

DAR ES SALAAM MINI HEALTH SCREENING REPORT 2010

Introduction and Method

A mini health check up was carried out in Mahe Ramadhan 1431 (Sept 2010) at the KSIJ DSM Mosque for both gents and ladies. This was a joint effort between the Central Health Board (CHB) of the Federation of KSIJ Africa and Central Medical Board (CMB) of the KSIJ Dar-es-Salaam, with assistance by JAMSA.

This program is running in its sixth year with the aim of screening participants and making them aware of the risk factors and any lifestyle related morbidity that may arise, as well as provide counsel on lifestyle and disease management.

The following parameters were gathered for each participant:

- Body Mass Index (BMI)
- Blood Pressure
- Random Blood Glucose Level

After which, a brief consultation with the available doctors was sought by each participant, and if any risk factors are found, these are communicated to the participant with an advice, and in some cases, participants area advise to undergo further investigations.

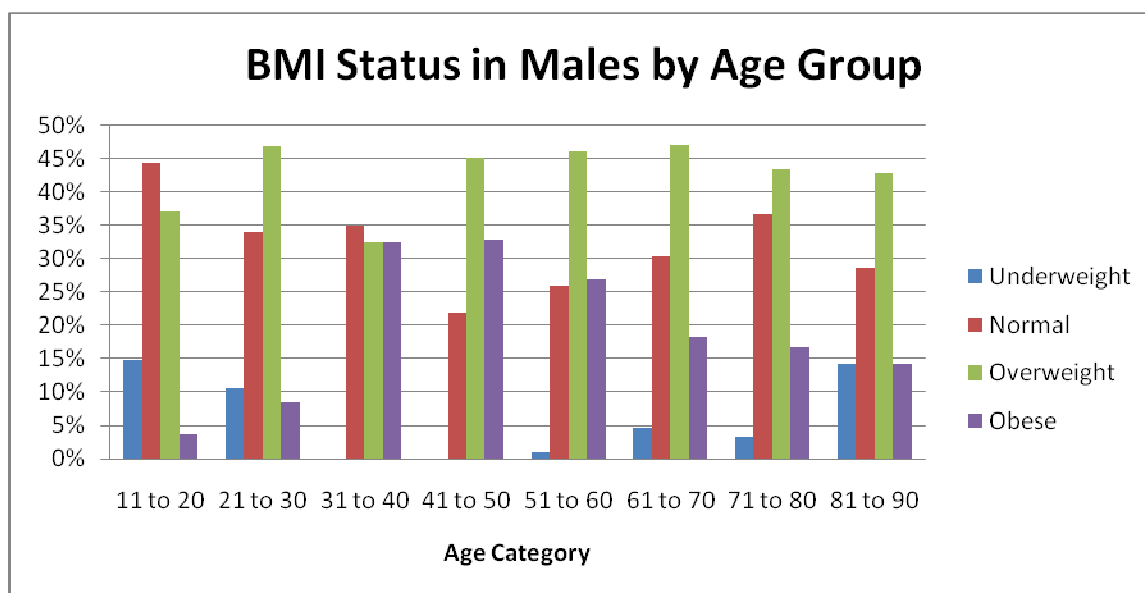
Information of each participant was recorded in specifically designed registration cum consultation forms, which were then filed as part of procedure for potential follow with high risk patients.

Results

A total of **634** participants were tested, of which **406** were males and the remaining **228**, females.

Fig.1

Body Mass Index (BMI)



As seen from Figure 1, higher percentages of males within most age categories are either overweight or obese. There were also a number of underweight cases that were more evident at the two extreme ends of the age groups.

A more similar pattern is also seen in females as illustrated in Figure 2. What is more concerning though is the higher percentage of obese females (33%) than males (22%). See Figure 3.

Note should also be taken of underweight females between the ages of 11-20 years (43%). See Figure 2.

Please note; the given percentages for the BMI (and for the other statuses) reflects the proportions of participants in each age category, which gives better highlight of the scenario than just viewing number of cases. However, one limitation to address is the representativeness of the number of participants in each age band, especially in the age range of 71-80 years (where information was gathered for only 9 females and 7 males), which would magnify the scenario for some of the parameters when viewing them as percentages.

