



Global Health Survey, 2011

EXPERIENCE & PERCEPTION IN 28 COUNTRIES

International Research Institutes

www.irisnetwork.org



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ABOUT IRIS

International Research Institutes is the largest association of independent market research agencies in the world. Members are respected local companies, owned and run by their management. IRIS currently has 33 members, enabling network clients to access high quality, committed researchers worldwide.

IRIS aims to operate as a conduit of best practice approaches, knowledge, and staff exchange between members, as well as offering clients access to a similarly committed team throughout the world. Agencies meet together six monthly, and participate in inter-agency work teams, so clients can be assured that they are working with colleagues in distant markets that are known and trusted by their local agency. Local members understand the best approaches to use in their own markets: in IRIS there is recognition that local expertise must be balanced with global reach.

All members are committed to a common Quality Code, with highest standards. Members are only invited to apply to join on proof of their ability to meet these high standards, and must then be vetted and endorsed by existing members. All partner agencies also adhere to ESOMAR membership standards.

FOREWORD

Healthcare is one of the key concerns that impacts upon all countries and people worldwide. It is also an important and growing area for market research and a focus for many researchers in the IRIS network and their clients.

In this context, the members of International Research Institutes have conducted this survey to examine global perspectives of and experiences in the context of health and healthcare and to see how this varies by country.

The IRIS Global Health Survey is based upon a comparative survey of perceptions and experiences across 28 countries in Europe, Asia, North and South America, Australia and Africa.

A similar but smaller scale study was undertaken in 2005, in 21 countries, and it is intended that this study will be updated again in the future.

This survey was funded by IRIS members for internal and client use, to demonstrate the networks commitment to the healthcare sector and to illustrate its strength and ability to run multimarket studies with ease.

ABOUT THE STUDY

IRIS is delighted to share the results of 22,493 interviews undertaken across five continents by members of the IRIS network in each country.

The survey reflects the opinions of the adult population in each country. Fieldwork was confined to those aged 18 and over in 22 of the 28 countries with a small proportion of marginally younger respondents (ie: 15+ or 16+) included in Ireland, Lithuania, Slovenia, the Ukraine, Egypt and Pakistan. A substantial sample was used in each country and the data was collected between August and October 2011.

The members of IRIS welcome the use of this data by their clients and by the media, but would ask that references are made to the *International Research Institutes Global Health Survey* and also to the local IRIS member in that research market.

METHODOLOGY

A central methodological approach was not imposed on each country, but rather, local members were asked to use the interviewing method which they felt best meets with the research and cultural norms of their respective countries.

Thus, data was collected using a range of approaches, encompassing face-to-face in-home interviewing, Computer Assisted Telephone Interviewing, and indeed online interviewing. Nonetheless a common questionnaire was used in each market.

An overview of the methodologies and sample sizes used is detailed in the table opposite.

| BASE | Method | All respondents | Respondents who received health services from a family physician in the public system |
|--------------|-----------------------|-----------------|---|
| TOTAL | | 21987 | 12920 |
| Finland | Online | 500 | 147 |
| France | CATI | 959 | 594 |
| Germany | Online | 1087 | 873 |
| Greece | CATI & Online | 1002 | 352 |
| Hungary | CATI | 500 | 390 |
| Ireland | Face-to-Face | 999 | 646 |
| Italy | Telepanel | 2030 | 1326 |
| Lithuania | Face-to-Face | 1005 | 762 |
| Netherlands | Online | 1062 | 802 |
| Poland | Online | 812 | 610 |
| Romania | Face-to-Face | 1100 | 804 |
| Russia | CATI | 520 | 449 |
| Slovenia | Online | 501 | 424 |
| Turkey | CATI | 417 | 294 |
| UK | Online | 1000 | 683 |
| Ukraine | Face-to-Face | 600 | 284 |
| USA | Online | 1014 | 274 |
| Canada | Online | 1006 | 758 |
| Chile | Online | 640 | 267 |
| Colombia | Online | 506 | |
| China | Online & Face-to-Face | 1000 | - |
| India | Face-to-Face | 1056 | 692 |
| Indonesia | Face-to-Face | 500 | 129 |
| Malaysia | Online & Face-to-Face | 427 | 159 |
| Thailand | Online | 540 | 304 |
| Pakistan | Face-to-Face | 300 | 219 |
| Egypt | CATI | 500 | 31 |
| Australia | Online | 910 | 648 |



RESEARCH HIGHLIGHTS

Most people around the world tend to have a positive perspective of the state of their own health but there is evidence that some populations are less well informed about contributors to and detractors from health. There is a broad spread of attitudes towards the running of local health systems, with many dissatisfied and much blame being placed upon poor management, in most instances ahead of perceived underfunding.

Confidence in local systems can be quite diminished, but this generally contrasts with very positive perspectives of the physicians working in local healthcare systems. Broadly speaking, there is a widespread tendency to criticise the system but to praise the individuals working within it.

Around the world, the majority in most countries favour a more publicly funded system, although there are decisive differences in the context of America particularly.

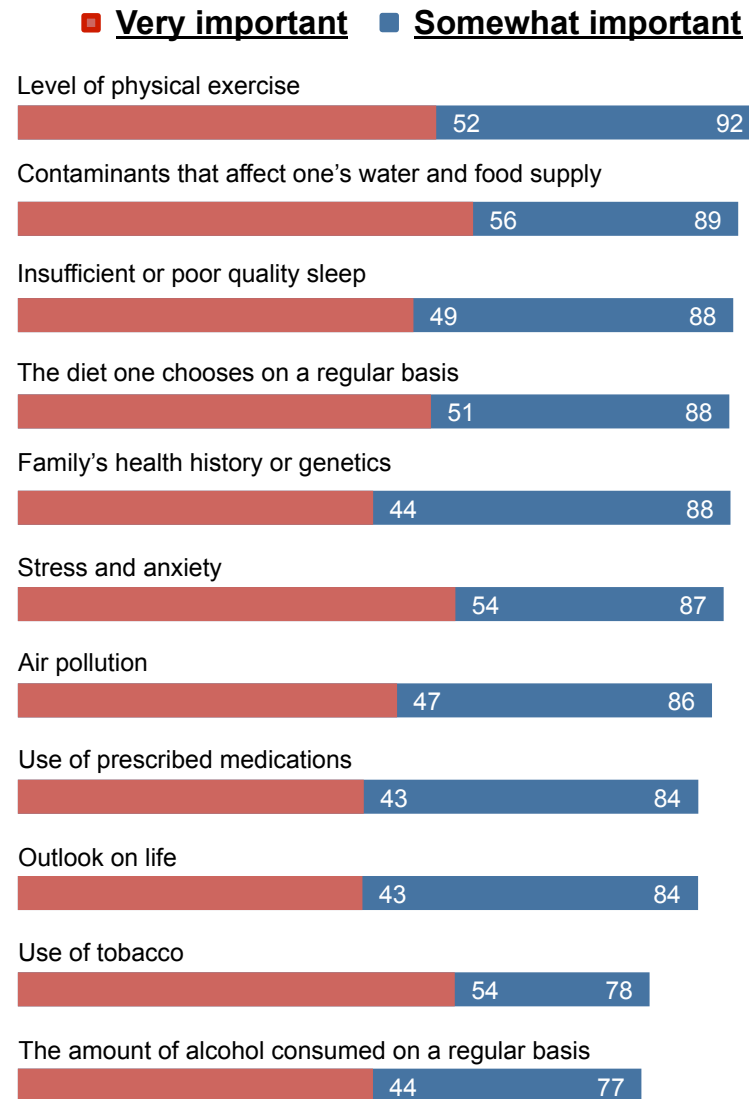
The study also examined the variation in usage of different types of healthcare professional, with family physicians (or general practitioners) the key point of contact generally, but some healthcare systems relying more centrally upon privately funded specialist physicians.

The family physician is a key source of information about health, but interestingly websites are almost as widely used in some countries, although in others this happens to a much more limited extent. The use of social media, smart phone apps and other new media is also focussed upon in this context.

The study also examined the spread of key chronic conditions and focused particularly upon the prevalence of cardiovascular disease. Wide variances in the prevalence of conditions such as high blood pressure and indeed diabetes may relate to differences in diet and health attitude, but are likely to also reflect lower awareness of and screening for these conditions in many countries.

Interesting differences in relation to mental illness are also noted by the study. In most countries it is acknowledged that mental illness experience is quite widespread, but in certain countries very few admit to any direct or personal experience. This may relate to concealment or a lack of knowledge of wider experience, but is highly likely to be reflective of cultural nuances and embarrassment as well.

SNAPSHOT OF FACTORS PERCEIVED TO CONTRIBUTE TO HEALTH



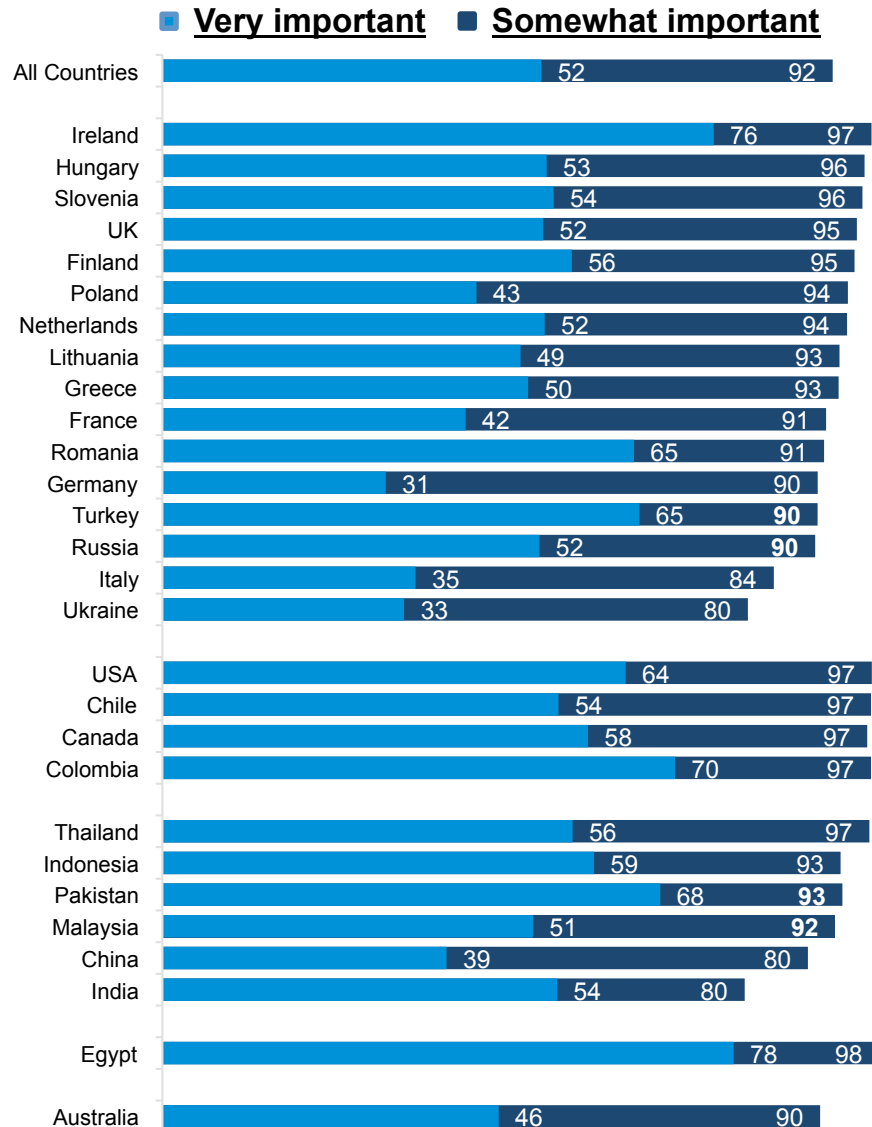
The factors which are perceived as contributory to health are reasonably uniform across countries and regions. In most cases, almost all of the factors assessed tend to be regarded as important potential contributors, but there are distinct regional differences, with the data from Asia suggestive of knowledge gaps and perhaps cultural differences.

Almost all place a high premium on the importance of **physical exercise**, and equally, on having an **uncontaminated water and food supply** and sufficient **sleep**.

The two factors that are seen as generally less influential over health are the **use of tobacco** and the **amount of alcohol** regularly consumed.

Weaker scores for these factors are primarily reflective on their lower prioritisation in countries such as India, Indonesia and Pakistan, where the link between smoking, drinking and health is evidently less clearly established. India specifically has an absence of control upon tobacco advertising and overt tobacco linkages to popular and youth culture remain commonplace there.

