## **Community health agents changing gender norms:** ACKNOWLEDGMENTS St. Catherine Universit 8 A mixed method data analysis Assistant Mentorship Program (AMP) cmmb CHAs in Huancayo and Trujillo, Peru Research Assistant: Michael Van Skiba, MPH\* Investigators: Dr. Elizabeth Allen PhD MPH\*, Ariel Frisancho MD^, Claudia Llanten

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### "I believe that this job as a community healthcare worker is not an easy one, but one that is important for you to help the community." - Huancayo BACKGROUND RESULTS

- Gender norms are deeply ingrained in <u>social structures</u> and influence how individuals behave, interact, and make decisions and can have a powerful effect on individual identity and psychologist sense of self
- Community Health Agents (CHAs) improve access to healthcare in resource-poor areas
- Peru is a middle-high income country with deep gender inequalities under a traditional, patriarchal, machismo society
- Catholic Medical Mission Board (CMMB), an organization that uses a robust CHA model
- Target population: CHAs in Trujillo and Huancayo, Peru
- This study focuses on how being a CHA leads to indirect benefits of changing gender norms

# <u>METHODS</u>

- Community-based participatory research model (St. Kates and CMMB partnership)
- In March 2020, six 90-minute focus group discussions (FGDs) conducted in Peru with current and former CHAs
- FGD purpose: learn CHA perceptions of gender norms
- Systematic and comparative analysis to compare themes
- Gender activity administered about domestic responsibilities for men, women, and both
- Percent discordant pairs were calculated to see which domestic activities were most aligned from the current state to the ideal state

TABLE IN DEMOSTRAPHIC CHARACTERISTICS OF STRANY FARTICIPATIC			
	Trujillo N=21	Huancayo N=32	
Age (Mean)	39.7	39.1	
Years working as CHA (Mean)	5.8	4.5	
	N (%)	N (%)	
Education			
None	1 (5)	1 (3)	
Primary	4 (19)	3 (9)	
Secondary	10 (48)	7 (22)	
Technical	6 (29)	16 (50)	
University		5 (16)	
Marital Status			
Single	5 (29)	2 (6)	
Cohabitating Relationship	9 (43)	13 (42)	
Married	7 (33)	16 (50)	
Divorced	0	1 (3)	
<b>Prior Work Experience (Yes)</b>	9 (43)	14 (44)	

## **TABLE 1. Demographic Characteristics of Study Participants**

Demographic information including mean age, mean years working as a CHA, education level, marital status, and prior work experience of CHAs in Trujillo and Huancayo.

Keywords: gender norms, community norms, social norms, community health agents, mixed method, community health, global health





TABLE 2. What are the Current Gender Norms?				
What are the Current Gender Norms? $(N = 72)^{a}$				
Theme	Sub Theme	N <sup>b</sup>	Sub Sub Theme	N <sup>b</sup>
	Women Controlled	Lack of Resources	11	
		4	Unplanned Teenage Pregnancies	6
			Women Controlled by Family Members	5
Women (54) – []	Disrespect (20) Household Roles		Violence from Men	
			Women Being Dismissed	9
				8
	Attitudas (10)	1	Men Not Listening to Women	6
	Attitudes (10)		Males Dominating Females in Society	3
Men (18)	Decision-Making		7	
	Responsibilities			1
<sup>a</sup> There were a total of 72 themes related to current gender norms in relation to women and men identified in the				the

coded transcripts N indicates number of times each theme and subtheme were coded in all six focus group discussions

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<b>TABLE 3. What Does Idealized Gender Norms Look Like?</b> What Do Idealized Gender Norms Look Like?(N = 71) <sup>a</sup>			
Theme	N <sup>b</sup>	Sub Theme	N <sup>b</sup>
Education/Work (26)		Women Working Professional Jobs	
		Education Leading to Fulfillment	
Increasing Voice in the World (25)	5	Women are Respected Leaders	
		Women Not Being Taken Advantage Of	8
Women's Inclusion in Decision-Making (11)		At the Household Level (Family Planning)	
		At the Community Level	
Independence			9

<sup>a</sup>There were a total of 71 themes related to idealized gender norms in terms of education/work, voice, inclusion in decision-making and independence identified in the coded transcripts <sup>b</sup>N indicates number of times each theme and subtheme were coded in all six focus group discussions

TABLE 4. How to Change Gender Norms?				
How to Change Gender Norms? (Actions) $(N = 64)^a$				
Theme	Sub Theme	N <sup>b</sup>		
Woman Changing (24)	Women's Voices			
Women Changing (24)	Seeking Financial Independence	9		
	Improving Home Environment			
Family Changing (21)	Parents as Active Role Models	7		
	Values	5		
	Including Equal Voices in Community Decision-Making	6		
Community Changing (12)	Increasing Community Resources	5		
	Seeing Women as Role Models	1		
	Seeking Higher Education	4		
Men Changing (7)	Passing on Values to Sons	2		
	Sharing Household Responsibilities	1		

