

Unveiling Gender Differences and Disparities in NCD Knowledge, Risk Factors, Healthcare Seeking Behaviors and Access in Jordan

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King Hussein Cancer Foundation
King Hussein Cancer Center



A King Hussein Cancer Foundation and Center Program

Research Objectives

Cross-sectional Survey Aims at:



Understanding the intersection of gender and health in relation to NCDs care



Understanding the experiences of women and men related to NCDs care



Better understanding of perceptions on gender equity in NCD care



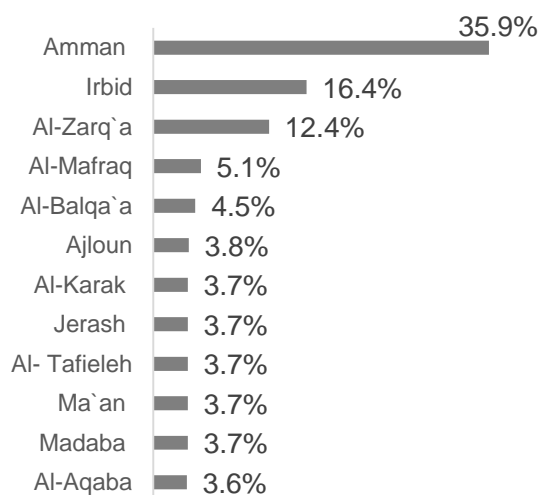
Identifying the challenges and enablers for gender equity

Sample of the Quantitative Study

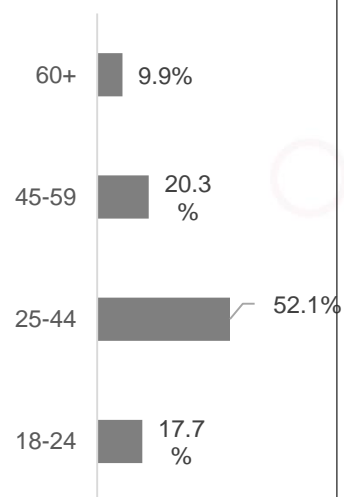
A representative sample of **1369 Respondents**

Disaggregation

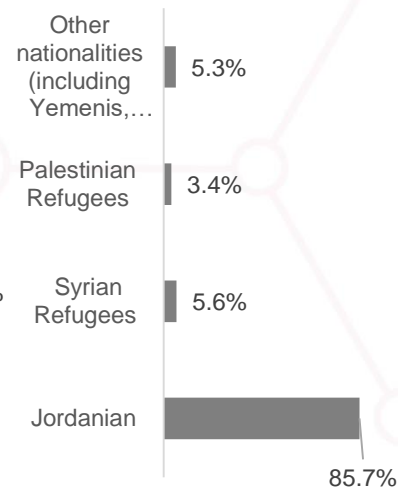
Location (Governorate)



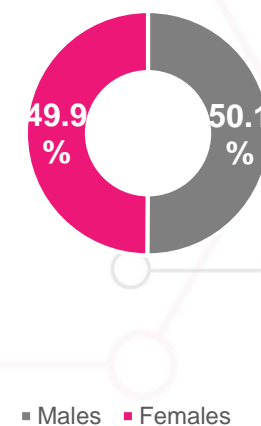
Age



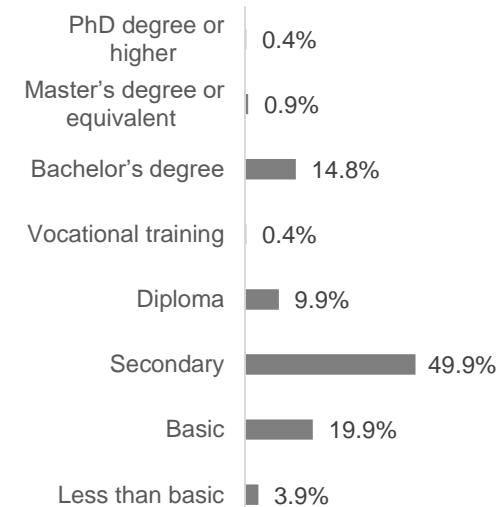
Nationality



Gender



Education



Topics covered

1. Perception of Own Health and NCDs Risk Factors

Sub-Section A – Perception of Own Health

Sub-Section B – Physical Activity

Sub-Section B – Tobacco Use

Sub-Section C – Diet

1. Level of Knowledge of NCDs

2. Gender Expectations and Cultural Norms

3. Non-communicable Diseases History

4. Accessing Healthcare Services

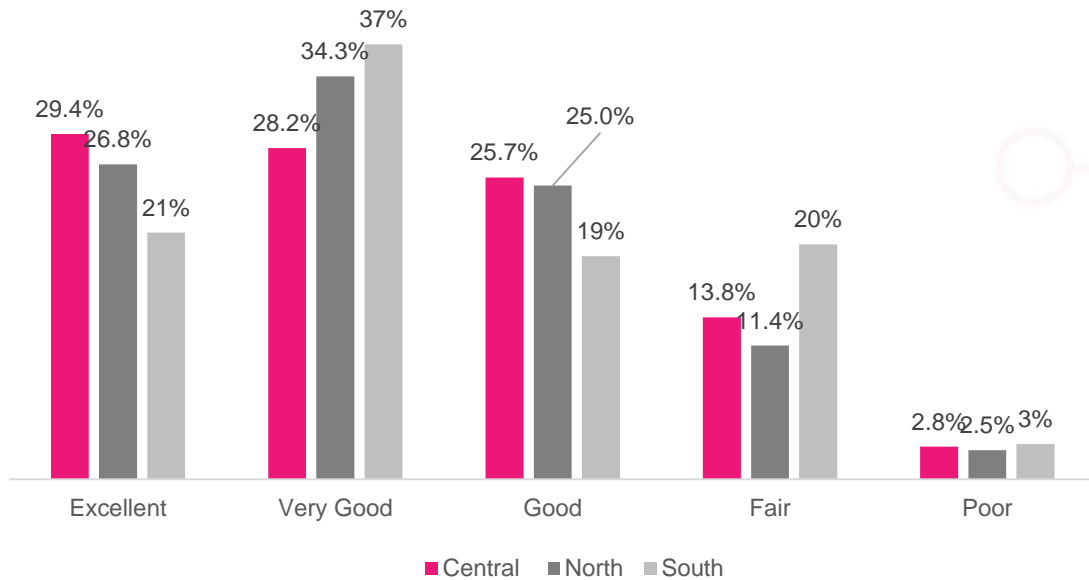
5. Attitudes and Behaviors when Seeking Healthcare Services



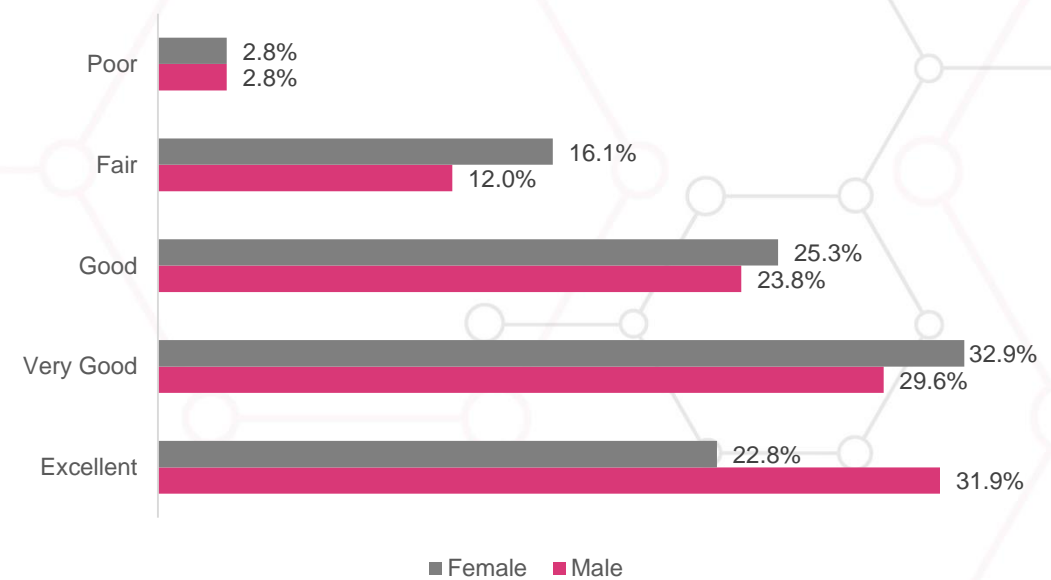
Perceptions of Own Health

83.2% of the Respondents rated their own health as excellent, very good, or good

Respondents living in the Southern governorates were significantly more likely to report having poor health than those in the Centre or North



Males were more likely than females to report having "very good" or "excellent" health.



