

Risk factors of hypertension amongst adults in rural areas of South Africa

Cardiovascular disease (CVD) is now the leading cause of death worldwide, and its major impact is not only observed in developed countries but also in developing countries. In 2008, CVD caused 30% of all global deaths, of which over 80% were recorded from developing countries. Many developing countries are now in a phase of epidemiological transition and face the double burden of infectious diseases and non-communicable diseases (NCDs). In recent years epidemiological evidence has increasingly provided more insight into the risk factors for CVD in developing countries. These include, amongst others, obesity, alcohol intake, smoking, hypertension and diabetes mellitus. Hypertension, also known as high blood pressure remains the most common life-threatening risk factor for CVD in developing countries. This has major cost implications for low- and middle-income countries and requires urgent strategies for prevention and management of the disease.

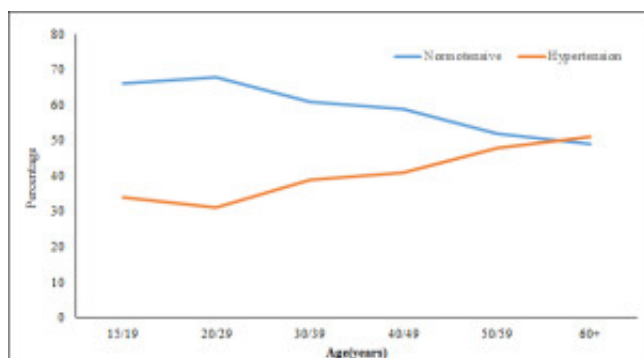


Fig. 1. Association of age and hypertension.

Hypertension in South Africa was estimated at 21% in the 1998 Demographic and Health Survey, and it was slightly more common in women (14%) than men (11%). The extent of hypertension in rural communities of South Africa has not been well documented. In June 2011 – March 2012, we conducted a study to determine the extent of the problem and some of the risk factors that puts adults in rural areas at risk of developing hypertension. The study was done in a Health and Demographic Surveillance Site (HDSS) with 15 villages, 7200 households and a population of approximately 36 000. A total of 1407 individuals participated in the study of whom 1281 had complete information and were included in the final analysis. These participants were 15 years and older, permanent residents of the area and adequately literate.

The overall prevalence of hypertension was 41.4% and significantly increased with age (Fig 1). Furthermore, the prevalence was found to be significantly lower amongst respondents with tertiary education and single. Even though hypertension was found to be more common in males and

among the unemployed, the differences was not significant. Other factors which were also found to have less significant association with hypertension included alcohol intake, smoking, fruit and vegetable intake and body mass index (BMI).

The results show a high prevalence rate of hypertension in this rural community which is associated with being married, having a low education level and falling into an older age group. Given the importance of BP control in reducing the risk of CVD, there is an urgent need for strategies to promote BP screening at the local health facilities as well as at the community level and to promote prompt treatment initiation and follow-up of cases. In addition, salt reduction in food requires commitment at both provincial and national level.

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Publication

[Prevalence and associated risk factors of hypertension amongst adults in a rural community of Limpopo Province, South Africa.](#)

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Afr J Prim Health Care Fam Med. 2015 Oct 22