

## MEDICATION TAKEN BY ADULTS FOR MAJOR NON-COMMUNICABLE DISEASES IN SRI LANKA: ANALYSIS OF SOCIO-ECONOMIC AND HOUSEHOLD INFLUENCES

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**Abstract:** *This paper examines the levels and socio-economic differentials in medication use by adults, for six major non-communicable diseases (NCDs), using data from the Sri Lanka Demographic and Health Survey, 2006-07. The study sample comprises of adults aged 30 and over, of which one fifth were using a medication for a NCD. Logistic regressions models are estimated on the probability (odds ratio) of taking medication for any of the six NCDs. Statistically significant effects were evident for gender, age, marital status, and to a less consistent degree, household wealth. Odds ratios were also estimated for specific medication use and results varied by NCD type. For instance, women had considerably lower odds ratios for medication use for heart disease/stroke, compared to men, but higher odds ratios for other medication types. The study found that the increasing household wealth in Sri Lanka means that the odds of taking medication for asthma has lowered, but there are higher odds of medication use for diabetes. This study is unique in that it provides evidence of clustering of medication use for some NCDs within households, including diabetes and hypertension which are risk factors for other NCDs. The probability of an adult using medication for NCDs is significantly higher if another person in the household is also taking similar medication. While household clustering of NCDs exert economic pressure on households (medication costs, out-of-pocket expenses in caring patients and loss of income due to absence from work etc.), it also calls for public health strategies to recognize the family and household context of medication use when designing screening and service delivery programs.*

**Keywords:** Clustering of NCDs, Medication-use by adults, Non-communicable diseases and medication use, Sri Lanka Demographic and Health Survey.

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### **Introduction**

Major chronic diseases, including heart disease, stroke, cancer, chronic respiratory diseases (Asthma and Chronic Obstructive Pulmonary Disease), diabetes and hypertension, are the causes of ill health, disability and death throughout the world. These diseases are referred to as non-communicable diseases (NCDs) as they do not transmit from person to person like infectious diseases. While diabetes and hypertension are categorised as NCDs, they are also risk factors for other chronic conditions. These two conditions as well as others such as obesity and lipids, frequently coexist with other NCDs, and increase health and mortality risks. This can occur either independently or through interactions with other NCDs. Chronic NCDs were once thought to be diseases of the affluent, but they are now becoming increasingly common in low and middle-income countries. Consequently, the health systems in these countries have to deal with the double burden of diseases, still

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