

Since the introduction of tobacco control measures, national smoking prevalence has declined in South Africa. But, despite a national downward trend in smoking levels, tobacco use remains high in certain vulnerable communities.

How second-hand smoke harms

The use of tobacco by one or more adults has a negative impact on the health of children and other people living in the same household.

In 2004, global estimates showed that 40% of children, 35% of non-smoking women, and 33% of non-smoking men were exposed to second-hand smoke. The number of deaths resulting from this exposure was estimated to be 603,000. A total of 28% (166,000) of these deaths were of children under the age of five.

In children, second-hand smoke has been linked to lower respiratory tract illnesses, middle-ear infections, chronic respiratory symptoms, asthma and reduced lung function. There's also a link between second-hand smoke and childhood cancer.

Quit smoking today

Most of the world's more than 1.1 billion smokers – about a quarter of all adults – are addicted. Are you one of them? If you're ready to quit smoking and looking for help, call the National Council

Against Smoking's QuitLine on 011 720 3145 or send a WhatsApp to 063 828 2909.

Reviewed by Cape Town-based general practitioner, Dr Dalia Hack, October 2018.



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HEALTH AND SCIENCE

Sweden resisted a lockdown, and its capital Stockholm is expected to reach 'herd immunity' in weeks

PUBLISHED WED, APR 22 2020 6:56 AM EDT UPDATED TUE, APR 28 2020 1:45 PM EDT

Holly Ellyatt@HOLLYELLYATT

KEY POINTS

- Unlike its neighbors, Sweden did not impose a lockdown amid the coronavirus outbreak.
- The strategy "aimed at building a broad-base of immunity while protecting at-risk groups like the elderly" has proved controversial.
- But Sweden's chief epidemiologist has said "herd immunity" could be reached in Stockholm within weeks.

06:36

What Sweden did differently to try and contain the pandemic

Its neighbors closed borders, schools, bars and businesses as the coronavirus pandemic swept through Europe, but Sweden went against the grain by keeping public life as unrestricted as possible.

The strategy "aimed at allowing some exposure to the virus in order to build immunity among the general population while protecting high-risk groups like the elderly" has been controversial. Some health experts liken it to playing Russian roulette with public health.

But now, the country's chief epidemiologist said the strategy appears to be working and that "herd immunity" could be reached in the capital Stockholm in a matter of weeks.

Remember what this felt like? People enjoy the warm spring weather at Hornstull in Stockholm on April 21, 2020, during the new coronavirus COVID-19 pandemic.

JONATHAN NACKSTEDT



"In major parts of Sweden, around Stockholm, we have reached a plateau (in new cases) and we're already seeing the effect of herd immunity and in a few weeks' time we'll see even more of the effects of that. And in the rest of the country, the situation is stable," Dr. Anders Tegnell, chief epidemiologist at Sweden's Public Health Agency, told CNBC on Tuesday.

Herd immunity among a population, usually achieved through vaccination, is reached when around 60% of citizens are deemed immune. Without a vaccine for the coronavirus, however, scientists are looking at whether exposure to and recovery from Covid-19 leads to long-term immunity. Some reinfections, or reactivations, of the coronavirus have been reported.

Tegnell said sampling and modeling data indicated that 20% of Stockholm's population is already immune to the virus, and that "in a few weeks' time we might reach herd immunity and we believe that is why we're seeing a slow decline in cases, in spite of sampling (testing for the coronavirus) more and more."

"Unfortunately the mortality rate is high due to the introduction (of the virus) in elderly care homes and we are investigating the cause of that," he said.

04:31
Economist: Georgia's coronavirus situation is comparable to Sweden's

The major part of Sweden's 15,322 confirmed cases are in Stockholm and its surrounding areas, with very small incidences of the virus in the rest of Sweden — a country of around 10 million that has a low population density outside its urban hubs.

