HEALTH INTERVENTIONS

Method: Group Work

Materials: Handout No. 15a,b,c,d,: Health Interventions
Flipchart No 15: Group Task

Time: 30 minutes: Group Work
20 minutes. Plenary
50 minutes Total

Preparation: Photocopy Handout No. 15 (a) - (d)
Prepare Flipchart No. 15

PROCESS

- Facilitator distributes Handout No. 15, one health area to each group (Legislation to Promote Breast-Feeding, Program for Detection and Control of Tuberculosis, Design of Community Based Intervention for Promotion of Mental Health of Elderly and Campaign to Stop Tobacco Addiction (Handout Nos. 15a, b, c, d).

Text of Flipchart No. 15:

Group Task: HEALTH INTERVENTIONS

In your groups, read the General Findings pertaining to your topic and the issues to think about.

What practical gender approach (PGA) do you suggest for responding to the particular health needs of women and/or men?

Taking into account the different mechanisms of the empowerment process, how could the intervention selected above incorporate a strategic gender (SGA) approach so that it enhances the possibility of gender equity in health?

- Facilitators can use suggestions for possible responses following the description of findings and issues to think about for each health area.

Note: Facilitator should request each group to select one member who will provide an overview of the General Findings pertaining to the group's health area, by way of introducing the results of the group's discussion. In this way, all workshop participants have information on each health area

Handout No. 15(a)

PROMOTING BREAST-FEEDING[1]

General Findings:

1. Scientific evidence and research have demonstrated the benefits of breast-feeding for child survival, health and nutrition, maternal health, and child-spacing. Breast-feeding currently saves 6 million infant lives each year by preventing diarrhea and acute respiratory infections alone, is responsible for 1/4-1/3 of the observed fertility suppression, and can provide high-quality nutrition at a fraction of the cost of high-risk substitutes.

2. WHO/UNICEF recommend that to ensure optimal maternal/child health and nutrition, the aim should be to enable all women to breast-feed their infants exclusively from birth for at least the first four months of life, and preferably for six months: and to continue breast-feeding, with the addition of adequate complementary foods, for up to two years and beyond.

3 In Latin America and the Caribbean, urban infants are not breast-fed as long as rural infants, and there is a rapid decline during the first three months in both groups. At 12 months of age, nearly half of the rural infants are still being breast-fed, but only 16% of urban infants apparently receive breast milk at this age.

4 Most studies on the subject show that breast-feeding decreases the case-fatality rate in children. In a case-control study in Brazil (Victoria et al., 1987), infants who received no breast milk were 14 times as likely to die of diarrhea as exclusively breast-fed infants.

5 The extent to which hospital personnel and hospital routines foster or discourage breast-feeding practices among new mothers is one of the principal determinants of the rate of initiation of breast-feeding (Winikoff & Baer, 1980; Winikoff & Castle, 1989) Providers should have received adequate training in the practical aspects of lactation management and understand the needs of women who are breast-feeding.

6. The great majority of women in Latin America and the Caribbean have breast-fed their children. However, the recommended practice of exclusive breast-feeding during the first four to six months is rare. In almost all countries the early introduction of liquids such as water, teas, juices and cow's milk is prevalent. For example, in Lima, 80% of children have received water before one month of age (Altobelli, 1991, Brown et al., 1989)

7 Women have positive attitudes towards breast-feeding in the majority of countries but supplement with other liquids almost immediately. Some authors indicate that this supplementing is due to a lack of motivation on the part of the mother to breast-feed, which also is a socially acceptable reason for the introduction of early weaning. However, one of the main reasons women give for supplementing breast milk with other liquids is their perception of not having enough breast milk to feed their children.

