# An assessment of sociodemographic characteristics in relation to NCDs in the occupied Palestinian territory

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# Background

 NCDs are among the most pressing health challenges in the oPt.

 However, research on NCDs in the region and in Palestine in particular is limited.

 Cardiovascular disease has been the leading cause of death in the West Bank (MoH)

# Objective

 The aim of this study is to assess select sociodemographic characteristics of health in relation to NCDs among Palestinians in the West Bank and the Gaza Strip.

## Methodology

 This study utilizes secondary data from the 2006 Palestinian Family Health Survey conducted by the Palestine Central Bureau of Statistics which utilizes a two-stage stratified sampling technique.

 The survey is nationally representative and includes about 13,000 households.

### Methodology

- Individuals 30 years of age and older were included in this analysis.
- Logistic regression models (separated for males and females) are used to examine the impact of sociodemographic (including education, marital status, employment, refugee status, locale) characteristics on the probability of reporting having at least one NCD.
- NCDs include hypertension, stroke, diabetes, cardiac disease and cancer.

### Results: NCD reporting

- About 20% (2204 out of 11121) of the population sampled reported having at least one NCD.
- 15.5% of men (843) reported having at least one NCD.
- 24% of women (1361) reported having at least one NCD.

### Results

 Women are significantly more likely than men to report having at least one NCD

Male	1
Female	1.49 (95%CI:1.28-1.73)

#### Results: The Gaza Strip and the West Bank

 Participants from the West Bank are slightly more likely than those from the Gaza Strip to report at least one chronic disease

Total Sample	Odds Ratio
Gaza Strip	1
West Bank	1.14 (95%CI:1.01-1.30)
Women	Odds Ratio
Gaza Strip	1
West Bank	1.10(95%CI:0.93-1.30)
Men	Odds Ratio
Gaza Strip	1
West Bank	1.19 (95%CI:0.98-1.44)

### Results: Refugees

 Refugees are more likely to report having at least one NCD as compared to non-refugees.

Total Sample	Odds Ratio
Non-refugee status	1
Refugee status	1.22(95%CI:1.08-1.38)
Women	Odds Ratio
Non-refugee status	1
Refugee status	1.36 (95%CI:1.15-1.60)
Men	Odds Ratio
Non-refugee status	1
Refugee status	1.05 (95%CI:0.87-1.27)

### Results: Dwelling type

 Residing in a rural dwelling is associated with significantly lower odds of reporting chronic diseases than residing in urban and camp dwellings.

Total Sample	Odds Ratio
Rural	1
Urban	1.36 (95%CI:1.19-1.56)
Camp	1.41 (95%CI:1.17-1.71)

### Results: Dwelling type

Women	Odds Ratio
Rural	1
Urban	1.31 (95%CI:1.10-1.57)
Camp	1.29 (95%CI:1.01-1.66)
Men	Odds Ratio
Men Rural	Odds Ratio  1

#### Results: Education

 Education in relation to reporting at least one NCD was significant for women, but not men.

Total Sample	Odds Ratio
Secondary education or more	1
Preparatory Education	1.65 (95%CI:1.16-2.36)
Primary or below	2.07 (95%CI:0.63-0.05)

### **Results: Education**

Women	Odds Ratio
Secondary education or more	1
Preparatory Education	1.65 (95%CI:1.16-2.36)
Primary or below	2.07(95%CI:1.47-2.91)
Men	Odds Ratio
Men Secondary education or more	Odds Ratio  1

### Results: Employment

 Employment was found to be significantly associated with reporting to have at least one NCD among men, but not women.

Total	Odds Ratio
Employed	1
Unemployed	1.14 (95%CI:0.94-1.39)
Outside the labor force	1.44 (95%CI:1.22-1.71)

# Results: Employment

Women	Odds Ratio
Employed	1
Unemployed	1.16 (95%CI:0.69-1.95)
Outside the labor force	1.33 (95%CI:1.00-1.76)
Men	Odds Ratio
Men Employed	Odds Ratio  1

### Summary of findings

- Unequal burden of chronic disease, mainly faced by women and refugees.
- Among women, those with less education are at an even greater disadvantage.
- Slight differences in NCD reporting among West Bank and Gaza.
- Significant differences between rural, urban and camp dwellers in NCD reporting.

#### Limitations

 Analysis is based on a proxy self report sample.

 However, this is a nationally representative survey with a large sample size.

#### Conclusion

 Further research is needed to account for these disparities, including a closer investigation into socio-demographic variables such as sex, residence, education and employment in relation to NCDs.