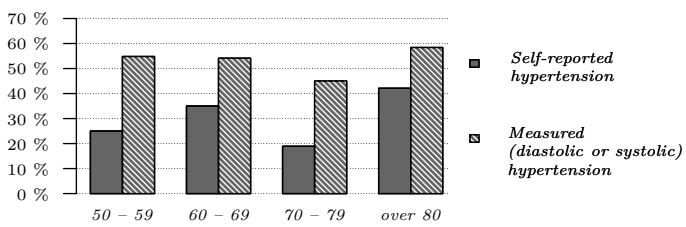
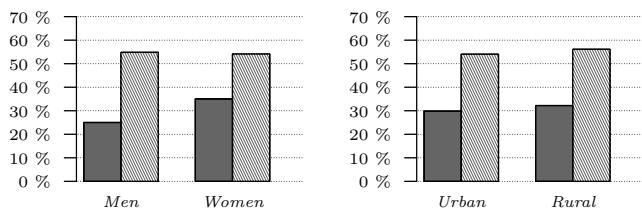


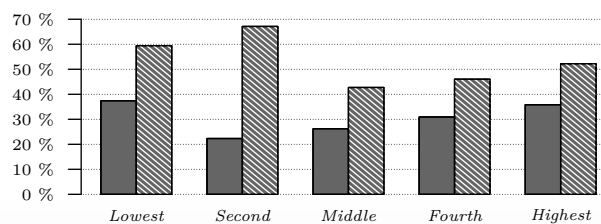
## Mexico



Hypertension (diastolic or systolic) by age group (N = 2,204)

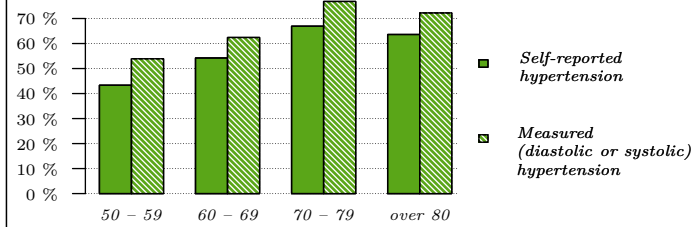


Hypertension (diastolic or systolic) by gender (left) and residence (right) (N = 2,204)

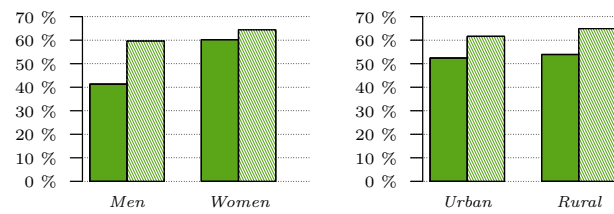


Hypertension (diastolic or systolic) by income quintile (N = 2,200)

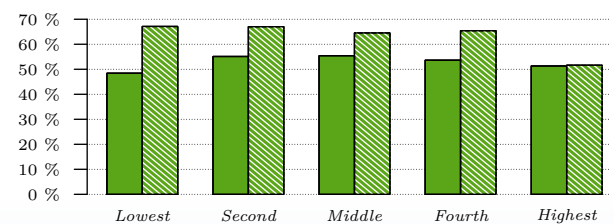
## The Russian Federation



Self-reported and measured hypertension (diastolic or systolic) by age group (N = 3,898)

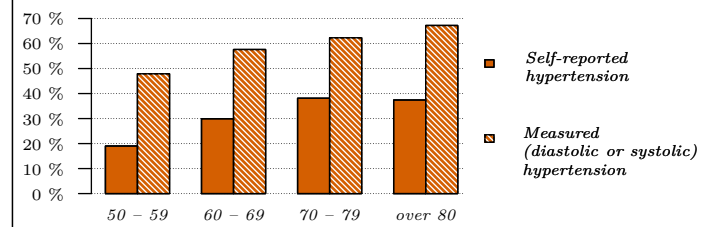


Hypertension (diastolic or systolic) by gender (left) and residence (right) (N = 3,898 and 3,897 respectively)