FOCUS ON PHYSICAL EXERCISE AS A HEALTH CONTRIBUTOR

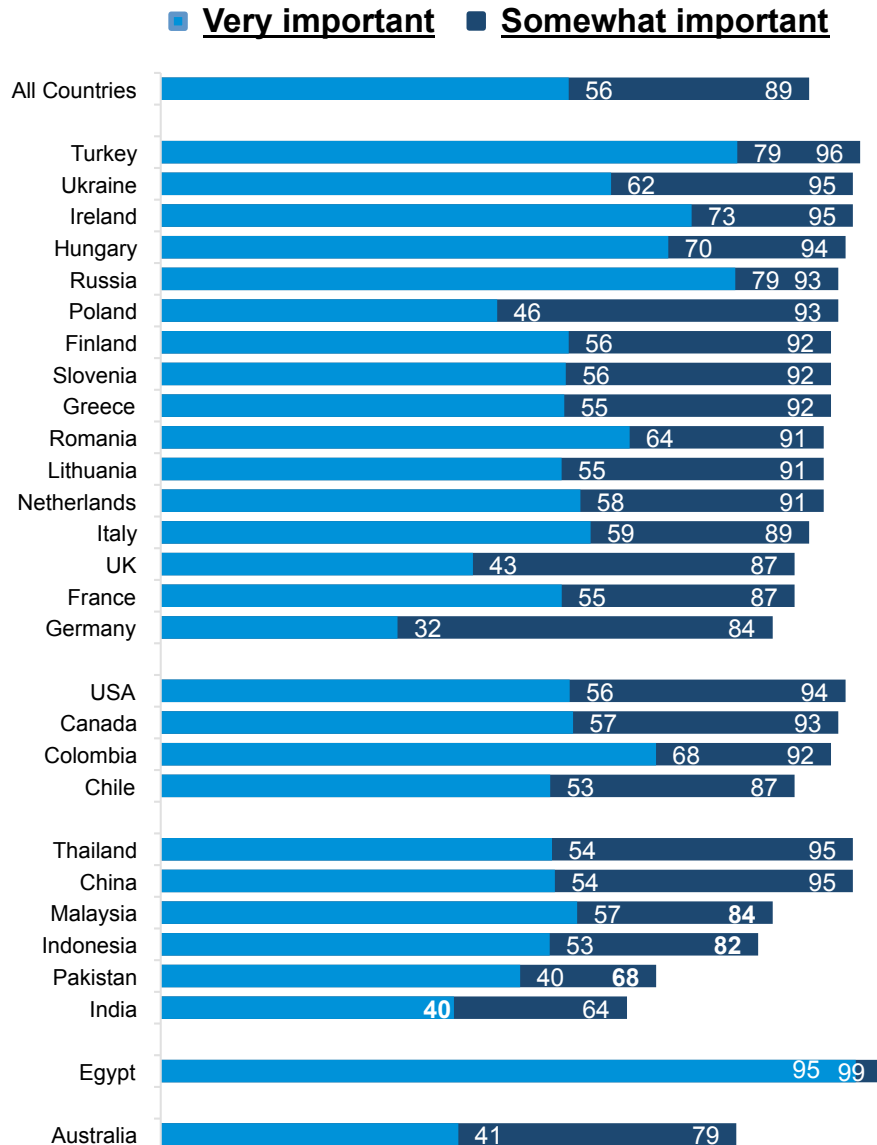


The majority in all countries attribute high importance to taking physical exercise as a means of ensuring health. In effect this reflects the cultural acceptance of the importance of exercise in most developed societies.

Results from India, Ukraine and Italy are marginally weaker but still register at a very high pitch.

In effect there is essentially almost universal recognition of the importance of exercise, but with a few slight dips from country to country, perhaps reflective of more traditional mindsets in some of those countries.

FOCUS ON FOOD CONTAMINANTS AS A CONTRIBUTOR TO HEALTH

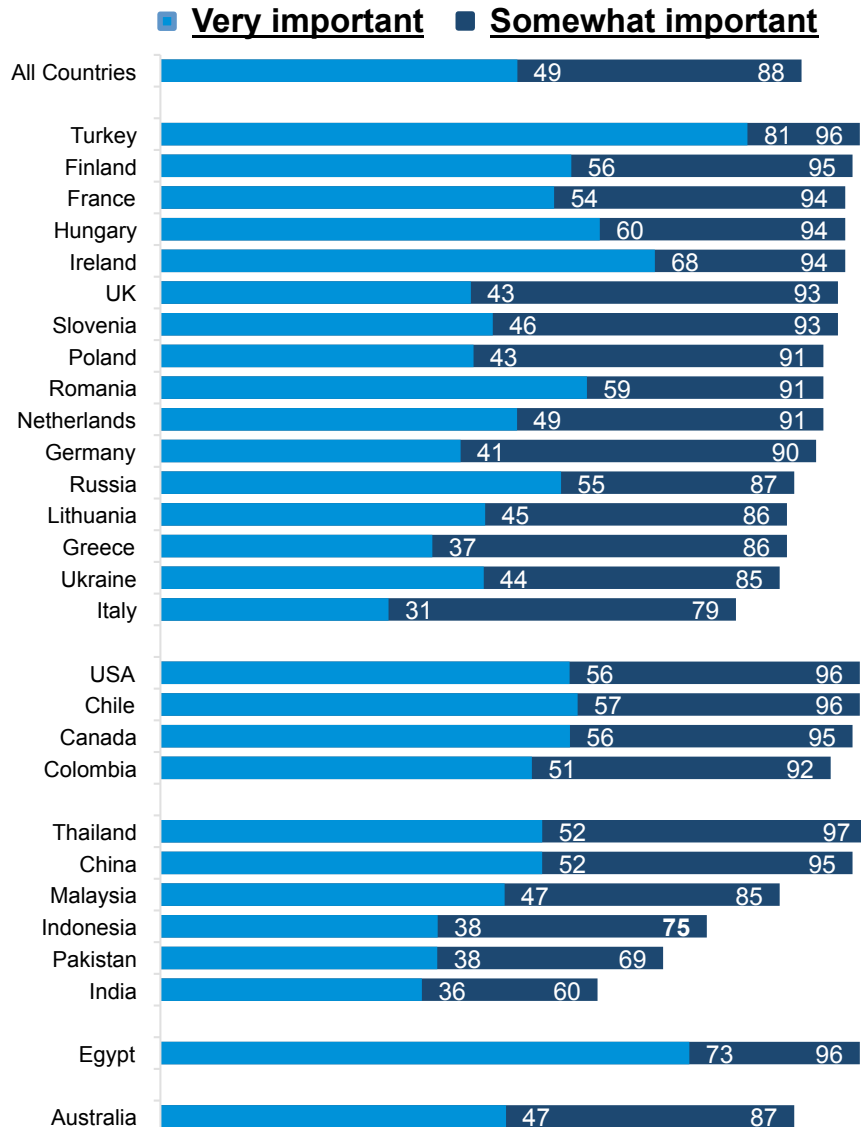


The presence or absence of contaminants in food is seen as a central potential contributor to health in Europe and America, but is much less readily conceptualised in this regard in Asia, and particularly in India and Pakistan.

Again, as in the case of smoking, it is quite stark that in those environments where the sanctity of an uncontaminated food chain is likely to be most at issue, awareness of the potential adverse effects upon health seem more tenuously developed.

The necessity to boost understanding of the importance of hygiene, and the need to maintain provenance of supply and a safe storage regime is clearly more at issue in Asia.

FOCUS UPON ADEQUACY OF SLEEP AS A HEALTH CONTRIBUTOR

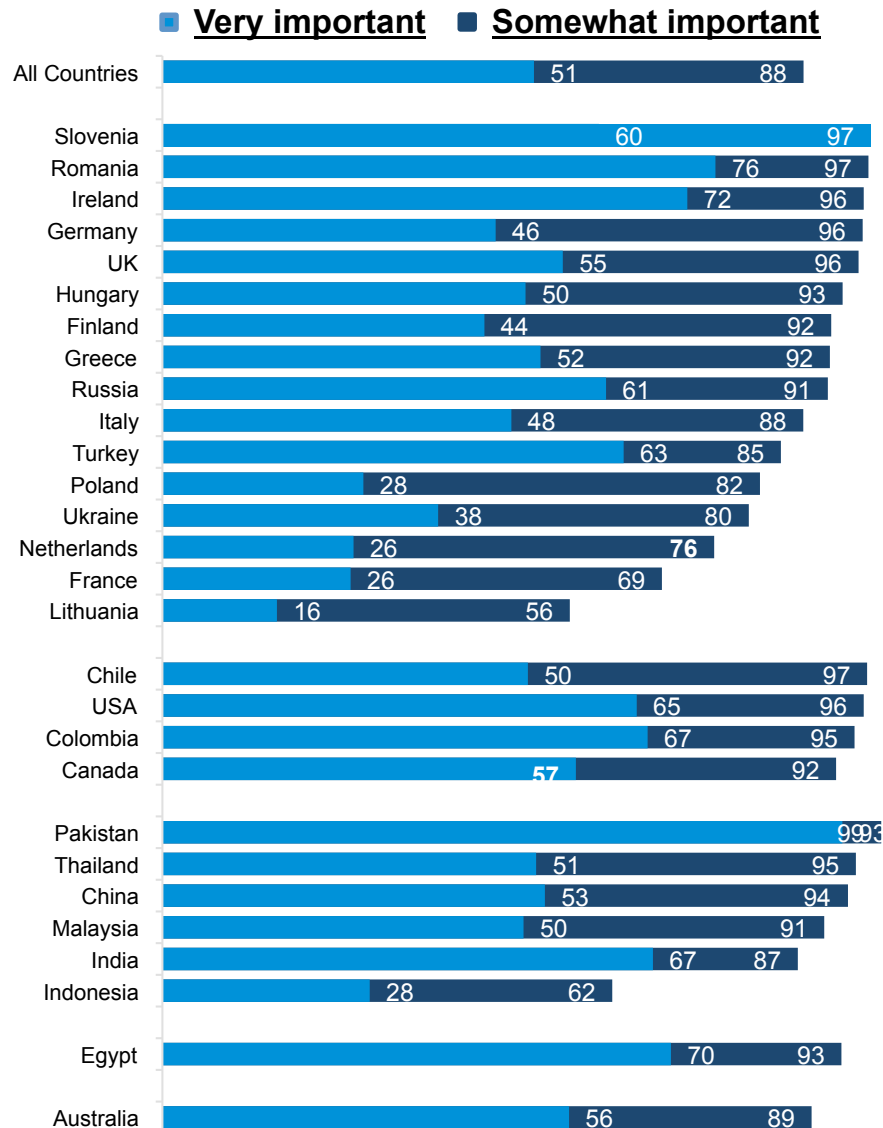


In European and American states there is common agreement that getting sufficient sleep is strongly contributory to health.

However the valuation of the adequacy or quality of sleep as a potential health contributor is again much lower in Asia.

The more limited perspective of the factors which fuel good health in Asia must reflect a simpler and less complex view, and perhaps less stress and anxiety in relation to health than seems common in more developed economies.

FOCUS ON DIET AS A HEALTH CONTRIBUTOR



Diet is generally seen to be a key factor but with a more notable separation of views between Eastern and Western Europe principally.

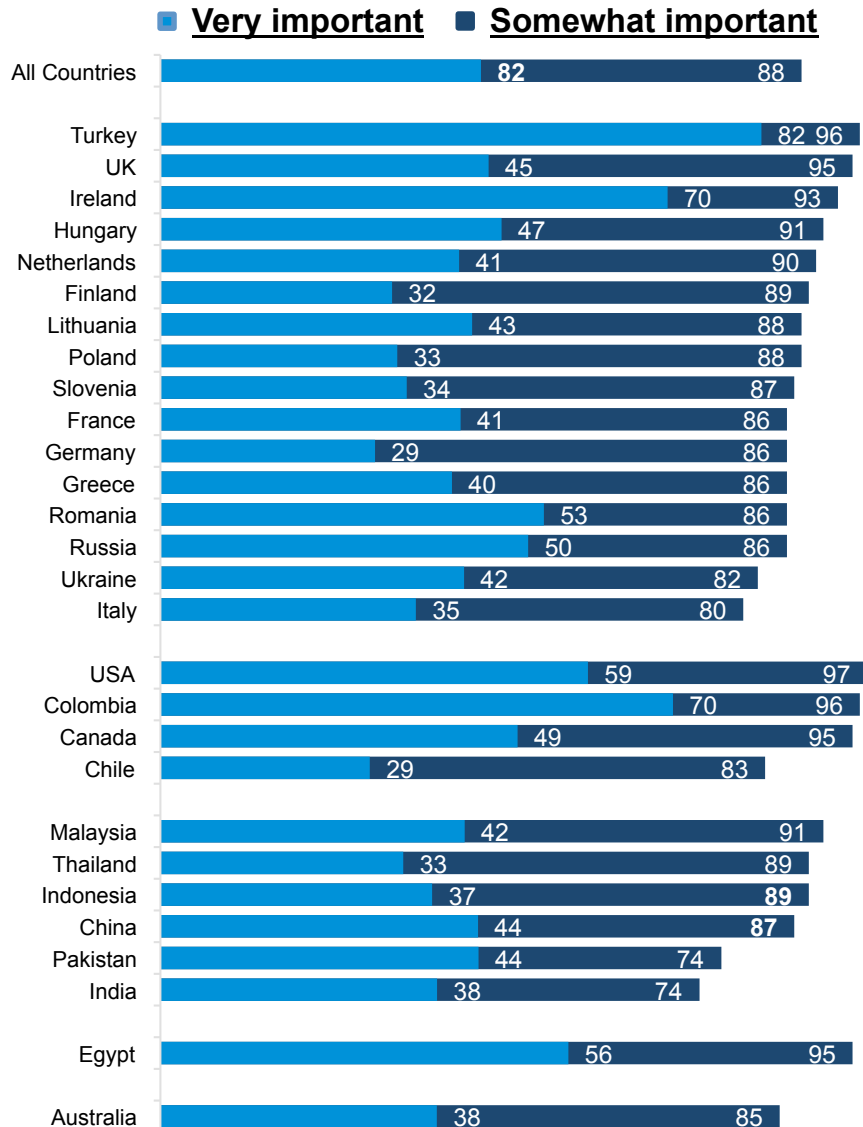
The countries which place a distinctly lower priority on the importance of diet as a health contributor are Lithuania, Indonesia and France.

In effect, those who don't recognise the importance of diet appear not to be countries that lack a native or distinctive cuisine, and the presence of France in particular in this group might be regarded as unusual.

However, this may suggest that dietary expectations and achievement are higher in certain countries. Less concern may reflect a generally better standard of diet perhaps, and thus a diminished need to prioritise a facet of which a country may be generally proud, or indeed perhaps complacent.

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FOCUS ON FAMILY HEALTH HISTORY OR GENETICS AS A HEALTH CONTRIBUTOR



One's family history or genetics emerges in the Top 5 perceived contributors to health worldwide. In every country more than 7 in 10 believe genetic factors to be contributory to health.

Interestingly in Pakistan and India, but also in Chile this linkage to health status appears much more weakly established than in other countries, although the extent of variation seems slight.

