

Insights
from 10,000
Women on the
Impact of NCDs
Executive Summary



EXECUTIVE SUMMARY

Background: Women and NCDs

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 lung disease, kill 18 million women each year and represent the #1 cause of death among females.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. Even in low-income countries—such as Afghanistan and Kenya, which have higher rates of fatal maternity complications and contagious disease, 3 of the top 10 causes are NCDs.ⁱⁱ

NCDs are largely preventable—according to the World Health Organization 80% of heart disease, 80% of diabetes and 40% of cancers are preventable by avoiding tobacco, eating healthy foods and increasing physical activity. These serious 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 to receiving the medical care and screenings they need. The barriers include the costs of care, restricted mobility, as well as socio-cultural barriers, especially 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.^v Emerging research in 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— A 2013 Clinton Global Initiative Commitment

Though NCDs are the #1 of killer of women, data on women's views on NCDs are scarce. 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. We therefore 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.

Arogya World and its partners Novartis, Partnership to Fight Chronic Disease, American Cancer Society, UNICEF, Population Services International, Abt SRBI and Jana, designed and launched a global survey of 10,000 women on NCDs, announcing the study as a Commitment to Action at the 2013 Clinton Global Initiative (CGI) Annual Meeting.

We implemented the quantitative study in the first half of 2014 with 10,000 women age 18-40 across 10 low-, middle- and high-income countries. In Afghanistan, face-to-face interviews were conducted with 1,015 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.

In a parallel 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. To view the videos click on: <http://arogyaworld.org/programs/capturing-the-voices-of-10000-women/videos/>.

ⁱ World Health Organization. Global status report on noncommunicable diseases 2010. Available at: http://www.who.int/nmh/publications/ncd_report2010/en/. Accessibility verified June 20, 2014.

ⁱⁱ World Health Organization. Women's Health Fact Sheet #334, September 2013. Available at: <http://www.who.int/mediacentre/factsheets/fs334/en/>. Accessibility verified June 20, 2014.

ⁱⁱⁱ World Economic Forum and Harvard School of Public Health. The Global Economic Burden of Non-communicable Disease, 2011 Available at: http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf. Accessibility verified June 20, 2014.

^{iv} The NCD Alliance. Non-communicable Diseases: A Priority for Women's Health and Development, 2011. Available at: http://www.who.int/pmnch/topics/maternal/2011_women_ncd_report.pdf.pdf. Accessibility verified June 20, 2014.

^v World Health Organization. Global status report on noncommunicable diseases 2010. Available at: http://www.who.int/nmh/publications/ncd_report2010/en/. Accessibility verified June 20, 2014.

^{vi} Delisle, H. 2002. Programming of chronic disease by impaired fetal nutrition. Evidence and implications for policy and intervention strategies. WHO Report. WHO/NHD/02.3. Geneva, World Health Organization.



In July 2014, as the world took stock of the progress made against NCDs, we shared the study results with multiple stakeholders—ministers, policy makers, public health thought-leaders, civil society and media—at a side event held at the United Nations in New York. We urge policymakers to implement NCD programs and empower women to steer their families towards healthy living.

KEY RESULTS

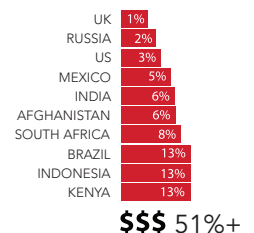
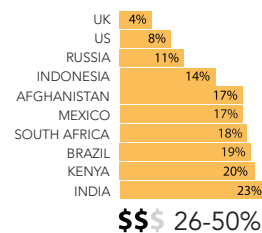
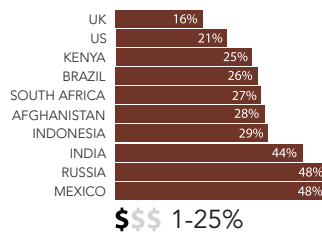
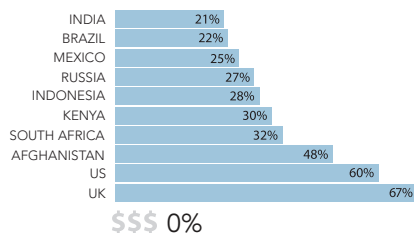
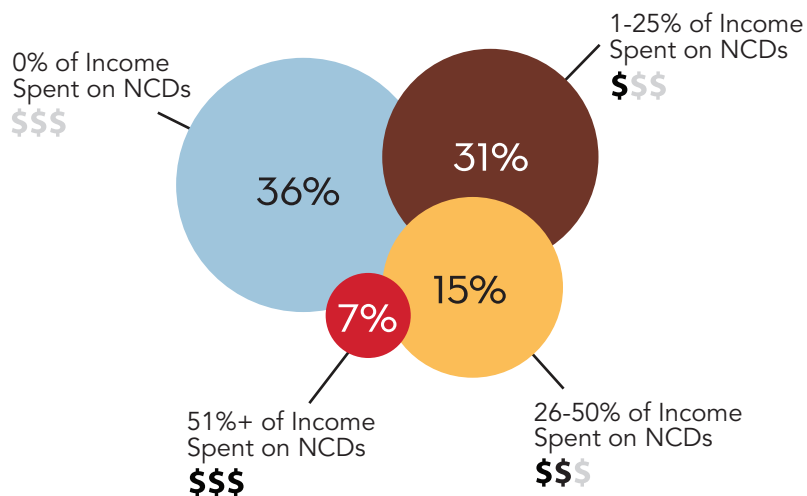
The Financial Burden from NCDs

