D8 |

## Diet

| Question | Response |  | Code |
| :---: | :---: | :---: | :---: |
| How important to you is lowering the salt in your diet? | Very important <br> Somewhat important Not at all important Don't know | $\begin{aligned} & \hline 1 \\ & 2 \\ & 3 \\ & 77 \end{aligned}$ | D9 |
| Do you think that too much salt or salty sauce in your diet could cause a health problem? | $\begin{array}{r} \text { Yes } \\ \text { No } \\ \text { Don't know } \end{array}$ | $\begin{aligned} & \hline 1 \\ & 2 \\ & 77 \end{aligned}$ | D10 |

Do you do any of the following on a regular basis to control your salt intake?
(RECORD FOR EACH)

| Limit consumption of processed foods |  | $\begin{aligned} & \text { Yes } \\ & \text { No } \end{aligned}$ | $\begin{aligned} & 1 \\ & 2 \end{aligned}$ | D11a |
| :---: | :---: | :---: | :---: | :---: |
| Look at the salt or sodium content on food labels |  | $\begin{aligned} & \text { Yes } \\ & \text { No } \end{aligned}$ | $2$ | D11b |
| Buy low salt/sodium alternatives |  | Yes <br> No | $2$ | D11c |
| Use spices other than salt when cooking |  | Yes <br> No | $2$ | D11d |
| Avoid eating foods prepared outside of a home |  | Yes <br> No | $2$ | D11e |
| Do other things specifically to control your salt intake |  | $\begin{aligned} & \hline \text { Yes } \\ & \text { No } \end{aligned}$ | $\begin{array}{ll} 1 \\ 2 & \text { If Yes, } \end{array}$ | D11f |
| Other (please specify) | L ل ¢ ل |  |  | D11other |

The next questions ask about the oil or fat that is most often used for meal preparation in your household, about sugar that you eat.


## Physical Activity

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.
Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, or seeking employment. In answering the following questions 'vigorousintensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

| Question | Response |  | Code |
| :---: | :---: | :---: | :---: |
| Work |  |  |  |
| Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for at least 10 minutes continuously? <br> (USE SHOWCARD) | Yes <br> No | 2 If No , go to P 4 | 5.2.7.1.1 |
| In a typical week, on how many days do you do vigorousintensity activities as part of your work? | Number of days | Lـ | 5.2.7.1 |
| How much time do you spend doing vigorous-intensity activities at work on a typical day? | Hours: minutes |  | $\begin{gathered} \text { P3 } \\ (\mathrm{a}-\mathrm{b}) \end{gathered}$ |
| Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continuously? <br> (USE SHOWCARD) | Yes <br> No | $2 \text { If } N o \text {, go to } P 7$ | P4 |
| In a typical week, on how many days do you do moderateintensity activities as part of your work? | Number of days | $\square$ | P5 |
| How much time do you spend doing moderate-intensity activities at work on a typical day? | Hours : minutes |  | $\begin{gathered} \text { P6 } \\ (\mathrm{a}-\mathrm{b}) \end{gathered}$ |
| Travel to and from places |  |  |  |
| The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. |  |  |  |
| Do you walk or use a bicycle for at least 10 minutes continuously to get to and from places? | Yes <br> No | $\begin{aligned} & 1 \\ & 2 \text { If } N o, \text { go to } P \text { 10 } \end{aligned}$ | P7 |
| In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places? | Number of days | $\square$ | P8 |
| How much time do you spend walking or bicycling for travel on a typical day? | Hours: minutes |  | $\begin{gathered} \text { P9 } \\ (\mathrm{a}-\mathrm{b}) \end{gathered}$ |


| Question |  |
| :--- | :--- |
| Recreational activities | Respo |
| The next questions exclude the work and transport activities that you have already mentioned. |  |
| Now I would like to ask you about sports, fitness and recreational activities |  |


| Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like running or football, netball for at least 10 minutes continuously? <br> (USE SHOWCARD) | Yes <br> No | 2 If No, go to P 13 | P10 |
| :---: | :---: | :---: | :---: |
| In a typical week, on how many days do you do vigorousintensity sports, fitness or recreational (leisure) activities? | Number of days | $\square$ | P11 |
| How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day? | Hours: minutes | $\underset{\text { hrs }}{\mathrm{L}-\mathrm{C}}: \underset{\text { mins }}{\mathrm{L}}$ | $\begin{aligned} & \text { P12 } \\ & (a-b) \end{aligned}$ |
| Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming, for at least 10 minutes continuously? <br> (USE SHOWCARD) | Yes <br> No | 1 $2 \text { If No, go to P16 }$ | P13 |
| In a typical week, on how many days do you do moderateintensity sports, fitness or recreational (leisure) activities? | Number of days | $\square$ | P14 |
| How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day? | Hours: minutes |  | $\begin{aligned} & \text { P15 } \\ & (a-b) \end{aligned}$ |