Fig. 2

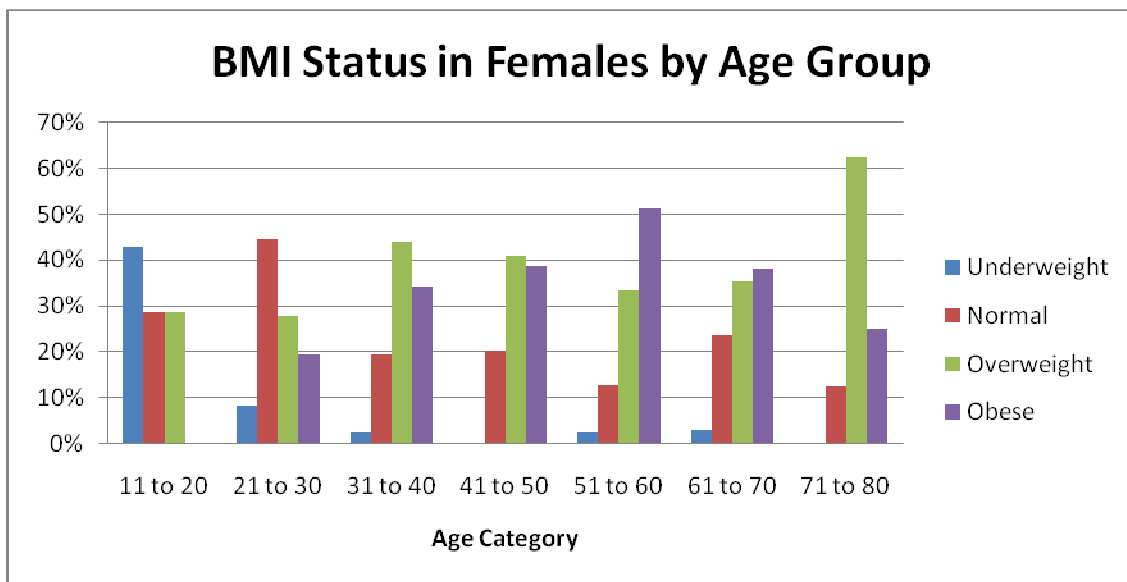


Fig. 3

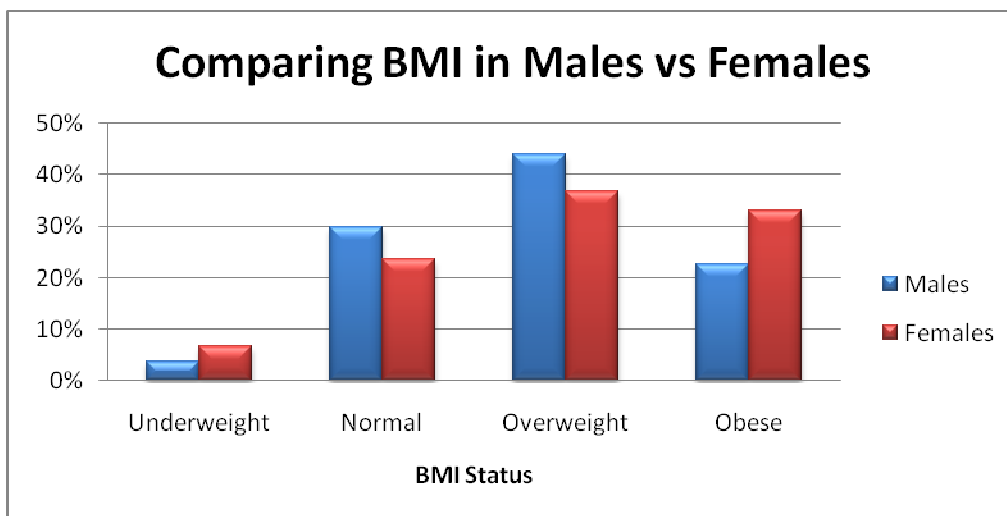
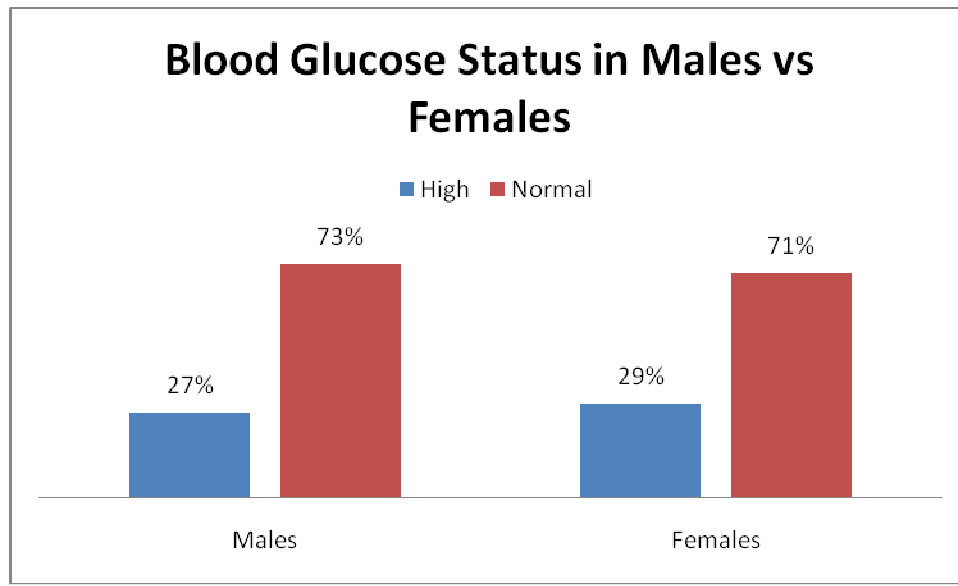