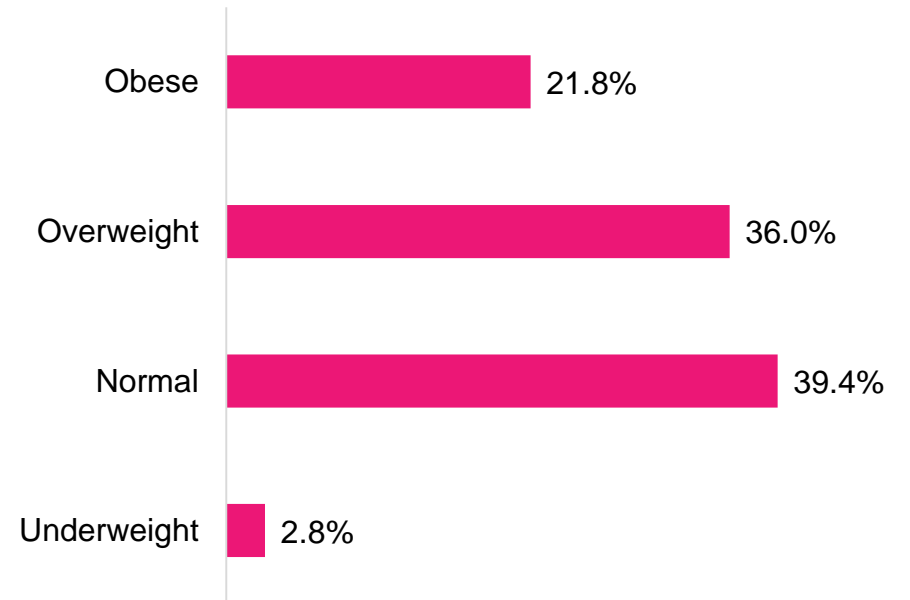
In general, would you say your health at the moment is ?

N=1369

NCD Factors - Weight

- **57.8%** of the sample are overweight or obese (based on reported BMI)
- **62.1%** of females were overweight or obese, compared to **53.5%** of males .
- A lower proportion of respondents who work reported to be obese (**17.4%**) compared to those who don't work (**25.1%**) .
- BMI generally increases with age: **64.9%** of respondents aged between 18 and 24 were estimated as being in the normal range, compared to only **25.7%** in the highest age bracket (**60+**).

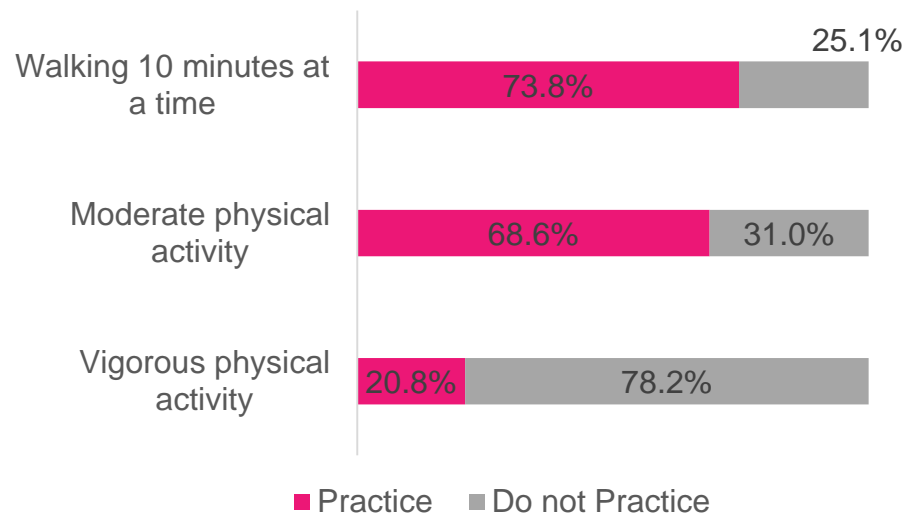
Respondents BMI



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NCD Factors – Physical Activities

20.8% reported practicing Heavy physical activity in the previous 7 days, 68.6 % moderate and 74 % walking .

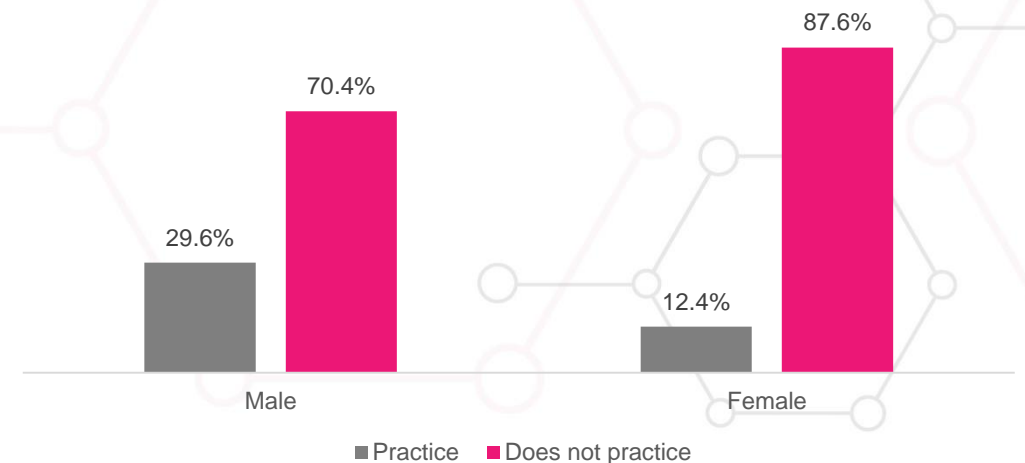


During the last 7 days, on how many days did you practice vigorous physical activities like heavy lifting, digging, aerobics or fast bicycling, moderate?