<sup>a</sup>There were a total of 64 themes related to how to change gender norms identified for women, families, community and men in the coded transcripts

<sup>b</sup>N indicates number of times each theme and subtheme were coded in all six focus group discussions









- 53 women participated in FGDs, 21 in Trujillo and 32 in Huancayo
- beliefs in society
- and independence
- support women's progress in society
- should prepare food
- health care'

## TABLE 5. Gender Activity Results - Current Versus Ideal Family Responsibilities

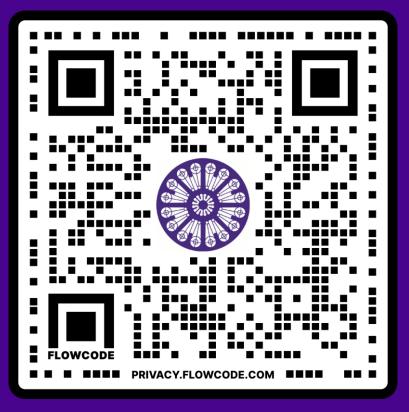
ADLE 5. Gender Activity Results	- Current	versus iu		responsion	
N = 43	Men N (%)	Women N (%)	Both N (%)	Discordant Pairs (%)	
Preparing Food (Current)	1 (2.4)	33 (80.5)	7 (17.1)	22 (01)	
Preparing Food (Ideal)	1 (2.3)	3 (7.0)	39 (90.7)	33 (81)	
Deciding What Family Eats (Current)	0 (0)	28 (65)	15 (35)	22 (55)	
Deciding What Family Eats (Ideal)	1 (2.4)	9 (21.4)	32 (76.2)	23 (55)	
Laundry (Current)	0 (0)	23 (53.5)	20 (46.5)	(52)	
Laundry (Ideal)	0 (0)	2 (4.7)	41 (95.4)	23 (53)	
Taking Care of Sick Family (Current)	2 (4.7)	20 (46.5)	21 (48.8)	$\mathcal{O}\mathcal{O}(52)$	
Taking Care of Sick Family (Ideal)	4 (9.5)	4 (9.5)	34 (81)	22 (52)	
Seeking Health Care (Current)	0 (0)	25 (58)	18 (42)	$\mathcal{O}\mathcal{O}(5\mathcal{O})$	
Seeking Health Care (Ideal)	2 (4.8)	7 (16.7)	33 (78.6)	22 (52)	
Earning Money (Current)	18 (41.9)	7 (16.3)	18 (41.9)	21(40)	
Earning Money (Ideal)	7 (16.3)	2 (4.7)	34 (79.1)	21 (49)	
Income (Current)	6 (14)	8 (18.6)	29 (67.4)	10(45)	
Income (Ideal)	4 (9.5)	0 (0)	38 (90.5)	19 (45)	
When to Deliver Baby (Current)	1 (2)	16 (37)	26 (60)	10 (15)	
When to Deliver Baby (Ideal)	2 (4.8)	6 (14.3)	34 (81.0)	19 (45)	
Buying Food (Current)	1 (2.3)	16 (37.2)	26 (60.5)	1((27))	
Buying Food (Ideal)	1 (2.30)	3 (7.0)	39 (90.7)	16 (37)	
Where to Give Birth (Current)	0 (0)	23 (53.5)	20 (46.5)	12 (21)	
Where to Give Birth (Ideal)	0 (0)	11 (26.2)	31 (73.8)	13 (31)	
Percentages of answers (N=43) for each question regarding family responsibilities including financial and household actions for males and females and both for current and ideal gender norms					

## **DISCUSSION**

- community leaders

- change gender norms in resource-poor areas

Catholic Medical Mission Board (CMMB) study teams in Huancayo and Tru GHR Foundation - Thank you for partially funding this project!



• Current gender norms showcase the disparity between men's and women's capabilities and

Idealized gender norms allow women to visualize an ideal society with equality between men and women through education, women's perceptions, women's inclusion in decision-making,

• How to change gender norms requires men, women, families, and the community to act and

• Gender activity: The highest percent of discordant pairs was at 80.5% about who does and

• Other domestic responsibilities that scored over 50% for discordancy were 'deciding what the family eats,' 'who does laundry,' 'who takes care of sick family members,' and 'when to seek

actions for males and females and both for current and ideal gender norms.

CHAs have a unique perspective on gender norms and how to change them as they are key

• Powerful example to adolescent girls as an alternative future to traditional gender • Limitations: No baseline of gender norms prior to study, selection bias, generalizability Overall CHA model not only improves communities' health but can have the potential to



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