The number of cases in Sweden is almost double that in neighboring Denmark (it has 8,108 cases and has reported 370 deaths) and Finland (with just over 4,000 cases and 141 deaths) that imposed strict lockdown measures. Since their populations are each about 5 million — half of Sweden's — the rates are about the same, although the comparison could be skewed by testing numbers in each country. Still, Sweden's 1,937 death toll is far higher than its neighbors.

05:50
What is a pandemic?

Sweden originally tested only people who came into a hospital but is now testing more key workers and those in care homes. Tegnell said the decision to test more groups of people was a reason for the number of confirmed cases not declining as quickly as it could have.



Sweden is testing around 20,000 people a week and hopes to increase that to 100,000 in a few weeks' time, Tegnell said.

Elderly paying the price?

While the number of new cases appears to be declining, achieving herd immunity has proved controversial. Tacitly allowing the virus to spread (albeit having put measures in place to slow its spread) puts the elderly and people with existing health conditions at a greater risk of becoming seriously ill and, potentially, dying.

Tegnell conceded that the situation in Sweden's care homes, which have seen the majority of deaths from the coronavirus, is worrying.

"The death toll is very closely related to elderly care homes. More than half of the people that have died have lived in elderly care homes." Tegnell said, adding that he and the Public Health Agency are "still very concerned about the elderly."

"It's the group we said we needed to protect," he said, adding that the agency was working with homes to see what improvements could be made to lower risk factors.

Nonetheless, Tegnell said he was "fairly confident" in the strategy his agency had pursued but said it would be too early for the Swedish government to lift restrictions imposed to delay the spread of the virus. "A big part of the country has not been affected at all yet."

"(But) if you look at the exit strategies that now many countries have opted for, they look very much like Sweden's (strategy and restrictions)," he said.

People enjoy themselves at an outdoor restaurant, amid the coronavirus disease (COVID-19) outbreak, in central Stockholm, Sweden, on April 20, 2020.

ANDERS HIKILAND

Tegnell said that soon, several studies will be published to show the extent of infection and recovery (and hopefully) immunity to the virus. Data showed the peak of infections had already been reached in Stockholm.

Sweden's response to the pandemic has been guided by Tegnell and the Public Health Agency. While other countries have gone into lockdown at the advice of their scientific advisors, Sweden was conspicuous in its different approach, largely trusting the public to adopt voluntary measures to delay the spread of the virus.



The Public Health Agency raised eyebrows Wednesday when it pulled a report from its website due to an error, but Anders Tegnell told CNBC Thursday that the issue was not related to the herd immunity claims. He said the report would be amended and re-published Thursday and that the error had to do with the modeling of cases.

Sweden's government has advocated working from home if at all possible and to avoid nonessential travel and social contact with the elderly. Meanwhile, restaurants, bars, cafes and nightclubs have been offering seated table service only, and gatherings of more than 50 people have been banned. Yet schools for under 16-year-olds have remained open and life has generally carried on as before, just at a quieter pace.

Tegnell said the country was conducting more widespread testing and sampling to gauge the extent of the outbreak.

"We are right now going out and doing countrywide tests on immunity to see what big differences we have in different parts of Sweden," Tegnell said. "It's a little bit of a mystery why nothing has really happened in other parts of Sweden."

"The virus keeps on surprising us when it comes to this," he said, noting that the most southern region of the country, which borders Denmark, had seen relatively few cases given its border location and the constant movement of people between the countries, which was allowed to continue for the most part despite the virus.

05:51
Couple quarantined on cruise ship for their honeymoon

Clarification: This report has been updated to more accurately describe how patients are testing positive for the virus after recovery.