Males spend more days a week doing these heavy physical activity compared to females (4.5 compared to 3.9)

On average **females** spend more days a week doing moderate activities compared to males

Incidence of Practicing Vigorous Physical Activity



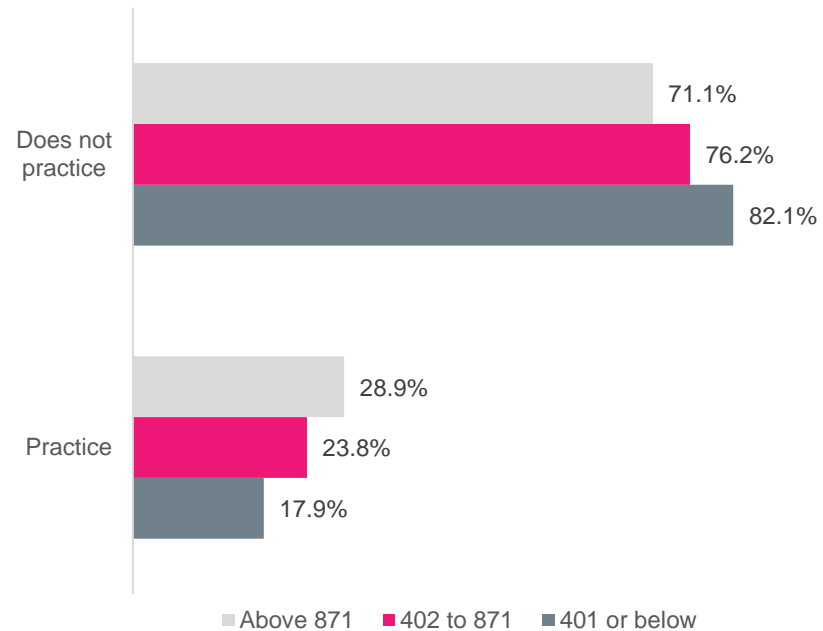
Males were significantly more likely than females to report doing so (29.6% compared to 12.4%; $p < 0.01$).

N=1369

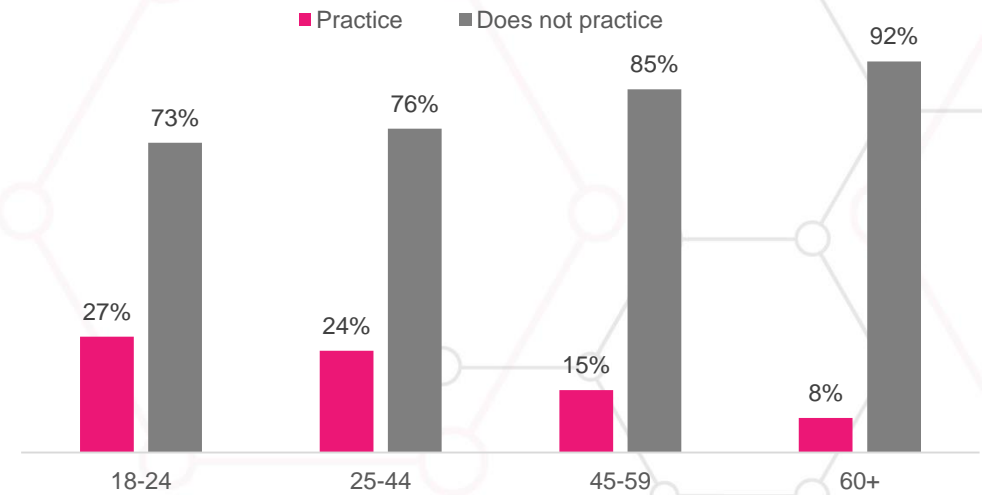
NCD Factors – Physical Activities

Respondents with higher household income were more likely to report practicing vigorous physical activity than others

Incidence of Practicing Heavy Physical Activity



Younger respondents were more likely to engage in vigorous physical activity than older respondents



Younger respondents were also more likely to engage in moderate physical activity compared to older respondents (66.5% of 18-24 year olds compared to 55.9% of 60+ year olds).

NCD Factors – Diet

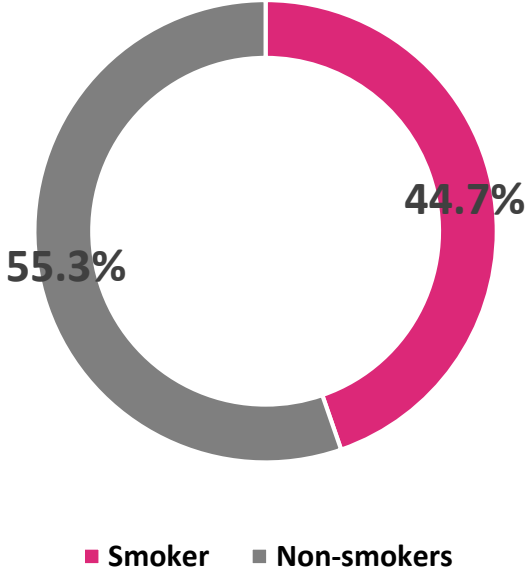
- **95.7%** of respondents reported eating bread on a daily basis.
- **10.4%** of respondents reported eating **white meat** (poultry or similar) on a daily basis.
- **2.3%** reported eating red meat (lamb, beef, etc.) daily.
- A significant proportion of the population receive their proteins from **dairy-based sources**; **46.3%** of respondents noted consuming dairy once a day.
- **36.7%** of respondents reported consuming **foods high in sugar** at least once daily.
- **30.8%** respondents reported eating fruit once daily.
- **72.7%** of males reported consuming foods high in saturated fats at least once weekly compared to **66%** of females

How frequently do you consume the following foods? Meat , fruits , vegetables , ..etc.

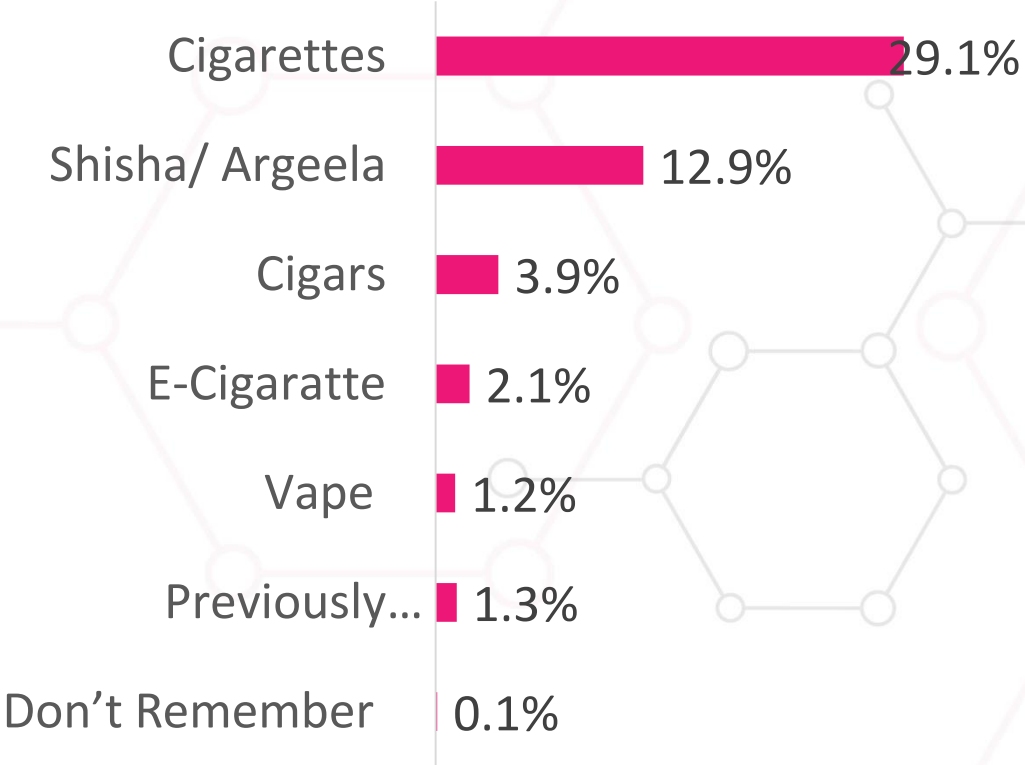
N=1369

NCD Factors – Smoking

55.3% of respondents cited not smoking at all, being previous smokers, or not knowing whether they have smoked (henceforth known as “non-smokers”)



