



## FIJI STEPS SURVEY

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The WHO STEPwise approach to Surveillance (STEPS) is a simple, standardized method for collecting, analysing and disseminating data in WHO member countries. It was thus as to ensure that developing countries were able to participate in some form of surveillance as well.

By using the same standardized questions and protocols, all countries can use STEPS information not only for monitoring within-country trends, but also for making comparisons across countries. The approach encourages the collection of small amounts of useful information on a regular and continuing basis.

There are currently two primary STEPS surveillance systems, the **STEPwise approach to risk factor surveillance** and the STEPwise approach to Stroke surveillance.

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# INTRODUCTION

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- NCDs are the leading cause of morbidity and premature mortality in the PIC and account for 70% or more of all deaths in most of the PIC.
  - In order to better understand the NCD burden and risk factors, the Fiji MoH in collaboration with the World Health Organization (WHO) and other partners has undertaken two national NCD surveys known as STEPS in 2002 and 2011.
  - The 2002 STEPS survey demonstrated that the behavioral risk factors of NCDs are very common among the population in Fiji.
  - Preliminary results from 2011 STEPS survey have showed increasing trend in the prevalence NCDs compared with the 2002 survey.
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# OBJECTIVES

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- To investigate and document the prevalence of key NCD's amongst the target population
  - To determine the prevalence of and better understand the major modifiable risk factors for common NCD's. (these include physical inactivity, poor diet, obesity, high blood cholesterol and lipids, tobacco, alcohol and kava abuse.
  - To study and compare the NCD and its risk factors across the different strata of age, gender, ethnicity and locality.
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# METHODOLOGY

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- Interview data on selected health risk behaviours include smoking, alcohol consumption, fruit and vegetable consumption, physical inactivity and kava consumption.
  - Physiological measurements- blood pressure, height, weight, waist circumference and hip circumference.
  - Biochemical measurements fasting blood sugar, total cholesterol, HDL cholesterol, and triglycerides.
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There was use of standard equipment and values when taking physiological and biochemical measurements as to maintain same standards across all ages.

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# SUMMARY- STEPS 2002/VSHC MINI STEPS SURVEY

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- Population based survey
  - Adults ages 15-64
  - Population size-6794
  - Multi-stage cluster sampling methodology
  - Population size-2600 (Ages 25-64)—VSHC
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This information is mostly based on the 2002 steps survey of which the report is available readily whereas for the 2011 steps survey only the preliminary results was available, which makes one wonder what has been happening for the past 3 years post survey?

	2002	2012	VSHQ(2012)
<i>Overweight/obese</i>	58.5%	66.9% <b>HUGE INCREASE</b>	60.51%
<i>Average BMI</i>	26.8	27.9	27.34
<i>Average BP</i>	126.0/73.3	128.4/79.4	129.29/83.19
<i>Inc.BP</i>	24.2%	31% <b>HUGE INCREASE</b>	33.64%
<i>Inc.RBS</i>	19.6%	29.6% <b>HUGE INCREASE</b>	28.67%
<i>5 servings of fruits/veg</i>	66% <1 serving fruits 26% <1 vegetables	85%	94%

	2002 (Fiji)	2012 (Fiji)	VSHC (2012)
<i>Tobacco use daily</i>	17.5%	16.6%	
<i>Average age of starting smoking</i>	22.2	20.07	20.8
<i>% who smoke manufactured cigarettes</i>	77.7%	78.3%	74.7%
<i>% alcohol consumption</i>	21.6%	30.6% <b>HUGE INCREASE</b>	30.88%
<i>Kava Consumption</i>	59.6%	58.9%	48.71%

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# CONCLUSION

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- The point prevalence of NCD's mainly Hypertension, diabetes and obesity is high (2002 STEPS) and is showing an increasing trend (2011 STEPS preliminary)
  - NCD risk factors are highly prevalent in the Fiji population of which many are interlinked thus predisposing many of the population to exposure by multiple NCD risk factors.
  - There is a need to develop and implement integrated and comprehensive national strategies with multi-sectoral approach to combat these.
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# RECOMMENDATIONS

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- Take more aggressive measures in decreasing tobacco use
  - Undertake health promotion activities to encourage moderate kava consumption
  - Take aggressive measures in reducing alcohol consumption
  - Greatly increase fruit and vegetable consumption across all population sectors
  - Increase awareness on the adverse effects of high salt, high fat and high sugar foods
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These are just some of the recommendations mentioned in the report but despite these recommendations when one looks at the repeat survey and its results 10 years later there is an increasing trend which brings us to the question what is the use of a survey and such a lengthy report and list of recommendations when there seems to be no positive outcomes? And what can we as individuals and organisations do to help tackle this increasing trend of NCD's?

# SMOKING



- Ask-about the smoking status
- Advise-provide brief, clear, non-judgemental advice to quit, set a quit-date, give practical advise about coping with withdrawal symptoms, highlight the benefits of quitting
- Assess- interest in quitting, motivation to quit, confidence, dependence on nicotine, previous attempts of quitting

***precontemplation-contemplation-preparation-action-maintenance***

The information mentioned in red is just to show us the stage a smoke may be at when he/she comes in contact with a health worker and how important it is to identify the stage as this will help us on how we can advice and assist the person.

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- Assist-offer self help material, review the need for pharmacotherapy. *4D's-drink water, deep breath, do something else, delay urge.*
  - Arrange-support (buddy system), regular follow-up and adjustment of pharmacotherapy

***Relevance-Risk-Rewards-Roadblocks-Repetition***

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The 4D's are what we can advise smokers to help them when they have cravings.

The 5R's are the points that we need to discuss with patients as to ensure that they are fully aware of what they are to expect and are not caught by surprise which has been found to result in relapse.

Symptom	Effect on Body	Coping Strategy
<b>Craving</b>	Intense desire to smoke Declines over 4/52	Consider pharmacotherapy Brief distractions: 4 Ds*
<b>Coughing</b>	Worse initially	Settles after 2-3/52
<b>Hunger</b>	Possibly intense/ persistent	Regular exercise Sensible diet Moderate alcohol consumption
<b>Bowel upsets</b>	Constipation/ diarrhoea	Settles over 2-3/52
<b>Sleep disturbances</b>	Insomnia/ hypersomnia	Settles over 2-4/52
<b>Dizziness</b>	↑ tissue oxygenation	Passes spontaneously
<b>Mood alteration</b>	Reflections of grief and nicotine withdrawal on NTs	Consider pharmacotherapy Support: friends/ family

# PHYSICAL ACTIVITY



- Ask- during consultation make an opportunity to ask about physical activity
  - Assess-PA level, assess patients readiness to undertake PA
  - Advice- spend time advising inactive but contemplators, take into account patients needs and life circumstances when advising on type, intensity and duration of physical activity, develop practical plan
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- Assist- for implementation of the plan, help to identify barriers and come up with solutions to overcome them, setting realistic goals
  - Arrange- follow-up, ongoing support, during follow-up praise any small increments in order to boost morale.
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THANK YOU

Have a blessed day  
Psalm 119:105

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