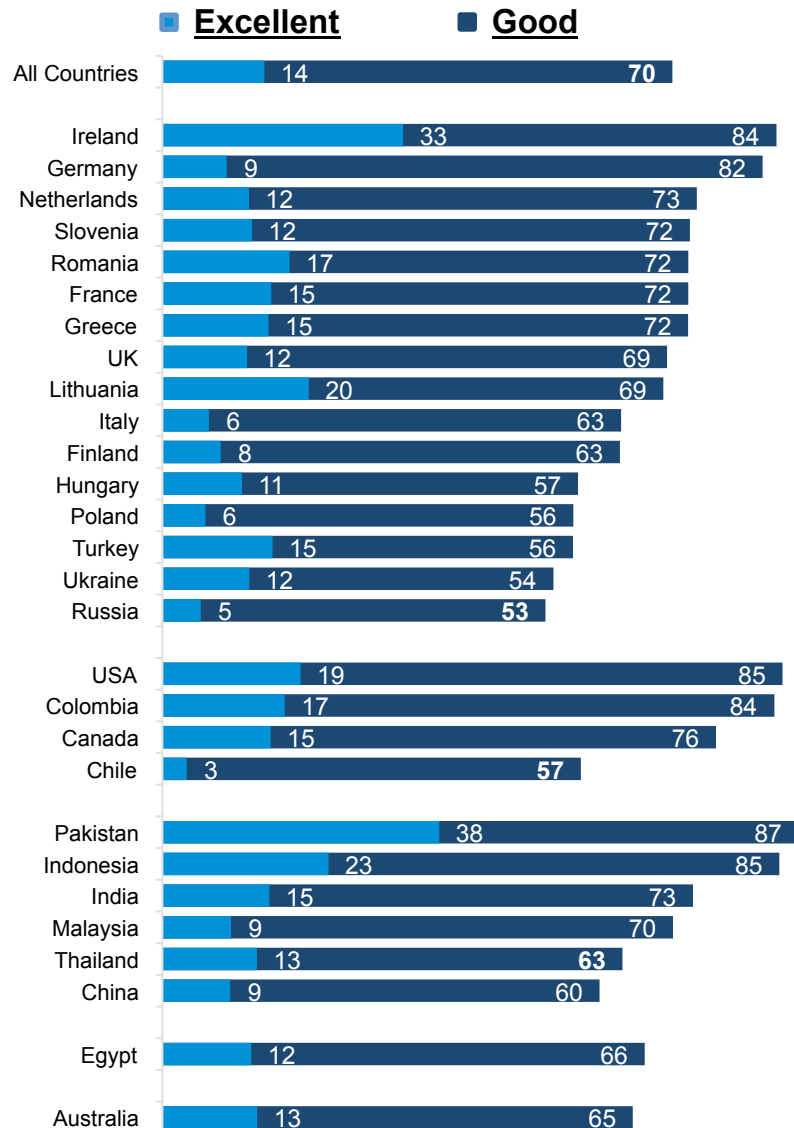
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VERY IMPORTANT CONTRIBUTORS TO HEALTH BY COUNTRY

| | All Countries | Australia | Canada | Chile | China | Colombia | Egypt | Finland | France | Germany | Greece | Hungary | India | Indonesia | Ireland | Italy | Lithuania | Malaysia | Netherlands | Pakistan | Poland | Romania | Russia | Slovenia | Thailand | Turkey | UK | Ukraine | USA |
|---|---------------|-----------|--------|-------|-------|----------|-------|---------|--------|---------|--------|---------|-------|-----------|---------|-------|-----------|----------|-------------|----------|--------|---------|--------|----------|----------|--------|------|---------|------|
| TOTAL | 21226 | 910 | 1006 | 640 | 1000 | 506 | 500 | 500 | 961 | 1087 | 1002 | 500 | 1056 | 500 | 999 | 2030 | 1005 | 427 | 1062 | 300 | 812 | 1100 | 520 | 501 | 540 | 417 | 1000 | 600 | 1014 |
| Contaminants affect water / food supply | 56% | 41% | 57% | 53% | 54% | 68% | 95% | 56% | 55% | 32% | 55% | 70% | 40% | 53% | 73% | 59% | 55% | 57% | 58% | 49% | 46% | 64% | 79% | 56% | 54% | 79% | 43% | 62% | 56% |
| Use of tobacco | 54% | 60% | 73% | 69% | 40% | 54% | 82% | 67% | 60% | 52% | 69% | 42% | 66% | 7% | 72% | 52% | 61% | 37% | 59% | 6% | 65% | 46% | 59% | 57% | 15% | 57% | 67% | 35% | 78% |
| Stress and anxiety | 54% | 52% | 66% | 68% | 46% | 75% | 83% | 54% | 53% | 53% | 73% | 46% | 16% | 10% | 74% | 45% | 56% | 40% | 51% | 21% | 60% | 60% | 58% | 69% | 27% | 74% | 58% | 47% | 68% |
| Level of physical exercise | 52% | 46% | 58% | 54% | 39% | 70% | 78% | 56% | 42% | 31% | 50% | 53% | 54% | 59% | 76% | 35% | 49% | 51% | 52% | 68% | 43% | 65% | 52% | 54% | 56% | 65% | 52% | 33% | 64% |
| The diet one chooses on a regular basis | 51% | 56% | 57% | 50% | 53% | 67% | 70% | 44% | 26% | 46% | 52% | 50% | 67% | 28% | 72% | 48% | 16% | 50% | 26% | 93% | 28% | 76% | 61% | 60% | 51% | 63% | 55% | 38% | 65% |
| Insufficient or poor quality sleep | 49% | 47% | 56% | 57% | 52% | 51% | 73% | 56% | 54% | 41% | 37% | 60% | 36% | 38% | 68% | 31% | 45% | 47% | 49% | 38% | 43% | 59% | 55% | 46% | 52% | 81% | 43% | 44% | 56% |
| Air pollution | 47% | 27% | 41% | 48% | 40% | 80% | 92% | 23% | 46% | 22% | 47% | 61% | 40% | 57% | 62% | 51% | 45% | 52% | 49% | 34% | 37% | 59% | 73% | 43% | 47% | 78% | 26% | 53% | 38% |
| Family's health history or genetics | 44% | 38% | 49% | 29% | 44% | 70% | 56% | 32% | 41% | 29% | 40% | 47% | 38% | 37% | 70% | 35% | 43% | 42% | 41% | 44% | 33% | 53% | 50% | 34% | 33% | 82% | 45% | 42% | 59% |
| The amount of alcohol consumed on a regular basis | 44% | 47% | 48% | 52% | 28% | 71% | 67% | 45% | 55% | 42% | 49% | 36% | 62% | 5% | 64% | 46% | 56% | 32% | 48% | 6% | 36% | 44% | 65% | 50% | 15% | 52% | 51% | 30% | 49% |
| Use of prescribed medications | 43% | 34% | 47% | 34% | 22% | 65% | 74% | 47% | 34% | 36% | 27% | 43% | 60% | 37% | 62% | 33% | 43% | 44% | 51% | 73% | 29% | 57% | 26% | 31% | 47% | 83% | 37% | 26% | 48% |
| Outlook on life | 43% | 42% | 46% | 61% | 30% | 80% | 66% | 16% | 42% | 19% | 47% | 54% | 43% | 39% | 66% | 33% | 36% | 42% | 35% | 40% | 27% | 46% | 60% | 42% | 31% | 76% | 39% | 28% | 54% |
| None of the above | 7% | 14% | 7% | 1% | 5% | 1% | 0% | 5% | 4% | 11% | 4% | 2% | 7% | 12% | 2% | 15% | 4% | 10% | 10% | 1% | 7% | 2% | 0% | 5% | 8% | - | 8% | 12% | 5% |

Key contributors vary substantially by country and it is probably more interesting to focus on those aspects which don't score as highly such as the lower focus on smoking and alcohol consumption as health contributors in many countries.

PERCEIVED PERSONAL HEALTH ASSESSMENT

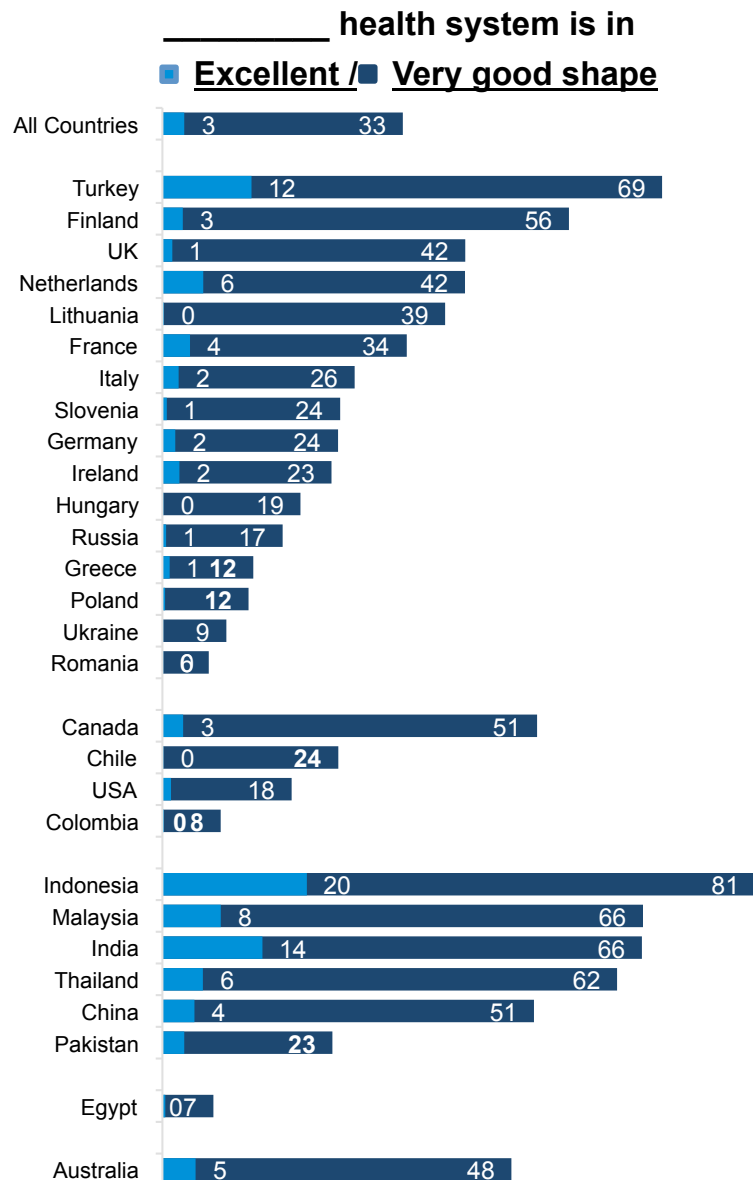


Perceived health is now accepted as an important predictor of actual health. 7 in 10 worldwide describe themselves as being in **excellent** or **good health** with notably higher scores emerging in Ireland, Germany, America, Columbia, Pakistan and Indonesia.

Pakistan and Indonesia earlier emerged as countries where there was a lower connection made between health status and a variety of issues which are considered significantly contributory in many other countries. Less concern about health may contribute to higher perceived personal health but may also mask a lack of informed health knowledge too.

The Irish have traditionally rated themselves more highly in this regard and it is felt that this may correlate with generally greater positivity of outlook perhaps. There is evidence too that better self perception of health may reflect a more youthful population structure and relatedly, lower disease incidence levels. A contrary view is that such elevated self perception of health reflects a somewhat selective perspective of the area.

NATIONAL HEALTHCARE SYSTEM EVALUATION



The general perception of the quality of local health systems was explored, with higher scores in countries with more broadly acclaimed or universal national health systems, such as Netherlands, Finland, Canada, Australia and the UK.

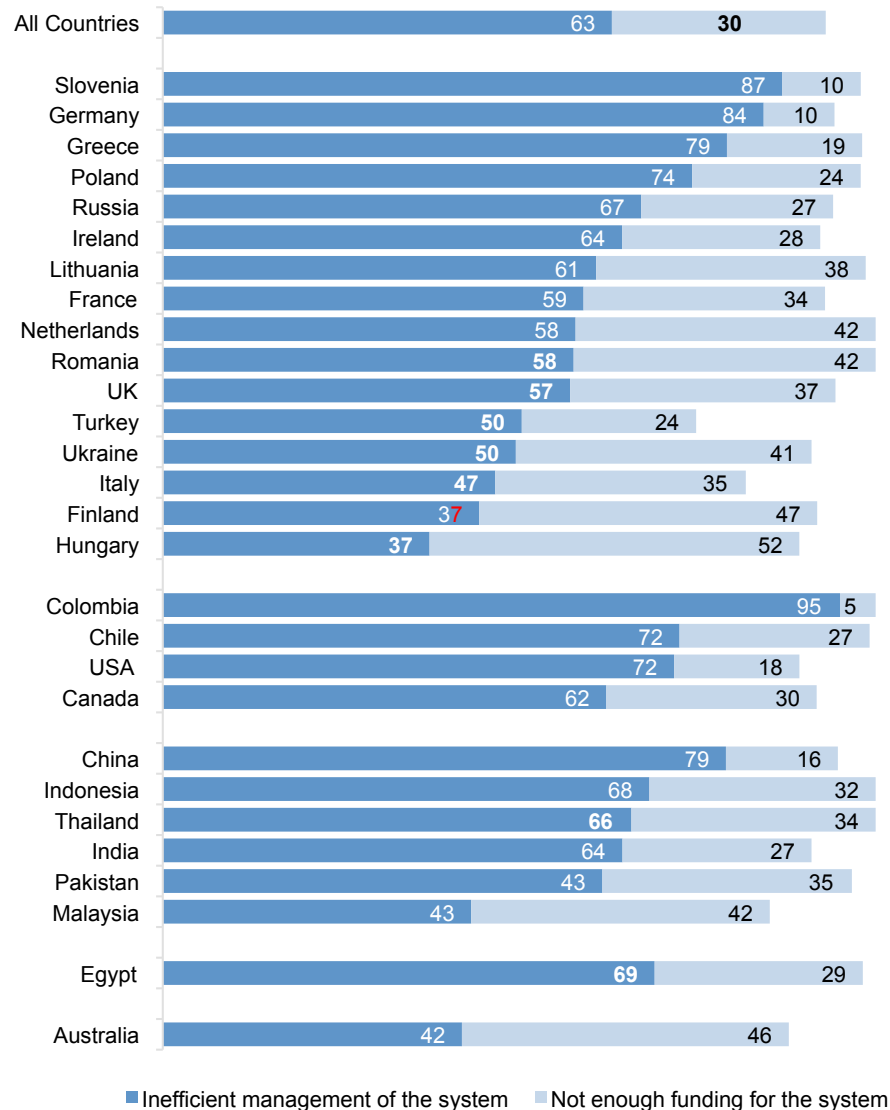
However, in countries including Turkey, Indonesia and Malaysia, (and indeed throughout Asia), the level of acclaim for the local system is equally very high, whereas in much of Western Europe the local populace is considerably less generous in their assessment.

