RESEARCH OBJECTIVES

In recent decades, the definition of “health” in population studies and academic literature has expanded beyond “absence of disease or infirmity” to include a more comprehensive view combining physical, mental and social well-being.

This study looks at whether the broader definition of well-being has also taken hold among women. We focused on female consumers in five countries, spanning developed and developing economies: France, Germany, India, Mexico and Brazil.

The study aims to improve understanding in the following areas:

• How broadly or narrowly do women perceive and define “well-being” in different cultures and at different life stages?

• What role do women play in enhancing their own well-being, and how does this vary by geography, life stage and income level?

• How closely do government programmes address the concerns that women identify, and how well do they succeed at enhancing women’s well-being?

• How do women access information, services and products related to their well-being, and how are these patterns evolving?
The Economist Intelligence Unit carried out a survey of female consumers in March and April 2015.

Survey demographics:

- **Number:** 453 female consumers
- **Geography:** Evenly divided among: France, Germany, Brazil, Mexico, India
- **Age:** Evenly divided among four age groups: 15-30, 31-45, 46-60, 61-plus
- **Income:** 64% say their finances are either “mostly secure” or “very secure”
- **Marital status:** 53% are either married or in a partnership
The Economist Intelligence Unit carried out a survey of public officials in March and April 2015.

Survey demographics:

- **Number:** 100 public officials
- **Focus:** All have responsibility for, or knowledge of, their department’s programmes on women’s health and well-being
- **Geography:** Evenly divided among: France, Germany, Brazil, Mexico, India
- **Gender:** 60% male, 40% female
- **Annual budgets:** 87% have annual budgets under US$100 million
- **Seniority:** 70% have the title of “manager”
- **Level of government:** 91% work in regional or local governments
The Economist Intelligence Unit carried out in-depth interviews in March and April, 2015.

Participants in interview programme:

- Carlotta Balestra, policy analyst, OECD
- Doris Bartel, senior director, CARE
- Sanghita Bhattacharyya, Public Health Foundation of India
- Amanda Bourlier, research analyst, Euromonitor
- Hilke Brockmann, professor, Jacobs University Bremen
- Jan Delhey, professor, Ottovon-Guericke University, Magdeburg
- Rachel Dodge, education consultant focusing on wellbeing in secondary schools
- Tim Evans, senior director, World Bank
- Tracy Francis, director, McKinsey
- Katja Iversen, CEO, Women Deliver
- Sophie Janinet, co-founder, Georgette Sand
- Elard Koch, founder and director, MELISA Institute
- Vittoria Luda di Cortemiglia, programme co-ordinator, UN Interregional Crime and Justice Research Institute
- Katarzyna Mol-Wolf, editor-in-chief, Emotion
- Meika Nakamura, research manager, Euromonitor
- Divesh Nath, editor, Women’s Era magazine
- Clarissa Nicklaus, lead analyst, Euromonitor
- Patricia O’Hayer, global director of external relations and strategic partnerships, RB (Reckitt Benckiser)
- Natacha Ordioni, associate professor of sociology, University of Toulon
- Catrin Schulte-Hillen, leader, Working Group on Reproductive Health, Médecins Sans Frontières
- Angela Spatharou, principal, Mexico office, McKinsey
- Farrah Storr, editor-in-chief, Women’s Health magazine, UK
- Michael Thomas, partner, AT Kearney, UK
- Paul Wicks, vice-president—innovation, and Amy Fees, Patient Advisory Board, PatientsLikeMe
- Dr Tim Wilson, lead partner, health industries, PwC
- Alexandra Wyke, CEO, PatientView, UK
KEY FINDINGS: SUMMARY

• The main factor in well-being remains physical health, but other factors are also considered.

• The definition of well-being varies with personal circumstances.

• Low participation rate in government programmes aimed at improving women’s well-being.

• Mismatch between women’s priorities and those of government well-being programmes.

• Women say they actively manage well-being, but evidence shows otherwise.

• Higher-income groups more likely to take an active approach to health management.

• Women in developing countries are more active information searchers than women in developed countries.
KEY FINDING 1: THE MAIN FACTOR IN WELL-BEING REMAINS PHYSICAL HEALTH, BUT OTHER FACTORS ARE ALSO CONSIDERED.

Both women and policy-makers define women’s wellbeing mainly in terms of physical health and fitness. They differ considerably in the emphasis they place on various factors in well-being, however.

Q: Which of the following best describes your understanding of the phrase “feeling well”? Please select up to three.

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Women’s survey</th>
<th>Public officials’ survey</th>
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<tbody>
<tr>
<td>Feeling healthy and physically fit</td>
<td>64%</td>
<td>74%</td>
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<tr>
<td>Feeling a sense of accomplishment/satisfaction</td>
<td>26%</td>
<td>45%</td>
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<tr>
<td>Feeling emotionally secure and balanced</td>
<td>39%</td>
<td>51%</td>
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<tr>
<td>Feeling optimistic about the future of myself and my family</td>
<td>23%</td>
<td>3%</td>
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<tr>
<td>Feeling financially secure</td>
<td>21%</td>
<td>31%</td>
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Women’s survey: 74% of women feel healthy and physically fit, while 45% feel a sense of accomplishment/satisfaction. 51% feel emotionally secure and balanced. 3% feel optimistic about the future of themselves and their family. 31% feel financially secure.