## Physical Activity <br> Sedentary behaviour

The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. (USE SHOWCARD)
How much time do you usually spend sitting or reclining on a
typical day?
Hours : minutes $\underset{\text { hrs }}{\text { mins }}$

History of Raised Blood Pressure

| Question | Response |  |  | Code |
| :---: | :---: | :---: | :---: | :---: |
| Have you ever had your blood pressure measured by a doctor or other health worker? | Yes <br> No |  | If No , go to H 6 | H1 |
| Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension? | Yes <br> No | 2 | If No , go to H 6 | H2a |
| Have you been told this in the past 12 months? | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | 1 2 |  | H2b |
| In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker? | Yes <br> No | 2 |  | H3 |
| Have you ever seen a traditional healer for raised blood pressure or hypertension? | $\begin{aligned} & \text { Yes } \\ & \text { No } \end{aligned}$ | 1 2 |  | H4 |
| Are you currently taking any herbal or traditional remedy for your raised blood pressure? | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | 2 |  | H5 |


| History of Diabetes |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Have you ever had your blood sugar measured by a doctor or other health worker? | Yes <br> No | 1 2 | If No, go to H12 | H6 |
| Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes? | Yes <br> No | 1 2 | If No, go to H12 | H7a |
| Have you been told this in the past 12 months? | Yes <br> No | 2 |  | H7b |
| In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker? | Yes <br> No | 1 2 |  | H8 |
| Are you currently taking insulin for diabetes prescribed by a doctor or other health worker? | Yes <br> No | 2 |  | H9 |
| Have you ever seen a traditional healer for diabetes or raised blood sugar? | Yes <br> No | 1 2 |  | H10 |
| Are you currently taking any herbal or traditional remedy for your diabetes? | Yes <br> No | 1 2 |  | H11 |

## History of Raised Total Cholesterol

| Question | Response |  | 5.2 |
| :---: | :---: | :---: | :---: |
| Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker? | Yes <br> No | $\begin{aligned} & 1 \\ & 2 \text { If No, go to } \mathrm{H} 17 \end{aligned}$ | H12 |
| Have you ever been told by a doctor or other health worker that you have raised cholesterol? | $\begin{aligned} & \text { Yes } \\ & \text { No } \end{aligned}$ | $\begin{aligned} & 1 \\ & 2 \end{aligned} \text { If No, go to H17 }$ | H13a |
| Have you been told this in the past 12 months? | Yes <br> No | $\begin{aligned} & 1 \\ & 2 \end{aligned}$ | H13b |
| In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker? | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | $\begin{aligned} & 1 \\ & 2 \end{aligned}$ | H14 |
| Have you ever seen a traditional healer for raised cholesterol? | $\begin{aligned} & \text { Yes } \\ & \text { No } \end{aligned}$ | $\begin{aligned} & 1 \\ & 2 \end{aligned}$ | H15 |
| Are you currently taking any herbal or traditional remedy for your raised cholesterol? | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ |  | H16 |


| History of Cardiovascular Diseases |  | Yes 1 |
| :--- | ---: | :---: |
| Have you ever had a heart attack? | No 2 |  |
| Have you ever had a stroke? | Yes 1 |  |
| No 2 | H17 |  |
| Are you currently taking aspirin regularly to prevent or treat heart <br> disease? | Yes 1 | H18 |
| Are you currently taking statins regularly to prevent or treat heart <br> disease? | No 2 | H19 |

Participant Identification Number

| Lifestyle Advice |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| 5.2.7.1.1.1.1.1.13 <br> During the past three years, you seen a doctor or other h worker? |  |  | $\begin{aligned} & 1 \\ & 2 \text { lf C1=1 go to } \end{aligned}$ | H19 |
| 5.2.7.1.1.1.1.1.14 During the past three years, has a doctor or other health worker advised you to do any of the following?(RECORD FOR EACH) |  |  |  |  |
| Quit using tobacco or don't start | Yes No | $2$ |  | H20a |
| Reduce salt in your diet | $\begin{aligned} & \text { Yes } \\ & \text { No } \end{aligned}$ | $2$ |  | H20b |
| Eat at least five servings of fruit and/or vegetables each day | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | $2$ |  | H20c |
| Reduce fat in your diet | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | $2$ |  | H20d |
| Start or do more physical activity | Yes <br> No | $2$ |  | H20e |
| Maintain a healthy body weight or lose weight | Yes <br> No | $\begin{aligned} & 1 \\ & 2 \end{aligned}$ | $\begin{aligned} & \text { If } C 1=1 \text { go to } M 1 \\ & \text { If } C 1=1 \text { go to } \mathrm{M} 1 \end{aligned}$ | H2Of |

