

Background

The Jamaica Health and Lifestyle Surveys since 2000 have aimed to provide up to date estimates of Jamaica's health status across the leading public health issues. This third survey was carried out in 2016-2017 and this documents reports the preliminary findings on major health issues facing the country.

Communicable Diseases

ZIKA Virus and Chikungunya

Chikungunya (CHIKV) and ZIKA Virus (ZIKV) are two vector-borne diseases which emerged in 2014 and 2016, respectively.

- Prevalence of self-reported CHIKV in the Jamaican population was 48.8% ; Males 44% and females 54%
- Eight of ten (80.4%) Jamaicans had a positive serum (blood) test for (CHIKV)
- There was a slight difference in CHIKV sero-prevalence between males (78.5%) and females (82%)
- The highest CHIKV sero-prevalence was among age groups 15– 24 years (85.9 %) and 65-74 years (85.6%)
- Portland, St. Thomas, Kingston and St. Andrew had the highest CHIKV sero-prevalence which was greater than 90%
- Manchester had the lowest CHIKV sero-prevalence (44.4%)
- Joint pain (87.3%) and fever (69.7%) were the two most commonly reported CHIKV symptoms.
- Other reported CHIKV symptoms were skin rashes which were more common among females (53.4%) than males (27.7%) and joint swelling which was also more common among females (24.8%) than males (17.6%)
- Possible reasons for the significant differences among parishes will need to be explored to inform public health interventions. This will involve the further analysis of the JHLS III data as well as administrative data.

Zika virus infection is usually a mild disease and as many as 4 out of 5 infection are asymptomatic.

- Only 6% of Jamaicans reported that had Zika virus (ZIKV) infection.
- The highest self- reported prevalence of ZIKV was among Jamaicans age 45-54 years.
- There are no ZIKV tests currently available for population estimates. Should such a test become available it would be important to determine sero-prevalence to help predict the return time for another ZIKV outbreak.

Non-Communicable Diseases

Hypertension

Definition

- According to JNC7¹ 2003 (BP>140/90 mmHg)
- According to ACC² et al 2017 (BP>130/80 mmHg)

Prevalence of Hypertension (>15 years old)

- JNC7 – 33.8% (M - 31.7% vs. F – 35.8%) ACC - 57.6% (M – 58.3% vs. F – 57.0%)

Prevalence of Hypertension by urban/rural residence (JNC7)

- Rural – 35.2%
- Urban – 33.0%

Prevalence of Hypertension between Parishes (JNC7)

- St. Thomas showed highest prevalence in both sexes: M – 51.3% vs. F – 46.0%
- Westmoreland – lowest prevalence among males – 19.9%
- St Catherine – lowest prevalence among females – 26.5%

Prevalence of Pre-hypertension (>15 years old)

- JNC7 – 34.0% (M- 43.0% vs. F- 25.7%)

Secular trends in the prevalence of Hypertension in ≥15 years population (JNC7 2003)

- 2000-2001 – 20.9%
- 2007-2008 – 25.2%
- 2017-2018 – 31.5%

¹Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure

²American College of Cardiology



Non-Communicable Diseases (Continued)

Diabetes

- Diabetes was defined as fasting blood glucose ≥ 7.0 mmol/l or being on medication for diabetes.
- The overall prevalence of diabetes was 12% among persons 15 years and older.
- Diabetes was most prevalent among Jamaicans 75 years and older (42%).
- Additionally, 12% of Jamaicans had pre-diabetes with a higher prevalence in women (13.3%) than men (10.7%) putting them at high risk of developing diabetes.
- Among persons 15-74 years, the prevalence of diabetes was approximately 10%, and this compares to 7.8% among the same age group in JHLS II, 2007/08.

Anaemia

- Anaemia was defined as a haemoglobin level < 13.0 g/dl in men or < 12.0 g/dl in women
- Approximately one in ten (9.5%) men and one in four (25%) women aged 15 years and older were anaemic.
- 10.2% of women had moderate to severe anaemia (haemoglobin level < 11 g/dl).
- The prevalence of anaemia in women of reproductive age (15-49 years) and elderly men (≥ 60 years) was $\geq 20\%$, indicating moderate public health significance as defined by the World Health Organization. Amelioration may require intermittent iron and folic acid supplementation for women aged 15-49 years.

Overweight and Obesity

- Overweight/obese was defined as body mass index (BMI) of ≥ 25.0 kg/m², pre-obese as BMI ≥ 25.0 -29.9 kg/m² and obesity BMI ≥ 30 kg/m² (WHO)
- One in two Jamaicans (54%) were classified as overweight (pre-obese or obese)
- Women were more affected by pre-obesity and obesity, with two thirds of Jamaican women 15 years or older being classified as having pre-obesity or obesity.

Overweight and Obesity (Continued)

- The proportion of women with pre-obesity and obesity was similar among urban and rural dwellers. However, urban dwelling men (44.7%) had a higher prevalence of pre-obesity or obesity compared to men living in rural areas (33.5%).
- Jamaicans aged 35-64 years had the highest prevalence of pre-obesity or obesity.