Respondents Smoking Consumption

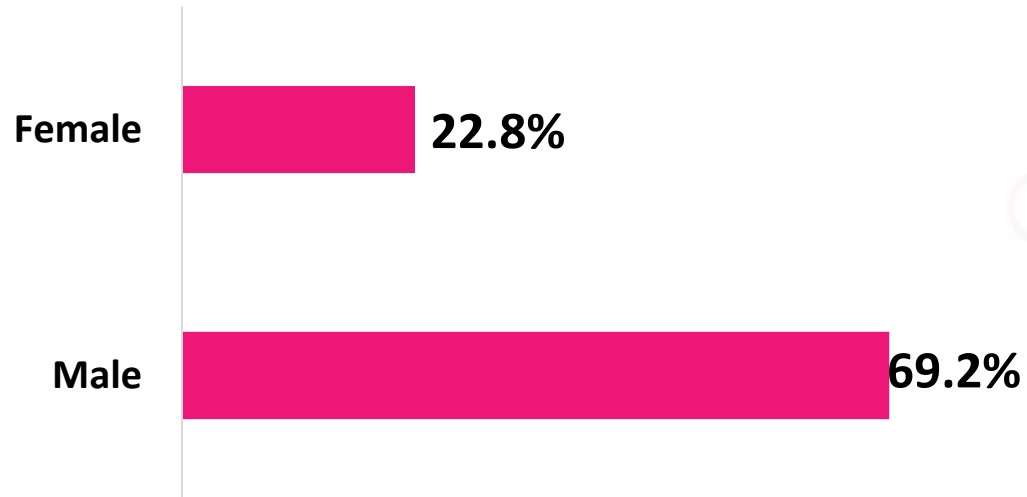


In the last month did you smoke any tobacco products, regardless of frequency?

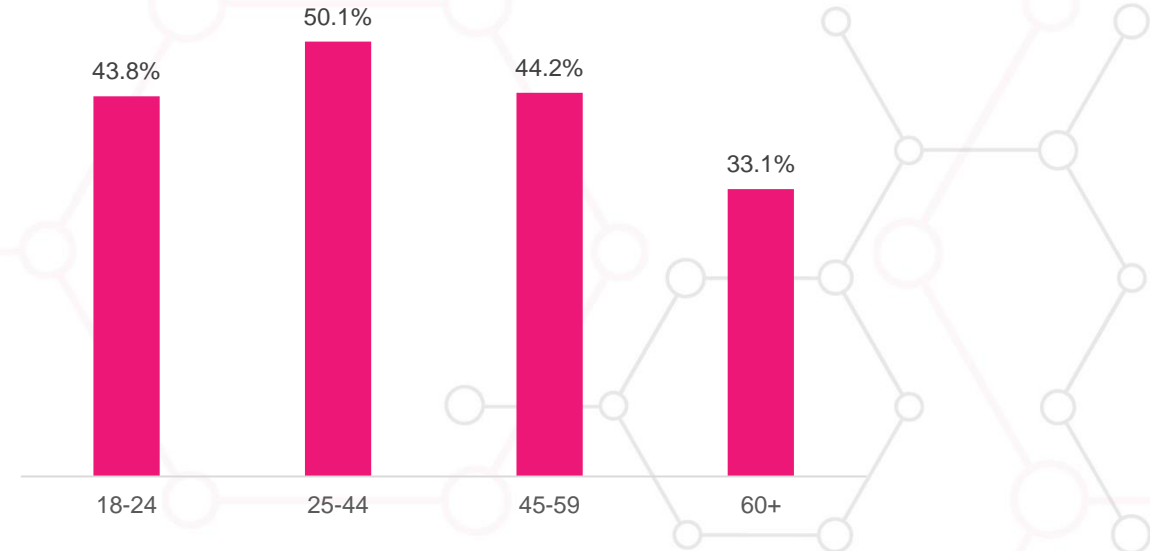
NCD Factors – Smoking

44.7% of respondents were “smokers”.

**Males more likely to be smokers than females
(69.2% vs 22.8%)**



Younger respondents: **43.8%** of youth aged between 18 and 24 reported consuming tobacco products compared to **33.1%** of those aged above 60 ($p < 0.01$).

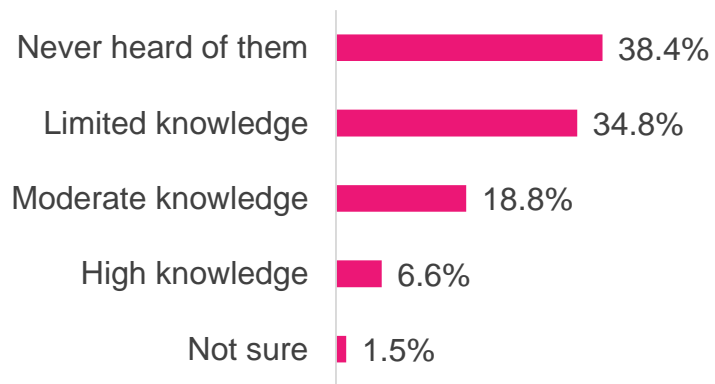


Male smokers seem to have started smoking earlier than female smokers – on average. Specifically, 82.0% of male smokers reported starting smoking before 21 years of age compared to 53.4% of female smokers ($p < 0.01$). With that said, most smokers of both genders reported smoking between the ages of 15 to 21.

Familiarity with NCDs

38.4% above the age of 18 have never heard of the term “non-communicable diseases”. Another third cited having “limited knowledge, 6.6% of people in Jordan above 18 reported having “high knowledge” of NCDs

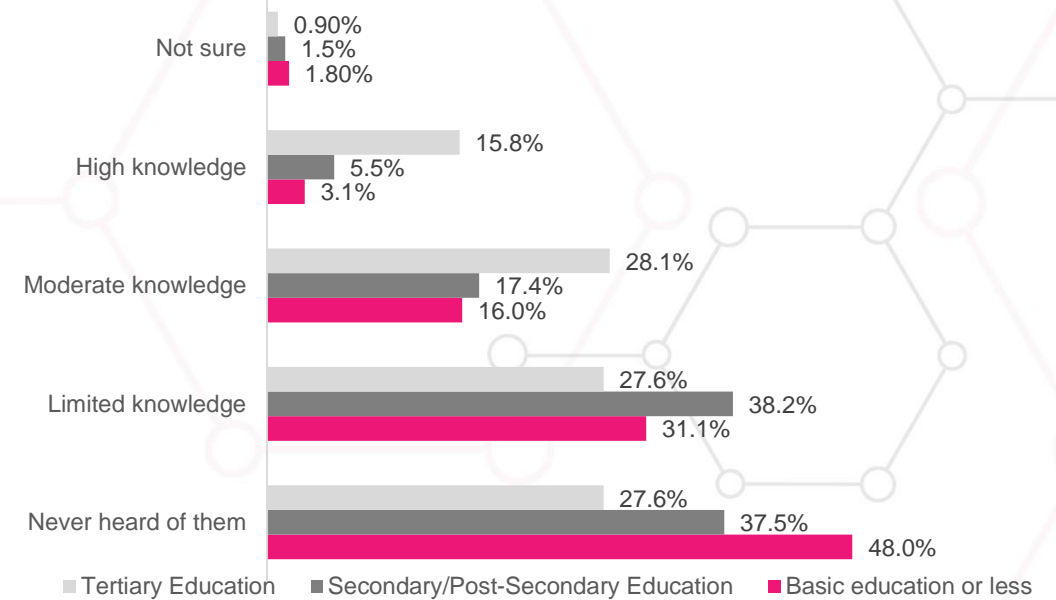
Knowledge of NCDs



No statistically significant differences between males and females in terms of NCD knowledge.

How would you rate your level of knowledge about NCDs ?

Respondents with higher education were significantly more likely to have moderate or high knowledge of NCDs. Specifically, 43.9% of those with tertiary education reported having this knowledge compared to 19.1% of those with basic education or lower ($p < 0.01$).

