Key Findings from the Arogya World NCDs Survey of 10,000 Women

Insights from 10,000 Women on the Impact of NCDs: Implications for a Post-2015 World

Overview

Global Burden of NCDs on Women

Non-communicable diseases (NCDs) represent the world's leading cause of death. While they are the culprit in 63% of all mortalities worldwide, they affect women in unique ways. Collectively these diseases, which include cardiovascular disease, diabetes, cancers and chronic respiratory disease, are the #1 killer of women—they kill 18 million women each year.[i] NCDs represent all (10 of 10) of the top 10 causes of death for women in high-income countries, nearly all (9 of 10) in upper-middle-income countries, and half in lower-middle-income countries. In low-income countries—such as Afghanistan and Kenya, which have higher rates of fatal maternity complications and contagious disease, three of the top 10 causes are NCDs[ii].

These largely preventable and treatable diseases come at a staggering price—an estimated $30 trillion (USD) over the next 20 years alone.[iii] In addition to the cost of medical care, the opportunity cost for women as they provide care to ailing household members often includes lost earning potential, further exacerbating already impoverished living conditions.

Many women face barriers in receiving the medical care and screenings they need. Significant barriers include the costs of such care, especially in light of constrained family financial resources, geographic barriers, and socio-cultural barriers, particularly in countries where women and girls are unable to make decisions about their own care.[iv]

The four primary risk factors for developing NCDs are: tobacco use, physical inactivity, harmful use of alcohol and poor diet—both over- and under-consumption.[v] Emerging research into the field of fetal programming indicates that malnourishment during pregnancy can increase the likelihood of diabetes or heart disease in the offspring when they grow older.[vi]

Arogya World Survey—2013 Clinton Global Initiative

Though NCDs are the #1 of killer of women, data on women's views on NCDs are scarce. We set out to capture the voices of women from around the world on the impact of NCDs on their lives, and to use the data to move governments to action.

Data will be critical in informing actions and interventions both locally and globally to mitigate the growing impact of NCDs in the years to come. To this end, we implemented the quantitative survey in 1H2014 among 1,000 women from 10 low-, middle- and high-income countries each (Kenya, Afghanistan, Brazil, Russia, India, Indonesia, South Africa, Mexico, US, UK), using mobile and web technologies, as well as face-to-face surveys. In a parallel video project, we are gathering women's perspectives on NCDs and their impact on families through video interviews with patients and caregivers in the different countries.

As the world takes stock of the progress made against NCDs, we are launching the survey results to multiple stakeholders—ministers, policy makers, public health thought-leaders, civil society and media. We urge policymakers to implement NCD programs and empower women to steer their families towards healthy living. We believe this survey will influence the global dialogue on NCDs in a post-2015 world. On July 11, 2014, at a side event at the United Nations, we will gather the perspectives of many stakeholders on these data and what they mean.

I. Financial Pain of NCDs Felt Most in LMICs

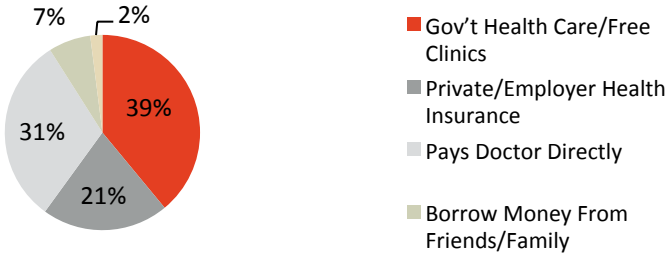
NCDs are a Financial Burden, Especially in Low and Middle Income Countries

- Majorities of women—except in the US and the UK—report spending some amount of their household income on NCDs. Nearly one-quarter of the women surveyed spend more than 25%. Two in 10 say the financial burden is major overall—the range is from 30% in Kenya down to 5% in the UK. This aligns with estimates that health care expenses push 100 million households around the world into poverty each year.[vii] The financial impact of NCDs is compounding—as the level of poverty increases, so does exposure to risk factors; for example, there is less money to purchase nutritious food.[viii] The burden is also multi-faceted: there is the cost of health care, ongoing medication needs and loss of income from both the ill household member and those missing work to provide care.

Pay-as-You-Go Healthcare is Prevalent

- Although a majority of women surveyed report having some form of healthcare coverage most of the time, 4 in 10 women are instead paying doctors directly or borrowing money from friends and family. A majority report doing this in Afghanistan, India, and Kenya. Half of the women in South Africa and nearly half in Indonesia report paying out of pocket.

