

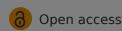




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Global Health Action >

Volume 3, 2010 - Issue s2: Special Issue: Growing older in Africa and Asia: Multicentre study on ageing, health and well-being. An INDEPTH WHO-SAGE collaboration (Supplement 2)



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Supplement 2, 2010

Health inequalities among older men and women in Africa and Asia: evidence from eight Health and Demographic Surveillance System sites in the INDEPTH WHO-SAGE Study

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Objectives: To determine the extent to which demographic and socio-economic factors impact upon measures of health in older populations in Africa and Asia; to examine sex differences in health and further explain how these differences can be attributed to demographic and socio-economic determinants.

Methods: A total of 46,269 individuals aged 50 years and over in eight Health and Demographic Surveillance System (HDSS) sites within the INDEPTH Network were studied during 2006–2007 using an abbreviated version of the WHO Study on global AGEing and adult health (SAGE) Wave I instrument. The survey data were then linked to longitudinal HDSS background information. A health score was calculated based on self-reported health derived from eight health domains. Multivariable regression and post-regression decomposition provide ways of measuring and explaining the health score gap between men and women.

Results: Older men have better self-reported health than older women. Differences in household socio-economic levels, age, education levels, marital status and living arrangements explained from about 82% and 71% of the gaps in health score observed between men and women in South Africa and Kenya, respectively, to almost nothing in Bangladesh. Different health domains contributed differently to the overall health scores for men and women in each country.

Conclusion: This study confirmed the existence of sex differences in self-reported health in low- and middle-income countries even after adjustments for differences in demographic and socio-economic factors. A decomposition analysis suggested that sex differences in health differed across the HDSS sites with the greatest level of inequality found in X ferences in socio-de reported health o gs. The overall h n and sleep/en es are inants to warr/ which lation for a ealth more ev promotion

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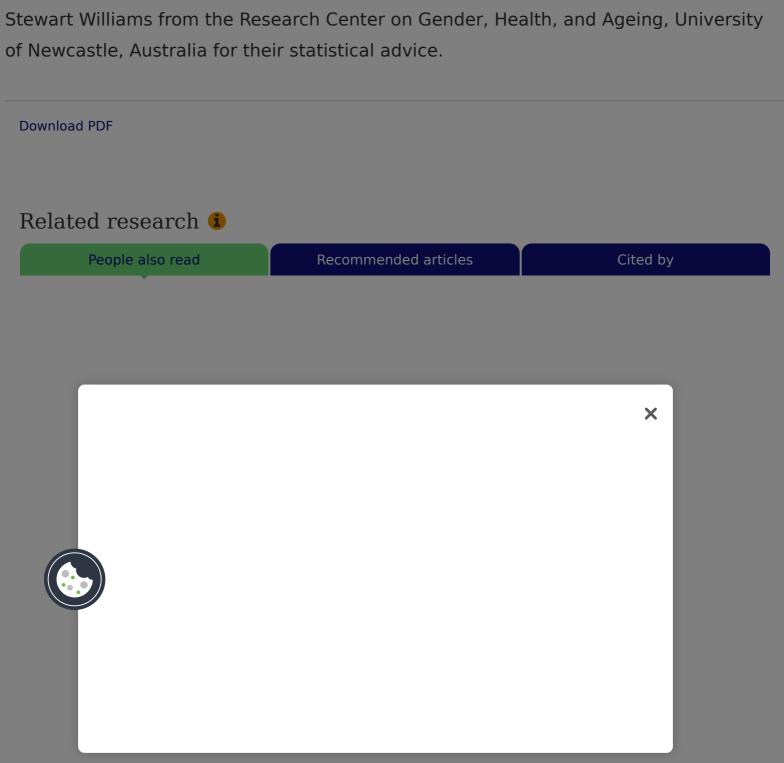
d dataset

(see Supplementary files under Reading Tools online). To obtain a password for the dataset, please send a request with 'SAGE data' as its subject, detailing how you propose to use the data, to global.health@epiph.umu.se



Acknowledgements

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