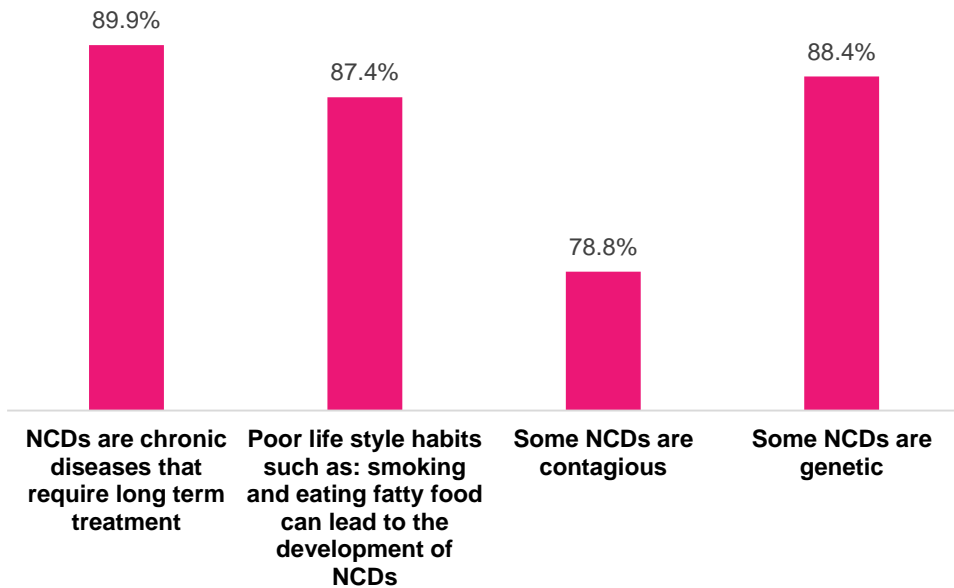


N=1369

Familiarity with NCDs

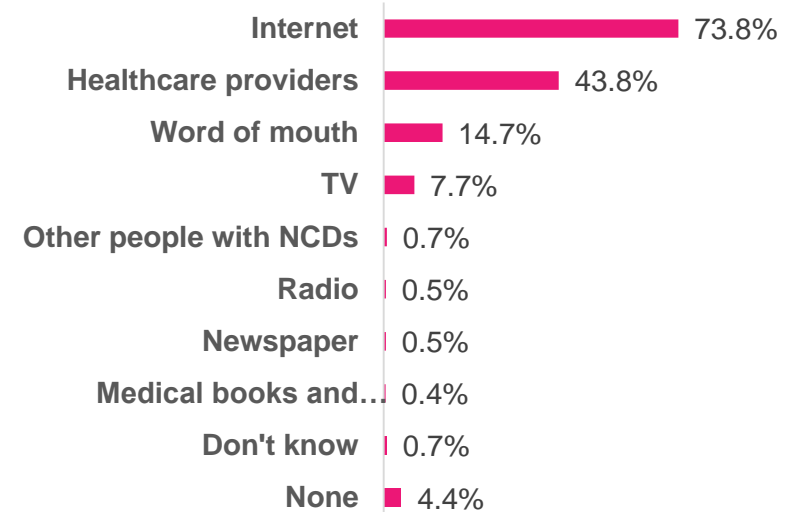
Females were more likely than males to correctly believe that poor lifestyle habits can lead to the development of NCDs

Testing Respondents' Knowledge of NCDs (% Correct)



Sources of Knowledge

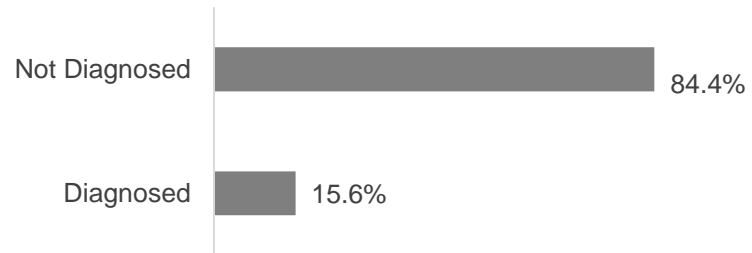
The most common source of information on NCDs for respondents was the internet, there were no significant differences between males and females in terms the sources of NCD information they rely on



Types , source of information about NCDs?