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1 Sources: 1) Lactancia Materna en America Latina y el Caribe, Programa de Nutricion de la Division de Promoción y Proteccion de la Salud, Organization Panamericana de la Salud, 2) Breast-feeding The Technical Basis and Recommendations for Action World Health Organization

Handout No 15(a) (cont.):

8 Data appear to show that employment outside the home does not influence the initiation or the continuation of breast-feeding. In many countries the rate of initiation and the duration of breast-feeding among women who work in the formal labor force is not significantly different from that of women who remain at home. Nevertheless, whether paid and working, or unpaid and working, all women have multiple roles which they often perform simultaneously. These multiple roles must be understood in seeking an explanation as to why women do not breast-feed exclusively and on demand for the four to six recommended months.

9 Mother support groups (MSGs) provide individual counselling, information, support and group discussions to enable women to practice breast-feeding and child care well. MSGs attempt to fill the void for a mother when breast-feeding is not the cultural norm and when she lacks family and peer support

10. The promotion of breast-feeding has been framed as a health issue of importance to the infant and a moral imperative for the mother. However, an understanding of the obstacles women face in breast-feeding exclusively for four to six months must be grounded in the realities of their daily lives, including how decisions are made at the household and couple level. Breast-feeding is not only a "women's issue" but a social issue where other responsible parties include family members, particularly male partners, the social sectors, including education and health, and employers and policy makers

Issues to Think About

1 Legislation that has been enacted in some countries to ensure that employers uphold women's right to breast-feed have backfired, and in some cases employers are reluctant to hire young married women.

2. WHO and UNICEF recommend that breast-feeding be continued beyond 6 months until two years of age, with the introduction of adequate complementary foods. How feasible is this in the light of gender roles and responsibilities?

3. There is little known about men's attitudes to breast-feeding and their view of the importance of this practice for the health of the child. Why is an understanding of male attitudes important to promoting breast-feeding? What might you expect to find (in attitudes as well as support practices to the lactating wife) in men in general in Latin America and the Caribbean?

4. Why would some women's groups take issue with the way breast-feeding traditionally has been promoted?

5 How might the emphasis society places on slimness and sexual attractiveness for women influence women's decisions as to whether or not to breast-feed?

For Facilitators

How could a breast-feeding promotion campaign incorporate a practical gender approach?

Information Resources

- Offering information on how women must care for their mental and physical health, including eating properly while breast-feeding to help them to better fulfill their maternal role.

- Informing the male partner that women need additional food at this time, especially when promoting exclusive and prolonged breast-feeding.

- Sensitizing health care workers about the importance of breast-feeding and the need to support the mother as well as the child. Training should discourage practices such as immediate separation from the mother and infant, feeding of glucose water to test the patency of the esophagus and to calm crying babies, and provision of bottle and infant feeding formula.

- Address the needs of women who work in the labor force. To assist these women with breast-feeding, the following special target groups should be considered: child-care workers, occupational health nurses and women's groups. The mass media could be used to publicize existing policies affecting employed breast-feeding mothers and by showing elite professional women breast-feeding

Material Resources:

- Address the need for private spaces in public places, not only in the formal labor force but also in recreational facilities.

In addition to having a practical gender approach, how could a breast-feeding campaign incorporate a strategic gender approach?

- By involving men in the design of promotional campaigns with messages which provide fathers with a way of becoming active in this process. For example, messages might propose that the father care for the other children and help with domestic chores so the mother can breast-feed. Other mechanisms could be developed so that the broader society shares responsibility for child-care.

- Formulate messages that breast-feeding is not a moral obligation. Promotion programs should include information for women who cannot or will not breast-feed. Because breast-feeding is a woman's choice, information should be made available on safe alternatives The focus should be on informed decision-making so that women can weigh the importance of breast-feeding within the context of their everyday lives.

