



ASSET

share and move to face nasty bugs

Case-studies of women as health promoters

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GENDER IMPLICATIONS

The ASSET FINAL EVENT

*Share and move for mobilization and mutual learning at local,
national and international levels on Science in Society related issues
in epidemics and pandemics
Rome, 30-31.10.2017*



co-funded by the EU. GA: 612236

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Disclosures

Health Industry Interests Relevant to Presentation

Sofia Colaceci

- | | |
|--|----|
| 1 – Patent holder/Shareholder or member or employee of a health industry | NO |
| 2 – Consultant or member of a scientific council of a health industry | NO |
| 3 – Paid speaker or author/editor of articles or documents for a health industry | NO |
| 4 – Payment of travel expenses, lodging, or conference/event registration by a health industry | NO |
| 5 – Principal Investigator of a research or clinical study for a health industry | NO |
| 6 – Co-Investigator of a clinical study for a health industry | NO |





Women over the centuries



Sisterhood over the centuries

“Affection and loyalty
that women feel for
other women who they
have something in
common with”

Women are good health promoters





1. 'Salon-based' literature





Beauty salons (BS)

Topics

- Hypertension screening (Ferdinand, 1997)
- Breast cancer screening (Sadler et al., 2011)
- Condom use and HIV/STD prevention (Green-Bishop, 1996; Lewis et al., 2002)
- Cardiovascular diseases prevention (Madigan et al., 2000)

Why?

- Regular frequency
- A visit lasts a lot of time
- Health is a typical topic of conversation
- Relationship with hair stylists/cosmetologists





Breast cancer screening



African American women (N=984)

Cosmetologists

- Female
- Age>18
- Regular license

Intervention

- posters, literature and breast models to show breast self-examination
- importance of mammography guidelines

Results higher rates of mammography in the intervention group

J.Natl Med Assoc. 2011 Aug;103(8):735-45.

A cluster randomized controlled trial to increase breast cancer screening among African American women: the black cosmetologists promoting health program.

Sadler GR¹, Ko CM, Wu P, Alisangco J, Castañeda SE, Kelly C.

⊕ **Author information**

Abstract

BACKGROUND: African American women have disproportionately higher rates of breast cancer mortality than all other ethnic groups, thus highlighting the importance of promoting early detection.

METHODS: African American women (N = 984) from San Diego, California, participated in a randomized controlled trial testing the efficacy of breast cancer education sessions offered in beauty salons. Cosmetologists received ongoing support, training, and additional culturally aligned educational materials to help them engage their clients in dialogues about the importance of breast cancer early detection. Posters and literature about breast cancer early detection were displayed throughout the salons and cosmetologists used synthetic breast models to show their clients how breast cancer lumps might feel. Participants in the control group received a comparable diabetes education program. Baseline and 6-month follow-up surveys were administered to evaluate changes in women's breast cancer knowledge, attitudes, and screening behaviors.

RESULTS: This intervention was well received by the participants and their cosmetologists and did not interfere with or prolong the client's salon visit. Women in the intervention group reported significantly higher rates of mammography compared to women in the control group. Training a single educator proved sufficient to permeate the entire salon with the health message, and salon clients agreed that cosmetologists could become effective health educators.

CONCLUSIONS: Cosmetologists are in an ideal position to increase African American women's breast cancer knowledge and adherence to breast cancer screening guidelines.

PMID: 22046851 PMID: [PMC4153602](#)

(Sadler et al., 2011)





2. Breastfeeding





Why are we interested in breastfeeding?