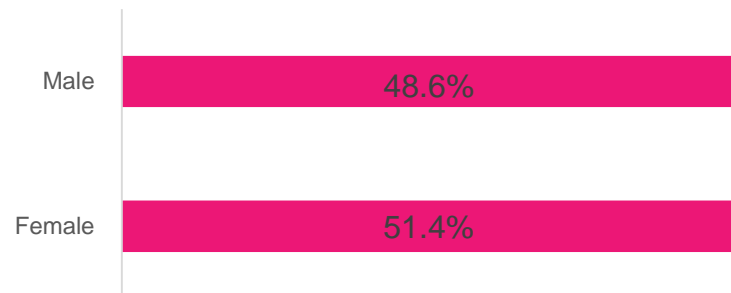
NCD History - General

15.6% of the respondents reported having NCDs



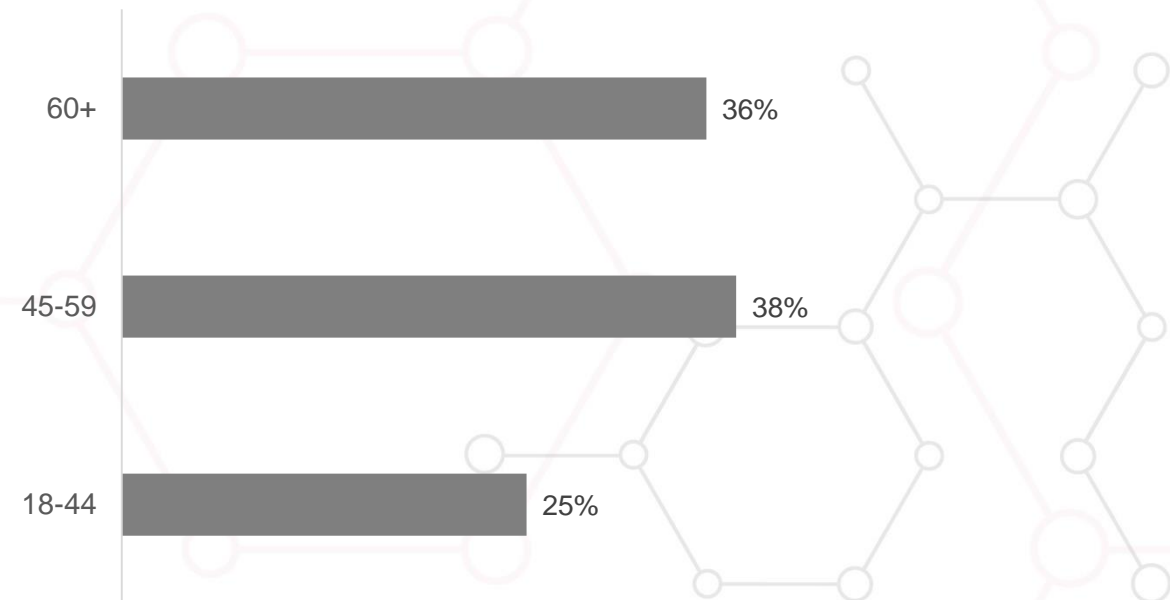
N=1369

51.4% of respondents with NCDs were females



N=214

38% of the respondents reported having NCDs were in the age group 45-59



N=214

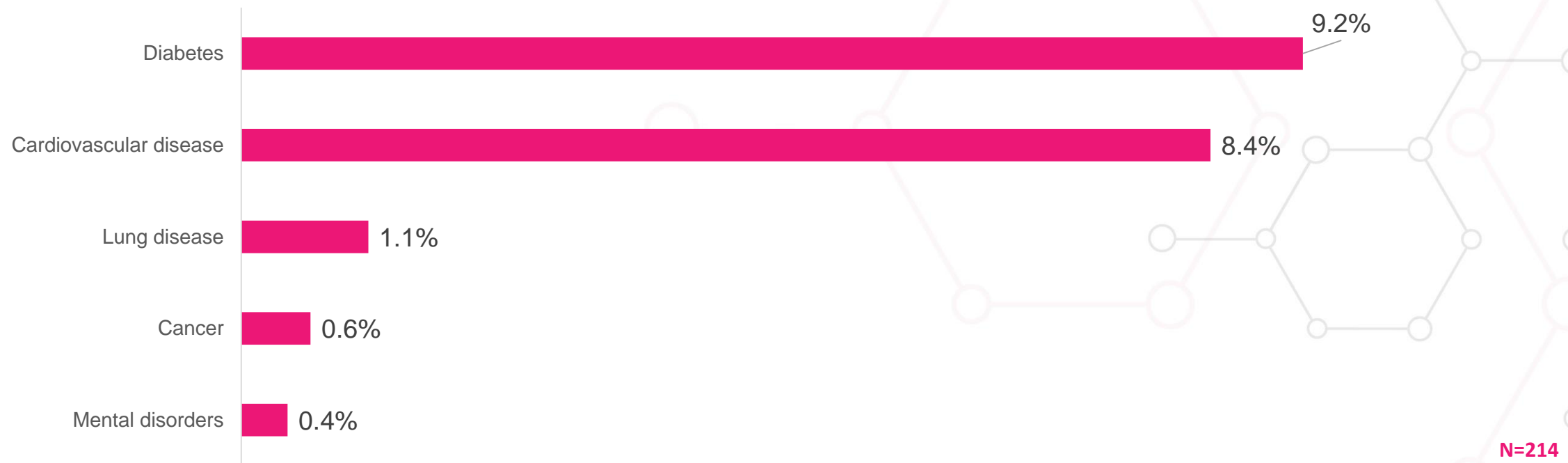
There was no statistically significant difference in between males and females in terms of NCD diagnosis (for any disease) ($p>0.1$).

Do you currently have any of the following diseases as diagnosed by a health professional?

NCD History - General

Types of NCDs Respondents have

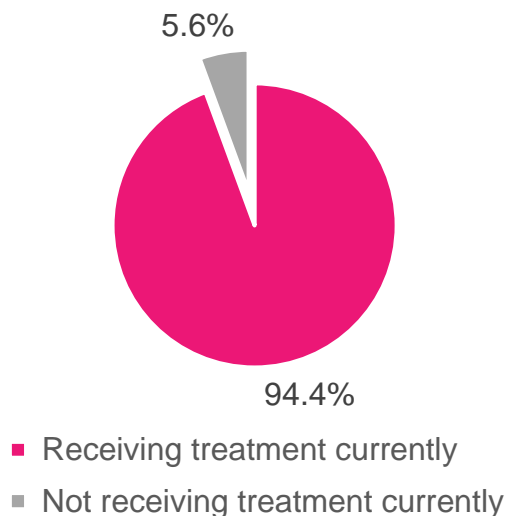
- The most common reported NCDs were diabetes (9.2%), cardiovascular diseases (8.4%), and lung disease (1.1%),
- Around a quarter of NCD patients reported being diagnosed with more than one NCD. No significant differences between men and women



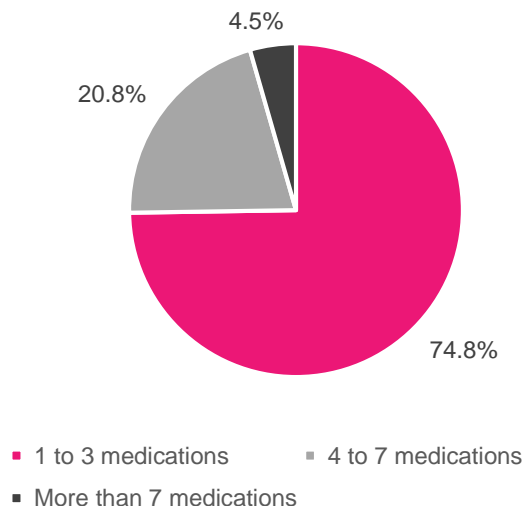
NCD History – Medications and Medical Reading

(74.8%) take between 1 and 3 medications to treat their disease, while 20.8% reported taking between 4 and 7 medications. The proportion of respondents who reported taking more than 7 medications reached 4.6%.

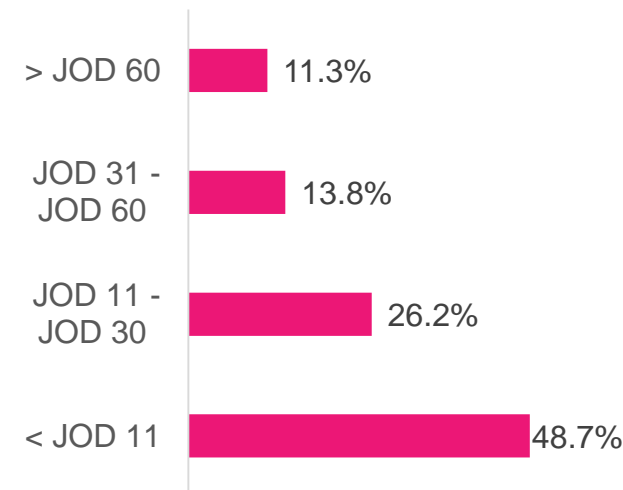
Receipt of Treatment



Medications Taken



Average Monthly Cost of Treatment



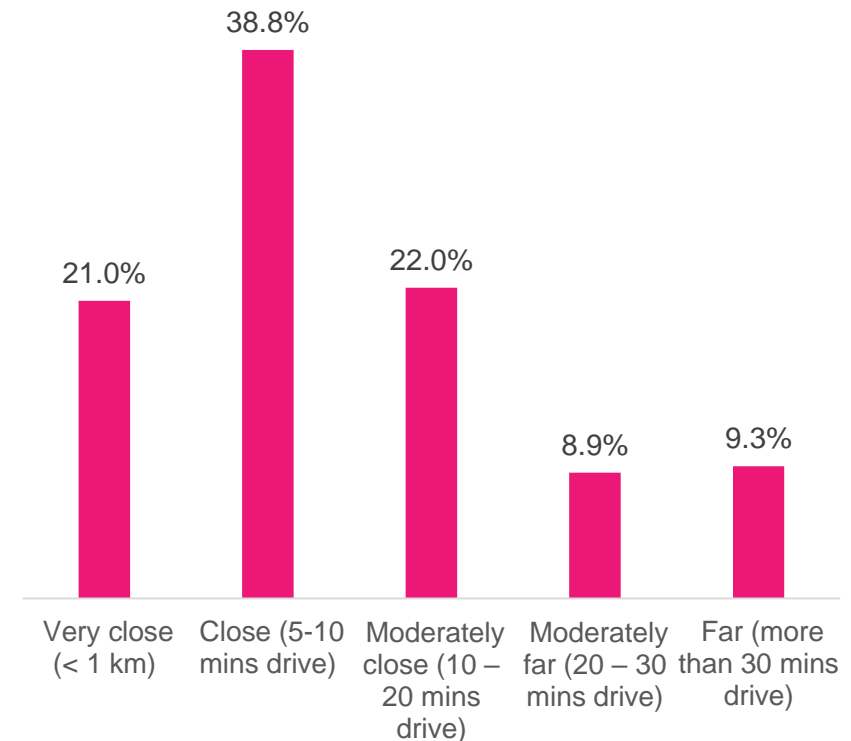
On average on monthly basis, how much do you spend on your medications and healthcare visits