## CORE (for women only): Cervical Cancer Screening

The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.

| Question | Response | Code |
| :--- | :---: | :---: |
|  | Yes 1 |  |
| Have you ever had a screening test for cervical cancer, using <br> any of these methods described above? | No 2 | CX1 |

### 5.2.7.1.1.1.1.1.15 Oral Health

| The next questions ask about your oral health status and related behaviours. |  |  |
| :--- | ---: | ---: | ---: | ---: |
| Question | Response |  |

### 5.2.7.1.1.1.1.1.18 Oral Health, Continued

| Question | Response |  | 5.2.7.1.1.1 |
| :---: | :---: | :---: | :---: |
| Do you use toothpaste to clean your teeth? |  | Yes 1  <br> No 2 If No , go to <br> 012a   | 010 |
| Do you use toothpaste containing fluoride? |  | Yes 1 <br> No 2 <br> Don't know 77 | 011 |
| Do you use any of the following to clean your teeth? (RECORD FOR EACH) |  |  |  |
| Toothbrush | $\begin{gathered} \hline \text { Yes } \\ \mathrm{No} \\ \hline \end{gathered}$ | $\begin{aligned} & 1 \\ & 2 \\ & \hline \end{aligned}$ | 012a |
| Wooden toothpicks | Yes No | $\begin{aligned} & 1 \\ & 2 \end{aligned}$ | 012b |
| Plastic toothpicks | $\begin{gathered} \hline \text { Yes } \\ \mathrm{No} \\ \hline \end{gathered}$ | $\begin{array}{r} 1 \\ 2 \\ \hline \end{array}$ | O12c |
| Thread (dental floss) | Yes No | $\begin{array}{r} 1 \\ 2 \\ \hline \end{array}$ | O12d |
| Charcoal | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | $\begin{aligned} & 1 \\ & 2 \\ & \hline \end{aligned}$ | O12e |
| Chew stick / miswak | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | $\begin{aligned} & 1 \\ & 2 \end{aligned}$ | O12f |
| Other | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | $\begin{array}{ll} 1 & \text { If Yes, go to } \\ \text { O12other } \end{array}$ | O12g |
| Other (please specify) |  |  | O12other |
| Have you experienced any of the following problems during the past 12 months because of the state of your teeth?(RECORD FOR EACH) |  |  |  |
| Difficulty in chewing foods | $\begin{gathered} \hline \text { Yes } \\ \text { No } \end{gathered}$ | $\begin{array}{r} 1 \\ 2 \\ \hline \end{array}$ | 013a |
| Difficulty with speech/trouble pronouncing words | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | $\begin{aligned} & 1 \\ & 2 \end{aligned}$ | O13b |
| Felt tense because of problems with teeth or mouth | $\begin{aligned} & \hline \text { Yes } \\ & \mathrm{No} \\ & \hline \end{aligned}$ | $\begin{array}{r} 1 \\ 2 \\ \hline \end{array}$ | O13c |
| Embarrassed about appearance of teeth | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | $\begin{aligned} & 1 \\ & 2 \end{aligned}$ | O13d |
| Avoid smiling because of teeth | $\begin{gathered} \hline \text { Yes } \\ \mathrm{No} \\ \hline \end{gathered}$ | $\begin{aligned} & 1 \\ & 2 \\ & \hline \end{aligned}$ | O13e |
| Sleep is often interrupted | $\begin{aligned} & \hline \text { Yes } \\ & \mathrm{No} \\ & \hline \end{aligned}$ | $\begin{array}{r} 1 \\ 2 \\ \hline \end{array}$ | 013f |
| Days not at work because of teeth or mouth | $\begin{gathered} \hline \text { Yes } \\ \text { No } \end{gathered}$ | $\begin{aligned} & 1 \\ & 2 \end{aligned}$ | O13g |
| Difficulty doing usual activities | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | $\begin{aligned} & 1 \\ & 2 \end{aligned}$ | O13h |
| Less tolerant of spouse or people close to you | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | $\begin{aligned} & 1 \\ & 2 \end{aligned}$ | 013i |
| Reduced participation in social activities | $\begin{aligned} & \hline \text { Yes } \\ & \text { No } \\ & \hline \end{aligned}$ | $\begin{array}{r} 1 \\ 2 \\ \hline \end{array}$ | 013j |