How do you pay for health care most of the time?



Women Burdened as NCD Caregivers; Can Impact Ability to Work

- Half of women report having cared for household members affected by NCDs, including majorities of 6 in 10 or more in Brazil, India, Indonesia, Kenya, Mexico and South Africa. And 2 in 10 women report that providing NCD care limits or prevents their participation in the labor force.

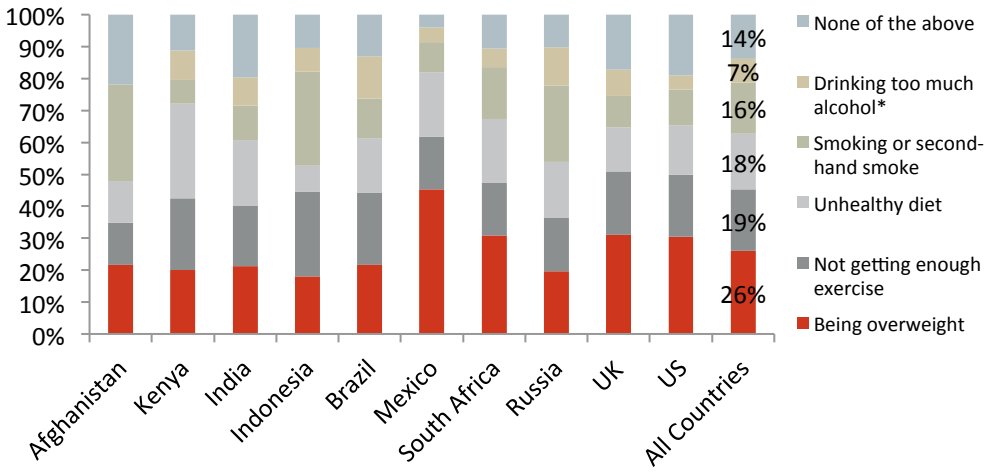
Household Impact of NCDs

Income Level	Country	Sample Size (N)	Provided Care to HH Member with NCD	Quit Job to Care for HH Member with NCD
Low Income	Afghanistan	1015	43%	13%
	Kenya	1000	58%	19%
Lower Middle	India	1000	63%	37%
	Indonesia	1000	57%	34%
Upper Middle	Brazil	1000	62%	32%
	Mexico	1005	67%	22%
	South Africa	1000	64%	20%
High Income	Russia	1004	49%	17%
	UK	1003	22%	6%
	US	1007	24%	9%
TOTAL	All Countries	10034	51%	21%

II. Top Health Concerns

Obesity-Related Issues Top Concern

- Being overweight, not getting enough exercise and unhealthy diets are the health issues the surveyed women say they are most concerned about when thinking about their household.
- Overall, one-quarter of all women said the single health issue they were most concerned about for their household was being overweight (26%). In Mexico—the most obese populous country in the world according to the UN—nearly half of women say they are most concerned about their household being overweight.
- Smoking or second-hand smoke is a major concern in Afghanistan, Indonesia and Russia.



III. Health Systems Utilization

Most Women Have Regular Health Exams, But Cost and Wait Times Limit Access

- Most women have been examined by a health professional in the previous year. Exceptions are Indonesia and India where a minority of women report that they had been examined recently. When asked what reasons prevented them from going to a doctor, cost is the most common answer given—as much as one-third of the women in our survey said they did not have enough money. Long waiting times also emerged as a common barrier for women in all countries except the US.

Health Examinations and NCD Testing	Low-income		Lower-middle		Upper-middle			High-income			
	AFG	KEN	IND	INDO	BRA	MEX	SAF	RUS	UK	US	Total
Had Health Exam in Last Year	64	64	41	48	66	72	66	69	63	64	62
Blood Pressure	57	47	44	48	37	80	65	93	83	79	63
Blood Sugar	43	27	36	28	53	77	55	71	48	61	50
Cervical Cancer Screening	15	16	16	13	22	43	13	35	63	52	29
Breast Exam by Med. Professional	20	26	17	14	15	25	14	56	23	65	27
None of These Tests	0	31	20	28	28	2	20	1	2	2	13

Women Lag in NCD Testing

- Nearly two-thirds of women surveyed report ever having a blood pressure test while half report ever having a blood sugar test. Less than 3 in 10 women surveyed report having ever had breast exams or cervical cancer screening tests performed by a medical professional. The US is the only country in which a majority of women report having had both types of tests. Low cancer screening rates were not limited to lower income countries—South Africa, Indonesia, Brazil and Afghanistan had fairly similar rates for both tests, between 13 and 22%.