For the mother

Immediate, Early, Long-term Benefits

For the baby

The best start in life



For mother&child

Relationship Bonding

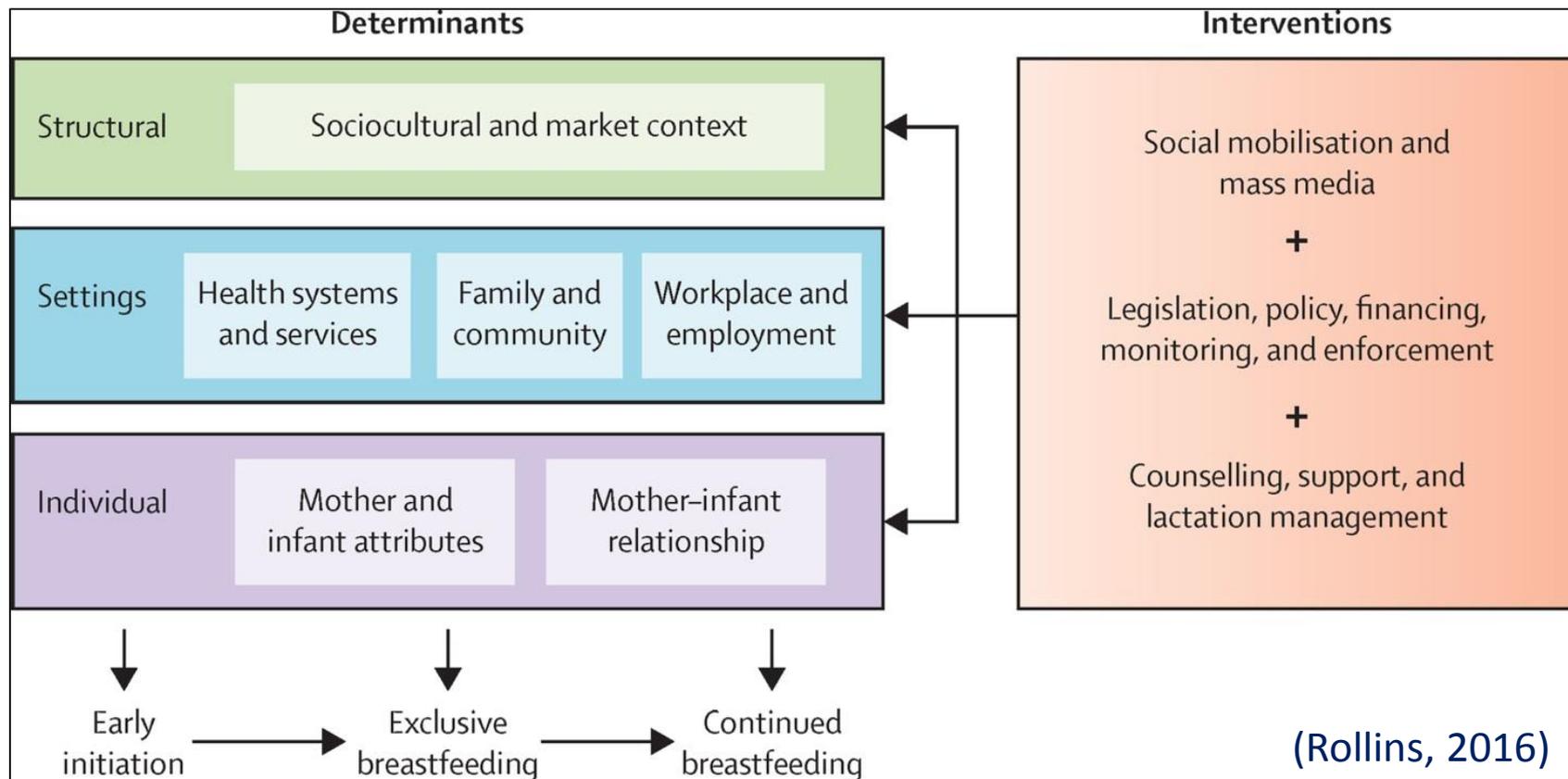
For communities, health system, etc...

Breastfeeding is a public health priority





Success in breastfeeding is the result of complex social interactions



Today, women are more isolated





Breastfeeding peer support

- By mothers
- Individual or in group support

A volunteering organization of Mother-to-Mother Breastfeeding Peer Counselors



www.lagocciamagica.it



The pink camper for an itinerant information campaign





The Baby Friendly Initiatives

10 steps to Successful Breastfeeding

1. Have a **written breastfeeding policy** that is routinely communicated to all health care staff
2. **Train** all health care **staff** in skills necessary to implement this policy
3. **Inform** all pregnant women about the **benefits** and management of breastfeeding
4. Place babies in **skin-to-skin contact** with their mothers **immediately** following birth **for at least an hour**. encourage mothers to recognize when their babies are ready to breastfeed, offering help if needed
5. **Show mothers how to breastfeed**, and how to maintain lactation even if they should be separated from their infants
6. Give newborn infants of breastfeeding mothers **no food or drink** other than breastmilk, unless medically indicated
7. Practice **rooming-in** - allow mothers and infants to remain together 24 hours a day
8. Encourage **breastfeeding on demand**
9. Give **no artificial teats or pacifiers** (also called dummies or soothers) to breastfeeding infants
10. **Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital**

1991



World Health Organization



unicef

The 7 Point Plan for Sustaining Breastfeeding in the Community

1. Have a **written breastfeeding policy** that is routinely communicated to all staff and volunteers
2. **Train** all health care workers in the knowledge and skills necessary to implement the breastfeeding policy
3. **Inform** pregnant women and their families about the **benefits** and management of breastfeeding.
4. **Support mothers** to establish and maintain **exclusive breastfeeding** to six months
5. Encourage sustained **breastfeeding beyond six months**, to two years or more, alongside the introduction of appropriate, adequate and safe complementary foods
6. Provide a **welcoming atmosphere** for breastfeeding families
7. **Promote collaboration among health services, and between health services and the local community**



The 10^o-7^o steps: support for breastfeeding

10th step to Successful Breastfeeding

- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital

7th Point for Sustaining Breastfeeding in the Community

- Promote collaboration among health services, and between health services and the local community

Evidence:

→ **Breastfeeding support increases the duration and exclusivity of breastfeeding**

→ *Effectiveness:*

- trained personnel
- support tailored to the needs of the population group
- offered by professional or peer supporters, or a combination of both

McFadden, 2017





Use of medications during lactation

Fewer than 30 drugs are contraindicated during breastfeeding, but it is widely believed that many medicines might be dangerous for infants.