Mental Health

- Depression was characterized using the DSM-V criteria, as the presence of five or more symptoms of depression and/or suicidal ideation.
- The national estimate of the prevalence of depression was 14.3%. For men, this prevalence was 9.9% and among women 18.5%. Significantly fewer men were depressed.
- The prevalence of depression was highest among urban women (19.2%) and lowest among rural men (7.3%).
- The highest prevalence of depression was seen in Jamaicans 75 years and older (National estimate -20.8%)



Community and Neighbourhood Characteristics

- Questionnaires were administered to obtain perception of whether crime and safety, physical disorder, and social disorder were a problem in their neighbourhoods.
- A larger proportion of women (39.2%) compared with men (33.1%) perceived their neighbourhoods to have high levels of crime and safety problems but there were no sex differences in the perception of physical or social disorder.
- There were no urban-rural differences in neighbourhood perception.
- Depression was more common among those who perceived that their neighbourhoods had high levels of crime and safety problems, compared with those who perceived low levels, there was a higher prevalence (19.5% vs 11.1%).
- Among men, obesity was associated with physical disorder and hypertension with social disorder
- Among urban residents, diabetes was associated with low levels of social disorder.

Lifestyle

Dietary Practices

- More than 70% of the population had insufficient resources or access to safe, adequate or nutritious foods.
- 38% of Jamaicans consumed vegetables at least twice per day and 26% consumed fruits 2 or more times per day.
- 28% of Jamaicans drank at a sugar sweetened beverage once or more times daily.
- 7.8 % Jamaicans reported frequently (\geq once per day) consuming fast food.
- One-third of the population read food labels or were aware of the Jamaican food groups.
- Almost 1 in every 10 Jamaicans consumed excess salt or sodium by adding salt at the table or frequent consumption of salty sauces and high-sodium processed foods.

Lifestyle (Continued)

Physical Activity

- Jamaicans' physical activity levels were assessed using the International Physical Activity Questionnaire.
- 82% of Jamaicans were engaged in low physical activity, 16% engaged in moderate activity (minimum WHO recommendations) and 2% in high level activity. This did not differ significantly by age or sex.
- 52% of Jamaicans had made no attempt to increase their level of physical activity in the last year. Younger persons (under 60 years) living in urban communities were more likely to report attempting to do more exercise.

Skin Bleaching

- Participants were asked whether they had ever bleached their skin.
- Approximately 11% of Jamaicans reported skin bleaching (Men - 12.5%, Women - 8.8%) and 3% were using these products at the time of interview (Men - 3.4%, Women - 3.3%)
- Lifetime prevalence was highest in 15-34 year olds
- All skin bleaching products reported were imported (i.e., not locally produced mixtures).

Violence and Injuries

- For the purposes of this report injuries were categorised as unintentional Road Traffic Injuries (RTI), non RTI and violence-related injury (WHO)
- Unintentional injuries were the most common cause of injuries requiring medical attention in the past 12 months (non-RTI 2.3%, RTI 1.1% vs. Violence Related Injuries 0.5%).
- More men than women reported sustaining major injuries requiring medical attention, particularly unintentional RTIs, (1.8% men, 0.4% women)
- The prevalence of unintentional RTIs was highest in the 25-34 years age group (2.1%) and lowest in the 55-65 years age group (0.1%).
- Less than half (44.8%) of Jamaican motor car drivers 15 years and older always use a seat-belt.



Lifestyle (Continued)

Violence and Injuries (Continued)

- The prevalence of unintentional non-RTIs among Jamaicans 15 years and older was highest in the 65-74 years (3.4%) and 15-24 years (3.1%) age groups.
- Falls was the most common type of unintentional non-RTI accounting for 1.5%, occurring mainly in the workplace (30.9%) and home (29.1%).
- For Jamaicans 15 years and older, 7.8% (men, 8.8%; women, 6.9%) witnessed a violent act.
- More than half (both sexes, 57%; men, 56.7%; women, 57.4%) of Jamaicans 15 years and older had a history of child maltreatment (abuse) of which 13% experienced daily abuse.
- Lifetime history of sexual abuse was 7.4% (men, 3.9%; women, 10.7%) among Jamaicans 15 years and older. A neighbour/ friend/ acquaintance was the main perpetrator (43.8%).

Substance Abuse

- Current alcohol use. was reported by 41% of Jamaicans 15 years and older
- Current alcohol use was highest in the 25-34 year age group with 6 of 10 males and 4 out of 10 females reporting
- St Elizabeth had the highest prevalence of reported current use (59%) whereas Westmoreland had the lowest (22%)
- 8% of Jamaicans report having six or more drinks on one occasion at least monthly.
- Current use of tobacco products was reported by 15% of Jamaicans (M: 26%, F: 5%) 15 years and older
- Gender specific prevalence show that males, 35-44 years report the highest prevalence 36%, whereas females 25-34 years had the highest prevalence, 10%.
- St James reported the highest prevalence of current use of tobacco (21%) and Hanover the lowest (5%)
- Of the lifetime smokers 27% (M: 28%, F: 25) report consuming more than 100 cigarettes.
- By the age of 19; 50% of lifetime smokers had initiated cigarette smoking, by age 11 years 10% report initiation.
- Seventeen percent of Jamaican report marijuana use, with predominantly males reporting 29% M vs 5% Females
- The highest prevalence estimates are in the 15-24 age band (21%).