Handout No. 15(b)

DETECTION AND CONTROL OF TUBERCULOSIS[1]

General Findings:

1. In developing countries, men and women have similar TB notification rates until adolescence, after which males have higher notification rates. Some reasons for this that have been postulated are.

   a. Women may be less susceptible to TB infection during and after adolescence because hormonally mediated immunological differences protect them.

   b. Women may exhibit lower delayed type hypersensitivity (DTH) responses than males; males and females may have similar prevalence of infection but the degree of skin reaction in infected women is not large enough to be interpreted as a positive test during and after adolescence (this lower DTH reaction in women has been substantiated). It is not clear why older men have a higher risk of progression from infection to disease in comparison to women of older ages. Cellular immunity may diminish more quickly in men than in women and more men smoke and drink alcohol than women, which can weaken their immune system.

2 Women between the ages of 15 and 40 are almost twice as likely to progress from TB infection to TB disease than men of the same age, and men are more likely to progress from infection to disease after age 40. One of the possible reasons for women's rapid progression during reproductive years may be due to the stress of pregnancy. Some studies show that the risk of progression of infection to disease in women is particularly acute during post partum periods for women. A series of factors may account for this, including rapid hormonal changes, post partum descent of the diaphragm and reexpansion of the lungs, nutritional strain during lactation and insufficient sleep due to the demands of the new child

3. Women have greater TB case fatality and mortality than men up until age 30.
   Some studies posit that this may be a consequence of decreased immune and nutritional status that may or may not be a result of complications during pregnancy There may also be poorer levels of care provision for women, or women may arrive at the health services in more advanced stages of the disease. A study in Bolivia showed that the delay from the onset of symptoms to diagnosis was more than 6 months in the majority of women compared to 1 to 6 months in the majority of men. This diagnostic delay may account for some of the increased case fatality and mortality rates observed in women.

4 Passive vs. active case finding[2]: men have higher notification rates than women at all ages through passive case finding Greater numbers of infected women are found than infected men through active case finding.

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1 Sources Scientific publications based on results of research from 1966 to 1995 which describe relationship between sex gender and the epidemiology of tuberculosis We wish to thank PAHO's Regional Program on Communicable Diseases for this material

2 Passive case finding refers to patients presenting to the health services of their own accord, whereas active case finding refers to random sampling conducted in a population to screen for TB or to an entire population being screened for TB

Handout No. 15(b) (cont)

One reason for this may be that women going to health service for pre-natal or post-natal care are not being diagnosed for TB Additionally, women may not seek care, despite their symptoms. Because men are more involved in the "public" sphere (military duty, formal employment), they are more likely to be screened for TB, whereas women who are more likely to be involved in domestic activities are not candidates for such screening.

5 HIV is strongly associated with TB and this may have a particularly severe impact on young women in developing countries because they are at increased risk for HIV infection at a time when they also appear to be at increased risk for progression to TB Studies have found that the odds ratio for HIV infection in smear-positive cases for TB is significantly higher in females than males in the 15-34 year age group.

6. The impact of TB on family members is acute As primary care givers of male family members that are infected, women are exposed to increased risk. While a woman takes care of others when they are ill, when she herself becomes sick there often is little support for her.

7. Worldwide, more disability adjusted life years (DALY) are lost due to TB than to HIV, other STDs or malaria. This burden must be viewed in the light of the added possibility of under-reporting in women.

Issues to Think About

1 Why might the notification of infection in males during and after adolescence be higher than in females?

2. Why would there be such differences between men and women with respect to active vs passive case finding? What difference might there be between men and women in terms of access (geographical, economic, cultural, etc) to health services and, in particular, to TB diagnostic health services?

3 Why would women of reproductive age progress more rapidly from infection to disease than men in the same age cohort? Why would this reverse after 40 years of age?

4 Why would the case of fatality rates for women be greater than for males until age 30?

For Facilitators

How could a TB detection and control program incorporate a practical gender approach?

Material Resources

- Active case finding could be done by TB control programs for women attending maternal and child health care clinics

Information/Political Resources:

- Health care workers and young women should be made aware of the elevated risk of progression from TB infection to disease in women's reproductive years, especially following a recent pregnancy.
- Health workers should be trained to detect and treat TB and to encourage young mothers to seek care for symptoms associated with TB.
- Health education efforts should be incorporated into MCH health programs and HIV/AIDS prevention and care.
- Health themes should be incorporated into school curricula and mass media campaigns to educate men and women about their specific risks, needs and opportunities in terms of TB prevention and control.

