

South Africa - SAGE Well-Being of Older People Study-2013, Wave 2

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Sampling

Sampling Procedure

The sample was stratified into five groups.

Group 1 was older people on HIV treatment for 1 year or more in 2010 at the time of Wave I of the project.

Group 2 was older people who were not on HIV treatment or on treatment for 3 months or less in 2010 (Wave I).

Group 3 was older people who had an adult (14-49 years) offspring in the household who was HIV-infected in 2010 (Wave 1).

Group 4 was older people who had experienced an HIV-related death of an adult household member in 2010 (Wave 1).

Group 5 was older people who were not on HIV treatment or were on treatment for 3 months or less in 2013 (at the time of Wave II).

There was over sampling of participants in groups 2 and 5.

A two-stage sampling process was adopted for participants in groups 1, 2 and 5. At stage one, all persons meeting the respective criteria for each group were identified from the Hlabisa treatment programme. At stage two, 100 participants for each group who are also under surveillance were randomly selected.

The study is restricted to persons aged 50 and above and to those living in the Africa Centre surveillance area.

The sample is representative of HIV-infected and HIV-affected older persons in the study population.

Respondents who were absent, not found or refused were replaced with another randomly selected respondent meeting the same inclusion criteria.

Sampling frame used was the Hlabisa HIV care and Treatment database (ARTEMIS) and the Africa Centre Longitudinal surveillance system.

Participants in groups 1,2 and 5 were first identified from ARTEMIS then all those under surveillance and the specific criteria for each group were randomly selected and approached for participation.

Questionnaires

Overview

The questionnaires for the Well-Being of Older People Study (WOPS) were based on the World Health Organization's Study on Global Ageing and Adult Health (SAGE) questionnaires, with some modifications and additions to suit the local environment. The questionnaires were also partially harmonized with a similar sub-study in Uganda.

The study instrument has three main components:

- (1) detailed questionnaire on basic demographic information, description of health state including functional ability assessment, well-being, health problems and symptoms, health care utilisation, care giving and care receiving, and experiences of living with HIV
- (2) collection of anthropometry data
- (3) blood sample for laboratory measured health risk biomarkers

Data Collection

Data Collection Dates

Start	End	Cycle
2013-04-01	2013-09-17	N/A

Data Collection Mode

Face-to-face [f2f], PAPI

Data Collection Notes

Prior to data collection, the questionnaire was translated from English to Zulu and then back-translated by local staff. Two professional nurses, who are native IsiZulu speakers, were hired as data collectors. They received 5-days of intensive training. After which a pilot study was conducted spanning two weeks. The size of the pilot study was 10% of the main target sample. All individuals who participated in the pilot were not eligible for inclusion in the main sample. All interviews were conducted in Zulu, the local language. Interviews took on average 60 minutes.

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Data Collectors

Name	Abbreviation	Affiliation
Africa Centre for Health and Population Studies		

Supervision

There were two interviewers who were closely supervised by the two co-principal investigators.

Additional training was provided when needed.

The co-principal investigators conducted quality assurance checks on a regular basis.

Data Processing

Data Editing

Data editing and quality control was conducted at three levels.

1. During field work the professional nurses cross checked their forms for incomplete or missing information.
 2. The two co-principal investigators checked each form for completeness and quality of data.
 3. Data entry constraints were built into the data entry programme to spot errors and inconsistencies.
- Any errors identified at any of these stages were referred back to the professional nurses who revisited the participant for data correction.

Other Processing

Data were entered into an access data base and imported into STATA for editing and analysis.

Data Appraisal

No content available