Sexual and Reproductive Health

Sexual Practices

- The reported mean age of sexual inaction for Jamaicans 15 years and older is 15.7 years. Men – 14.6 years and women 16.7 years.
- Using no contraceptives (21.6%) was most frequently reported by the 35-44 age group
- Withdrawal was most frequently reported by the younger age groups (<44 years), prevalence in the 25-34 age group 35.6% and the 15-24 age group, 20.0%
- Only 33% of Jamaicans report using a condom at last sex.
- Condom use was most frequently reported by the 15-24 age group (31.2%)
- Parishes such as St. Andrew (24.4%) and St. Catherine (19.4%) had higher estimates for use when compared to St. Ann (2.8%) and St. Mary (3.5%)
- One in 10 Jamaican 15+ years report ever having a sexually transmitted disease .

Male Urinary Health

- The prevalence of lower urinary tract symptoms (LUTS) in Jamaican men increased from 4.1%(25-39 years) to 30.5% in men 60 years and older
- There was no difference in the prevalence of LUTS between rural-dwelling and urban-dwelling men.
- The prevalence of LUTS was inversely related to education, with more educated men having a lower prevalence of LUTS
- The proportion of men told by their health care provider (HCP) that they have an enlarged prostate rose from 0.1% in the 25-39 age group to 14% in men 60 years and older
- More men (6.7%) with primary education were told by their HCP that they had an enlarged prostate compared to 1.4% of men with post-secondary education.
- Only 28.2% of Jamaican men 40 years and older had ever done a digital rectal examination (DRE)
- The proportion of men ever having done a DRE rose from 17.2% in the 40-44 age range to 54.7% in men 60 years and older.
- A higher proportion of urban males men have had a DRE when compared to rural males
- Having a DRE done did not vary by educational attainment.
- Only 5.1% of men 40 years and older were sent by HCP for a prostate-specific antigen (PSA) screening test and only 1.9% of men in this age group report having done a PSA test.



Sexual and Reproductive Health (Continued)

Women's Health

- Of women aged 15-64 years, five percent (5%) have reported having ever done an HPV test and three (3%) percent report having done a VIA test.
- Approximately 70% of women aged 15-64 years have ever taken a Pap Smear with the 35-44 age group showing the highest prevalence
- Having a Pap smear done was higher among women with Primary or lower (74.6%) education, compared to Secondary (64.0%) and Post-secondary (69.1%) education
- Less than half of women in the reproductive age group 15-54 report having had a PAP smear done in the last three years.
- Only 6% percent of women aged 40-64 years report having done a mammogram in the last year
- Having a Mammogram done in the past year was higher amongst women with secondary education (51.2%), compared to post-secondary (31.2%) and primary or lower (17.7%) education
- Approximately four out of five (85%) women aged 40-44 years had never done a mammogram. This fell to 71.8% for women aged 45-54 years and further to 60.7% for women aged 50-54 years
- 75.7% of women aged 20-64 years report doing a self-breast examination and 71.0% report having had their breasts examined by a healthcare professional in the last year.
- The overall prevalence of breast self-examination has increased in the last 10 years from 42% to 55%
- Sixty percent of women in the 15-24 year age group have never been pregnant this is up from 50% in the 2007 report .

Qualitative Study

Beliefs

- Although regular exercise was considered important, participants believed that the physical demands of their jobs was sufficient to constitute exercise.
- Common attitudes among participants towards health included emphasis on the importance of personal responsibility in health management which resulted in fatalistic attitudes around poor health behaviours of other community members.
- Participants endorsed many health myths (particularly around diabetes, hypertension and medication adherence among men).
- Participants believed that government policy played an important role in health outcomes, and were convinced that community-specific strategies were essential for health promotion, particularly in the male participants.
- Male participants expressed positive attitudes towards their community and an understanding of the importance of community health resources more so than their female counterparts.

Experiences

- Participants were affected by stress, financial constraints and inaccessibility of healthy options and they believed that this in turn reduced their capacity for healthy behaviours.
- The physical environment affected participants' health. They expressed that improper garbage disposal and noise pollution were major concerns.
- Participants expressed that women played an important role in encouraging and facilitating healthy behaviours in the household.
- Participants expressed frustration with health providers' use of medical jargon, which prevented them from understanding the providers' messages about health behaviours

Practices

- Female participants appeared to be more engaged with health services available in the public and private sectors than their male counterparts.
- Although participants demonstrated awareness of appropriate health behaviours, they noted that their awareness did not always translate into healthy choices and behaviours.
- Both male and female participants noted that health-seeking behaviour among men was affected by 'macho' culture.



