

Diabetes on the increase in young African women

Africa is a continent in transition. As more and more people embrace a Western way of life as opposed to more traditional customs, they expose themselves to a number of chronic conditions and illnesses that were prevalent in decades gone by.



Dr Andre Kengne

One of these is diabetes – the term for diabetes occurring in the context of obesity – which is on the increase in Africa as a result of a growing overweight population and is the result of lifestyle changes, unhealthy food choices and a decrease in physical activity. “Coupled to obesity comes the threat of related illnesses such as diabetes,” says Professor Andre Kengne, director: Non-Communicable Diseases Research Unit at the South African Medical Research Council.

Research conducted over the past 20 years has not delved into the extent to which diabetes affects women between the ages of 16 and 49. However, according to a recent overview jointly conducted by the University of Cape Town, Non-Communicable Diseases Research Unit and Witwatersrand University, seven percent of African women aged 15 to 54 years are currently suffering from diabetes.

Lifestyle change

The key driver of the increase in diabetes amongst women of child bearing age is lifestyle change, says Kengne. “There are a number of reasons for this changing lifestyle on the African continent, amongst them poverty, lack of access to nutritious food and the dearth of both knowledge and financial means to make healthy food choices, not to mention the increased availability of unhealthy fast food offerings as Western diets become more popular.”

Diabetes is not only impacting adult women. As children and adolescents become overweight earlier in life, they are at an increased risk of developing several chronic illnesses including diabetes.

But what is particularly concerning is that over two thirds of diabetes cases in Africa remain undiagnosed and therefore untreated. In cases where treatment is received, the disease has often progressed too far down the line and the quality of care is not optimal.

What is needed is better access to diagnosis and treatment. To better manage diabetes requires both an improvement in the current knowledge of how to postpone the disease, and better still, to prevent the diseases from taking hold. "At this stage, we are working on the first study dealing with prevention in a South African context. Sadly however, little has been done in terms of education and prevention on the continent overall," he says.

That said, Kengne cautions against taking a negative attitude, saying there is no reason why this situation cannot be changed. He cites the recent introduction of a sugar tax in South Africa as a successful example of what can be done to reduce the incidence of obesity and chronic disease in Africa.

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