Taller de evaluación de los programas públicos para el desarrollo y empoderamiento de las mujeres en México
Cd. Juarez, Chih. UACJ, Mayo 3, 2013

Silvia Chávez Baray
College of Health Sciences
Department of Social Work
Empoderamiento

Proceso interior para el aumento de autocontrol a través de la toma de consciencia, del trabajo sobre las cinco dimensiones que componen al ser humano; mental, emocional, físico, espiritual y social.

Dando lugar a la toma de decisiones y acciones basadas en autenticidad y amor, en contraposición al miedo. Para conseguir el control sobre la vida y realización que corresponde, autorrealización, integrando y expresando armónicamente valores llegando así a la propia autonomía e individualidad personal.
"Access and Utilization of Reproductive Health Services in El Paso, Texas Pilot Exploratory Study"[243676-1]
This study provides perspectives from a sample of key informants, on the factors behind the closing of Planned Parenthood and the impact it has had for the El Paso community. Other key health and socio-economic indicators relevant to the study include:

- Nationally, Texas has the second highest birth rate (Texas Legislative Study Group, 2011).

- Texas rates 50th nationally of pregnant women who receive prenatal care during the first trimester (Texas Legislative Study Group, 2011).
• In 2003-2005, women in the U.S. border region had a greater mortality rate due to cervical cancer than the overall U.S. female population (2.7 versus 2.4 deaths per 100,000 women, respectively) (USDHHS, 2009).

• El Paso County is ranked high in sexually transmitted infections among 25 counties in Texas. El Paso was ranked sixth for chlamydia, seventh for gonorrhea, and eighth for total number of syphilis cases. In addition, there were 29 cases of HIV and 11 cases of AIDS reported from January to March of 2010 (Texas Department of State Health Services, 2010).

• Between 2004 and 2005, 20 percent of Americans between the ages of 18 and 64 did not have a regular source of health care (Arvantes, 2007). In El Paso, 39.5 percent had no health care coverage including Medicaid or Medicare in 2005 (Paso del Norte Health Foundation, 2006).
El Paso is the fourth largest city in Texas, with a population of 800,647 (U.S. Census Bureau, 2011).

Over eighty percent of El Paso residents are Hispanic, with three quarters of the population speaking a language other than English at home (U.S. Census Bureau, 2011).

The annual median household income is $36,078 (U.S. Census Bureau, 2011).

In December 2011, the seasonally adjusted unemployment rate in Texas was 7.4%. In El Paso, the unemployment rate was 9.3 percent (United States Department of Labor, 2012).

Consistently, the El Paso region experiences higher rates of unemployment and lower wages than the Texas average. Texas as a state has the largest population of people who are uninsured, accounting for 28% of Texas’s population or 6.1 million people (Texas Legislative Study Group, 2011).
Planned Parenthood was a resource to the El Paso community because individuals with limited resources and those without health insurance could receive reproductive health services at reasonable prices.

With its closing in 2009, the option to receive family planning and reproductive health services (e.g. cervical cancer screenings, mammograms, physical exams, STI and HIV testing and care, and reproductive health counseling) was eliminated.
<table>
<thead>
<tr>
<th>Category (n)*</th>
<th>Characteristic</th>
<th>Number (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Interview (31)</td>
<td>El Paso, Texas</td>
<td>29** (93%)</td>
</tr>
<tr>
<td>Ciudad Juárez, México</td>
<td>Ciudad Juárez, México</td>
<td>2 (6%)</td>
</tr>
<tr>
<td>Sex (31)</td>
<td>Female</td>
<td>22 (73%)</td>
</tr>
<tr>
<td>Male</td>
<td>Male</td>
<td>9 (30%)</td>
</tr>
<tr>
<td>Age (30)</td>
<td>30-40</td>
<td>3 (10%)</td>
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<tr>
<td>41-50</td>
<td>41-50</td>
<td>5 (16%)</td>
</tr>
<tr>
<td>51-60</td>
<td>51-60</td>
<td>13 (43%)</td>
</tr>
<tr>
<td>61-70</td>
<td>61-70</td>
<td>9 (30%)</td>
</tr>
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<td>Ethnicity (30)</td>
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<td>17 (66%)</td>
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<tr>
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<td>Non-Hispanic</td>
<td>10 (33%)</td>
</tr>
<tr>
<td>Mexican National</td>
<td>Mexican National</td>
<td>3 (10%)</td>
</tr>
<tr>
<td>Highest Level of Education (29)</td>
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<td>4 (13%)</td>
</tr>
<tr>
<td>Masters</td>
<td>Masters</td>
<td>12 (41%)</td>
</tr>
<tr>
<td>PhD/MD</td>
<td>PhD/MD</td>
<td>12 (41%)</td>
</tr>
<tr>
<td>Occupation (28)</td>
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<tr>
<td>Medical/Health Care Provider</td>
<td>Medical/Health Care Provider</td>
<td>10 (35%)</td>
</tr>
<tr>
<td>Professor/Researcher</td>
<td>Professor/Researcher</td>
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</tr>
<tr>
<td>Policy Maker</td>
<td>Policy Maker</td>
<td>2 (7%)</td>
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<tr>
<td>Bilingual: English and Spanish (28)</td>
<td>Yes</td>
<td>25 (89%)</td>
</tr>
<tr>
<td>Spanish speaking only</td>
<td>Spanish speaking only</td>
<td>2 (8%)</td>
</tr>
<tr>
<td>English speaking only</td>
<td>English speaking only</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Native of (27)</td>
<td>El Paso, Texas</td>
<td>13 (48%)</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>14 (51%)</td>
</tr>
</tbody>
</table>
“The worst case scenario would be women that learn that they have breast or cervical cancer at a very late stage and it’s not caught early enough to receive [treatment]. Youth and even adults have more STD’s, more unintended pregnancies, possibly more abortions, because of unintended pregnancies and those are pretty major.”

