

Breast Cancer: Consumer Behaviour in Indo Asean

What you need to consider if you plan to introduce your breast cancer screening technology in India & Southeast Asia

1. Market Size

More than 70% of all cancer deaths occur in *low and middle income countries* (WHO). In Asia, 3.4 billion reside in low and middle income nations, or 50% of world's population. Within Indo-Asean, India and Indonesia are the most attractive in terms of market size with 1.3 billion people. Thailand and Malaysia have the highest per capita incomes amongst the low and middle income economies in Asia. Although Singapore and Hong Kong have small populations, they are attractive as they are the richest countries in the world on a per capita basis, and more receptive to consumer innovation.

2. Trends

2.1 Lifestyle: Smoking contributes to 21% of preventable cancer deaths, or about half of cancer deaths that could be prevented (WHO). As Indo-Asean markets modernise, more women are taking up smoking (WHO). Other important lifestyle factors that contribute to increased breast cancer incidence include late marriage, delayed childbirth, shorter breastfeeding cycles and greater reliance on junk food: signs of the modern, working professional woman that is on a rapid rise, especially in India.

2.2 Demographics: Women over the age of 50 account for 80% of all breast cancer cases. In Asia, the age of the high risk group is lower, starting at 40. Also, advanced economies like Singapore face an ageing population problem, similar to Japan's.

2.3 Numbers: In absolute terms, India reports around 100,000 new breast cancer cases annually. By 2015, this figure is expected to go up to 250,000 (IARC).

3. Consumer Behaviour in Indo-Asean

3.1 Awareness: *Do I receive enough information from NGOs, doctors or the media about the importance of self examination and how common is breast cancer? Is there enough information in a language I will understand? If I have breast cancer, will I die? If I know I have breast cancer, what are my options? Someone in my family just succumbed to breast cancer, am I at higher risk? What can I do to ensure my survival if I am at higher risk of getting breast cancer? Why is breast cancer so important in relation to other issues women have?*

Early stage detections are a dismal 10% in **India** as against 60-65% in the West. This is also because less than 3% Indian women go for regular check-ups (AHI). There are articles, every now and then in the national and regional newspapers about breast cancer. However, literacy and attitudes play an important role in converting awareness into action. NGOs have limited budgets and focus their efforts on screening camps in rural areas. However, their coverage is limited.

3.2 Attitudes: *Am I old enough to be thinking of breast cancer? I don't smoke, or drink and exercise regularly, and no one in my family has had breast cancer, why do I still need to check myself every month? Will my family and husband disprove of self examination? What do my religious leaders think of self examination, especially in the presence of doctors? Will the new technology solve these privacy issues? How will*

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my husband and family react if I am found to have breast cancer? Is my doctor going to be sensitive and supportive if I require further testing?

In **India**, in the absence of large scale government sponsored education programmes, doctors play an important role in influencing attitudes at the grassroots level. Religion, culture and literacy combined can prove to be a major barrier in getting women to commit to regular self examination, let alone adopting technology to aid the process. Husbands are the next biggest influencers, and often the bread winner and thus the major stakeholder in decision making.

3.3 Affordability: *Can I afford to purchase this device? Even if I can, is it worth spending my hard earned disposable income on this? Do I truly see value in this device because it can save my life? If I buy it, will I be more disciplined in my monthly self examination routine? If I have sisters and other females in the household, is there more value in purchasing one for the household as opposed to my own individual use? Are there other ways to access this technology without the need to purchase? Are there any government subsidies available?*

Asia has one of the highest savings rates in the world and in the absence of social healthcare insurance and government sponsored subsidies (with the exception of Singapore), Asians also have the highest out of pocket expenditure for health care: 80% in India and Vietnam and 60% in Bangladesh and China (BMJ). In **India**, a service model, where doctors host your technology (especially if its portable and fairly affordable) and test their patients for a small fee every 3 months could be the solution to spread the benefits of your technology across income classes and also to tackle sticky issues related to awareness and attitudes.

3.4 Access: *Where can I purchase the technology? How soon can I get it? Can I see it, touch it and experience it before buying?*

In **India**, the primary sales channel to begin with would be doctors and diagnostic centres, where there is also a provision to use the technology regularly in exchange for a small fee. Corporate and rural health camps are another point of access and sale.

In **Singapore**, organized retail would be the primary sales channel, followed closely by online.

In **Malaysia, Thailand and Indonesia**, direct sales force (relatively more motivated) and independent pharmacy stores would drive volumes, in parallel to organized retail.

3.5 Availability (Retailer's Perspective): *This is a new technology, how much of a risk should we take? Do we attract the right target audience? Can we attract (have the resources) to attract the right target audience? Is our format suitable? Will the competing retailer stock this technology? How much support do we give to the manufacturers, in terms of margins, credit etc?*

Finally, even if Indian women do eventually become aware, adopt a proactive attitude and are willing to pay for your technology, the organized pharmacy retail market may not be ready to stock and distribute the product as the timescales for the market to mature like in the West is uncertain.

Therefore, to successfully launch and grow the sales of your breast screening technology, carefully consider: **Awareness, Attitudes, Affordability, Accessibility, and Availability.**

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