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Department:
Statistics South Africa
REPUBLIC OF SOUTH AFRICA

Private Bag X44, Pretoria, 0001, South Africa, ISibelo House, Koch Street, Salvokop, Pretoria, 0002
www.statssa.gov.za, info@statssa.gov.za, Tel +27 12 310 8911

Behavioural and health impacts of the COVID-19 pandemic in South Africa

Embargoed until:
30 April 2020
12:00

Enquiries:

Christine Khoza
Tel: 071-670-2672
Email: christinek@statssa.gov.za

Rika du Plessis
Tel: 012-310-2913
Email: rikadp@statssa.gov.za

Technical enquiries:

Niel Roux
Tel: 082-904-7919
Email: nielr@statssa.gov.za



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The South African Republic of South Africa



1. Key findings

Since the lockdown period for South Africa started on 27 March 2020, more than half (50,1%) of respondents who participated in the online survey reported that they were very concerned or extremely concerned about the impact of COVID-19 on their own health. As far as the economy was concerned, 93,2% of respondents were very concerned or extremely concerned about the possible economic collapse of the country due to the COVID-19 epidemic.

The majority of respondents (98,1%) indicated that they had changed their behaviour by leaving their houses only to obtain essentials like food or medical supplies and services in the week of 13 to 26 April 2020.

2. Introduction

The COVID-19 pandemic has had a profound impact worldwide. The pandemic reached South Africa later than most of the world, but despite the delay, it still had negatively impacted South Africa. The country has been able to greatly contain the spread and impact through very harsh and decisive measures instituted by the President who very early on announced a total lockdown of the country. This lockdown has in itself brought along certain implications for all citizens in the country.

Statistics South Africa (Stats SA) is embarking on a series of three online surveys to measure the impact of the COVID-19 pandemic on households in the country. This publication will be reporting on the first round, which focused on health related aspects in terms of behaviour, knowledge and perceptions with regard to COVID-19. The second survey will investigate the impact of the COVID-19 pandemic on income and expenditure, whilst the third survey will report on the impact of the COVID-19 pandemic on education and time use of households.

The survey was an online survey, housed on the Stats SA website. Any person who wanted to participate could access and complete the survey.

3. Background

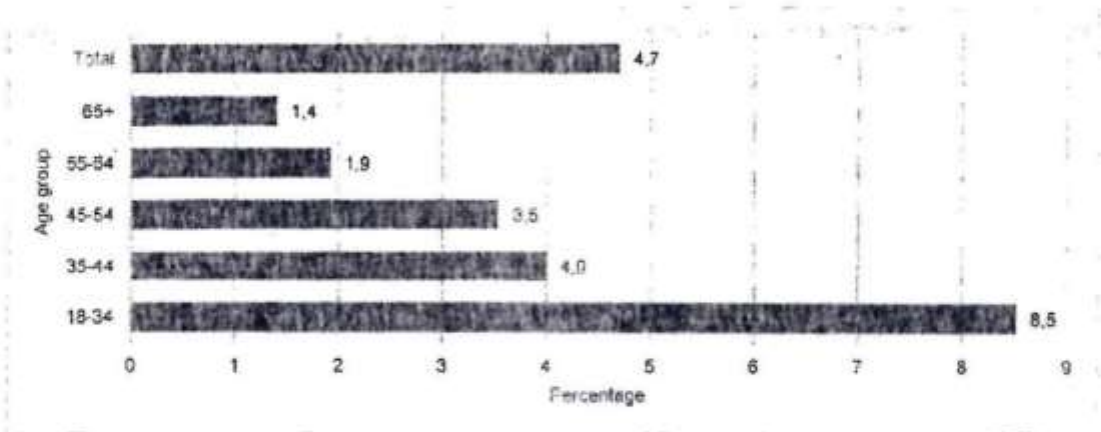
Table 1: Survey Information

Survey objective	To provide an early indication of the behavioural and health impacts of COVID-19
Selection criteria	Convenience sample
Number of respondents	3 591
Reference period	13 – 26 April 2020 (In some questions, respondents were asked about their behaviour in the week prior to the completion of the survey).
Limitations	This survey used a non-probability sample and respondents who chose to respond to this survey are not representative of the entire South African population. The results can, therefore, not be generalised to the entire South African population.