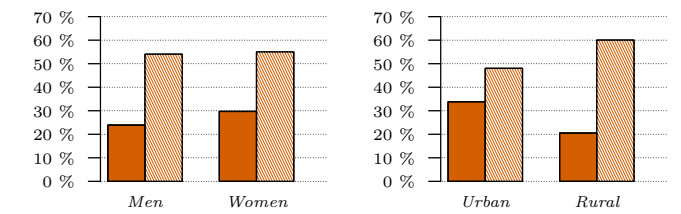


Hypertension (diastolic or systolic) by income quintile (N=3,896)

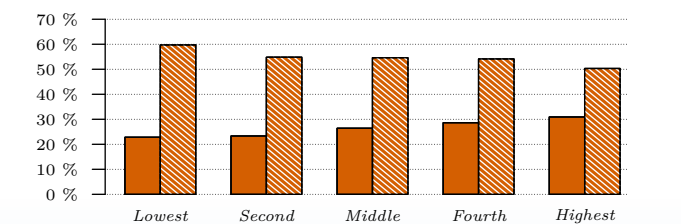
## China



Self-reported and measured hypertension (diastolic or systolic) by age group (N = 12,860)



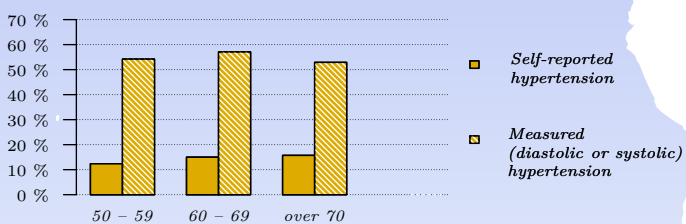
Hypertension (diastolic or systolic) by gender (left) and residence (right) (N = 12,860)



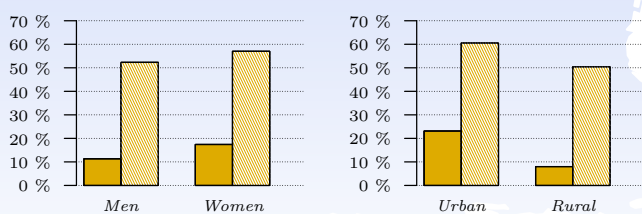
Hypertension (diastolic or systolic) by income quintile (N=12,799)

All the charts presented compare the levels of hypertension that were *self-reported* (left, coloured bars) and *measured* (right, shaded bars). The differences between the two are particularly stark in Ghana and South Africa, while being significantly smaller in Russia and India in particular. The latter also has dramatically lower levels of measured hypertension than any of the other countries. A pattern that emerges consistently across all six countries is that of women having higher levels on both measures than men, while the urban-rural differential shows no clear pattern. Both age-groups and income quintiles show clear patterns in some countries, such as China, but are more difficult to disentangle e.g. in Mexico, possibly due to sample size.

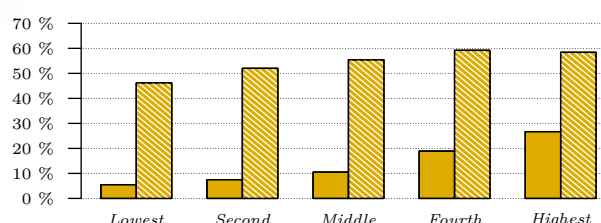
## Ghana



Self-reported and measured hypertension (diastolic or systolic) by age group (N = 4,283)



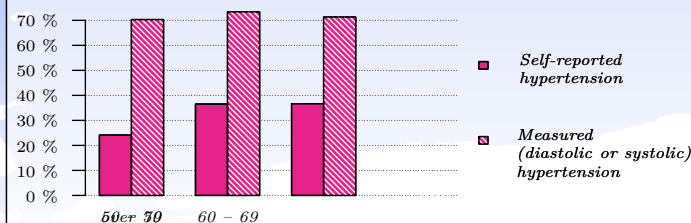
Hypertension (diastolic or systolic) by gender (left) and residence (right) (N = 4,283)



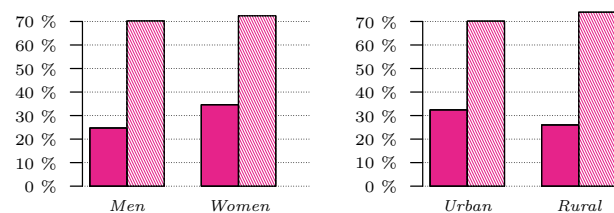
Hypertension (diastolic or systolic) by income quintile (N=4,278)

