Cardiovascular disease prevention in the slums of Kenya

van de Vijver, S.J.M.

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: https://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.
Thesis propositions

Cardiovascular disease prevention in the slums of Kenya

Steven van de Vijver

1. The prevalence of hypertension in Sub-Saharan Africa has reached in some countries almost 40% (Chapter 2)
2. More than 80% of the people with hypertension in the slums of Nairobi is not aware of their condition, less than 2% of these people is adequately controlled with medication (Chapter 3)
3. More than half of the population with overweight or obesity in the slums of Nairobi underestimated their own weight, and more than a third preferred to have a body composition which is related with overweight or obesity (Chapter 5)
4. The success of research or health programs in the slums depends on the level of involvement and interaction with the local community and its leaders (Chapter 9)
5. It is possible and feasible that a community based health program generates a serious reduction of blood pressure in the slums, it is not yet clear what are the main drivers behind the reduction (Chapter 11)
6. Health care programs aimed for the slums of Nairobi can be relevant and guiding to improve health care in specific populations in developed countries (Chapter 12)
7. Reducing the increasing inequality in income, education and health, specifically within the growing number of metropolis, will globally be one of the main challenges for humanity
8. Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted (Isaac Newton)
9. Emotion is often the start of scientific research
10. Cardiovascular disease is not just a matter of life and death, it’s more important that that (Richard Smith, variation from Liverpool coach Bill Shankly)
11. The difference between politics and science is smaller than we think. Science should be less politics. Politics more science.
12. I have only made this thesis longer because I have not had the time to make it shorter. All things have been said, what lacks is acting upon (variation of Blaise Pascal)