

KENYA - Assessing the linkages between socioeconomic status, perceived personal risk, and risk factors for cardiovascular and related non-communicable diseases in a population of slum dwellers in Nairobi, Kenya

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Overview

Identification

ID NUMBER

APHRC-CVD-2011-1.2

Version

NOTES

Version 1.2, November 2014. Anonymized with DOI and Recommended Citation added.

Overview

ABSTRACT

Prevalence of non-communicable diseases (NCD) is increasing in sub Saharan Africa (SSA). With rapid urbanisation and poor economic performance new challenges emerge for NCD prevention in the region. This project aimed to contribute to knowledge on the epidemiology of NCD in SSA by exploring the linkages between factors in the socioeconomic and socio-cultural environments, perceived risk for getting cardiovascular disease (CVD) and health-related behaviour among slum dwellers. Specifically it aimed to estimate the levels and determinants of perceived risk for CVD, prevalence of risk factors for CVD and to describe the relationship between perceived risk and health related behaviour. Understanding these context-specific factors informed the design of prevention programs. Quantitative and qualitative methods were employed. A random sample of 5000 adults in the Nairobi Urban Health and Demographic Surveillance System area were interviewed.

KIND OF DATA

Sample survey data [ssd]

UNITS OF ANALYSIS

Individuals

Scope

NOTES

The study aimed to address the following questions:

1. What is the prevalence of CVD risk factors (behavioural and physiological) among the slum dwellers and how do these vary by socioeconomic status?
2. Are behavioural and physiological risk factors for CVD perceived as such or as status symbols among slum dwellers?
3. What are the levels of perceived personal risk for CVD and what are the predictors of perceived personal risk in a population of slum dwellers?
4. What is the relationship between perceived personal risk and behaviour associated with risk of CVD?

The scope of the study included:

- Aging and Cardio Vascular disease risk factors and risk perception: Demographics, care and support, links with place of origin, work history and benefits, chronic conditions and health care utilization health state descriptions, social cultural environment, body image assessment, risk factors and preventive behaviour, perceived personal risk, anthropometrics and biomarkers, validation study, further follow up for data collection and referral
- Cardio vascular disease risk factors and risk perception for collateral respondents on alcohol consumption: validation of alcohol consumption

Coverage

GEOGRAPHIC COVERAGE

Two informal settlements, Korogocho and Viwandani, in Nairobi City (the capital city) of Kenya.

UNIVERSE

The survey covered persons recruited in the NUHDSS and aged 18 and above years.

Producers and Sponsors

PRIMARY INVESTIGATOR(S)

Name	Affiliation
African Population and Health Research Center	APHRC

OTHER PRODUCER(S)

Name	Affiliation	Role
Catherine Kyobutungi, PhD	APHRC	Investigator

FUNDING

Name	Abbreviation	Role
Welcome Trust	WT	Funder

OTHER ACKNOWLEDGEMENTS

Name	Affiliation	Role
Population of Korogocho and Viwandani Slums		Study subjects

Metadata Production

METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
African Population and Health research Center	APHRC	APHRC	Metadata Producer

DATE OF METADATA PRODUCTION

2013-06-30

DDI DOCUMENT VERSION

Version 1.2

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Sampling

Sampling Procedure

The sampling frame for the quantitative cross sectional survey were the NUHDSS database, from which a list of all adults aged 18+ years has been generated. A stratified random sample of individuals were selected according to slum of residence, gender and age group to constitute 20 strata each with 250 respondents. The target sample is around 5000 respondents.

Inclusion criteria

Participants who: are aged 18 years and above, give informed consent to participate and are not physically or mentally incapacitated, will be included in the study.

Response Rate

5190 interview and targeted 7247 (Response rate=72%)

Weighting

Data has been weighted

Questionnaires

Overview

- The questionnaire on Aging and Cardio Vascular disease risk factors and risk perception covers Demographics, care and support, links with place of origin, work history and benefits, chronic conditions and health care utilization health state descriptions, social cultural environment, body image assessment, risk factors and preventive behaviour, perceived personal risk, anthropometrics and biomarkers, validation study, further follow up for data collection and referral.
 - The questionnaire on Cardio vascular disease risk factors and risk perception for collateral respondents on alcohol consumption: validation of alcohol consumption.
- Both questionnaires were administered in Kiswahili to adults aged 18 years and above

Data Collection

Data Collection Dates

Start	End	Cycle
2008-01-14	2009-10-02	N/A

Data Collection Mode

Face-to-face [f2f]

Questionnaires

- The questionnaire on Aging and Cardio Vascular disease risk factors and risk perception covers Demographics, care and support, links with place of origin, work history and benefits, chronic conditions and health care utilization health state descriptions, social cultural environment, body image assessment, risk factors and preventive behaviour, perceived personal risk, anthropometrics and biomarkers, validation study, further follow up for data collection and referral.
 - The questionnaire on Cardio vascular disease risk factors and risk perception for collateral respondents on alcohol consumption: validation of alcohol consumption.
- Both questionnaires were administered in Kiswahili to adults aged 18 years and above

Supervision

Team leaders monitored progress in the field and quality control measures were also implemented by them.

Data Processing

Data Editing

Data editing took place at a number of stages throughout the processing, including:

- a) Office editing and coding
- b) During data entry
- c) Structure checking and completeness
- d) Secondary editing

Other Processing

Data entry was performed manually at APHRC's headquarters on desktop computers and was done using an in-house built system with a Microsoft Visual Basic and MS SQL softwares.

Data were processed the following steps:

- 1) Questionnaire reception
- 2) Office editing and coding
- 3) Data entry
- 4) Structure and completeness checking
- 7) Back up of raw data
- 8) Export to STATA 10 in files
- 9) Recoding of variables needed for analysis
- 10) Structural checking of STATA files
- 11) Data quality tabulations
- 12) Production of analysis tabulations

Data Appraisal

No content available