Other countries where **more than half** of the respondents **are pleased** with the healthcare system are **Malaysia, India, Thailand, China** and **Finland**.

Romania, together with **Egypt, Colombia, Ukraine, Poland** and **Greece** register some of the **least positive feedback** on the national medical system.

There is evidently little correlation with personal health perception: Ireland lies 19th and Germany 18th here, but both top the perceived health league.

SOURCE OF PROBLEMS IN THE HEALTHCARE SYSTEM

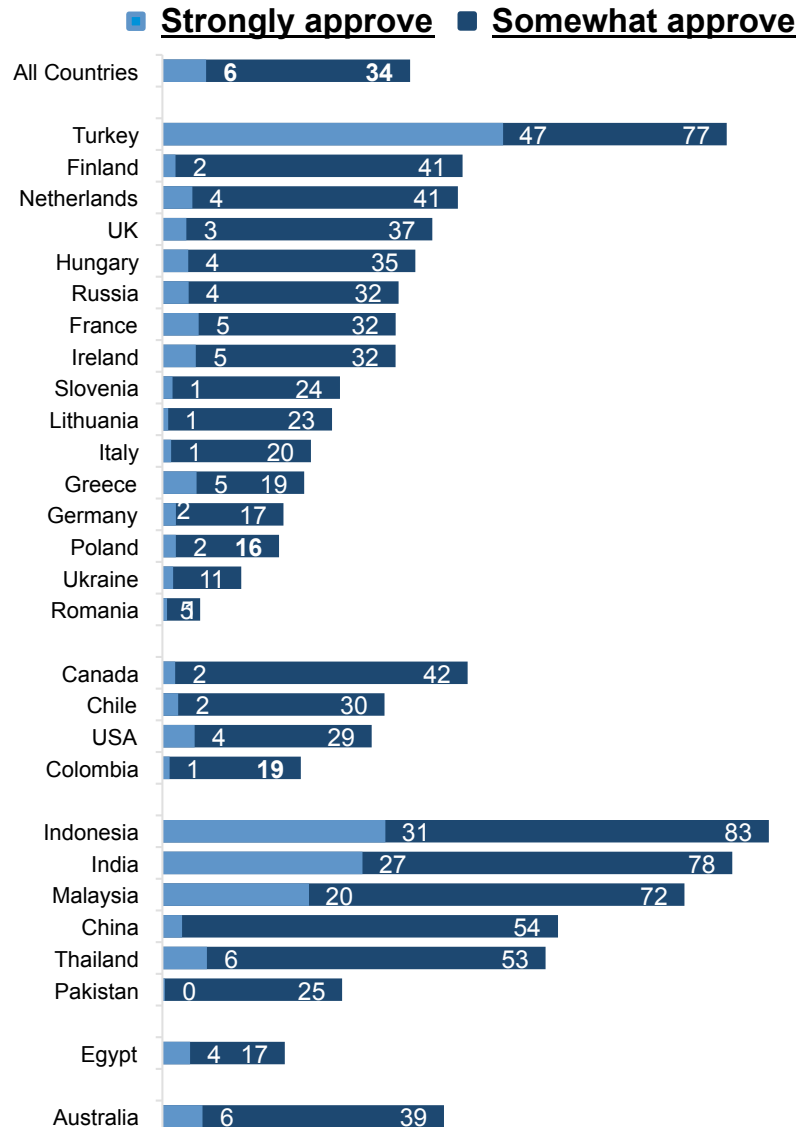


At a global level, most tend to perceive the basis of problems in the medical system as being a function of **mismanagement**. When asked to nominate the main undermining factor of the local health system, poor management was chosen ahead of **inadequate funding** in the majority of all countries, with particular criticism on this basis throughout Eastern Europe, Greece, Germany, Poland and Ireland and equally, to a very substantial extent, in Colombia and China. The Colombians are the most vehement in singling out poor management of their national medical system.

Hungary is the only country where people consider that insufficient funding is a more acute element than poor management.

It is intriguing that we seem to largely adhere to a view that health services could be better run and, by extension, that there is presumably wastage of resources rather than inadequate funding of the health system. The controllers of national health systems seem to be quite unsuccessful at articulating a coherent understanding of their plans and activities.

APPROVAL OF THE HEALTHCARE SYSTEM MANAGEMENT



In 22 out of the 28 countries in focus approval of the government's approach to the management of the healthcare system is either low or very low.

Those who run and direct health services must be well used to criticism, but one wonders whether such predominant negativity may be inherently undermining of those working within the system, and indeed whether this may become a self-fulfilling system 'norm'.

The populations of Indonesia, Turkey, India and Malaysia are quite supportive of their Government's handling of the healthcare system in their countries while close to half of the populations of China, Thailand, Finland, Netherlands and the UK give positive ratings to their national systems.

Throughout Eastern Europe and in Germany, Italy, Colombia and Egypt, there is little praise for the management of the local healthcare system.

CONFIDENCE IN FACETS OF THE NATIONAL HEALTHCARE SYSTEM

| TOP 2 BOXES | Quality health care services will always be available | Medical science and pharmaceutical products will be able to solve most, if not all, of the health issues | Healthcare services are among the best in the world | Does a good job of caring for the health of the more vulnerable in society |
|-------------|---|--|---|--|
| Total | 48 | 39 | 40 | 47 |
| Netherlands | 77 | 70 | 79 | 60 |
| France | 76 | 54 | 80 | 68 |
| Turkey | 72 | 73 | 41 | 71 |
| Finland | 64 | 34 | 73 | 41 |
| UK | 63 | 57 | 70 | 59 |
| Germany | 55 | 61 | 68 | 55 |
| Ireland | 46 | 43 | 28 | 40 |
| Russia | 44 | 31 | 15 | 14 |
| Italy | 43 | 49 | 38 | 37 |
| Hungary | 41 | 55 | 18 | 33 |
| Lithuania | 40 | 29 | 14 | 19 |
| Ukraine | 30 | 21 | 9 | 10 |
| Slovenia | 22 | 22 | 23 | 22 |
| Greece | 16 | 28 | 7 | 12 |
| Romania | 13 | 17 | 4 | 9 |
| Poland | 12 | 27 | 15 | 14 |
| Canada | 66 | 51 | 76 | 60 |
| USA | 52 | 49 | 66 | 35 |
| Chile | 36 | 37 | 11 | 30 |
| Colombia | 25 | 42 | 14 | 11 |
| India | 78 | 76 | 60 | 71 |
| Malaysia | 73 | 66 | 53 | 65 |
| Indonesia | 68 | 67 | 25 | 53 |
| Thailand | 46 | 57 | 39 | 43 |
| Pakistan | 42 | 50 | 25 | 24 |
| China | 37 | 59 | 24 | 30 |
| Egypt | 38 | 48 | 13 | 27 |
| Australia | 58 | 42 | 58 | 47 |

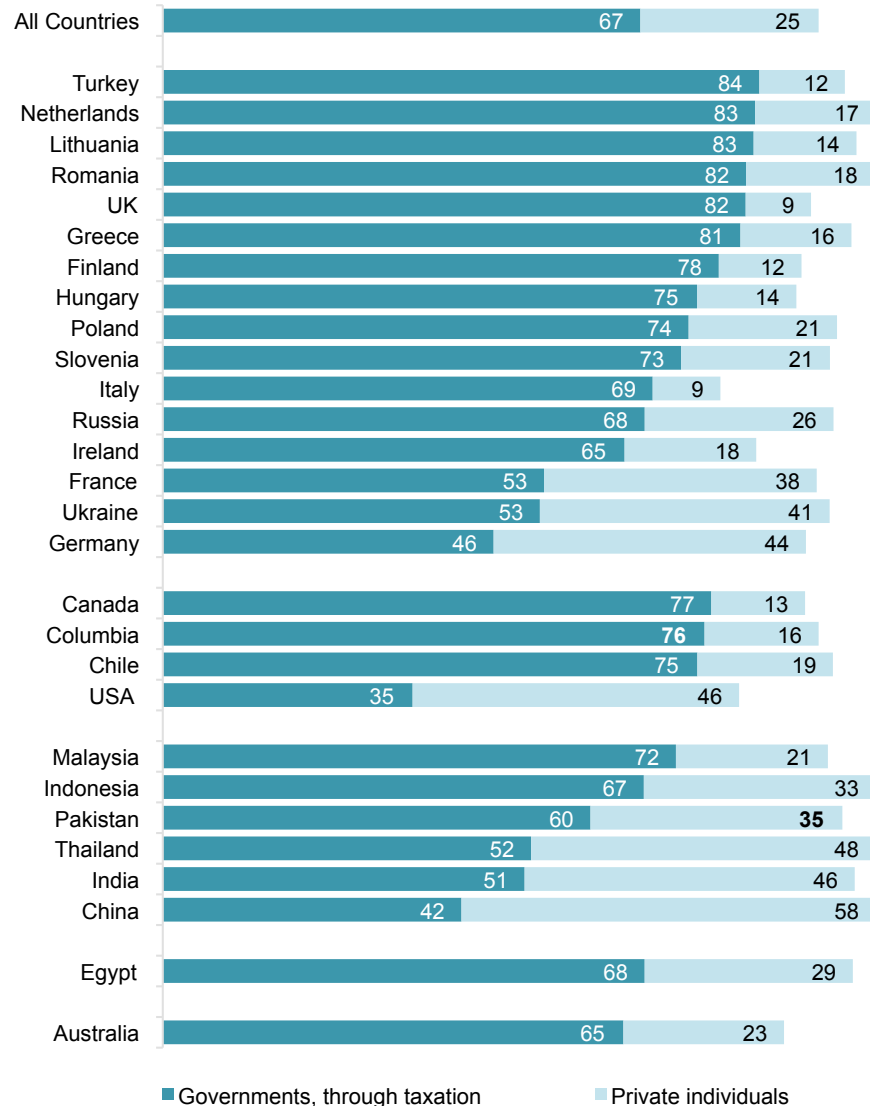
Perspectives of local healthcare systems differ substantially around the world. For example, there is a very broad view in the Netherlands and France that quality healthcare services will always be available in their countries and that their systems are among the best in the world. There is less commitment however that those countries do as good a job at caring for the vulnerable in their societies.

The populations of France, the Netherlands, Canada, Finland and the UK are the most likely to praise the healthcare services available in their countries.

Conversely, in Poland, Romania and Greece, the local perspective is much more muted about the perceived underpinnings of their systems. Those living in the Ukraine and Slovenia are also quite lacking in confidence about the ability of their local systems. The areas with the least confidence about the systems ability to address the needs of the more vulnerable in society tend to be voiced in Central and Eastern Europe and indeed in Colombia.

In 13 of the 28 countries, there is a slight majority view that medical science is capable of solving most if not all of today's healthcare issues. Interestingly such views are much more prevalent in either countries with better regarded medical systems or alternatively in Asia and North America.

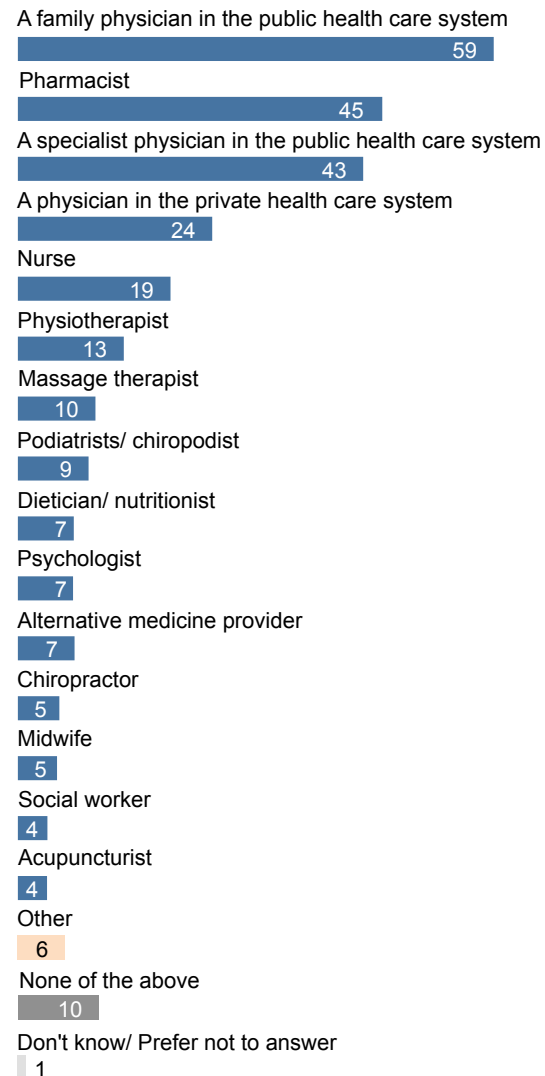
FUNDING PREFERENCE



In 21 of the 28 countries under study, there is preference for public over private funding of the health services. In America and China, a majority favour private funding, reflecting the norms of the local system, while a quite even preference is apparent in India, Germany and Thailand.