Material/Time Resources:

- Outreach strategies should be implemented for the detection and treatment of TB cases among women (all women, not only those that are pregnant) that do not come to maternal and child health care clinics.

In addition to having a practical gender approach, how could a TB detection and control program incorporate a strategic gender approach?

Information Resources:

- The school system and other youth organizations should work with young boys and girls to inculcate a value for human nurturing and the practical skills needed to take care of others.
- Together with community based women's groups, explore ways to raise awareness of the problem and support others in their group so that they make use of detection and treatment services

Handout No 15(c).

DESIGN OF COMMUNITY BASED INTERVENTION FOR PROMOTION OF MENTAL HEALTH OF ELDERLY[1]

General Findings:

1. Over the next three decades, the percent growth in the older population of Latin America will range from 25% in Uruguay to 282% in Costa Rica. The growth rate of the oldest old (persons 85 years and older) is higher than for all other ages in Latin America and the Caribbean.

2. Women live longer, on average, than do men

3 Education in early life has a major effect on the well-being of the elderly. Illiteracy is almost always higher in older women than in older men.

4. In surveys of elderly persons living in communities, rates for dementia[2] are much higher in those with little education.

5. Societies have varied reactions to dementia in aging. Some societies are more tolerant than others, which can regard dementia as pathological

6. Mental health problems can relate to lack of food. The World Bank estimates that 780 million people of all ages worldwide are energy deficient. The elderly, particularly women, are disproportionately poor and therefore more likely than the general population to be malnourished Lack of food can lead to confusion and forgetfulness.

7. Studies show that the elderly can avoid some mental health problems if they stay active in society. Social changes associated with industrialization often isolate the elderly from their previous roles and increase dependency, resulting in loss of dignity, self-respect and weakening of filial support networks.

8 The burden of caring for the elderly falls predominantly on their children, mainly, their daughters.

9 There is a high prevalence of multiple coexisting physical conditions with age: incontinence, hip fracture, sensory loss. These influence mental health through the loss of self-esteem and independence These conditions are more prevalent among elderly women than elderly men

Issues to Think About:

1 Do elderly men and women have sex-specific biological needs that are derived from different immunological, genetic or physiological differences? Could this be associated with women's higher incidence of chronic dis-

1 Source *World Mental Health Problems and Priorities in Low-Income Countries.* Delarlais, R , Eisenberg, L , Good, B , Kleinman, A New York Oxford University Press, 1995

2 Gradual loss of cognitive function resulting from diseases that appear late in life

Handout No. 15(c) (Cont)

eases and diseases such as urinary incontinence, diabetes, hypertension, etc.? How might these differences have an impact in the kind of information provided to health care workers and family members caring for the elderly and the elderly men and women themselves?

2. How might gender roles protect or increase the risk for men and women to suffer from these diseases that characterize the aging?

3 Given the importance of education and continued involvement in society to ensure the mental health of elderly men and women, how might a program be structured to respond to or enhance the different opportunities each sex has had for developing their intellectual and social abilities?

4. Given the preponderance of care of the elderly on female family members, what can the state do to promote more equitable distribution of the care of older persons within their families?

For Facilitator:

How could a program for mental health promotion for the elderly incorporate a practical gender approach?

Material Resources/Information Resources:

- Provide health care workers with information and training that will enable them to understand and deal with the developmental needs of elderly men and women, differentiating the needs that both sexes have due the interaction of biological makeup and gender roles.

Material/Internal Resources

- Provide material and emotional support to care givers of the elderly, recognizing that they have gender needs derived from their gender roles. This support should be aimed at those providing care in institutional settings and at those providing home based care to elderly family members.

Material Resources

- Make available community centers where elderly men can come together do conduct activities they enjoy, and women can do the same.