IV. Risk Factor Exposure

Cost and Spoilage a Barrier to Eating Healthy, While Eating out is Common

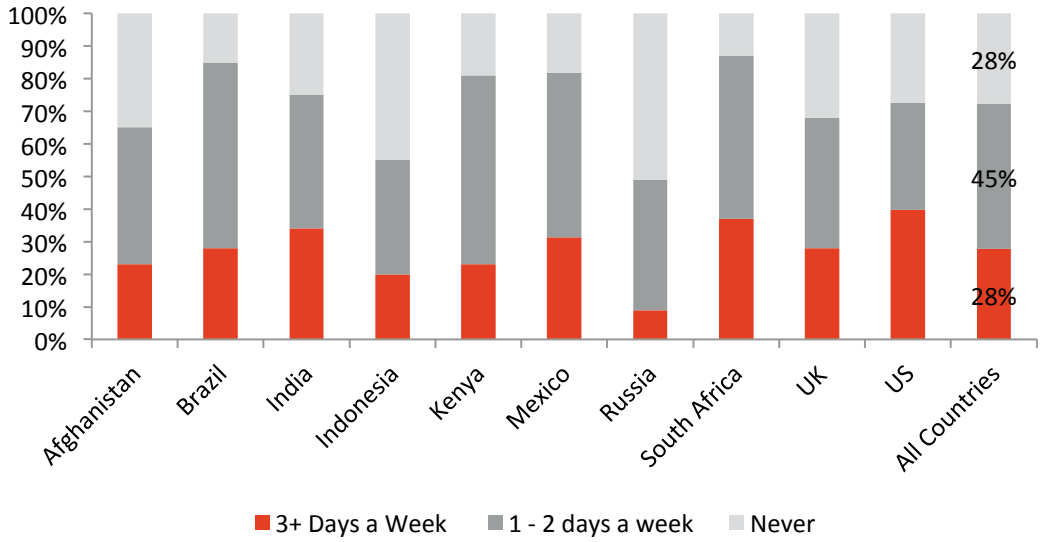
- Although nearly three-quarters of women surveyed say they eat healthy foods such as fresh fruits and vegetables and low-fat foods, about 4 in 10 say healthy foods are too expensive and 3 in 10 say they spoil quickly. And eating out is common—most women surveyed eat food prepared outside of their homes. A total of 7 in 10 women say they eat food that is not prepared in their home—such as food from restaurants, street food or take-out food—at least once a week, including 2 in 10 who do this at least 3-4 times per week.

In a typical week, how many TIMES do you eat food NOT prepared in your home, such as food from restaurants, street food, or take-out food?

Income Level	Country	Sample Size (N)	Never	1-2 times a week	3-4 times a week	5+ times a week
Low Income	Afghanistan	1015	70%	25%	4%	1%
	Kenya	1000	14%	51%	18%	17%
Lower Middle	India	1000	23%	53%	19%	6%
	Indonesia	1000	34%	47%	12%	8%
Upper Middle	Brazil	1000	42%	42%	7%	10%
	Mexico	1005	9%	68%	18%	5%
	South Africa	1000	33%	58%	6%	4%
High Income	Russia	1004	33%	56%	8%	4%
	UK	1003	24%	66%	8%	3%
	US	1007	16%	62%	16%	7%
TOTAL	All Countries	10034	30%	53%	12%	6%