N=214

Accessing NCD Services - Factors

Accessing NCD Services

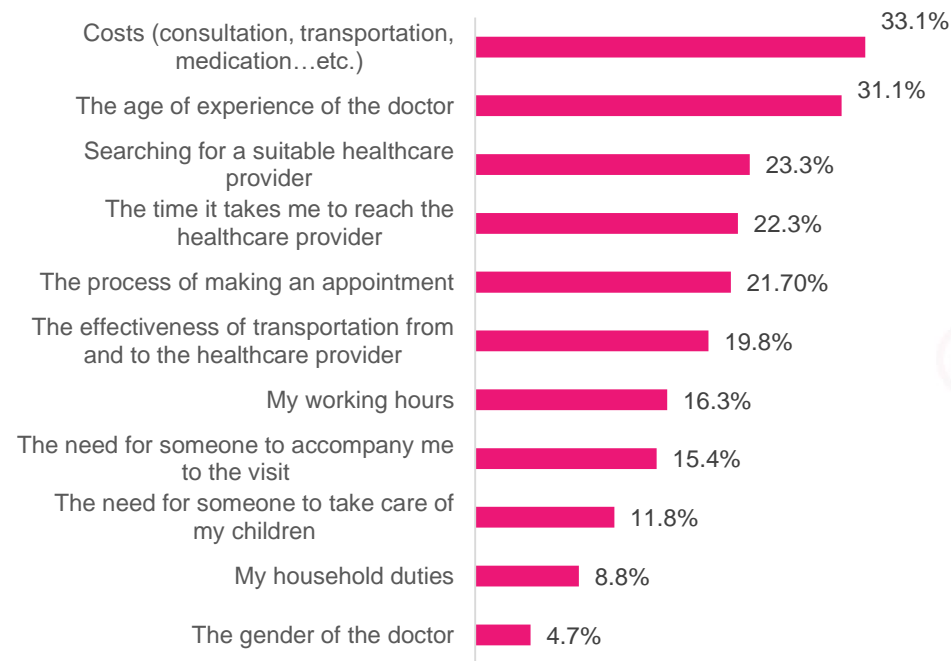
- **59.8%** of NCD patients (n=214) reported that it was less than a 10-minute drive away. A minority (9.3%) reported that their nearest healthcare facility was more than 30 minutes away by car.
- Respondents living in the North and the Center were more likely to live within a 10-minute drive of the nearest healthcare facility compared to those living in the South ($p < 0.05$).
- **77.1%** of NCD patients reported that they last visited their healthcare provider in the previous month



N=214

Accessing NCD Services - Factors

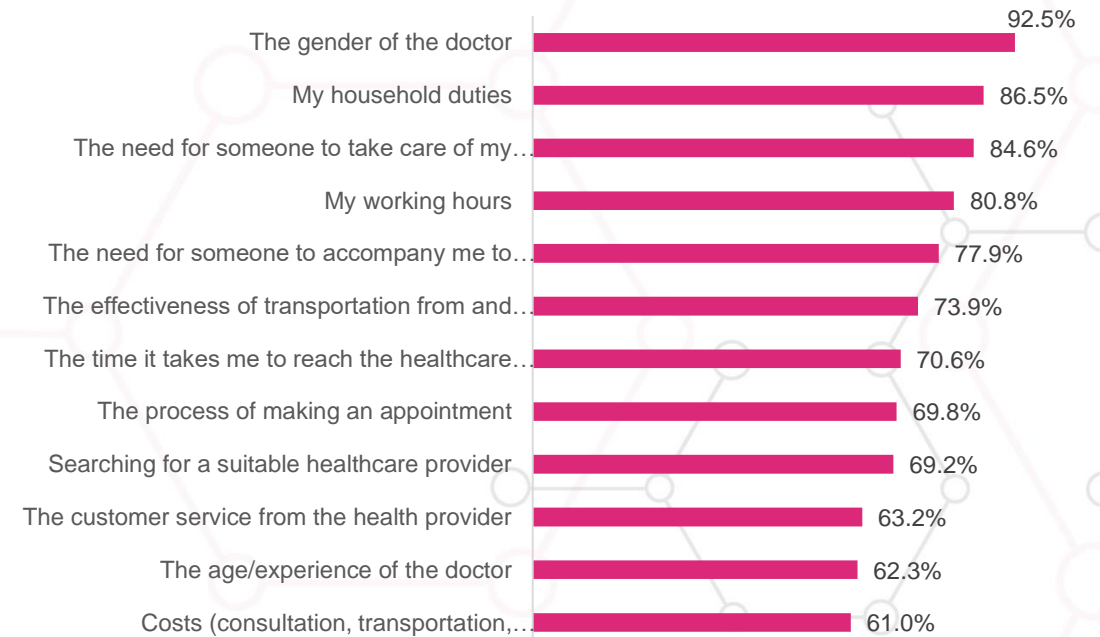
Cost , years of experience of the healthcare providers were the most factors influencing NCD services access



Transportation to and from healthcare facilities was seen as a factor that influences more respondents in rural areas than in urban areas

How does the following aspects affect your decision to visit the healthcare provider?

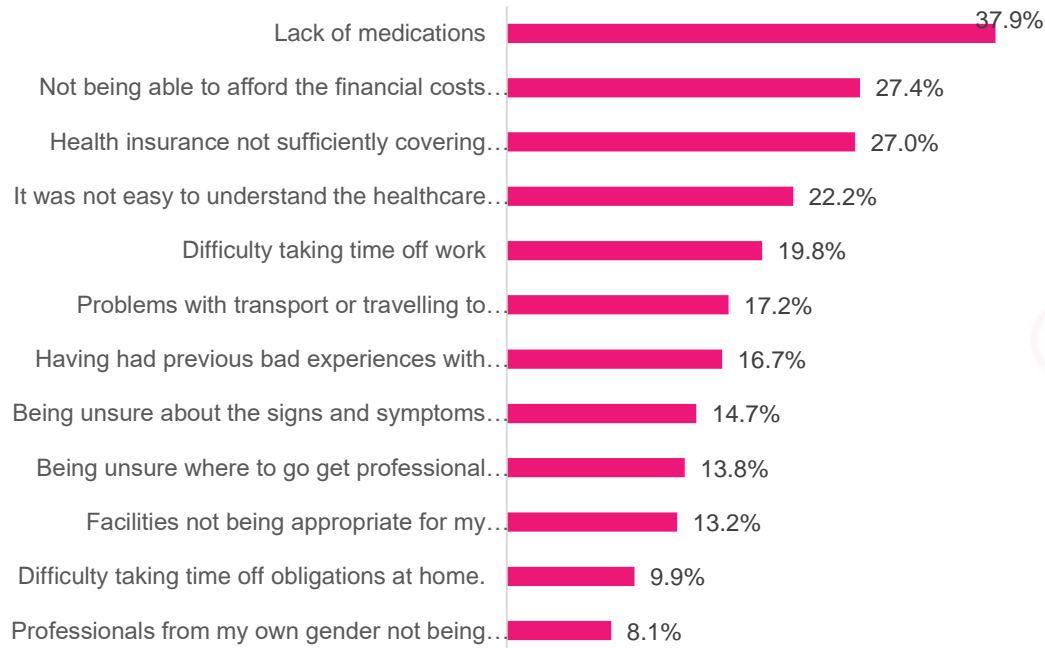
The gender of the doctor, respondents' household duties, and the need for caregiving support (for children), were the least factors



Females were more likely than males to report that the need for accompaniment for healthcare visits, and finding suitable care for children while they go on healthcare visits