Internal Resources

- Devise programs in which the elderly men and women of the community have opportunities to interact and work with male and female youth, taking account of the learning/unlearning of gendered roles that might be stimulated by same-sex, cross-generational pairing, thus providing an opportunity for young and old men and women to gain self-confidence and a feeling of their own importance for others and for the community.

In addition to having a practical gender approach, how could a program for promotion of the mental health of the elderly incorporate a strategic gender approach?

- In the promotion of mental health for the elderly, one critical aspect is to ensure that earlier in their lives men and women are prepared for their older years. This entails having opportunities available (access) and being able to take advantage of these opportunities (control) to become educated, to participate fully in society, to feel that they are valued members of their communities regardless of their "occupations," and to have the knowledge of the components of healthy lifestyles that will provide greater protection from preventable illnesses that can accompany the aging process.

- Consequently, it becomes critical to empower young women in the direction of improving their education and having an active and satisfying life project beyond their reproductive role (and their reproductive years) that ensures their economic and psychological autonomy.

- For young men, it becomes critical to modify social values that continue to foster masculine dominance, the negation of a nurturing and caring role for men, and the sole importance of income-generating activities as proof of male self-worth.

Handout No. 15(d)

CAMPAIGN TO STOP TOBACCO ADDICTION

General Findings:

1 According to WHO, tobacco use is estimated to account for 3 million deaths per year, about half a million of which are among women. Slightly more than half of those women live in developed countries. The number of deaths is expected to rise dramatically from 3 to 10 million in the next 20 years Only if there were to be a substantial fall in smoking prevalence among adolescents would the epidemic of tobacco-related deaths be moderated since the majority of these deaths will occur among youth and young adults of today.

2 The women most likely to smoke in developed countries are those on low incomes with low-status jobs or who are economically inactive. On the other hand, today, affluent and educated young women in Latin America are more likely to take up smoking than their lower income counterparts.

3. Studies from the United Kingdom show that spending on tobacco among low income households with children is higher than among low income households without children The highest per capita expenditure on tobacco is among one-adult households with children. Qualitative studies of caring highlight the experiences that underlie the association between smoking, poverty and caring for children. Cigarettes were reported by mothers caring for children in low-income households as the way women coped when their children's demands became "too much to cope with." Within a lifestyle devoid of personal spending, cigarettes were the only item that women bought for themselves.

4 Studies in Latin America and in the United States show that girls are smoking for two very different reasons than boys are. Girls use cigarettes to control their weight and appear grown-up, neither of which are reasons boys give for smoking.

5 In Latin America, surveys show wide variations in the prevalence of smoking among women, from 3% in La Paz to 49% in Buenos Aires. Most reports of recent surveys indicate that prevalence among women is increasing, particularly in countries that have higher rates of urbanization.

6 In general, countries in which smoking was first taken up were the first to show a decline in the prevalence of smoking among women in certain age groups However, recent data in the United States and Canada have shown higher rates of smoking among young women ages 14 to 19 years than among their male counterparts.

7. An Australian study (1995) of 60,000 students from grades 7, 9 and 11 indicates that teenage girls who smoke cigarettes regularly do so because it is a balm for depression and anxiety A study in Chile found that girls who smoke score lower on measures of self-esteem than those who do not, which is not so for boys where self esteem is not a factor in boy's initiating and sustaining smoking

8. For boys, the importance assigned to religion seems to play a key factor in whether or not they take up smoking, with a strong association between importance assigned to religion and not smoking (not the case in girls). For both sexes, the fact that friends smoke is strongly linked to the likelihood of initiating smoking. For girls, the belief that smoking is harmful is a deterrent to taking up smoking, but this is not the case for boys.

Handout 15(d) (Cont.)