“I think getting everybody on the same page of why a pap smear and a mammogram are important to a woman, because cervical cancer is still killing women along the border. For white women, cancer is found in much earlier ages than the non-white border women [because of differences in what is detected in pap smears]. None of that has changed in the last fifteen years. So, we haven’t made the headway that we could have made. We’re not using the resources the way we could.”
“Women’s health is always last on the list. I mean to this day you realize that Viagra got put on more health plans than birth control.”

“Six months after Planned Parenthood closed down, El Paso had more newly diagnosed HIV cases than they had had in the whole year prior. So, the lack of education programs and medical care in El Paso directly contributed to an increase in HIV cases in the area.”

“Women are not going to access health care. They’re going to put food on the table first, a roof over their heads, and care for their child. Underinsurance has a lot to do with it. I think that it costs them a lot. The ones that have insurance will seek health care faster. The ones that don’t have insurance or are underinsured are not going to pay even if it is a $35 fee (deductible).”
“We do a better job at addressing the consequences of limited or no reproductive health (i.e. unplanned pregnancies, STIs) rather than focusing on primary and secondary prevention (i.e. increase access to contraception, spacing of births, early screening for breast and cervical cancer).”
The following is a description of recommendations proposed to improve reproductive health services.

• Make sexual and reproductive health a priority by protecting and promoting sexual and reproductive rights through policy, advocacy, outreach, education, and adequate services.

• Discover what is working; promote innovation in reproductive health; diffuse best practices; and evaluate health progress.

• Expand access and utilization of sexual and reproductive health services through Medicaid, Medicare, CHIP, Community Health Centers, the Affordable Health Care Act of 2010, TriCare, and the Texas Women’s Health Program (Medicaid) to increase timely access and adequate utilization of services.

• Assure that every individual in El Paso has a regular health provider that is both geographically accessible and culturally competent.
• **Establish universal health** care through a system that is not determined by differences in race/ethnicity, gender, age, income, or employment. Without the equal opportunity to obtain health coverage, the current disparities will persist.

• Using a family **approach** that is **culturally and linguistically appropriate for diverse populations**, create a community-wide human sexuality initiative to teach sexual and reproductive health across the lifespan.

• Align sexual and reproductive health content with medical, nursing, social work, and public health curricula to ensure a **well-trained and culturally competent workforce** provides individuals with health care in any type of health and human service facility.

• Fund reproductive health services that serve communities. Use the media, public service campaigns, and community health workers (*promotoras*) to **promote sexuality education and access to services**.
The Sexual and Reproductive Health of Mexican Origin Migrant Women in El Paso, Texas, CD. Juarez, Chihuahua, and Guadalajara, Jalisco, Mexico Project IRB [243676-3]
Objectives

• To document the perceived needs of women concerning sexual and reproductive health.

• To describe the level of satisfaction of migrant women with their sexual and reproductive health services.

• To identify the current availability of sexual and reproductive health programs
CAP² Project: Voices & Images of Migrant Women
Domestic Violence, Sexual and Reproductive Health
[UTEP IRB 336186-1]

Dr. Eva M. Moya
Dr. Silvia M. Chavez Baray
Daniel Silvadoray
Patricia O. Carrete

Nov. 7, 2012

Photo by Laura Acosta
OUR PARTNERS

Centro Comunitario Presidio Dolores in San Elizario
Programa Compañeros in Ciudad Juárez
Casa Amiga in Ciudad Juárez
Fiscalía del Estado en Chihuahua

Sponsored by the College of Health Sciences CAP²
Translation by the Department of Languages and Linguistics at UTEP
Goal and Aims

Goal:
Increase awareness of the impact of domestic violence on sexual and reproductive health on Mexican migrant women.