Fig. 4

Random Blood Glucose



Blood glucose levels remained normal for majority of participants in both males and females. Figure 4 depicts blood glucose proportions in both sexes.

Larger proportions of hyperglycemic cases were found in the middle to older age categories in both sexes (Figures 5 and 6).

Fig. 5

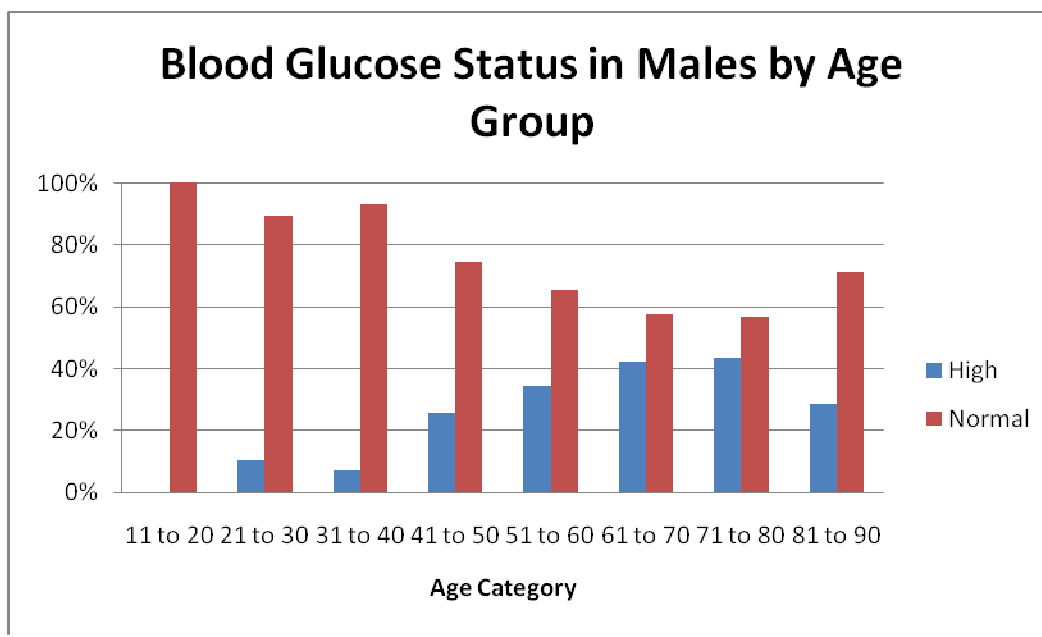
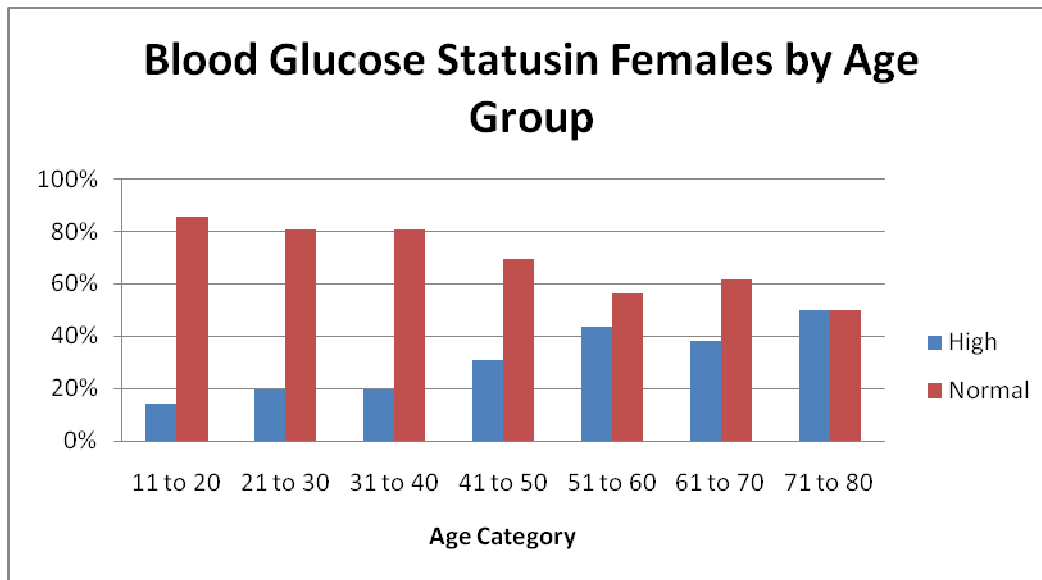