9. For biological reasons, the consequences of tobacco use are different for both sexes. In women, smoking has particularly adverse consequences for their own health as well as the health of their children. For example, those who use oral contraceptives are more likely to suffer from cardiovascular problems later in life. Additionally, data collected in the United States indicates that the association between smoking and early menopause has generally been found to be highly significant. The public health implications of this association are derived from the adverse effect of early menopause on morbidity and mortality for several conditions, including the link between menopause and cardiovascular mortality, as well as between menopause and bone fracture.

10 Many women are becoming more aware of the dangers of smoking during pregnancy, but are unaware of the risks of smoking after delivery. Few regular smokers realize that their children are passively smoking. Children whose parents smoke have a tendency to suffer from a series of health problems in the first few years of life, especially respiratory illnesses and infections. There is a condition known as the "Monday morning syndrome," which occurs when children who have been inhaling smoke during the weekend develop otitis and respiratory infections on Sunday evening and have to see a doctor on Monday morning.

Issues to Think About:

1. Tobacco consumption in Latin America appears to be associated with gender relations. In population subgroups in which there is greater subordination of women, tobacco consumption is less than in subgroups in which there is greater gender equity. What do you think might be underlying this finding? How might messages be tailored to counteract this trend in women?

2 A study in Chile finds that knowing that smoking is harmful does not dissuade men from taking up the habit What do you think might be underlying this finding? How might messages be tailored to counteract this trend in men?

3 If you were to receive a grant to study whether nicotine is more addictive in either sex, for biological reasons only, would you expect to find that it is more addictive in men, in women, or that it is equally addictive for both? Why would this type of study matter for smoking cessation programs?

4 In Canada, a smoking cessation program found dramatic gender differences in the ability of married men and married women to give up smoking. For married men it was much easier than for married women Why do you think this was the case? How would you tailor a smoking cessation program with this in mind?

5 In the United States, President Clinton announced a series of policies to curb tobacco use in teenagers Much of this had to do with banning the promotion and advertising of all tobacco products, revision of legislation regarding the sale of tobacco to minors to include stiffer penalties, and legislation banning tobacco sales through vending machines in places where children and teenagers might frequent. Taking gender considerations into account, which of these policies, in your estimation, will have greater effect in curbing smoking in girls? in boys? or will there be no difference? Why?

For Facilitator:

How could a smoking cessation and prevention program incorporate a practical gender approach?

Information/Education Resources:

- Based on sex and age disaggregated data, tailor smoking prevention pamphlets to men and women that provide them with information for each about the risks of smoking. This would include awareness of the different factors that influence smoking initiation in boys and girls, keeping in mind that generally for boys the health consequences do not seem to be a deterring factor.
- Aiming tobacco prevention campaign messages at women that convey independence from addiction as an image of the "woman in control of herself and her future."
- Aiming tobacco prevention campaign messages to men to convey that "real men who care for their family don't smoke."
- Working with church groups to form youth groups, particularly aimed at boys and young men, that coordinate activities such as sports clubs, etc.

Services (Material Resources):

- In smoking cessation programs, form support groups for women who smoke instead of counting on women to be able to get support from family members to stop smoking. For men support from wives and female companions has proven to be an important factor for smoking cessation. However, when trying to quit smoking, women appear to receive less support from family members than men do

In addition to having a practical gender approach, how could a smoking cessation and prevention program incorporate a strategic gender approach?

Time Resources:

- In countries where the data indicates an association between cigarette smoking in women, isolation and caring for young children, form support groups with women to review how they might work together to care for one another's children. This would provide each with some free time during the week to pursue other interests. Additionally, the women could explore different ways of involving their male partners more in the care taking of their children.

Internal Resources

- Work with young girls and boys in the primary schools to work on self esteem for both, keeping in mind that girls and boys have different developmental processes and that the content of the discussion sessions should be tailored to meet these variations. For example, work with girls could focus on the acceptance of body image, trying to break the desire for smoking as a weight control measure.
- Together with adolescent boys and girls, design programs to form peer counselors that assist others who have already initiated smoking or who are trying to give up smoking. This work should particularly be centered on youth who are out of school.