Aim:
1. Train 16 community partners and academic scholars on the use of the Photovoice method.
2. Recruit and train 22 migrant women to identify culturally-specific elements of domestic violence, sexual and reproductive health through Photovoice.
3. Provide rich qualitative data describing the effects of domestic violence on sexual, and reproductive health on migrant women in the border region.
4. Support and mobilize migrant women to present their perspectives on sexual and reproductive health to policy and decision makers.
5. Conduct formative research to inform services, policy and education efforts on domestic violence, sexual and reproductive health.
1. Training of Trainers (ToT)…
## 2. Recruitment and Training of Women: Their Characteristics

<table>
<thead>
<tr>
<th>Agency Partners</th>
<th>Diocesan Migrant &amp; Refugee Services</th>
<th>Familias Triunfadoras</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Participants</strong></td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td><strong>Origin, Social Status</strong></td>
<td>Mexican Migrants</td>
<td>Mexican Migrants</td>
</tr>
<tr>
<td><strong>Domestic Violence</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Age Range (average)</strong></td>
<td>16-50 years (38)</td>
<td>19-72 years (45.5)</td>
</tr>
<tr>
<td><strong>Education (average)</strong></td>
<td>9-20 years (14.6)</td>
<td>6-17 years (11.5)</td>
</tr>
<tr>
<td><strong>Health Insurance (type)</strong></td>
<td>1 (private plan)</td>
<td>2 (Medicaid)</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Domestic Work</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Service Industry</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Professional</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Student</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>*Unemployed</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>*Promotoras (volunteer)</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>
3. To provide rich qualitative data through Photovoice.

Manifestations of Domestic Violence
“These are my legs. When I was physically abused, I went through a lot of pain. I have lived a serious and traumatizing experience of domestic violence that I don't wish on anyone. To me, this was dramatic and disturbing; I lived all this in front of my children. It made me feel powerless to look at them scared and feel I couldn't help them. Let's raise our voices and don’t let ourselves be abused!”

Anonymous
“Physical and emotional abuse affects everything in our lives. In my sister, it (abuse) affected her nerves, she now has facial paralysis. We need to help women so that they recognize when they're being abused so they can escape and don't allow be crushing and humiliating. Leaving the fear behind, reporting the aggressor, seeking shelter and protection is vital. The Violence Against Women Act grants protection to women so they can get on with their life. Without economic independence they may not have enough money and may end up in the streets. I also lived in domestic violence.”

María
“The alleys are dangerous places to walk alone; you never know who might be there or know what might happen to you. However to me these alleys make me feel safe. I know that there, I will not find my aggressor, because I know that he doesn’t visit these places. The fear of reviving the physical, verbal and sexual abuse has edge me to take these paths.”

Maria
Impacts on Sexual and Reproductive Health
“When I cover myself with my hands and say "no more", it is because I don’t want to be forced to have sex without being respected and loved. I am learning how to say no. By being submitted to the violence of our culture and our partner, we are not exercising our right to demand when we want to have sex. It is important to recognize where our sensuality ends and abuse starts. Let’s learn to say when and how we want to have sex!”

Berenice
“Many women aren't happy, they live with fear and are afraid to say they have a Sexually Transmitted Disease (STD) such as HIV/AIDS for the risk to be pointed at or discriminated. We need more education to stop the discrimination against other people.”

Elsa
Recommendations to Improve Sexual and Reproductive Health Services
“Sometimes we see free information and we do not take it into account, we ignore it, because we say that it will not happen to us. Ignorance, fear, taboos and the shame will not save us from sexually transmitted diseases or unwanted pregnancies, no matter our age and background. Having access to information and education that is easy to understand as well as having other woman and man like promotoras(es). I learned through the years that we must not blind ourselves to violence and abuse because of ignorance or the fear to know.”

María and Alejandra
"These are children living in a place for families victims of domestic violence. When I watch them play, I can see they adopt the role of victims or aggressors, since a very young age. They are in a vicious circle. Let’s break the cycle putting an end to violence at home.”