NCDs Big Drain on Family Resources

- Nearly one-quarter of the women in our study spend more than 25% of their household income on NCDs, and 7% of women surveyed said that NCD treatment consumes more than half of their household's income.

Financial Impact of Non-communicable Diseases (NCDs)

What percentage of your household income is spent treating these health conditions: heart disease, diabetes, cancer, and chronic lung disease?



- This aligns with estimates that health care expenses push 100 million households around the world into poverty each year. Financial impacts of NCDs create a downward spiral for households as resources dwindle, exposure to risk factors increases, for example, having less money to purchase nutritious food.^{vii} The financial burden is multi-faceted and includes not only direct health care costs, but loss of income by patients and caregivers.

Many Women Pay for Healthcare Out of Pocket, Especially in LMICs

- Although a majority of women have some form of healthcare coverage most of the time, 4 in 10 women report paying doctors directly or borrowing money from friends and family to cover these costs. More than 50% of the women in Afghanistan, India, and Kenya, 50% in South Africa and nearly 50% in Indonesia, pay medical costs out-of-pocket.

Putting a Human Face on NCDs

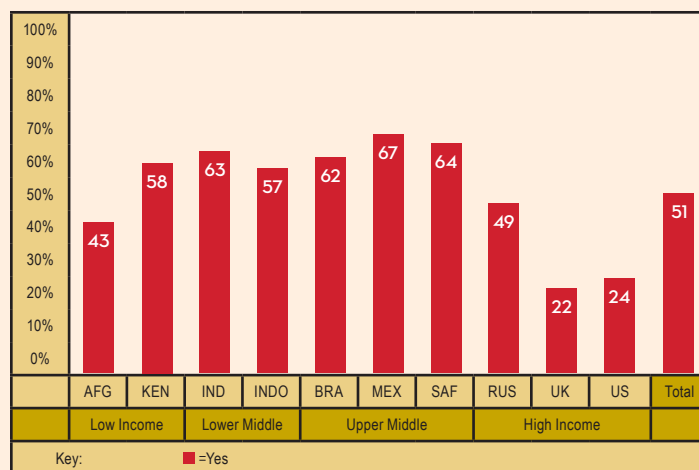
NCDs Affect Everyday Lives

- Nearly two-thirds of women surveyed say someone in their household suffers from an NCD—heart disease, diabetes, cancer or chronic lung disease. This personal experience is highest in Brazil, India, and South Africa, and lowest in the UK and the US.

Women Burdened as NCD Caregivers; Caregiving Impacts Ability to Work

- Half of the women overall report they provide care for household members affected by NCDs, including 6 in 10 or more in Brazil, India, Indonesia, Kenya, Mexico and South Africa.
- Two in 10 women reported that providing NCD care limits or prevents their participation in the labor force.

Have you ever had to provide care for a household member with any of the following health conditions: heart disease, diabetes, cancer, or chronic lung disease (such as asthma or chronic bronchitis)?