Public officials’ survey: 26% of public officials feel healthy and physically fit, while 23% feel optimistic about the future of themselves and their family. 21% feel financially secure.
KEY FINDING 2: THE DEFINITION OF WELL-BEING VARIES WITH PERSONAL CIRCUMSTANCES

Deteminants of well-being follow certain patterns:

- At lower income levels everywhere, having the basics – **food** and **security** – count the most
- In some developing countries, access to **education** and **independence** are the decisive factors
- In developed countries, above $75,000 in annual income, **managing stress** is often a factor
- **Subjective feelings** of well-being can overpower objective measures such as health and income, as women compare themselves to their peers rather than, for example, to women in poorer countries
- **Cultural factors** have an influence as well

Q: On a scale of 1 to 5, with 1 meaning “excellent” and 5 meaning “terrible”, please tell us how you currently feel in your daily life.

**Breakdown by income** of respondents who say they feel “excellent” or “good” in their daily lives:

- Financially very secure: 90%
- Financially mostly secure: 68%
- Financially often insecure: 50%
- Financially always insecure: 26%

“It is a cultural thing. Latin American countries generally report positive feelings.”

- Carlotta Balestra, Policy Analyst [Well-Being Index], OECD
KEY FINDING 3: LOW PARTICIPATION RATE IN GOVERNMENT PROGRAMMES Aimed at Improving Women’s Well-Being

Two-thirds (66%) of women surveyed say they do not participate in programmes on well-being. Evaluations of the success of government programmes varies considerably among countries.

Q: How would you rate the success of your government (either national, regional or local) in supporting your health and well-being?

(\% of women saying government programmes are either “very successful” or “moderately successful”, by country)

| Country | Success
<table>
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<tr>
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<tbody>
<tr>
<td>India</td>
<td>76</td>
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<tr>
<td>Germany</td>
<td>43</td>
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<tr>
<td>France</td>
<td>41</td>
</tr>
<tr>
<td>Brazil</td>
<td>30</td>
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<td>Mexico</td>
<td>29</td>
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Some areas of concern to women, such as child-care provision, are almost entirely ignored by government programmes on women’s well-being.

Only 1\% of public officials say child care or financial support for women with young children are a focus of well-being programmes.
KEY FINDING 4: MISMATCH BETWEEN WOMEN’S PRIORITIES AND THOSE OF GOVERNMENT WELL-BEING PROGRAMMES

Women and public officials have **contrasting priorities** when it comes to government programmes aimed at boosting women’s well-being.

**Women’s survey:**

**Q:** Please select the three items that best describe the nature of programmes in which you participate.

- Hobbies and cultural activities: 48
- Health or fitness: 47
- Community activities: 34

**Public officials survey:**

**Q:** What is the focus of programmes that your department offers to women to promote well-being? Please select up to three.

- Illness prevention: 73
- Health campaigns: 54
- Community activities: 52
KEY FINDING 5: WOMEN SAY THEY ACTIVELY MANAGE WELL-BEING, BUT EVIDENCE SHOWS OTHERWISE

Women’s activities related to well-being tend towards the communal, such as cultural activities. For health, the focus is on avoiding bad habits rather than making active lifestyle changes such as exercising or eating healthily.

Q: What, if anything, are the main things you do to promote your own sense of well-being? Please select the top three. (% respondents, women’s survey)

- I avoid unhealthful activities 48
- I take preventive health measures 38
- I am physically active and try to keep fit 35
- I ensure I get enough sleep 31

Contrast survey findings with broader trends:

- Stagnant sales of consumer health products in Europe
- High levels of obesity and lifestyle-related diseases, including in some poorer countries
In both developed and developing countries, people with higher incomes are more likely to be concerned with lifestyle and health management than poorer people, who largely ignore questions of exercise and healthy lifestyle.

Q: Keeping in mind your understanding of the phrase “feeling well”, how active are you in trying to ensure a sense of well-being in your daily life?

Breakdown by income of respondents who say they are “very active” or “somewhat active”:

- Financially very secure: 98
- Financially mostly secure: 85
- Financially often insecure: 86
- Financially often insecure: 65

Consumer health market trends in developing countries:
- Poorer consumers concentrate on basics (e.g., vitamin pills)
- Wealthier consumers increasingly focus on healthy diet and exercise
KEY FINDING 7: WOMEN IN DEVELOPING COUNTRIES ARE MORE ACTIVE INFORMATION SEARCHERS THAN WOMEN IN DEVELOPED COUNTRIES

Overall, 70% of women surveyed say they search actively for information on health and well-being. Their top three information sources: online (66%); medical doctors (54%); and family and friends (41%).

Q: Do you actively search for information on health and well-being?

Breakdown by country of respondents who say “yes”:

- India: 89%
- Brazil: 85%
- Mexico: 80%
- Germany: 51%
- France: 46%

75% of women surveyed say the purpose of the information search is general information about healthy living and preventive measures, not self-diagnosis.
CONCLUSION: MANAGEMENT MATTERS

Women define well-being mainly in terms of physical health, and tend to rate their own health and well-being highly.

Policy-makers are in broad agreement, focusing on physical health treatment and information campaigns, and confident that women’s well-being has improved.

A more in-depth analysis, however, shows little evidence that the well-being of most women is improving, or that most women take active control of their health and well-being.

For example: India’s data for life expectancy, child mortality and child marriage are on a par with those in sub-Saharan Africa; German and Mexican obesity levels are high.

Beyond a narrow elite, there is little sign that women actively manage their well-being, or that policy-makers look much beyond traditional public education and provision.

As health systems become more stretched, that will need to change.
Thank you.

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