Table 2: Percentage sample distribution by age group and gender

	18-34	35-44	45-54	55-64	64-74	75+	Total	Number
Gender								
Male	21,9	34,3	25,4	13,4	3,9	1,1	100,0	1 529
Female	27,7	35,3	23,6	10,3	2,9	0,3	100,0	2 049
Other	23,1	23,1	30,8	7,7	7,7	7,7	100,0	13
Population group								
Black African	32,5	42,4	20,5	4,2	0,4	0,0	100,0	1 296
Coloured	29,4	33,8	23,6	11,6	1,0	0,7	100,0	293
Indian/Asian	28,0	42,5	21,7	7,3	0,5	0,0	100,0	207
White	19,0	28,8	27,5	17,3	6,4	1,2	100,0	1 744
Other	15,7	31,4	29,4	21,6	0,0	2,0	100,0	51
Total	25,2	34,8	24,4	11,6	3,3	0,7	100,0	3 591

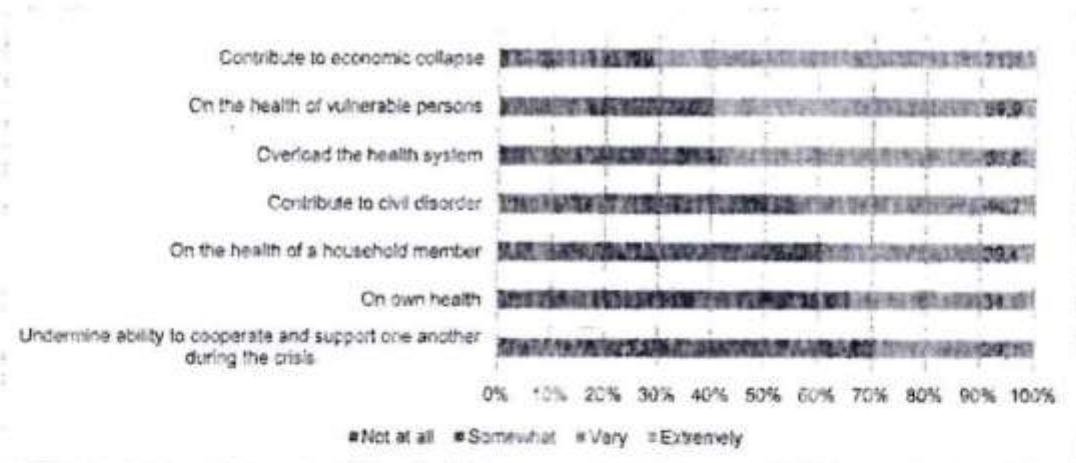
Figure 12: Percentage of respondents who hugged, kissed or shook hands with non-household members outside their homes by age group



The majority of respondents (95,3%) avoided hugging, kissing or shaking hands with non-household members in the week prior to the survey. The largest proportion of respondents who had hugged, kissed or shook hands with non-household members in the week prior to the survey were in the 18–34-year age group (8,5%).