Mental health / Suicide

| 5.2.7.1.1.1.1.1.20 |  |  |  |
| :---: | :---: | :---: | :---: |
| 5.2.7.1.1.1.1.1.21 | ask about thoughts, plans, and attempts answer the questions even if no one usually at any point if it is difficult for you to answ | suicide. These questions talks about these issues. any of the following ques | be difficult an stop the . |
|  | Response |  | 5.2.7.1.1 |
| During the past 12 months, have you seriously considered attempting suicide? |  | $\begin{array}{lr} \hline 1 & \\ 2 & \text { If } \mathrm{No}, \text { go to } \mathrm{MH} 3 \\ 88 & \\ \hline \end{array}$ | MH1 |
| Did you seek professional help for these thoughts? |  | $\begin{aligned} & \hline 1 \\ & 2 \\ & 88 \\ & \hline \end{aligned}$ | MH2 |
| During the past 12 months, have you made a plan about how you would attempt suicide? | Yes No Refused | $\begin{aligned} & \hline 1 \\ & 2 \\ & 88 \end{aligned}$ | MH3 |
| Have you ever attempted suicide? |  | $\begin{aligned} & \hline 1 \\ & 2 \\ & 88 \end{aligned} \text { If No, go to MH9 }$ | MH4 |
| During the past 12 months, have you attempted suicide? | Yes No Refused | $\begin{aligned} & \hline 1 \\ & 2 \\ & 88 \end{aligned}$ | MH5 |
| What was the main method you used the last time you attempted suicide? <br> (SELECT ONLY ONE) | Razor, knife or other sharp instrument 1 <br> Overdose of medication (e. g. prescribed, over- <br> the-counter) 2 <br> Overdose of other substance (e.g. heroin, <br> crack, alcohol) 3 <br> Poisoning with pesticides (e.g. rat poison, <br> insecticide, weed-killer) 4 <br> Other poisoning (e.g. plant/seed, household <br> product) 5 <br> Hang on a rope <br> Other <br> Refused 68 lf Other, go to MH6other |  | MH6 |
|  | Other (specify) | \| $\mid$ | MH6other |
| Did you seek medical care for this attempt? | Yes No Refused | $\begin{aligned} & \hline 1 \\ & 2 \\ & 88 \\ & 88 \end{aligned} \text { If No, go to MH9 }$ | MH7 |
| Were you admitted to hospital overnight because of this attempt? | Yes No Refused | $\begin{aligned} & \hline 1 \\ & 2 \\ & 88 \end{aligned}$ | MH8 |
| Has anyone in your close family (mother, father, brother, sister or children) ever attempted suicide? | Yes No Refused | $\begin{aligned} & \hline 1 \\ & 2 \\ & 88 \end{aligned}$ | MH9 |
| Has anyone in your close family (mother, father, brother, sister or children) ever died from suicide? |  | $\begin{aligned} & \hline 1 \\ & 2 \\ & 88 \\ & \hline \end{aligned}$ | MH10 |



Hip Circumference and Heart Rate

| Hip circumference | in Centimetres (cm) $\quad \mathrm{L}$ | M15 |
| :---: | :---: | :---: |
| Heart Rate |  | M16a |
| Reading 1 | Beats per minute $\quad$ - |  |
| Reading 2 | Beats per minute | M16b |
| Reading 3 | Beats per minute | M16c |


| Participant Identification Number |  |  |  |
| :---: | :---: | :---: | :---: |
| Blood Glucose |  |  |  |
| Question | Response |  | Code |
| During the past 12 hours have you had anything to eat or drink, other than water? | Yes <br> No |  | B1 |
| Technician ID |  |  | B2 |
| Device ID |  | - | B3 |
| Time of day blood specimen taken (24 hour clock) | Hours: minutes |  | B4 |
| Fasting blood glucose | mmol/ | L_ | B5 |
| Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose? | Yes <br> No | $1$ | B6 |
| Blood Lipids |  |  |  |
| Total cholesterol | mmol/ | L_ | B8 |
| During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker? | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | $2$ | B9 |
| CORE: Urinary sodium and creatinine |  |  |  |
| Had you been fasting prior to the urine collection? | $\begin{gathered} \text { Yes } \\ \text { No } \end{gathered}$ | $2$ | B10 |
| Technician ID |  | - | B11 |
| Device ID |  | $\square$ | B12 |
| Time of day urine sample taken (24 hour clock) | Hours: minutes |  | B13 |
| Urinary sodium | mmol/ | L - . . . | B14 |
| Urinary creatinine | mmol/ | L + | B15 |


[^0]:    Table 3.2.32: Percentage of respondents who add salt always or often before eating or when eating

