

Reducing health
inequity through the
empowering effect
of Care Groups for
marginalized
indigenous women
living in a male-
dominated society

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Curamericas Global

HOPE THROUGH HEALTH

Presenter Disclosures

Reducing health inequity through the empowering effect
of Care Groups for marginalized indigenous women
living in a male-dominated society

No relationships to disclose



Agenda



Curamericas-Guatemala

- Local partner of international NGO, Curamericas Global
 - Founded by Dr. Henry Perry 40+ years ago under the name “Andean Rural Health Care” in Bolivia
- Curamericas-Guatemala started in 2002
 - Founded and directed by Dr. Mario Valdez
 - Expansion with US government and philanthropic support
 - Now supported by Guatemalan government
- Unique model for primary health care:
Census-Based, Impact Oriented (CBIO)
+ Care Groups + Casas Maternas



Dr. Henry Perry & Dr. Mario Valdez

Project Area

- Located in one of most isolated and impoverished areas of Guatemala
 - 36-year civil war → longstanding distrust of outsiders
- Population served
 - Primarily indigenous Mayan
 - Endemic poverty, insufficient education and health care
 - Maternal mortality of 681/100,000
 - 3rd highest under-5 mortality in western hemisphere
- Impact
 - Percentage of deliveries taking place at a facility doubled
 - 59% reduction in maternal mortality and zero maternal deaths at Casas Maternas
 - Reduced mortality in children 1-5 years old from 9 per 1000 to 2 per 1000 live births



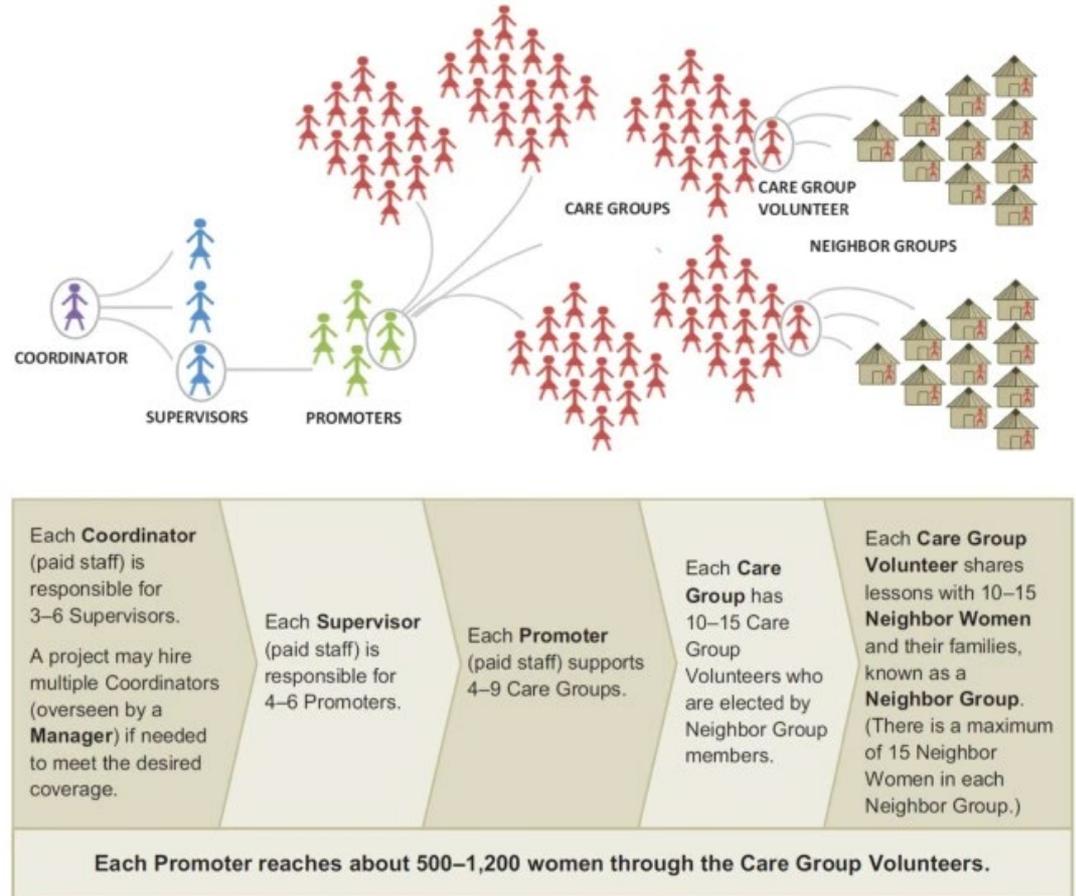
The project area of Huehuetenango in the western highlands of Guatemala

Care Group Approach

A cascading health promotion model based on

- **volunteerism,**
- **peer-to-peer** education,
- and equitable **universal coverage**

to all households with under-5 children



The problem: Male dominance threatens women's self-efficacy to make health-related decisions



Evidence supports gains in social resources and agency related to women's empowerment are associated with improvements in maternal and child health outcomes



Care Groups are an evidence-based approach to improve health, disseminate desirable health behaviors, and increase coverage of health services