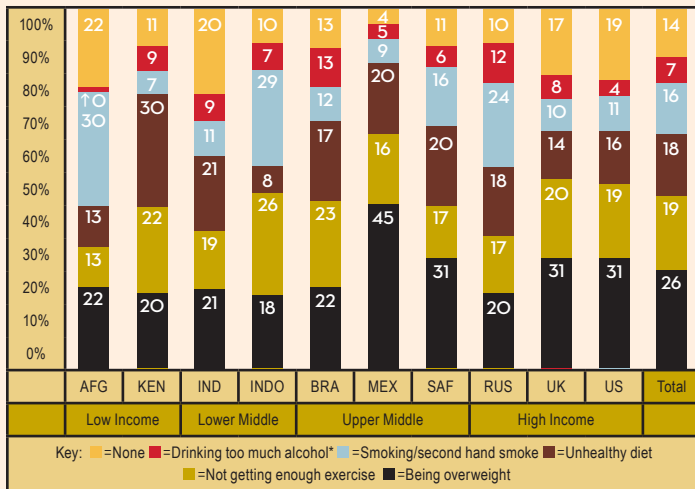
Obesity-Related Issues Top Concern

- Being overweight, not getting enough exercise and unhealthy diets are the health issues the women in our study say they are most concerned about for their household.
- Overall, one-quarter of all women said the single most concerning health issue 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.

^{vii} World Health Organization, 2003. The World Health Report 2010-Health Systems Financing: the Path to Universal Coverage.



Thinking about your household, which health issue are you most concerned about?



*Drinking too much alcohol was not asked in Afghanistan

On Accessing Health Systems

Most Women Have Regular Health Exams...

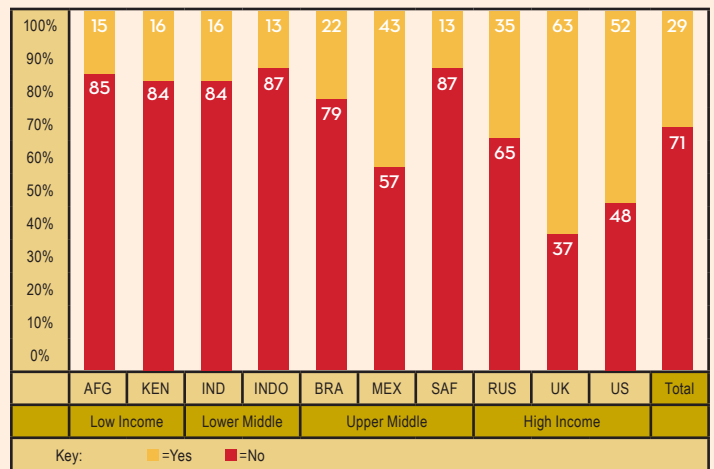
- With the exceptions of Indonesia and India, most women overall reported being examined by a health professional in the last year.

...But Lag in NCD Testing

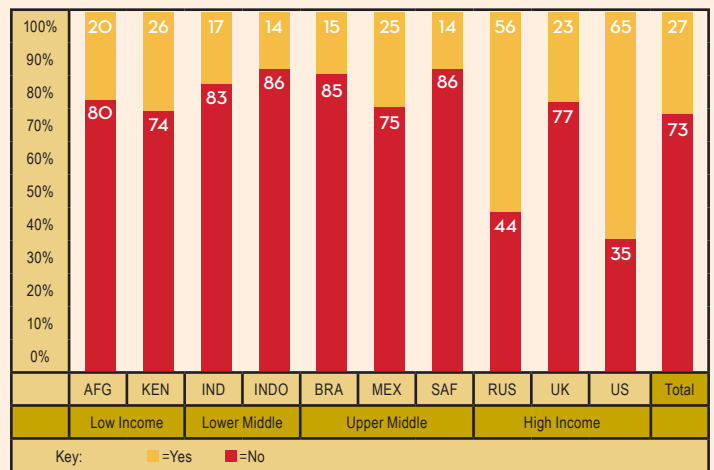
- Nearly two-thirds of women in our study report ever having a blood pressure test while half have had a blood sugar test. Among LMICs, the rates were lower for both tests, although the upper-middle-income countries had rates similar to the high-income countries.
- Just 3 in 10 women report having breast exams or cervical cancer screening tests performed by a medical professional. Among LMICs, cervical cancer screening was reported 5-10% less often than breast exams.

- Low cancer screening rates were not limited to low-income countries—South Africa, Indonesia, Brazil and Afghanistan had fairly similar rates for both tests, between 13-22%, and the UK’s rate for breast exams was only slightly higher at 23%.
- The US is the only country in which more than 50% of women report having had both types of tests.

Cervical Cancer Screening Test



Breast Exam by a Medical Professional



In the past year, which of the following reasons prevented you from going to the doctor or other medical professional?