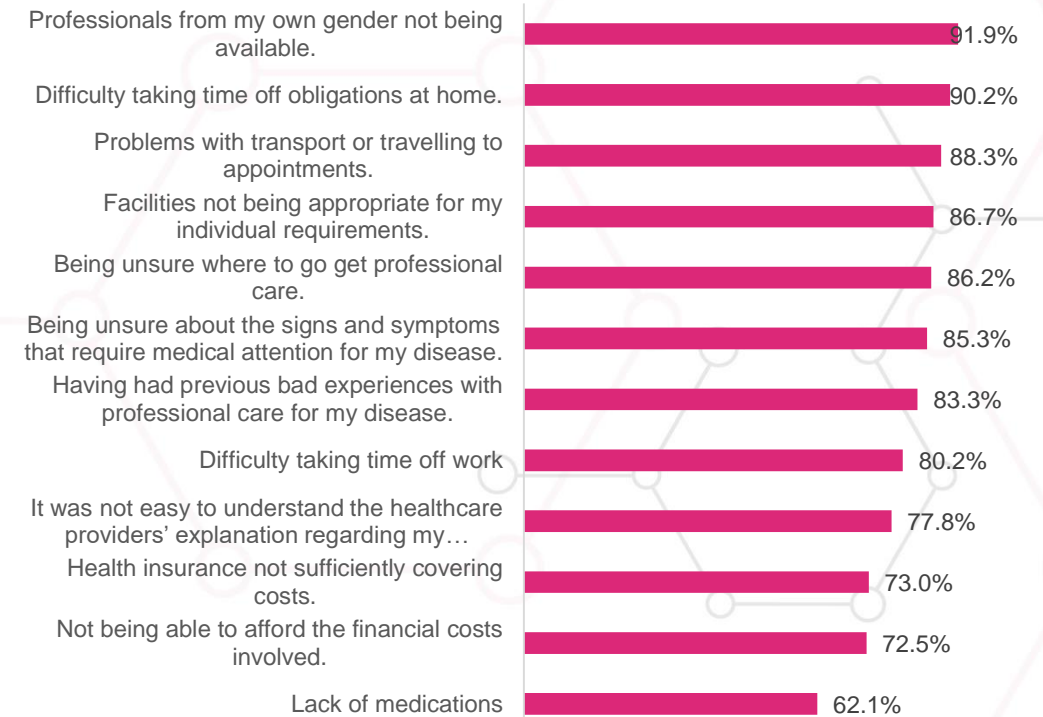
Accessing NCD Services - Factors

The highest rated barrier for NCD patients were shortage of medications at HC, followed by affordability, and insurance coverage.



NCD patients from lower socioeconomic backgrounds were more likely to note a lack of medication, health insurance coverage, and affordability.

The least rated barrier for NCD patients were finding doctors from the same gender, and difficulty taking time off obligations at home.

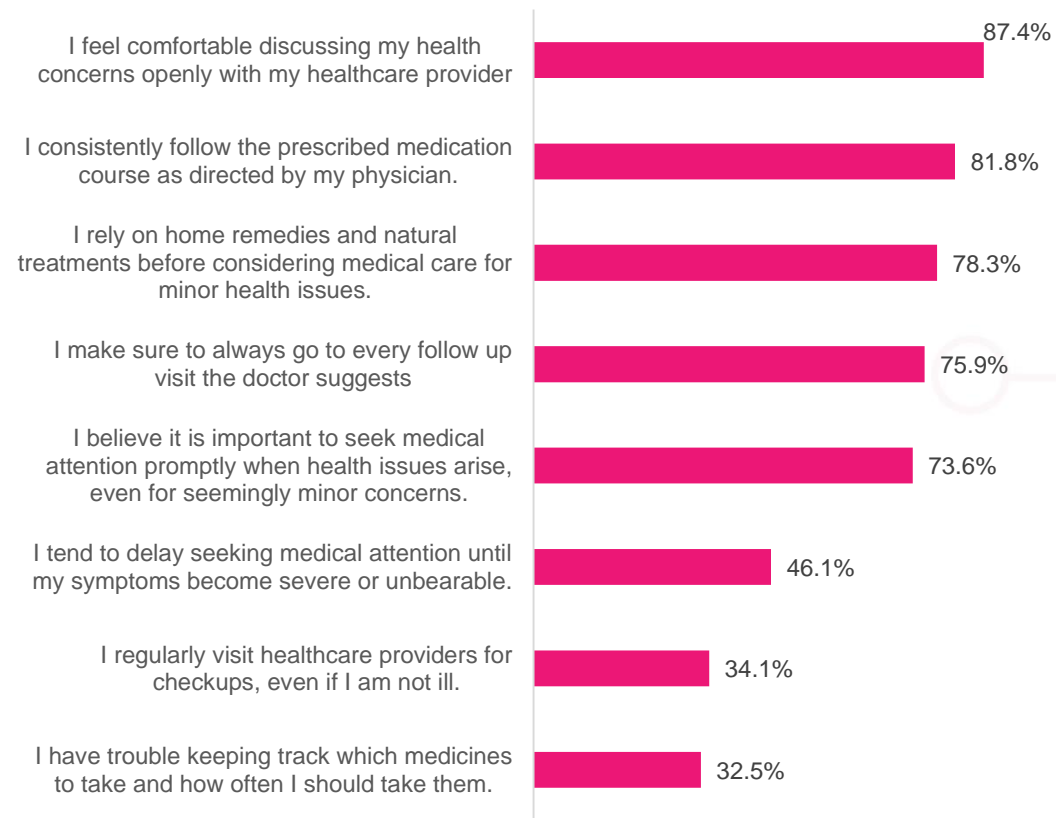


Reasons prevented, delayed, or discouraged you from getting or continuing professional care for your NCD disease?

N=214

Attitudes Towards Health

Agreement with Attitudinal Statements Regarding Healthcare Seeking



- 87.4% felt comfortable discussing their health concerns openly with healthcare providers.
- 81.8% claimed they consistently followed prescribed medication courses as directed by their physicians. (females, younger respondents and higher income agree more)
- (78.3%) relied on home remedies and natural treatments for minor health issues.
- 73.6% of respondents believed it was important to seek medical attention promptly for minor health concerns. (Urban residents and higher income agree more)
- A significant proportion (46.1%) tended to delay seeking medical attention until their symptoms became severe or unbearable. (lower income agree more)
- 34.1% reported regularly visiting healthcare providers for checkups, even when not ill. younger respondents, and higher income agree more)
- (About one-third of respondents (32.5%) had trouble keeping track of their medications.

To what degree do you agree with the following statements ?

Expectations Towards Healthcare



- (88.9%) of respondents felt empowered to make choices that positively impact their health and well-being. (Males, refugees, and higher education agree more)
- A significant portion (62.8%) believed that cultural norms often influence how men and women perceive their health responsibilities differently.
- (63.1%) of respondents believed that health expectations within their community could differ based on an individual's gender.
- (91.3%) of respondents did not feel obligated to prioritize the health of males over females in their families (Youth agree more).
- 38.2% agreed that cultural norms and traditions influenced their perception of health and well-being, and they prioritized them.
- (11.2%) believed that NCD healthcare in Jordan was more available for males than females. (Males, and lower income agree more)

To what degree do you agree with the following statements ?

N=1369

Conclusion and Recommendations



The study revealed some sort of multifaceted gender disparities and differences in NCD knowledge, risk factors, and healthcare accessibility in Jordan. Females can face unique challenges due to cultural norms, social expectations, and limited access to resources. Gender-sensitive interventions and approaches are crucial to address differences and improve healthcare outcomes for both genders.



Efforts to raise awareness about non-communicable diseases (NCDs) must prioritize gender-inclusive approaches



Efforts to improve healthcare access must address gender-related barriers. Policies should recognize the caregiving role that women often undertake and provide support mechanisms tailored to their needs.



Policies should aim to change healthcare-seeking behaviors among the population.



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