Fig. 6



Blood Pressure

Blood pressure was normal for the majority of participants in both sexes, with medians of 14%, and 10% of mild/moderate hypertensive seen in females and males respectively. Also, a 5 % median of hypotensive was noted in females. Majority of participants with low blood pressure were observed in 11-30 year olds.

Smoking, Addictions and Regular Exercise

Further to collecting the above parameters, participants were also asked about their lifestyle habits.

While frequency of regular exercise was a common question in both sexes, smoking prevalence was only recorded in the males' side; while women were generally asked of their addiction habits.

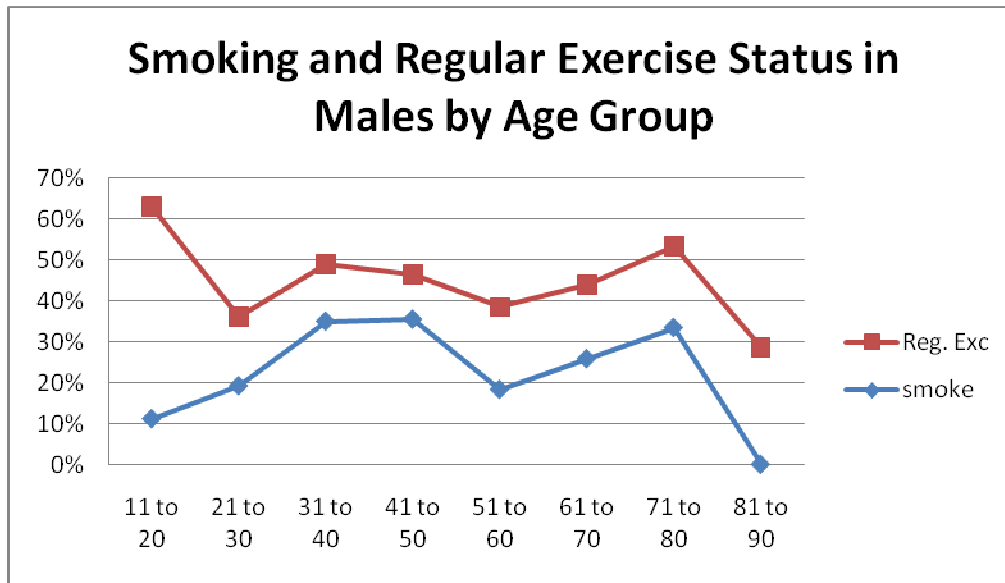
It would have been useful to ask the same questions in both sexes to enable comparison between the gender, and more importantly draw some inference on generalizability.

In addition, stratifying the questions in a manner that they can be coded and interpreted would have helped gain better insight quantitatively, to the questions asked about lifestyle behavior and change.

Coming to responses; 96% of women reported to having no addictions.

In response to smoking, males reported to this addiction across most of the age groups, as seen in Figure 7.