Distinct differences are apparent between America and Europe with many of those preferring the notion of public funding based upon the European continent and again reflective more of the norms of the systems in those countries.

USE OF MEDICAL SPECIALTIES OR HEALTH CARE PROFESSIONALS



Of all the different medical specialities, the family physician is the most used, followed by the pharmacist and then by other specialist physicians or doctors in the public healthcare system.

Roughly a quarter of the surveyed populations visited a physician in the private system in the past year.

Usage of other healthcare professionals such as physiotherapists, massage therapists, dieticians and psychologists is much more limited.

7% use practitioners of alternative medicine.

As expected, usage patterns vary substantially by country, as documented over the following pages.

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PAST YEAR USAGE OF MAIN HEALTHCARE PROFESSIONALS BY COUNTRY

| % | A family physician in the public healthcare system | A specialist physician in the public healthcare system | A physician in the private healthcare system |
|---------------|--|--|--|
| All Countries | 59 | 43 | 24 |
| Russia | 86 | 73 | 45 |
| Slovenia | 85 | 55 | 20 |
| Germany | 80 | 71 | 19 |
| Hungary | 78 | 63 | 21 |
| Lithuania | 76 | 51 | 16 |
| Netherlands | 76 | 46 | 4 |
| Poland | 75 | 50 | 30 |
| Romania | 73 | 35 | 17 |
| Turkey | 71 | 80 | 52 |
| UK | 68 | 33 | 9 |
| Italy | 65 | 43 | 35 |
| Ireland | 65 | 18 | 13 |
| France | 62 | 51 | 17 |
| Ukraine | 47 | 43 | 9 |
| Greece | 35 | 47 | 45 |
| Finland | 29 | 41 | 44 |
| Canada | 75 | 44 | 7 |
| Colombia | 53 | 48 | 29 |
| Chile | 42 | 25 | 55 |
| USA | 27 | 17 | 37 |
| Pakistan | 73 | 51 | 53 |
| India | 66 | 37 | 24 |
| Thailand | 56 | 23 | 15 |
| Malaysia | 37 | 42 | 26 |
| Indonesia | 26 | 28 | 10 |
| China | - | 54 | 12 |
| Egypt | 6 | 9 | 22 |
| Australia | 71 | 40 | 20 |

As commented earlier, the majority of the surveyed populations attend family and specialist physicians or doctors in the public healthcare system. Usage of these however is much more modest in countries such as Egypt, Indonesia, the USA, Finland, Greece and Malaysia.

Equally access to specialist physicians in the public system is much more limited in Ireland, Thailand, Chile, The United Kingdom or Romania, but common in Russia and Turkey.

Private sector physicians are used on a much more limited basis in many countries and feature at low levels in countries such as Netherlands, Canada, Ukraine, Indonesia, China, Ireland, Thailand, Lithuania, France, Romania and Germany.

Chile, Pakistan and Turkey stand out as the countries where people are more likely to visit a private sector physician rather than a public sector one.

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PAST YEAR USAGE OF MAIN HEALTHCARE PROFESSIONALS BY COUNTRY

| % | Pharmacist | Physiotherapist | Dietician/ nutritionist | Psychologist |
|---------------|------------|-----------------|----------------------------|--------------|
| All Countries | 45 | 13 | 7 | 7 |
| France | 85 | 39 | 9 | 12 |
| Turkey | 72 | 19 | 8 | 14 |
| Lithuania | 68 | 7 | 1 | 3 |
| Netherlands | 64 | 30 | 11 | 11 |
| Greece | 63 | 14 | 10 | 7 |
| Germany | 55 | 22 | 3 | 9 |
| Poland | 49 | 13 | 5 | 8 |
| Romania | 47 | 3 | 3 | 3 |
| Slovenia | 40 | 15 | 3 | 7 |
| Hungary | 40 | 11 | 7 | 5 |
| UK | 38 | 16 | 6 | 5 |
| Russia | 37 | 35 | 5 | 12 |
| Ireland | 36 | 10 | 3 | 2 |
| Italy | 25 | 9 | 6 | 3 |
| Finland | 18 | 20 | 5 | 10 |
| Ukraine | 14 | 3 | 0 | 3 |

| | | | | |
|----------|----|----|----|----|
| Canada | 58 | 17 | 7 | 8 |
| USA | 52 | 3 | 6 | 8 |
| Chile | 30 | 3 | 27 | 26 |
| Colombia | 19 | 21 | 22 | 12 |

| | | | | |
|-----------|----|---|----|----|
| India | 64 | 3 | 2 | 2 |
| Malaysia | 42 | 6 | 7 | 3 |
| Pakistan | 30 | 8 | 36 | 11 |
| Thailand | 26 | 3 | 3 | 1 |
| China | 19 | 9 | 12 | 7 |
| Indonesia | 7 | 2 | 4 | 0 |

| | | | | |
|-------|----|----|----|---|
| Egypt | 78 | 14 | 16 | 3 |
|-------|----|----|----|---|

| | | | | |
|-----------|----|----|---|----|
| Australia | 46 | 17 | 8 | 12 |
|-----------|----|----|---|----|

The Pharmacist occupies a very important role in the healthcare system in a variety of countries. Their role is quite central in France, Turkey, Lithuania, The Netherlands, Greece and Germany and they are equally very prominent in Canada, the USA, India and Egypt. Visits to a pharmacist in Ukraine, Finland and China are much more limited.

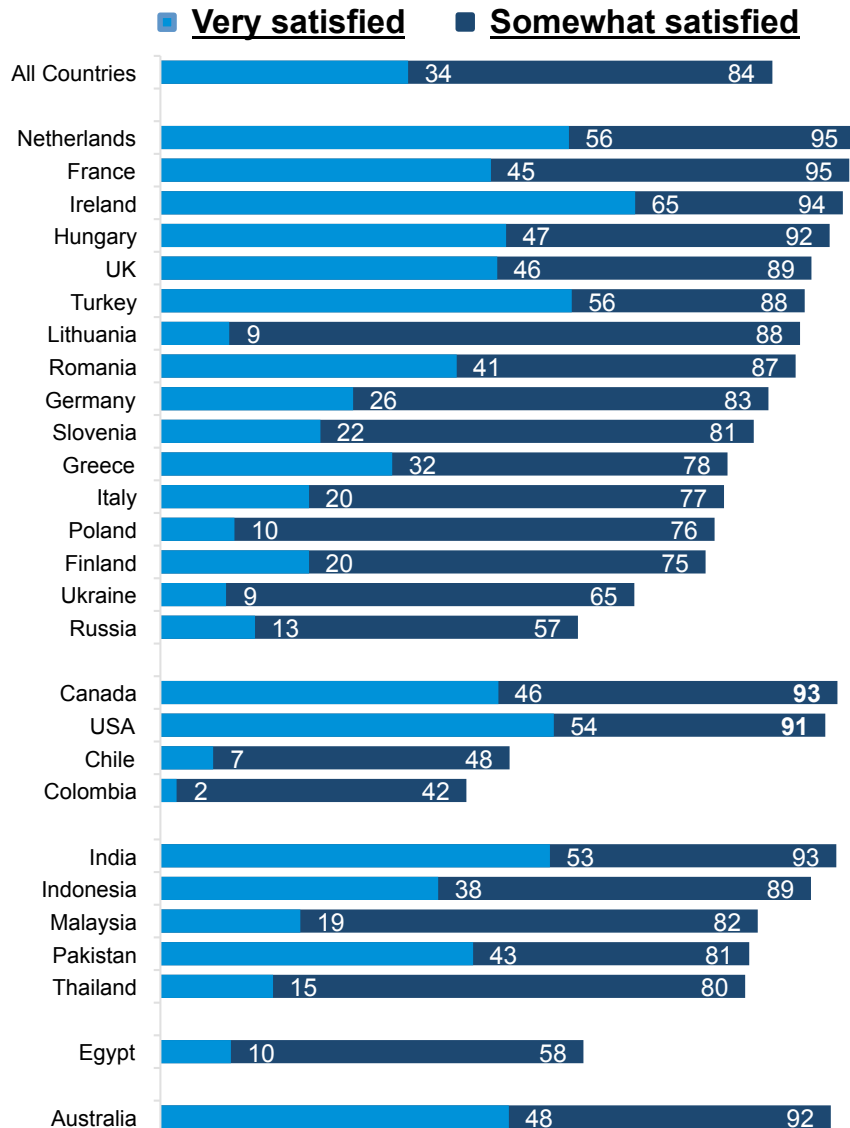
The use of physiotherapists is more prevalent in France, Russia and the Netherlands, with indeed Germany, Turkey, Finland and Colombia following relatively close behind in this regard.

Nutritionists are visited on a much more limited basis although they are evidently more prominent in Colombia, Chile and Pakistan.

Visits to a psychologist are comparatively uncommon although more prominent in Chile and a small number of other countries, but featuring at 10% or lower incidence in most territories.

In some countries visits to Health Care Professionals are confined to a narrow group. The family physician and the pharmacist presumably take on much more central and consultative roles. This is apparent of Ireland, Lithuania and Poland, for example.

SATISFACTION WITH THE FAMILY PHYSICIAN



China was not included

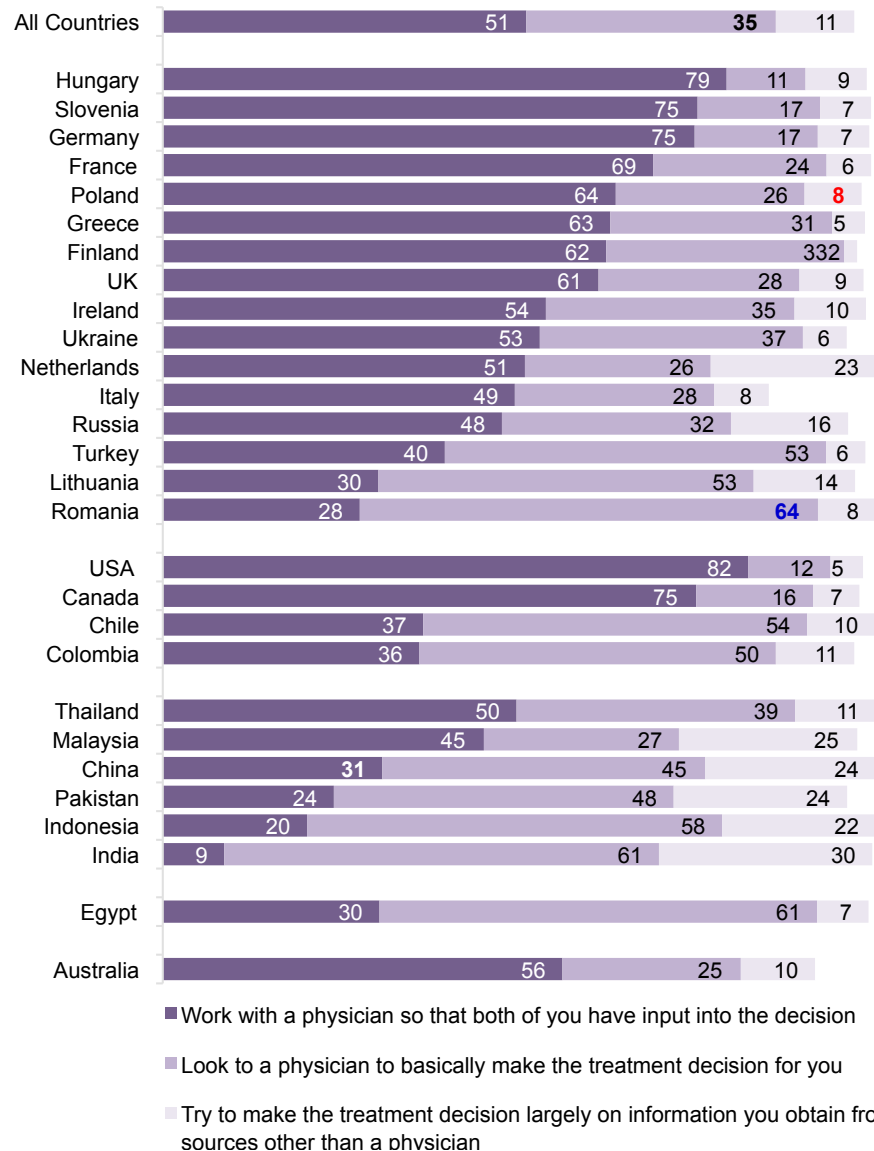
The family physician is obviously a particularly important agent in the medical systems of most countries. When asked to assess satisfaction with ones most recent visit, they tend to be highly rated, with more than 70% satisfied in 22 of the 27 countries under investigation in this context.

Interestingly there are still countries such as Colombia, Chile, Russia, Egypt and Ukraine where just half of the population declares itself content with the family physician relationship.

It is quite striking that satisfaction with the family physician is particularly high whereas in many instances, the perspective of the quality of healthcare system itself is low.

There tends to be a predominant view of systemic shortcomings, compensated for to some extent by the quality of the individuals working within the system. In this context there is a tendency towards respect and sympathy perhaps, but maybe a failure to be objective about the role of physicians and their possible contribution, if any, to such systemic failings.