Attitudes



To discontinue breastfeeding in order to take the medication



To recur to 'natural' products



To endure the pain

Risks due to:

- use of formula
- not breastfeeding

Risks due to:

- 'natural' products
- ineffective/unsafe treatment

Risks due to:

- persistence of the disease





The Good Mother Myth

The good mothers are caring, patient women who offer nourishment, unconditional love, and protection.

They put their children's needs before their own.

(Hussainy, 2011; Singh, 2004; Knaak, 2010)

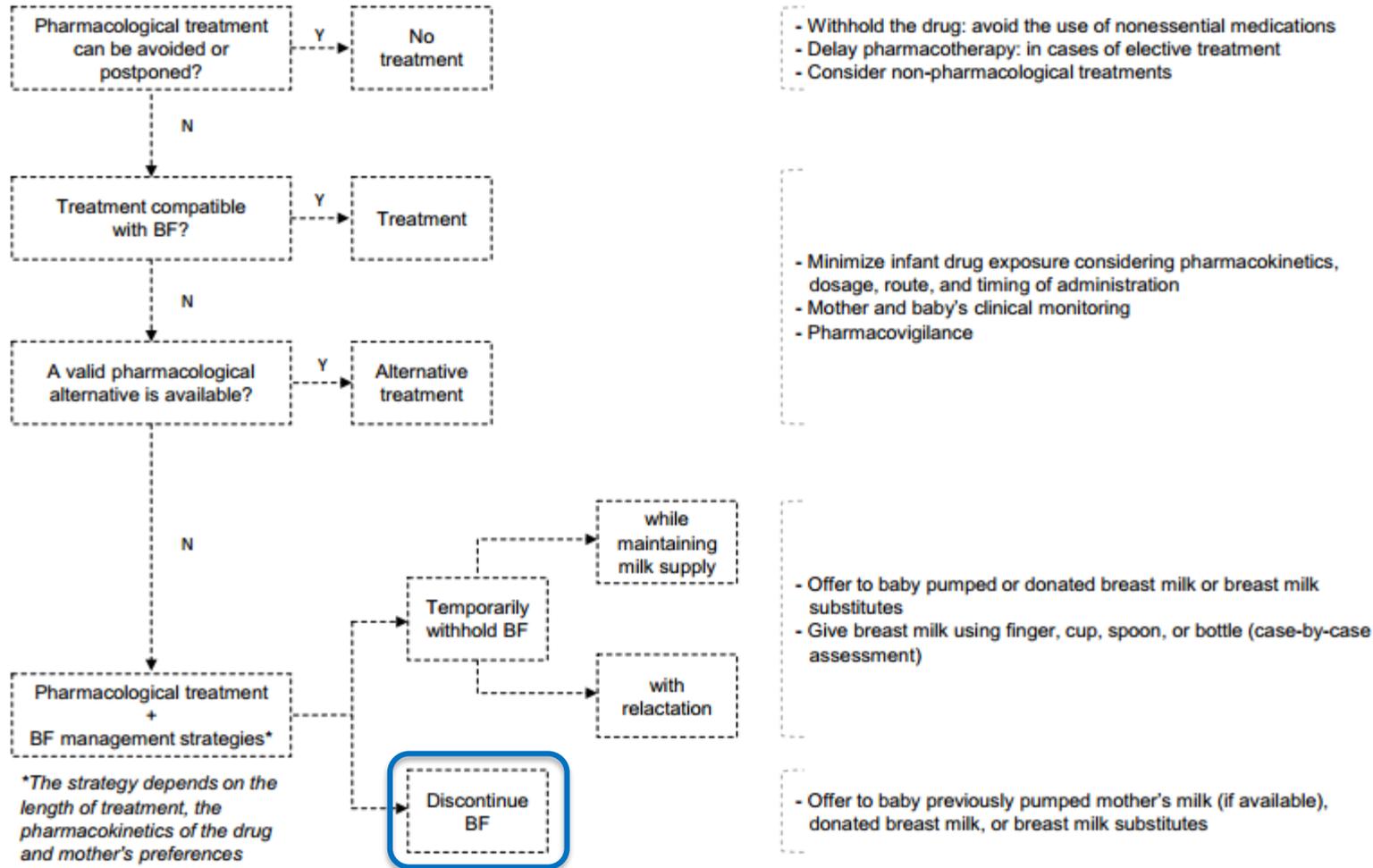


Madonna Litta.
Leonardo Da Vinci (1490)





Medications and Breastfeeding Algorithm



❑ Permanently suspension of breastfeeding is the last choice





Drug information service



Healthcare professionals



**P
e
e
r**

Mother

Counsellors





Conclusion

- Woman-to-woman support is a cost-effective approach and culturally competent way to promote health and wellbeing for women of varying socioeconomic backgrounds
- Peer-to-peer counselling & family members support could be an effective synergy to reduce some gender inequalities of health





Thanks for your attention

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