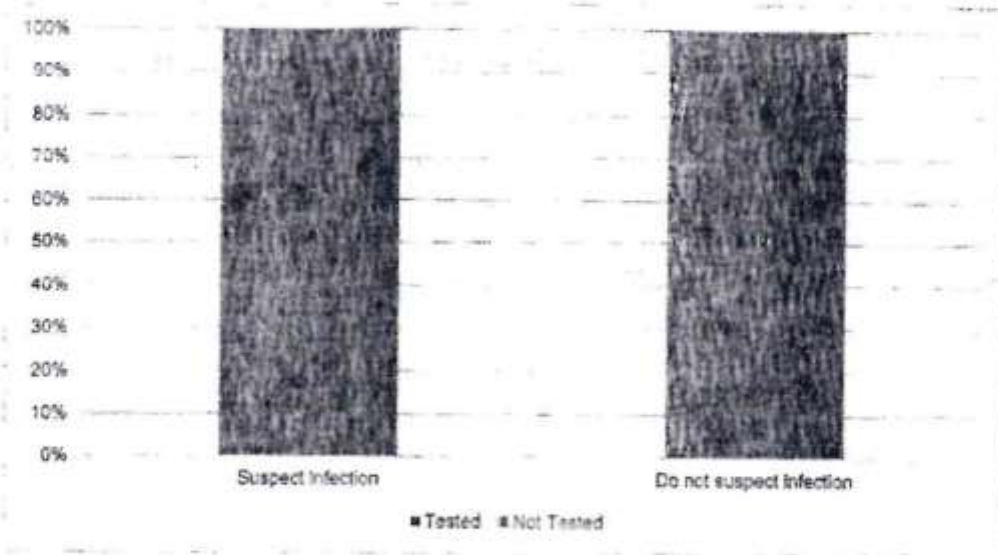
7. Perceived impact of COVID-19

Figure 13: Concern about the impact of COVID-19



Respondents completing the survey seemed concerned about all the aspects they were asked about, to a greater or lesser degree. Respondents were mostly worried about the possible economic collapse caused by the COVID-19 virus. 93,2% indicated that they were very or extremely concerned about the possible economic collapse; 88,9% were concerned about the health of vulnerable people like elderly family members; 88,2% were concerned about the overload of the health system and 79,7% were concerned about the civil disorder that may result as a consequence of the COVID-19 virus.8.

Figure 18: Percentage of respondents who possibly had the coronavirus by whether they were tested



The majority (96,8%) of respondents indicated that they did not get tested since they were of the opinion that they did not have COVID-19. Of those respondents who suspected that they might have been infected by COVID-19, three-quarters (75,8%) did not get tested either.

Figure 19: Reasons for not being tested by suspected infection status



For those respondents who indicated that they did not get tested, a follow-up question as to why they were not tested was asked. The bulk of respondents (83,9%) indicated that they did not believe that they had the virus, 7,8% said they did not know where to get tested, whilst 6,8% indicated that they either did not have money to get tested; or did not have transport or money for transport (1,4%) to get to the testing facility.

Handwritten signature

Figure 22: Reasons for not visiting health care facilities



Those who had answered that they wanted to but could not access health care, indicated that they could not do so because they were scared of contracting the COVID-19 virus (54,1%), and 25,5% were scared that they might get arrested or fined for being outside their houses.

12. Conclusion

The survey measures the behavioural and health impact of COVID-19 on South Africans. Some limitations of the survey are that results are mostly based on perceptions due to the qualitative nature of the survey. The survey is based on a non-probability, convenience sample, and people who had access to technology (e.g. smartphones and computers or the internet) were the only ones who completed the survey. This makes the survey biased in the type of respondents that completed the survey. The number of responses obtained for the survey was 3 591, which is in itself not representative of the general population of South Africa.

The advantages of using convenience sampling as used in the survey are that it provides a quick, convenient and affordable way to gather data, particularly during a period where face-to-face visits are not possible.

13. Explanatory notes

13.1 Purpose of the study

The purpose of the survey was to provide information that could be used by government and other service providers, to better understand the impact of the pandemic and to devise interventions to assist the population.

13.2 Statistical unit

The statistical unit for the collection and dissemination of information in this survey is the individual respondents who selected to complete the Stats SA COVID-19 online questionnaire.

13.3 Sample selection

The survey used a non-probability convenience sample. The questionnaire was sent to individuals on the Stats SA stakeholder list. It was also available on a variety of other social media platforms between 19 and 26 April 2020.

Despite the limitations, convenience sampling was selected since it provides a quick, convenient and affordable way to gather data, particularly during a period where face-to-face visits are not possible.