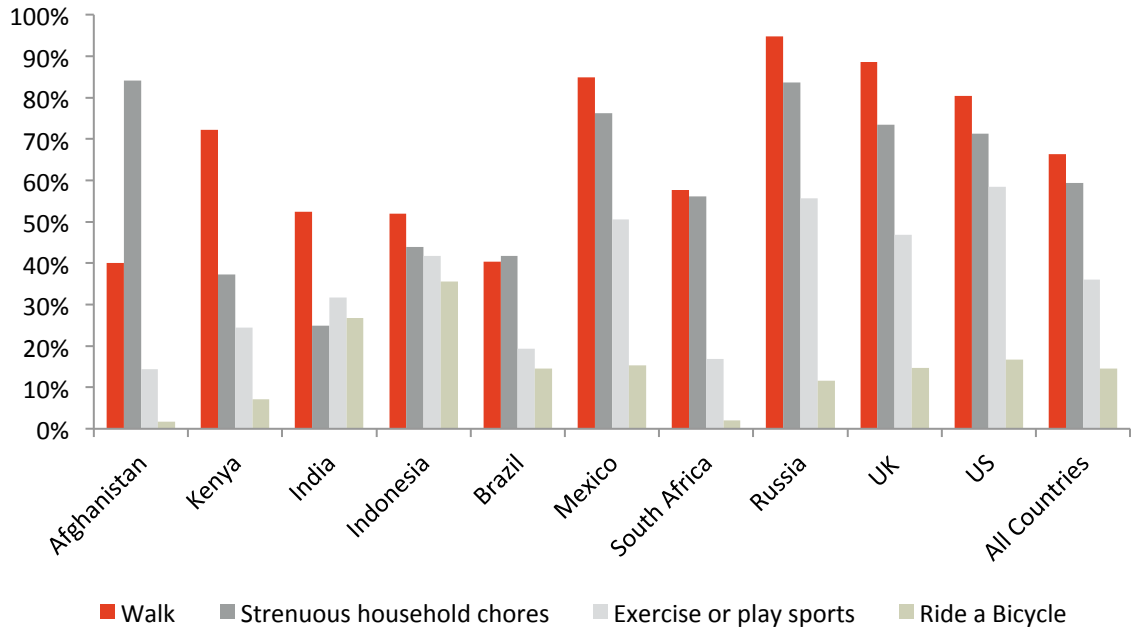
Soda Consumption High–About a Third Drink Soda Every Other Day

- Three-quarters of women in the Arogya World survey report drinking soda or cola at least once a week, with 3 in 10 drinking three or more days a week. Consumption is highest in Brazil and South Africa, with 9 in 10 saying they drink soda or cola at least one time a week.



Women Engage in Some Physical Activity but Time and Motivation are Factors

- Majorities of women report walking and doing strenuous household chores at least two days a week for 10 minutes each, while one-third report exercising or playing sports and half as many report riding a bicycle. A total of 4 in 10 say not enough time is the main challenge to getting enough physical activity, while 2 in 10 say it is lack of interest or motivation.



Tobacco Use Still a Concern

- One-quarter of women surveyed report using tobacco products daily or occasionally, including one-third or more in India, Indonesia, Russia and South Africa.

	Tobacco Use		
Income Level	Country	**N**	**Percent**
Low Income	Afghanistan	1015	8%
	Kenya	1000	12%
Lower Middle	India	1000	37%
	Indonesia	1000	35%
Upper Middle	Brazil	1000	18%
	Mexico	1005	29%
	South Africa	1000	35%
High Income	Russia	1004	33%
	UK	1003	28%
	US	1007	26%
	All Countries	**10034**	**26%**

Women Concerned about Children's Exposure to Risk Factors

- Women were much more concerned about children's exposure to tobacco advertising compared to advertisements for sugar sweetened beverages. While 6 in 10 were very or somewhat concerned about children seeing tobacco ads, only about 4 in 10 women registered the same level of concern about soda or cola advertising.

V. Personal Experience with NCDs

- Nearly two-thirds of women surveyed have personal experience in their household with a NCD diagnosis—heart disease, diabetes, cancer or chronic lung disease. This experience is highest in Brazil, India, and South Africa, and lowest in the UK and the US.

Households With Non-Communicable Diseases (Heart Disease, Diabetes, Cancer or Chronic Lung Disease)			
Income Level	Country	Sample Size (N)	Percentage
Low Income	Afghanistan	1015	49%
	Kenya	1000	71%
Lower Middle	India	1000	86%
	Indonesia	1000	68%
Upper Middle	Brazil	1000	82%
	Mexico	1005	66%
	South Africa	1000	78%
High Income	Russia	1004	66%
	UK	1003	30%
	US	1007	28%
TOTAL	All Countries	10034	62%

About the Survey

Surveys of 10,000 women age 18-40 were conducted across 10 countries on behalf of Arogya World by Abt SRBI with JANA. In Afghanistan, 1,015 face-to-face interviews were conducted with women in urban areas March 15-19, 2014, by an in-country market research agency under the direction of Abt SRBI. Surveys via the Web were conducted by Abt SRBI with comparable populations in Mexico (N=1,005), Russia (N=1,004), the United States (N=1,003) and the United Kingdom (N=1,007) between March 25 and April 1, 2014. Surveys on mobile devices were conducted by JANA with comparable populations in Brazil (N=1,000), India (N=1,000), Indonesia (N=1,000), Kenya (N=1,000) and South Africa (N=1,000) March 5-30, 2014.

References

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