PATIENT INPUT INTO TREATMENT DECISIONS

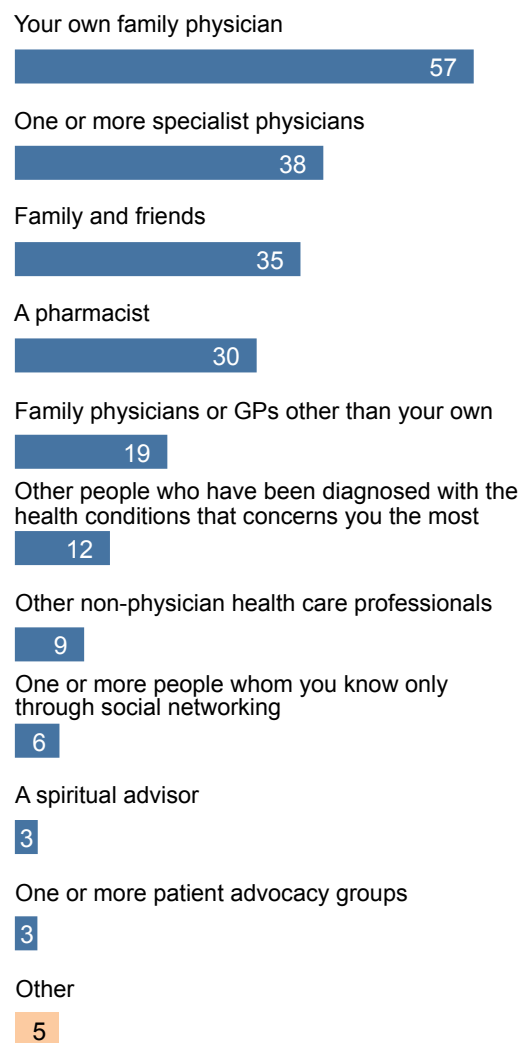


When asked how one prefers treatment decisions to be arrived at, there is evidence of a preference for collaboration between patient and physician in as many as 18 of the 28 countries studied.

Such collaboration is most expected in USA, Hungary, Slovenia, Germany, Canada, France, Poland, Greece, Finland and the UK. Conversely, greater reliance upon the physician to take the decision for the patient is apparent in Romania, India, Egypt, Indonesia, Chile, Turkey, Lithuania and Turkey.

In a small number of countries, there is evidence of a small but substantial group of patients preferring to direct their own treatment based upon information available to them. In this context, India, Malaysia, China, Pakistan, The Netherlands and Indonesia stand out to a slightly greater extent.

PRIMARY SOURCES OF HEALTH RELATED INFORMATION



The key perceived source of information about health related topics is the family physician, followed closely behind by specialist physicians and family or friends. Equally the role of the pharmacist is very important and cited by 3 in 10 of the population sampled.

Less centrally regarded as important include patient advocacy groups, spiritual advisors or indeed contacts made through social networking.

About a fifth of the population surveyed would rely on family physicians or general practitioners other than their own and about 1 in 8 on people already diagnosed with a similar condition.

It is worth pointing out that there are considerable variances by country: in Pakistan the spiritual advisor is regarded as a key source of information by 45% of the population.

Health perceptions around the Globe 25

FOCUS ON PRIMARY SOURCES OF HEALTH RELATED INFORMATION BY COUNTRY

| % | Your own family physician | One or more specialist physicians | Family and friends | A pharmacist |
|---------------|---------------------------|-----------------------------------|--------------------|--------------|
| All Countries | 56 | 38 | 35 | 30 |
| Netherlands | 77 | 29 | 22 | 16 |
| France | 76 | 36 | 29 | 33 |
| Lithuania | 75 | 54 | 26 | 53 |
| Slovenia | 74 | 34 | 38 | 32 |
| Romania | 71 | 26 | 35 | 48 |
| Germany | 71 | 51 | 29 | 18 |
| UK | 67 | 28 | 31 | 23 |
| Turkey | 64 | 57 | 51 | 61 |
| Italy | 63 | 33 | 8 | 14 |
| Ireland | 61 | 12 | 23 | 29 |
| Poland | 58 | 54 | 47 | 27 |
| Hungary | 56 | 37 | 24 | 17 |
| Russia | 49 | 50 | 35 | 26 |
| Ukraine | 44 | 33 | 30 | 16 |
| Greece | 38 | 46 | 32 | 44 |
| Finland | 24 | 37 | 38 | 11 |
| USA | 69 | 39 | 45 | 20 |
| Canada | 69 | 29 | 41 | 43 |
| Chile | 32 | 41 | 34 | 13 |
| Colombia | 49 | 34 | 37 | 16 |
| Pakistan | 73 | 56 | 78 | 43 |
| India | 63 | 25 | 63 | 58 |
| Malaysia | 31 | 49 | 56 | 34 |
| Indonesia | 20 | 26 | 45 | 7 |
| Thailand | 8 | 47 | 36 | 38 |
| China | - | 60 | 73 | 17 |
| Egypt | 38 | 65 | 26 | 44 |
| Australia | 75 | 29 | 32 | 37 |

The family physician is the key conduit of health related information in the majority of countries, although relegated into second place in countries such as Russia, Greece, Finland, Chile, Egypt and Malaysia.

Specialist physicians are generally not seen as key information sources but have greater prominence in Egypt, China, Pakistan, Turkey, Poland and Lithuania. The role of family and friends vary significantly and their role is seen as quite central in Pakistan, China and indeed throughout Asia.

The importance of the pharmacist varies substantially by country too and they are seen as more important sources of information in Turkey, India and Lithuania but with quite substantial variances of note too.

OVERVIEW ON SECONDARY SOURCES OF HEALTH RELATED INFORMATION

Websites

51

Television or radio programs

26

Magazines or newspapers

24

Pamphlets or brochures from physicians' offices or clinics

21

Books

19

Blogs and/or chat rooms on the Internet

8

Social media (Facebook, Twitter etc.)

7

Pamphlets or brochures mailed to your house

6

Phone information lines

3

Smart phone applications (apps)

2

DVDs or CDs

2

Other

8

Websites tend to be regarded as the key secondary source of information on health matters. Electronic communications and print are also regarded as important sources, with pamphlets available from physicians offices or clinics equally featuring in the top 5 information sources worldwide.

As yet, few seem to be regarding blogs, chat rooms and social media as central conduits of secondary information, and indeed smart-phone apps feature at a low level globally, but notably more highly (at 12%) in China.

Health perceptions around the Globe 27

VARIATION IN USE OF SECONDARY SOURCES OF HEALTH RELATED INFORMATION BY COUNTRY

| | % | Websites | TV or radio | Magazines or newspapers | Brochures from physicians' offices or clinics |
|---------------|----|----------|-------------|-------------------------|---|
| All Countries | 51 | 36 | 24 | 21 | |
| Slovenia | 87 | 23 | 33 | 26 | |
| Poland | 83 | 15 | 28 | 28 | |
| Finland | 74 | 15 | 21 | 20 | |
| UK | 71 | 13 | 14 | 25 | |
| Germany | 71 | 9 | 18 | 18 | |
| Netherlands | 62 | 12 | 13 | 11 | |
| Greece | 51 | 31 | 37 | 33 | |
| Lithuania | 43 | 34 | 23 | 23 | |
| France | 39 | 44 | 29 | 39 | |
| Hungary | 38 | 28 | 22 | 30 | |
| Ireland | 37 | 11 | 12 | 12 | |
| Russia | 36 | 32 | 26 | 22 | |
| Ukraine | 33 | 21 | 16 | 7 | |
| Romania | 30 | 22 | 26 | 13 | |
| Italy | 24 | 11 | 8 | 5 | |
| Turkey | 21 | 69 | 37 | 33 | |

| | | | | |
|----------|----|----|----|----|
| Colombia | 82 | 22 | 17 | 20 |
| USA | 79 | 17 | 28 | 34 |
| Chile | 79 | 15 | 15 | 16 |
| Canada | 72 | 18 | 18 | 29 |

| | | | | |
|-----------|----|----|----|----|
| China | 69 | 61 | 47 | 23 |
| Pakistan | 64 | 66 | 66 | 18 |
| Malaysia | 63 | 41 | 54 | 43 |
| Thailand | 38 | 29 | 25 | 24 |
| Indonesia | 8 | 63 | 42 | 25 |
| India | 7 | 51 | 33 | 7 |

| | | | | |
|-------|----|----|----|---|
| Egypt | 40 | 41 | 18 | 6 |
|-------|----|----|----|---|

| | | | | |
|-----------|----|----|----|----|
| Australia | 70 | 14 | 14 | 28 |
|-----------|----|----|----|----|

The prominence of websites as health information sources varies widely by country. 7 or 8 people in every 10 use websites in a range of countries including Slovenia, Poland, Columbia, USA, Chile, Finland, Canada, UK, Germany, Australia and China. Conversely, levels of use are much lower in countries such as France, Hungary, Ireland and Italy.

America, Australia and significant elements of Europe do not rely so much on TV or radio programmes when it comes to health related issues, whereas the importance of this type of electronic communication is much greater in Turkey, Pakistan, Indonesia and China.

Magazines and press are valued more in countries in Asia: Pakistan, Malaysia, China and Indonesia.

Pamphlets and brochures in physicians offices or clinics are consulted widely by people in Malaysia and France particularly. Conversely usage of these types of pamphlets is much more limited in countries such as Ukraine, Italy, India or Egypt.

OTHER SECONDARY SOURCES OF HEALTH RELATED INFORMATION

| % | Books | Blogs and/ or chat rooms on the Internet | Social media (Facebook, Twitter etc.) |
|---------------|-------|--|---------------------------------------|
| All Countries | 19 | 8 | 7 |
| Russia | 31 | 10 | 9 |
| Slovenia | 26 | 27 | 6 |
| Greece | 25 | 15 | 5 |
| Turkey | 24 | 2 | 3 |
| France | 24 | 8 | 4 |
| Poland | 24 | 19 | 8 |
| Germany | 18 | 6 | 5 |
| Hungary | 17 | 9 | 8 |
| Finland | 16 | 7 | 4 |
| UK | 14 | 9 | 4 |
| Romania | 13 | 5 | 2 |
| Ireland | 13 | 1 | 4 |
| Lithuania | 11 | 8 | 1 |
| Ukraine | 11 | 3 | 13 |
| Netherlands | 10 | 4 | 2 |
| Italy | 3 | 1 | 2 |
| Canada | 22 | 8 | 3 |
| Colombia | 22 | 8 | 5 |
| USA | 21 | 9 | 3 |
| Chile | 17 | 7 | 7 |
| China | 53 | 23 | 25 |
| Pakistan | 37 | 16 | 59 |
| Malaysia | 32 | 18 | 25 |
| Thailand | 27 | 7 | 9 |
| India | 21 | 1 | 2 |
| Indonesia | 17 | 2 | 4 |
| Egypt | 8 | 6 | 13 |
| Australia | 18 | 8 | 5 |

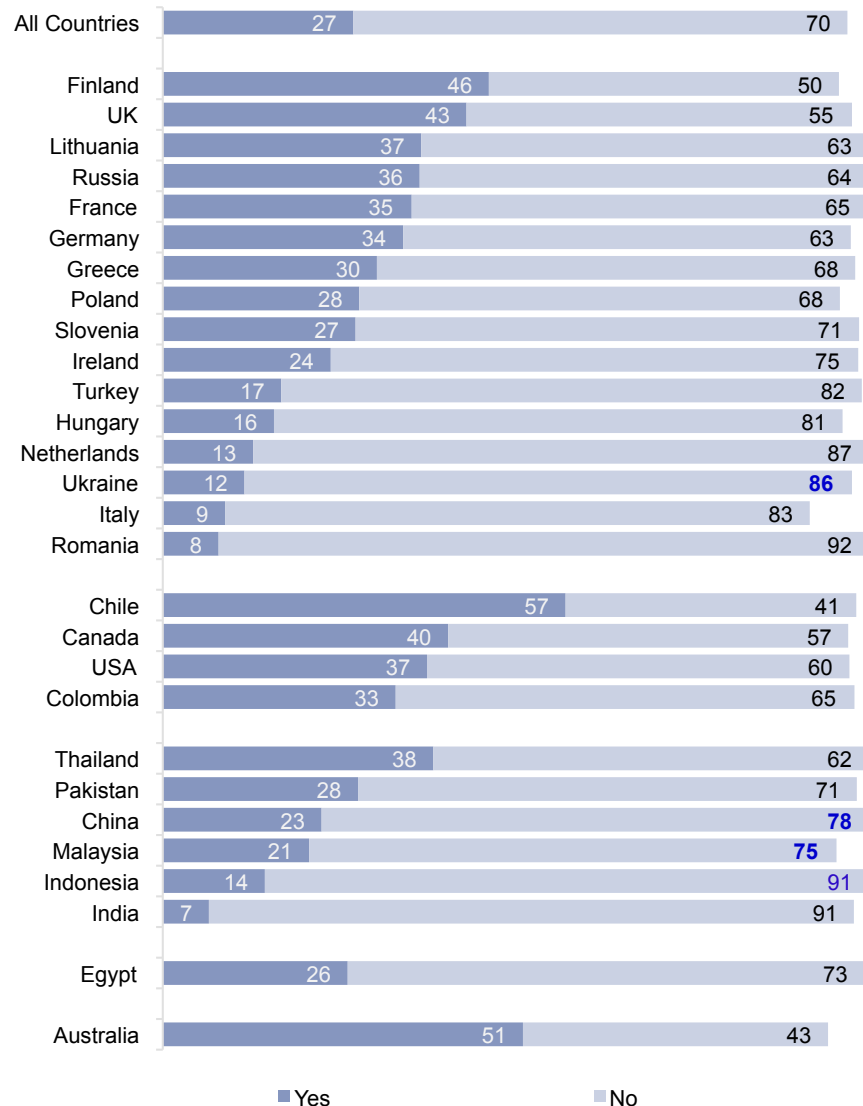
China and Russia are the territories in which books are more prominent as a reference for health matters.

In Slovenia and China, but to some extent in Greece, Poland, Pakistan and Malaysia there is greater reliance upon blogs and chat rooms than in other areas. Conversely consideration of these media is almost non-existent in a health context in Ireland, Italy and India.

Social media has yet to establish itself significantly in this context, although evidently much more prominent in Pakistan, but with some currency too in countries such as China and Malaysia.