Martha
4. To support and mobilize migrant women…

Call to Action to Improve Women’s Health
Violence against women has no geographic, cultural or social borders

- To prevent and address Violence against Women and improve Sexual and Reproductive Health in this community:
  - Increase the visibility of people affected by violence, their stories, lives, worries, concerns, vulnerabilities and aspirations.
  - Work for equality. For gender equality, women must live free of violence; equality will be achieved when violence and threats are eliminated from their lives.
  - Raise awareness about violence against women and their sexual and reproductive health to authorities, law makers, opinion leaders, and the community in general.
  - Include prevention and attention to violence in every work setting to increase the level of knowledge on its impacts against women, their health and their children. Violence against women put women and their children at risk of suffering different types of emotional and physical health problems.
  - More and better strategies in those services needed and/or used by women.
  - Sustainable and permanent funding for services and interventions for women, girls and aggressors through mechanisms effective for that community.
  - Timely and quality access to sexual and reproductive health through life. Use of a Women’s Health Card.
  - Education as a tool for women’s empowerment
Project Milestones

- Evidence of participant empowerment, increased self-confidence, successful referrals to health, legal and social services, re-enrollment in school (GED, ESL, EPCC & UTEP) (6/2012-Present)
- Establishment of a Community Academic Engaged Advisory Committee (6/2012)
- 2012 International Women’s Health Summit Maya Angelou Center. North Carolina
  - Project presentation (9/27)
- 1st Mano y Corazon Conference. El Paso – Project presentation (10/2)
- Inauguration of XII Binational Health Week. Oaxaca – Panel presentation (10/2)
- Closure of XII Binational Health Week. El Paso – Gallery Opening (10/15)
- Gallery presentation at UTEP CHSN (10/22-11/3)
- Presentation of Gallery to Dr. Natalicio HSNB by project participants (10/31)
- Ongoing project media coverage (i.e., UNIVISION, UTEP, Communications, AZTECA, KFOX, Chicago National (CAN), Diarios de Juarez and El Paso, and El Paso Times)
- Production of 11 minute project documentary by MSW Graduate student (Silvadoray)
- Submission of a project continuation proposal to the Hispanic Health Research Disparities Center.
- Project manuscript submission.
ADVISORY COMMITTEE

Heidi Renpenning, UNIVISION
Omar Martinez, JD, Columbia University
Dr. Hector Ocaranza, City of El Paso Department of Public Health
Lic. Berenice Córdoba, Consulado General de México
Guadalupe Perez-Gavilan, Consulado General de México
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Irma G. Casas Franco, Casa Amiga AC
Dr. Michael Kelly, Paso del Norte Health Foundation
Daniel Silvadoray, UTEP MSW Program
The Consulate General of Mexico in El Paso, Texas cordially invites you to the closing ceremony of the XII Binational Health Week

Save the date
October 15, 2012 / 1 - 6 pm
UTEP College of Health Sciences and School of Nursing - Room 217

Program

UTEP College of Health Sciences and School of Nursing
* 1:00 pm - Registration
* 1:30 pm - Ceremony
* 2:00 pm - Panel: Challenges and Opportunities in U.S. - Mexico Border Health

Centennial Museum and Chihuahuan Desert Garden
* 4:00 pm - Opening of the exhibition “Voices and Images: Migrant Women, Sexual and Reproductive Health and Domestic Violence”
* 4:30 pm - Tour of the exhibition “Nuestra Casa”
* 5:00 pm - Reception
4. To support and mobilize migrant women to present...
Inauguration of Voices and Images Gallery

UTEP Centennial Museum - October 15, 2012

Hon. Jacob Prado
Consulate General of Mexico

Dr. Kathleen Curtis
College of Health

Mr. Candido Morales
IME

Dr. Gudelia Rangel
Mexico Secretary of Health

Dr. Jill McDonald
USDHHS USMBHC

Dr. Jill McDonald
USDHHS USMBHC
Meeting with Dr. Natalicio and Project Participants
Other Photovoice Project Impacts

- Results from the Training of Trainers
- Adaptation of Photovoice by Center for Accommodations and Support Services for the 1st Disability Awareness Week
- ToT of facilitators and establishment of 5 groups with personnel of the Fiscalía del Gobierno del Estado de Chihuahua Atención a Víctimas (Crime Victims)
Addressing Health and Social Consequences of Intimate Partner Violence (IPV)
Specific Aim 1: To assess the level of interest and concern about IPV, sexual and reproductive health in community members, health professionals, paraprofessionals and promotoras de salud.

Specific Aim 2: To develop and field test a culturally and linguistically competent intervention, to train 20 survivors of domestic violence as promotoras in IPV, and sexual and reproductive health.

Community Health Workers (CHWs) live in the community they serve, are selected by the community, receive short, defined training, and are not necessarily attached to any formal institution. The term promoter or CHW is used interchangeably in the literature.
Gracias!

Quejas y comentarios con Dra. Eva Moya

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