I did not have enough money	58	39	24	44	25	37	42	24	10	34	34
Health facility was too far away	27	12	26	26	13	6	5	13	7	8	14
I did not have transportation	25	5	20	16	10	3	12	3	6	9	11
Waiting times were too long	43	26	29	35	46	32	19	41	19	11	30
None of the Above	0	25	19	13	24	29	30	28	62	48	28
Other	0	3	1	13	3	7	2	15	5	6	5
N	1015	1000	1000	1000	1000	1005	1000	1004	1003	1007	10034
	AFG	KEN	IND	IINDO	BRA	MEX	SAF	RUS	UK	US	Total
	Low Income		Lower Middle		Upper Middle			High Income			

Cost and Wait Times Limit Access to Healthcare

- When asked what reasons prevented them from going to a doctor, overall the most common obstacle reported was cost—as many as one-third of the women in our study said they did not have enough money. Long waiting times also emerged as a common barrier for women in all countries except the US.

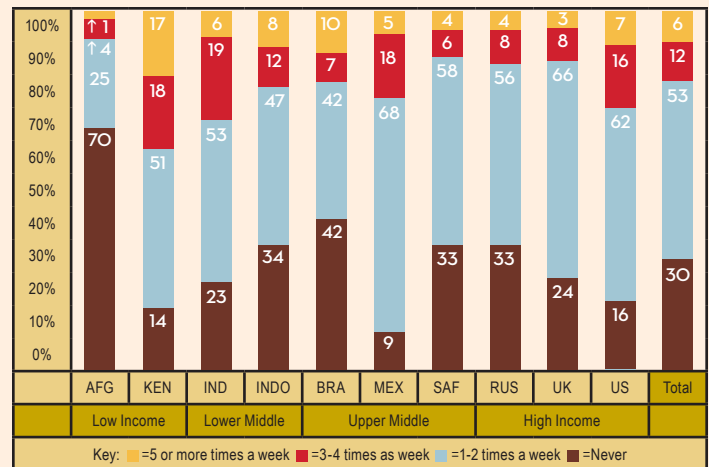
About Risk Factors

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 these foods are too expensive and 3 in 10 say they spoil quickly.

- Eating out is common for today's woman. A total of 7 in 10 women say they eat food that is not prepared in their home—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?



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

- Three-quarters of women in the Arogya study 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 Limit Exercise

- More than 50% of the 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, while 2 in 10 say it is lack of interest or motivation.



What is your main challenge to exercising regularly (at least 2 days a week for at least 10 minutes each day)?

Not applicable (I do exercise regularly)	8	0	0	0	0	28	0	25	32	34	14
Not interested or motivated	16	31	16	11	25	10	17	17	22	24	19
Not enough time	25	47	36	38	47	43	59	37	32	27	38
No place to exercise	19	17	17	22	17	11	16	13	5	7	14
Physically unable	8	3	15	19	6	4	4	5	5	5	7
Exercising is not culturally acceptable	24	1	15	11	2	0	2	0	1	1	6
Other reason	0	1	1	1	3	3	2	4	3	3	2
No answer	1	0	0	0	0	0	0	0	0	0	0
N	1015	1000	1000	1000	1000	1005	1000	1004	1003	1007	10034
	AFG	KEN	IND	IINDO	BRA	MEX	SAF	RUS	UK	US	Total
	Low Income		Lower Middle		Upper Middle			High Income			

- Women’s concern regarding sugar sweetened beverages was somewhat less—about 4 in 10 women registered the same level of concern about soda or cola advertising.

CONCLUSION

NCDs are our generation’s responsibility to fix. It is on our watch that these diseases have reached crisis proportions. We must leave the world a better and healthier place for our children and future generations. We must reduce the impact of NCDs; in fact, it is essential for a sustainable world.

This study—Insights from 10,000 Women on the Impact of NCDs—provides valuable evidence that can help shape NCD policy, influence the post-2015 dialogue and ‘The World We Want’.

We call on NGOs to access this study report and the accompanying videos, and use the women’s voices in their advocacy efforts to make change. We ask governments to review the evidence, listen to the women’s voices, and take definite steps to reduce the burden of NCDs for women and their families everywhere.

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.
- Smoking or second-hand smoke is a major household health concern for women in Afghanistan, Indonesia and Russia.

Women Concerned about Children’s Exposure to Risk Factors

- Women were concerned about children’s exposure to tobacco advertising—6 in 10 were very or somewhat concerned about children seeing tobacco ads.



Arogya World is a global health non-profit organization working to prevent non-communicable diseases (NCDs)—diabetes, heart disease, cancer and chronic lung diseases—through health education and lifestyle change. Through our programs and advocacy efforts, we help people around the world lead healthier lives.

Our mission is reflected in our name: "Arogya" in Sanskrit means to live a life without disease.



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