The data presented here was collected as part of the *WHO Study on global AGEing and adult health (SAGE)*. SAGE is composed of longitudinal surveys with nationally representative samples of adults the six countries, and a particular focus on adults over the age of 50. The charts here refer to *Wave 1* of the study, conducted between 2007-2010. The surveys aim to collect longitudinal data on the health and well-being of older adults in order to understand the ageing process in these diverse countries. In addition to household and individual questionnaires, the survey also objectively measured health biomarkers including - as reported here - respondents' blood pressure. More information on the survey can be found at <http://www.who.int/healthinfo/sage/en/>.

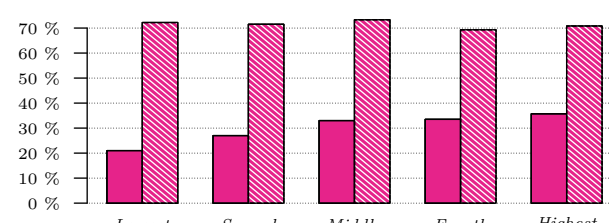
## South Africa



Self-reported and measured hypertension (diastolic or systolic) by age group (N = 1,100)



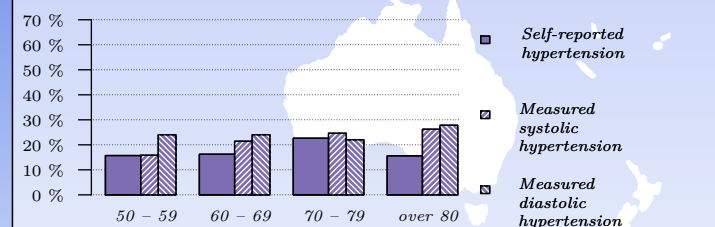
Hypertension (diastolic or systolic) by gender (left) and residence (right) (N = 1,100)



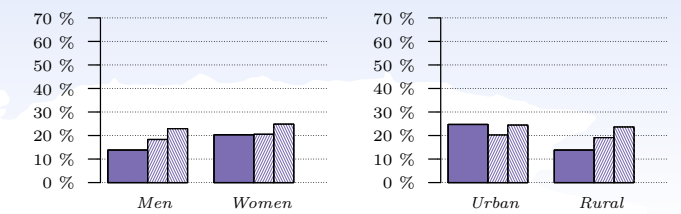
Hypertension (diastolic or systolic) by income quintile (N=1,095)

Sources: *Study on global AGEing and adult health (SAGE), Wave 1*. Geneva: WHO. China (2012), Ghana (2013), India (2013), Mexico (2014), The Russian Federation (2013) and South Africa (2012).

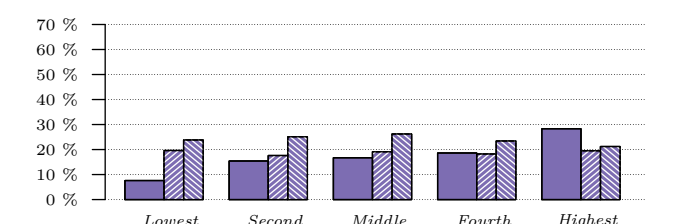
## India



Self-reported and measured hypertension (diastolic or systolic) by age group (N = 6,557)



Hypertension (diastolic or systolic) by gender (left) and residence (right) (N = 6,557)



Hypertension (diastolic or systolic) by income quintile (N=6,557)

*Hypertension* - or high blood pressure - refers to chronically increased levels of arterial blood pressure. The standard thresholds are systolic blood pressure higher than 140 mmHg and/or diastolic blood pressure higher than 90 mmHg. The *systolic pressure* is the maximum pressure exerted when the left ventricle is contracted, while the *diastolic pressure* is the lowest pressure when the left ventricle is relaxed. As we age our arteries become less flexible and therefore less able to accommodate the forces exerted by the pumping blood, leading to increases in systolic and decreases in diastolic blood pressure.