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Modern lifestyles in SA's top causes of death

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SOUTH Africa has a serious health problem.

Non-communicable (NCDs) or lifestyle diseases are among the top causes of death (at around 40%) and are responsible for considerable premature mortality, with more than a third of NCD-related deaths occurring before the age of 60.

On the home front, while South Africa is nationally a food secure country, many people go to bed hungry every night, and stunting affects up to a quarter of children.

Access to nutritious food and food security are two sides of the same coin. Poor nutrition is inextricably linked to poor health, and so we must consider the role nutrition plays in NCDs.

Cardiovascular disease is the major NCD in the country. By 2010, stroke had become the second leading cause of death after HIV/Aids.

NCDs are, of course, a global issue. The 2010 Global Burden of Disease Study estimated that NCD deaths increased from about eight million in 1990 to a staggering 52.8 million in 2010, or 65% of all deaths in that year.

South Africa has high risk factors for NCDs, which have increased over time. In 2008, more than 40% of men and women had raised blood pressure. Forty-six percent of men and 56% of women were physically inactive and the prevalence of overweight and obesity was 58% for men and 71% for women.

Raised blood cholesterol was 31% for men and 37% for women. By 2010 the number of deaths due to NCDs was similar to the number from HIV/Aids and TB combined.

One exception to these risk factors is that of tobacco smoking, which declined from 34% in 1995, prior to the introduction of anti-tobacco legislation, to 24% in 2009.

The effects of the tobacco control interventions can be seen in the decrease in mortality rates from ischaemic heart disease, lung cancer, chronic obstructive pulmonary disease and asthma.

The increase in mortality from diabetes, renal disease and endocrine/nutritional and blood disorders is likely a result of lifestyle changes, urbanisation and more South Africans falling into the overweight and obese category.

The substantial decrease in mortality from oesophageal cancer may be due to changing socio-economic status, urbanisation and resultant dietary changes, including shifts from consuming home-grown to commercial maize.

Part of the problem the world over is contradictory advice regarding what constitutes a healthy diet. The World Heart Federation says that poor quality diets are high in refined grains and added sugars, salt, unhealthy fats and animal-source foods and low in whole grains, fruits, vegetables, legumes, fish and nuts. They are often high in processed food products – typically packaged and often ready to consume. Modern lifestyles and environments facilitate these unhealthy diets, a problem that is increasing in South Africa as urbanisation continues.

It stands to reason that if more South Africans made healthier choices, the South African food system would have incentive to produce healthier choices. First world nations struggle with this and so in a nation where so many go hungry, it seems a lofty ideal. Nevertheless, our high levels of NCDs represent a huge burden, not only on our health services, but on our economy at large and dietary changes are the only real solution.

While the risk of death from tobacco smoking has decreased with anti-tobacco legislation, urbanisation and modern lifestyles that promote unhealthy eating habits and physical inactivity were already responsible for the same number of deaths as HIV/Aids by 2010.

In truth, while consumer choice is certainly not insignificant, perhaps far more substantial is the sway of industry power when it comes to marketing, packaging, pricing and production.

In the ideal scenario, we, as a nation, would not only choose but also produce more heart-healthy foods and fewer foods associated with cardiovascular disease. We'd also work to ensure that such foods reach people in a still healthy form, including groups of lower socio-economic status.

Changing our food system extends far beyond agricultural production. It is not just the produce itself, but the processing of the produce that matters. As an example, potatoes are healthy produce, but deep-fried and smothered in sauces as chips, the health benefit of the produce is outweighed by the unhealthiness of the processing.

Based on the belief that the NCD epidemic can be prevented through reduction of the underlying risk factors, early detection and timely treatments, in 2013, South Africa launched a Strategic Plan for the Prevention of Non-communicable Diseases 2013-2017. The plan, based on global recommendations, provides a high-level framework for chronic disease prevention through the promotion of health and wellness at community and individual levels and strengthening primary healthcare. The plan identifies population-wide interventions to prevent and control NCDs through legislation and regulation.

Preventing and delaying the increase of NCDs is, of course, far more effective and less costly than treatment of those who become sick and it is this fact which has incentivised a multi-stakeholder national health commission that engages other sectors, including trade and industry, agriculture, education, sports, and arts and culture.

The effectiveness of this plan will only be seen in the years to come, but the point is that a multi-stakeholder approach is essential when it comes to an issue which is significant, not only nationally, but globally as well.

For its part, through this plan the government has introduced salt use regulations and other nutritional policies. However, alcohol policy development has been slow .

Increased efforts are needed to reduce excessive and unhealthy consumption. Communities can support access to food at that level by supporting smallholder farmers and local markets for healthy foods;

Farmers can diversify crops and support emerging farmers in doing so;

Agricultural and rural development agencies can invest in supporting the supply of heart-healthy produce;

Investors in agriculture and food research and development can shift the focus toward the production, distribution and consumption of healthier, more diverse sources of nutrients.

Food processors and manufacturers can work to ensure that fiber and positive nutrients are not stripped from foods;

Educational institutions can improve curricula to educate on unhealthy diets;

And of course, individuals can, as far as possible, take responsibility for their own heart health through improved exercise and diet.

South Africa's health problem has an impact on all of us – whether directly or indirectly – and so a population-wide response is our only solution.

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