Health perceptions around the Globe 29

PERSONAL EXPERIENCE OF MENTAL ILLNESS OR SUICIDE IN ONES PEER GROUP

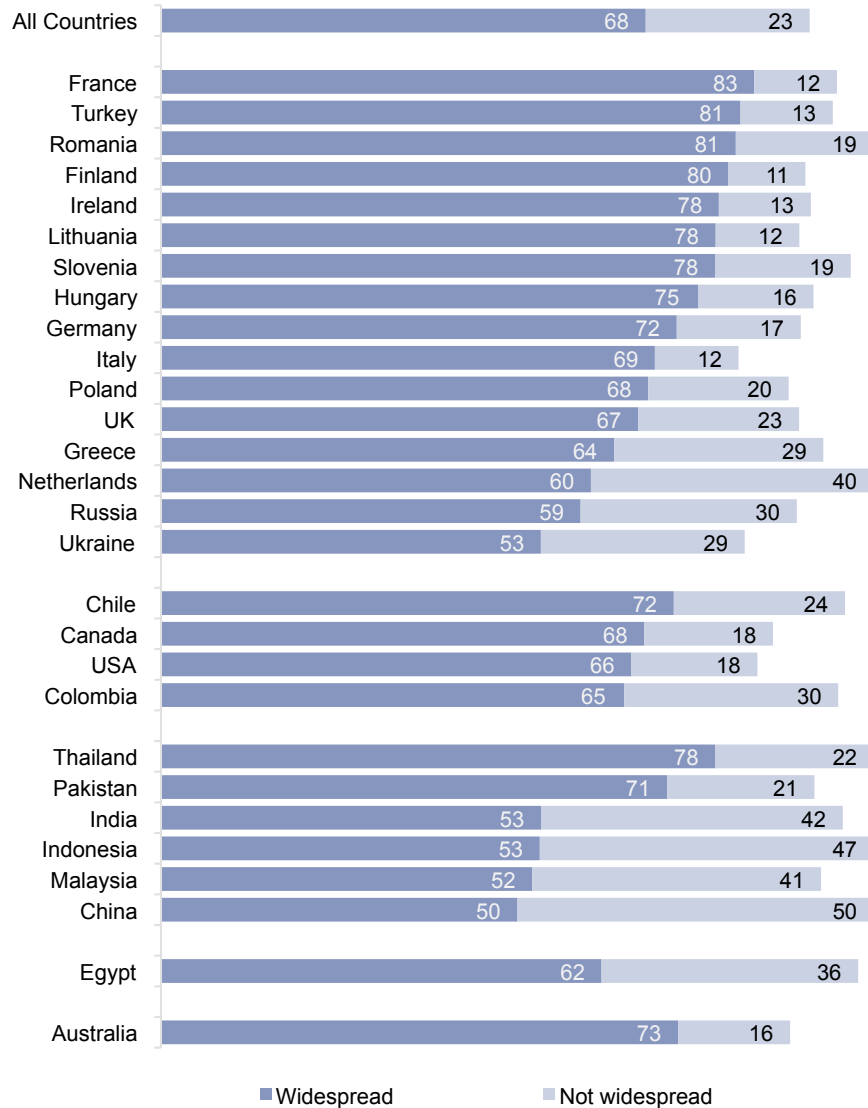


In 20 of the 28 countries under investigation, more than a fifth of the adult population has some experience of mental illness, either by virtue of direct, personal experience or through the experience of someone close.

Direct experience is more substantially claimed in Chile, Finland and the UK with comparatively high levels in Canada, America and particularly Australia.

Some countries are evidently much slower to admit to such experience with evident cultural difficulty in this regard in Italy, Romania and India.

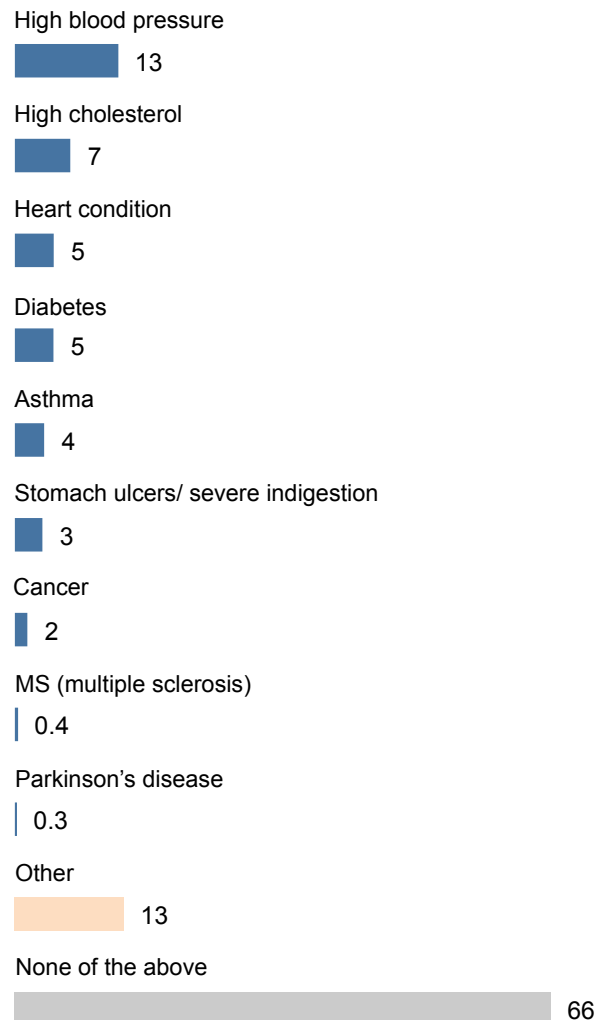
PERCEIVED PREVALENCE OF MENTAL ILLNESSES



Although incidence and experience of mental illness and suicide may be quite varied and indeed very low in some countries, there is nonetheless a broad perception that mental illness is widespread in almost all countries under review. 6 in 10 or more respondents in all but five countries regard mental illness as widespread these days.

The difference between the perceived prevalence and the direct experience of mental illness may be explicable by stigma in relation to mental illness, or may be a factor of reluctance to recognise manifestations of it in certain cultures.

KEY MEDICAL CONDITIONS



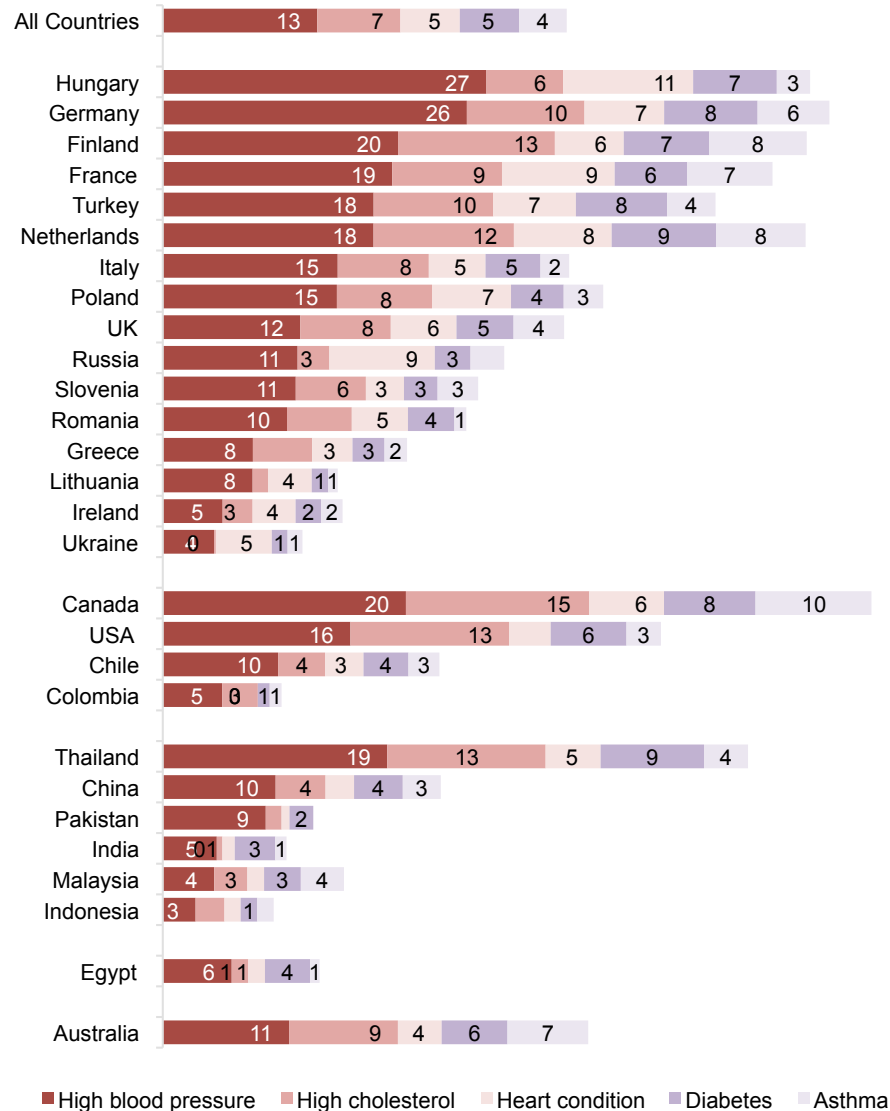
Three of the most pervasive chronic medical conditions globally relate to the cardiovascular system: high blood pressure, high cholesterol and indeed heart condition.

Fully a third of the global population surveyed suffers from one of a range of chronic conditions, with diabetes indicated as the next most prevalent after the various cardiovascular conditions mentioned above.

The study also explored experience of some more immediately fatal or degenerative conditions such as cancer, multiple sclerosis and Parkinsons disease, but as expected, incidences are comparatively low. 2% globally have experienced cancer.

CHRONIC CONDITIONS BY COUNTRIES

First 5 medical conditions



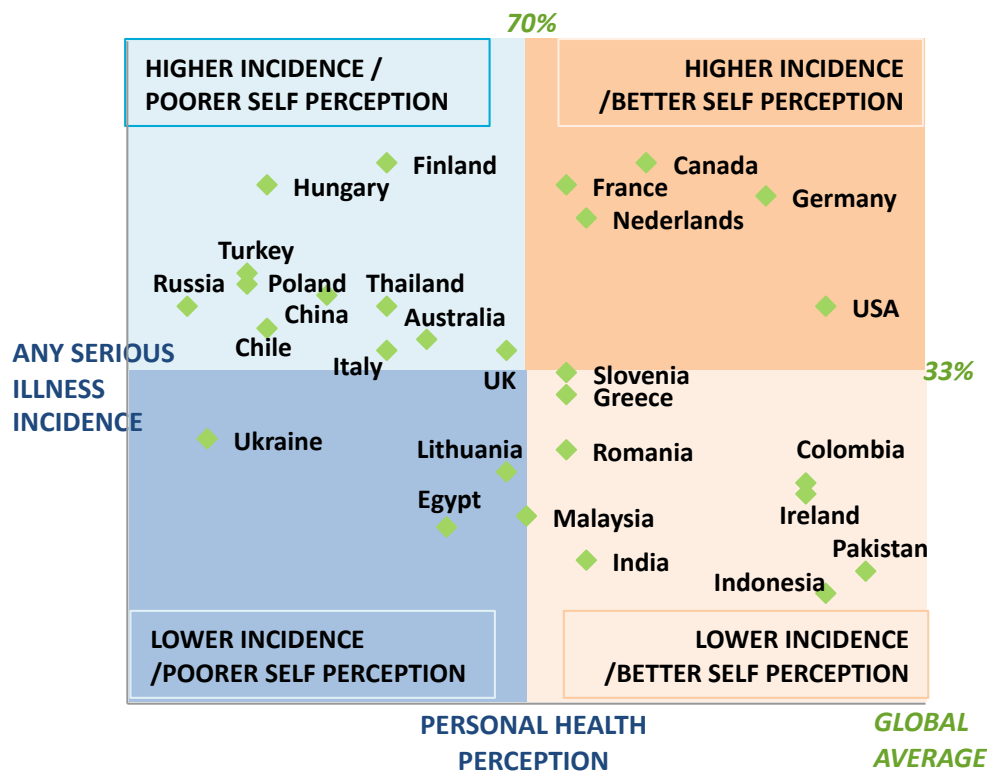
In the context of high blood pressure, there is a remarkable diversity of incidence with particularly high levels recorded in Hungary, Germany, Finland and France and remarkably low claimed incidence in some of the Asian sub continent but also in the Ukraine, Ireland, Lithuania and Greece. It seems highly probable that this may be related more to a lack of knowledge or screening, than to such substantial differences in actual incidence.

High cholesterol emerges as particularly prevalent in Canada, the USA, Thailand, Finland and the Netherlands.

Diabetes is again more readily acknowledged in Netherlands, Thailand, Germany, Turkey and Canada. As in the context of high blood pressure, one suspects that there are many cases of undiagnosed diabetes in other countries.

Asthma has a somewhat higher incidence in Canada, Finland and the Netherlands.

ACTUAL & PERCEIVED HEALTH CONTRAST



Contrasting the incidence of any of the serious health conditions examined by country (top to bottom scale) with each countries' perceived health score (left to right scale) enables us to determine whether there is an obvious global relationship between actual and perceived health.

The principal developed countries in the top right quadrant have a generally higher disease incidence but their populations feel better on average. In the quadrant below that there are countries with lower illness incidences as well as a better overall health perception. Ireland, Colombia, Pakistan and Indonesia are typical in this regard.

Generally more unwell and also feeling worse on average are countries such as Hungary, Finland, China and Poland, while countries such as Ukraine, Lithuania and Egypt feel less well than average but with an apparently lower incidence of serious illness.

There is evidently no very direct relationship between the two facets, suggesting that levels of diagnosis and testing may differ widely by country. Furthermore, those countries where illness may be more prevalent don't seem to feel that much worse overall. Differences in healthcare provision may boost feeling of wellbeing in the upper right quadrant and depress them in the bottom left perhaps.