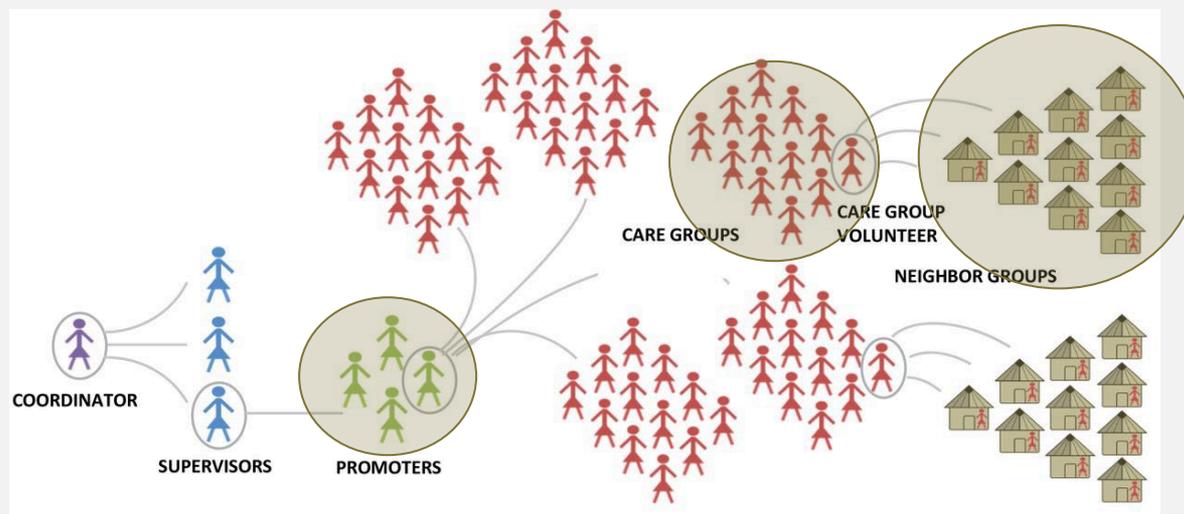


No prior evidence supporting the ability of Care Groups to empower its female participants

Research question: Can the Care Group approach achieve greater female empowerment, social status, and decision-making autonomy among its indigenous female participants?

Methodology – Qualitative Interview Study

- Semi-structured individual and group interviews with Promoters (*Facilitadores*), Care Group Volunteers (*Comunicadoras*), and Self-Help Group members to assess if and how their participation resulted in empowerment
- 96 women interviewed





Methodology – Examination of female empowerment

Perceived
social status

Self-efficacy

Decision-
making
autonomy

Formation of
social capital



Results

Perceived social status

- Defined as increased importance placed upon the participants by the greater community
 - Evidenced by the participants' own perceptions of being asked advice and opinions, both related and unrelated to Care Group topics, as well as finding it easier to participate in community events.
-
- Community Facilitators reported increased status in their communities **as a result of their leadership role and knowledge gained.**
 - Comunicadoras and Self-Help Group members described increased social status **resulting from participation:**

The people come to us for help because of what we have learned.
– Self-Help Group member

We believe that we can participate more easily in community activities and meetings because now we have lost our fear, through the trainings that have been given to us. Now we have knowledge.
– Care Group Volunteer

Self-efficacy

- Defined as the belief in one's ability to control their behavior and is the foundation for motivation and action
- Increased self-efficacy resulted from new knowledge of illness and health gained in their Self-Help Group and a heightened awareness about the rights of women



*Yes [we have **more control** over our lives] because, before...we would do what our elders told us to do, such as “don’t give colostrum.” Sometimes our mothers-in-law were in charge of caring for our newborns and they would give them coffee or sugary drinks, but **now we do not let them** do this thanks to the teachings that we were given. Today our young mothers take good care of their children, and they also **have knowledge** about family planning.*

-Care Group Volunteer

*We have more [**confidence**], because now we are **informed** and we are **capable** of deciding for ourselves.*

– Self-Help Group member

Decision- making autonomy

- Defined as “the control women have over their own lives—the extent to which they have an equal voice with their husbands in matters affecting themselves and their families” (Jejeebhoy 2017)



A Care Group volunteer leads Self-Help Group Members to separate healthy food from junk food

*The Educadora taught me how to care of myself and when to seek assistance from a doctor. Now, I can **make my own decisions** and to have children **if I want to.***

– Community Facilitator

*[We have] **more control** because now we can decide things without consulting anybody, and now we realize the importance of **our own opinions.***

– Self-Help Group participant

Formation of social capital



A Community Facilitator leads a Care Group, training mothers to be peer educators

- Defined as bonds of mutual trust and support between community members which affect the allocation of resources.
- Friendships strengthened for those who participated in the Care Groups and Self-Help Groups
- New relationships and collaborations formed between community members who previously had limited interactions, especially community leaders
- Group learning and community building were reported to be important enabling factors

*Now the **leaders in the community know us**, because we formed a committee and the health of the children has improved.*

– Care Group Volunteer

*The **community leaders would tell us** before so that we could organize what we had to do and make time for the trainings.*

– Self-Help Group member



Conclusions



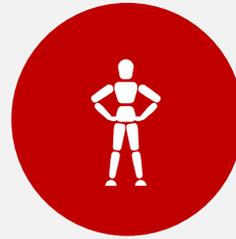
Care Group participation as an empowering process



RESPECT FOR
WOMEN



KNOWLEDGE TO
DECIDE



CONFIDENCE TO
ACT



DEVELOPMENT
OF STRONG
RELATIONSHIPS



For more information

- **Care Groups and female empowerment in the Guatemalan highlands:**

[Int J Equity Health](#). 2023 Feb 28;21(Suppl 2):199. doi: 10.1186/s12939-022-01759-5.

Reducing inequities in maternal and child health in rural Guatemala through the CBIO+ Approach of Curamericas: 7. The empowering effect of Care Groups

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Affiliations [+](#) expand

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- **Learn about the complete model at APHA:**
 - “The expanded CBIO approach: Multi-layer community-based, participatory health care to reduce maternal and child mortality in the world’s “Triangle of Death”
Abstract ID: 535267
Session: 3079.0: Disparities and Inequities in Global Health Poster Session
Date/Time: Mon, Nov. 13, 2023: 10:30 a.m.-11:30 a.m. in Hall B2-B3



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Mentor of this study and photo credit: Ira Stollak



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