Fig. 7



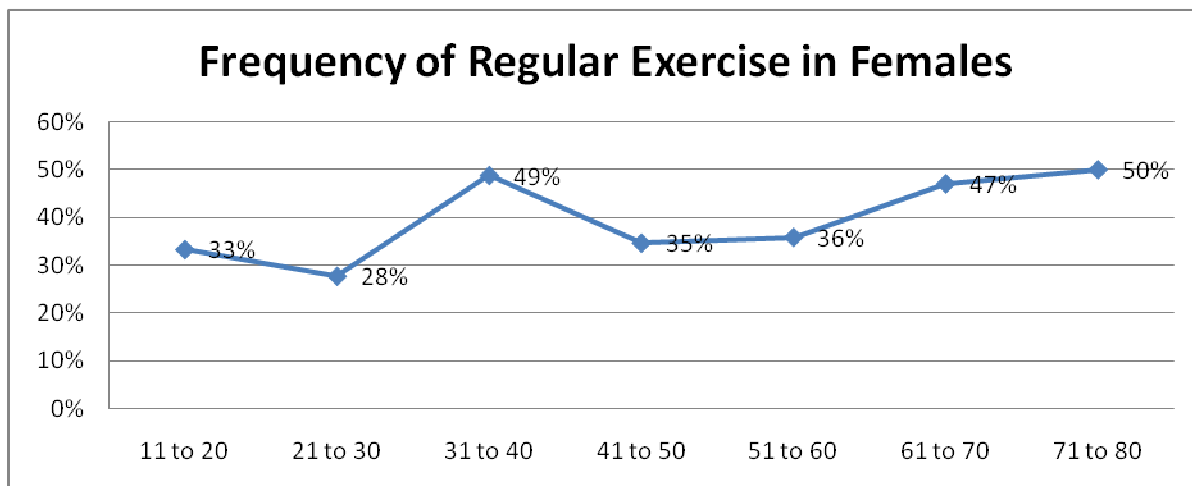
As far as regular exercise is concerned, males between the ages of 11-20 years were expectedly the most active. Surprisingly though, senior citizens between the ages of 71-80 years were far more engaged in regular exercise than their younger counterparts (41-70 years).

Just a point of observation when comparing smoking and regular exercise; normally, individuals who are more physically active would be more careful of their health and would tend to avoid harmful habits (in our case smoking). With this in mind, it was assumed that this pattern would reflect in the defined age groups, where the higher the percentage of regular exercise, the lower the prevalence of smoking.

Of course, without taking into consideration other confounders, disability, lifestyle behavior patterns etc, this is a very crude observation to make, and it is probably for this that the illustration in Figure 5 does not truly go in tandem with the assumption in mind.

Figure 8, below illustrates regular exercise patterns in female age groups.

Fig. 8



Summary

- When comparing to previous year's program, there has been a 1/3 decrease in the number of participants.
- BMI statistics show that two thirds of participants were either overweight or obese. Again, such figures have been almost the same in previous screenings also.
- Smoking is still a common addiction in males, and figures this time are also around the same to previous year results.
- Majority of abnormal blood glucose and blood pressure levels were seen in higher age groups (51 + years)
- Younger age groups, especially in females show a higher proportion of under weights.
- Exercise and physical activity levels indicated that middle aged participants are not that frequent. In fact, senior aged participants were more active than the middle aged.

Report prepared by JAMSA

Acknowledgement

The Central Health Board (CHB) of the Africa Federation wishes to sincerely thank the medical students and members of Jaffery Medical Students Association (JAMSA), under the leadership of Mr. Farhan Yusuf, for their invaluable contribution towards this program. In the Ladies Section, we wish to extend the same sentiments to Ms Fatema Zahra Karim and the volunteers, LMC members of KSI Jamaat for their support and cooperation.

We also wish to thank the community doctors, other volunteers, and Ebrahim Haji Ithna-Asheri Charitable Health Centre (EHICH) management and staff for extending their valuable time and participation in this program joining hands with the JAMSA and CMB/CHB.

Action Needed:

The Central Medical Board of KSI Jamaat of Dar Es Salaam in liaison with Ebrahim Haji Ithna-Asheri Charitable Health Centre should now prepare a program for a Comprehensive Health Checkup for the community members following the Medical Protocols recommended by the Health Care Authorities. The CHB of the Africa Federation will be pleased to provide the assistance required.

“Community's health – CHB's priority”