DEMOGRAPHICS

GENDER

| % | Male | Female |
|---------------|------|--------|
| All Countries | 49 | 51 |
| Finland | 50 | 50 |
| France | 48 | 52 |
| Germany | 50 | 50 |
| Greece | 49 | 51 |
| Hungary | 47 | 53 |
| Ireland | 49 | 51 |
| Italy | 48 | 52 |
| Lithuania | 47 | 53 |
| Netherlands | 50 | 50 |
| Poland | 55 | 45 |
| Romania | 48 | 52 |
| Russia | 45 | 55 |
| Slovenia | 50 | 50 |
| Turkey | 48 | 52 |
| UK | 49 | 51 |
| Ukraine | 47 | 53 |
| USA | 49 | 51 |
| Canada | 49 | 51 |
| Chile | 48 | 52 |
| Colombia | | |
| China | 50 | 50 |
| India | 52 | 48 |
| Indonesia | 49 | 51 |
| Malaysia | 50 | 50 |
| Thailand | 50 | 50 |
| Pakistan | 59 | 41 |
| Egypt | 53 | 47 |
| Australia | 49 | 51 |

AGE

| % | Under 18 y.o. | 18-29 y.o. | 30-44 y.o. | 45-59 y.o. | 60+ y.o. |
|---------------|---------------|------------|------------|------------|----------|
| All Countries | 0 | 25 | 31 | 26 | 17 |
| Finland | - | 22 | 27 | 30 | 21 |
| France | - | 19 | 25 | 27 | 29 |
| Germany | - | 18 | 29 | 26 | 27 |
| Greece | - | 24 | 34 | 27 | 16 |
| Hungary | - | 16 | 27 | 30 | 26 |
| Ireland | 4 | 21 | 31 | 21 | 23 |
| Italy | - | 16 | 28 | 25 | 32 |
| Lithuania | 1 | 24 | 29 | 30 | 16 |
| Netherlands | - | 24 | 25 | 26 | 26 |
| Poland | - | 43 | 17 | 31 | 9 |
| Romania | - | 25 | 38 | 33 | 4 |
| Russia | - | 26 | 27 | 24 | 23 |
| Slovenia | 3 | 26 | 31 | 28 | 13 |
| Turkey | - | 26 | 32 | 28 | 14 |
| UK | - | 19 | 28 | 24 | 30 |
| Ukraine | 3 | 31 | 32 | 34 | - |
| USA | - | 18 | 30 | 23 | 29 |
| Canada | - | 20 | 28 | 28 | 24 |
| Chile | - | 30 | 38 | 27 | 6 |
| Colombia | | | | | |
| China | - | 37 | 36 | 23 | 4 |
| India | - | 36 | 41 | 20 | 2 |
| Indonesia | - | 29 | 41 | 23 | 7 |
| Malaysia | - | 39 | 43 | 17 | 1 |
| Thailand | - | 22 | 33 | 33 | 11 |
| Pakistan | 2 | 60 | 28 | 9 | 1 |
| Egypt | 1 | 42 | 49 | 8 | 1 |
| Australia | - | 25 | 28 | 40 | 8 |

DEMOGRAPHICS

LEVEL OF EDUCATION

| | % | Some high school | Completed elementary/ grade school | Some elementary/ grade school | Prefer not to answer |
|---------------|-----------|------------------|------------------------------------|-------------------------------|----------------------|
| All Countries | 40 | 41 | 18 | 1 | |
| Finland | 35 | 51 | 11 | 3 | |
| France | 37 | 49 | 13 | 1 | |
| Germany | 39 | 49 | 12 | 1 | |
| Greece | 50 | 33 | 16 | 0 | |
| Hungary | 26 | 50 | 22 | 1 | |
| Ireland | 19 | 50 | 29 | 1 | |
| Italy | 11 | 28 | 60 | - | |
| Lithuania | 23 | 65 | 11 | 0 | |
| Netherlands | 34 | 53 | 13 | - | |
| Poland | 40 | 46 | 15 | - | |
| Romania | 35 | 45 | 20 | 0 | |
| Russia | 55 | 44 | 1 | - | |
| Slovenia | 15 | 76 | 7 | 2 | |
| Turkey | 15 | 40 | 46 | 0 | |
| UK | 46 | 40 | 13 | 1 | |
| Ukraine | 81 | 19 | 0 | - | |
| USA | 68 | 31 | 1 | 1 | |
| Canada | 68 | 26 | 5 | 1 | |
| Chile | 23 | 73 | 3 | 1 | |
| Colombia | | | | | |
| China | 70 | 21 | 8 | - | |
| India | 20 | 32 | 48 | 1 | |
| Indonesia | 20 | 72 | 8 | - | |
| Malaysia | 50 | 44 | 5 | 1 | |
| Pakistan | 35 | 39 | 26 | 0 | |
| Thailand | 65 | 18 | 17 | - | |
| Egypt | 81 | 13 | 5 | 0 | |
| Australia | 35 | 46 | 18 | 1 | |

MARITAL STATUS

| | % | Single, never married | Married/ living as a couple | Widowed | Separated/ divorced | Prefer not to answer |
|-------------|----------|-----------------------|-----------------------------|---------|---------------------|----------------------|
| Finland | 17 | 67 | 3 | 11 | 3 | |
| France | 23 | 59 | 9 | 8 | 0 | |
| Germany | 20 | 68 | 4 | 7 | 1 | |
| Greece | 35 | 58 | 2 | 5 | 1 | |
| Hungary | 22 | 64 | 8 | 6 | 1 | |
| Ireland | 31 | 57 | 6 | 6 | - | |
| Italy | 20 | 70 | 7 | 3 | - | |
| Lithuania | 23 | 63 | 8 | 6 | 0 | |
| Netherlands | 30 | 57 | 3 | 10 | - | |
| Poland | 34 | 57 | 1 | 5 | 2 | |
| Romania | 30 | 61 | 4 | 5 | 0 | |
| Russia | 22 | 57 | 10 | 10 | - | |
| Slovenia | 30 | 58 | 1 | 7 | 4 | |
| Turkey | 24 | 71 | 4 | 1 | 0 | |
| UK | 23 | 65 | 2 | 9 | 0 | |
| Ukraine | 26 | 60 | 4 | 10 | - | |
| USA | 26 | 59 | 3 | 11 | 1 | |
| Canada | 24 | 61 | 3 | 10 | 1 | |
| Chile | 40 | 46 | 2 | 12 | 0 | |
| Colombia | | | | | | |
| China | 28 | 70 | 2 | 1 | - | |
| India | 24 | 73 | 2 | 0 | 0 | |
| Indonesia | 20 | 75 | 4 | 1 | - | |
| Malaysia | 43 | 53 | 1 | 1 | 1 | |
| Pakistan | 49 | 49 | 1 | - | 0 | |
| Thailand | 41 | 50 | 3 | 6 | - | |
| Egypt | 8 | 89 | 1 | 1 | 1 | |
| Australia | 26 | 57 | 3 | 13 | 1 | |

DEMOGRAPHICS

HOUSEHOLD INCOME FOR 2010, BEFORE TAXES

| | % | Low | Medium low | Medium | Medium high | High | DK/NA/ Prefer not to answer |
|---------------|----|-----|------------|--------|-------------|------|--------------------------------|
| All Countries | 18 | 21 | 22 | 14 | 10 | 14 | |
| Finland | 16 | 26 | 20 | 12 | 9 | 16 | |
| France | 25 | 16 | 14 | 12 | 24 | 9 | |
| Germany | 5 | 19 | 25 | 16 | 14 | 22 | |
| Greece | 15 | 25 | 20 | 14 | 12 | 13 | |
| Hungary | 15 | 28 | 44 | 4 | 0 | 8 | |
| Ireland | 10 | 19 | 11 | 14 | 5 | 41 | |
| Italy | 23 | 21 | 12 | 4 | 6 | 35 | |
| Lithuania | 22 | - | 40 | 19 | 12 | 7 | |
| Netherlands | 23 | 22 | 33 | 14 | 8 | - | |
| Poland | 20 | 32 | 19 | 10 | 4 | 16 | |
| Romania | 11 | 15 | 14 | 16 | 14 | 31 | |
| Russia | 2 | 11 | 61 | 19 | 3 | 5 | |
| Slovenia | 7 | 32 | 27 | 20 | 6 | 7 | |
| Turkey | 13 | 21 | 27 | 17 | 13 | 10 | |
| UK | 24 | 23 | 23 | 17 | 2 | 11 | |
| Ukraine | 7 | 27 | 62 | 3 | 1 | - | |
| USA | 7 | 12 | 18 | 24 | 23 | 16 | |
| Canada | 23 | 29 | 16 | 11 | 4 | 16 | |
| Chile | 10 | 24 | 14 | 16 | 28 | 8 | |
| Colombia | | | | | | | |
| China | 24 | 19 | 23 | 20 | 15 | - | |
| India | 45 | 37 | 12 | 4 | 1 | 2 | |
| Indonesia | 20 | 20 | 20 | 20 | 20 | - | |
| Malaysia | 15 | 20 | 17 | 14 | 17 | 16 | |
| Pakistan | 11 | 24 | 9 | 5 | 25 | 26 | |
| Thailand | 21 | 16 | 37 | 15 | 11 | - | |
| Egypt | 20 | 20 | 19 | 30 | 9 | 2 | |
| Australia | 22 | 25 | 13 | 12 | 7 | 21 | |

CHILDREN UNDER 18 Y.O.

| | % | Yes | No |
|---------------|----|-----|----|
| All Countries | 34 | 63 | |
| Finland | 29 | 70 | |
| France | 34 | 66 | |
| Germany | 19 | 80 | |
| Greece | 28 | 71 | |
| Hungary | 26 | 73 | |
| Ireland | 35 | 64 | |
| Italy | 30 | 70 | |
| Lithuania | 37 | 63 | |
| Netherlands | 24 | 76 | |
| Poland | 25 | 74 | |
| Romania | 35 | 65 | |
| Russia | 42 | 57 | |
| Slovenia | 28 | 71 | |
| Turkey | 41 | 59 | |
| UK | 29 | 71 | |
| Ukraine | 38 | 62 | |
| USA | 20 | 79 | |
| Canada | 24 | 75 | |
| Chile | 43 | 56 | |
| Colombia | | | |
| China | 39 | 61 | |
| India | 51 | 24 | |
| Indonesia | 61 | 39 | |
| Malaysia | 43 | 57 | |
| Pakistan | 41 | 29 | |
| Thailand | 27 | 73 | |
| Egypt | 71 | 26 | |
| Australia | 40 | 50 | |

DEMOGRAPHICS

EMPLOYMENT STATUS

| % | Employed full-time | Employed part-time | Independent worker/ self-employed | Unemployed | Homemaker | Student, not employed | Student, working part-time | Retired | Prefer not to answer |
|---------------|--------------------|--------------------|-----------------------------------|------------|-----------|-----------------------|----------------------------|---------|----------------------|
| All Countries | 44 | 7 | 8 | 6 | 10 | 6 | 4 | 15 | 1 |
| Finland | 52 | 4 | 2 | 8 | 2 | 4 | 4 | 21 | 2 |
| France | 40 | 8 | 4 | 12 | - | 6 | 3 | 28 | - |
| Germany | 48 | 10 | 10 | 2 | 4 | 2 | 3 | 21 | 2 |
| Greece | 32 | 5 | 13 | 13 | 11 | 7 | 4 | 15 | 0 |
| Hungary | 38 | 5 | 5 | 6 | 3 | 7 | 0 | 35 | 1 |
| Ireland | 28 | 11 | 5 | 13 | 18 | 10 | 1 | 14 | 0 |
| Italy | 28 | 7 | 11 | 5 | 17 | 6 | 1 | 25 | - |
| Lithuania | 60 | 3 | 10 | 3 | 8 | - | 15 | - | 0 |
| Netherlands | 31 | 17 | 5 | 8 | 11 | 3 | 7 | 18 | - |
| Poland | 43 | 3 | 8 | 9 | 4 | 13 | 5 | 11 | 4 |
| Romania | 66 | 1 | 5 | 4 | 6 | 6 | - | 12 | 1 |
| Russia | 42 | 5 | 4 | 3 | 11 | 2 | 7 | 26 | 2 |
| Slovenia | 45 | 3 | 3 | 8 | 0 | 14 | 5 | 19 | 3 |
| Turkey | 22 | 2 | 15 | 4 | 31 | 6 | - | 19 | 0 |
| UK | 35 | 15 | 4 | 8 | 8 | 3 | 1 | 26 | 1 |
| Ukraine | 56 | 5 | 7 | 6 | 5 | 7 | 5 | 8 | 0 |
| USA | 48 | 8 | 4 | 6 | 4 | - | 4 | 22 | 4 |
| Canada | 48 | 8 | 8 | 4 | 5 | 3 | 3 | 20 | 1 |
| Chile | 42 | 5 | 19 | 4 | 7 | 10 | 8 | 5 | 1 |
| Colombia | | | | | | | | | |
| China | 71 | 4 | 3 | 2 | 1 | 6 | 6 | 8 | - |
| India | 47 | 7 | 4 | 5 | 28 | 7 | 1 | 1 | - |
| Indonesia | 34 | 12 | - | 3 | 38 | 9 | 1 | 3 | - |
| Malaysia | 58 | 4 | 5 | 5 | 8 | 13 | 4 | 3 | - |
| Pakistan | 32 | 9 | 14 | 1 | 21 | 12 | 8 | 1 | 2 |
| Thailand | 59 | 1 | 22 | 1 | 6 | 5 | 1 | 4 | - |
| Egypt | 60 | 10 | 4 | 4 | 20 | 0 | 0 | 1 | 0 |
| Australia | 39 | 17 | 3 | 9 | 9 | 3 | 4 | 12 | 3 |

THANK YOU!

