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Gender Mainstreaming in Priority Health Programs: The Case of the Diabetes Mellitus Prevention and Control Program in Mexico.



**Pan American
Health
Organization**

Regional Office of the
World Health Organization



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The Case of the Diabetes Mellitus
Prevention and Control Program in Mexico**

**Secretariat of health, Mexico
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INTRODUCTION

Within the framework of the celebration of March 8th, 2008, International Women's Day, the Gender, Ethnicity and Health Office of the Pan American Health Organization launched the contest "Best Practices that incorporate a gender equality perspective in health". The purpose of the contest was to recognize two good practices promoted in the region of the Americas.

To ensure its regional coverage, the call for applications was published online. A total of 44 experiences from 18 countries were submitted. One of the two best practices in this contest was:

"Gender mainstreaming in the national diabetes mellitus prevention and control program".

This best practice, which was implemented nationwide by the National Center for Gender Equity and Reproductive Health of the Mexican Secretariat of Health, resulted in the dissemination of information and better ways to address the differences in behaviors adopted by men and women with diabetes and their effects. The initiative is part of the national campaign *Los hombres y las mujeres estamos tomando medidas* ("Men and women are taking measures"), which included the dissemination of information specifically targeted to men and women and health personnel with the purpose of expanding the health coverage for

this disease, which is affecting an increasing number of Mexican men and women. The campaign was based on the results of a study that revealed the differences in the time it takes men and women to seek medical care once early symptoms have appeared, as well as differences in their perception of the quality of care.

The Gender, Ethnicity and Health Office of the Pan American Health Organization is proud to present this publication, which will allow us to extract lessons that can be replicated and adapted to other contexts.

Dr. Marijke Velzeboer Salcedo
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SUMMARY

In Mexico, diabetes mellitus has become the disease generating the highest demand for care, as well as the largest number of deaths among women, in addition to being the leading cause of death among women since 2000 and men since 2004. This experience began in 2005 with the objective of documenting the existence of gender inequalities associated to diabetes mortality in Mexico; implementing gender mainstreaming in the Diabetes Prevention and Care Program, specifically the disease prevention and health promotion component; producing printed and audiovisual materials supporting health self care designed with a gender perspective; and disseminating and promoting health self-care measures with a gender perspective through physical activity to prevent and fight excess weight and obesity.

We were able to document several gender inequalities in the quality of care through a mixed approach study. Also, two campaigns targeted to male and female personnel of the Ministry of Health were launched. A qualitative evaluation of gender-sensitive materials was also carried out to compare them with non-sensitive materials, which enabled us to

document several benefits and contributions resulting from the existence of materials specifically targeted to men and women. As a result of this experience, we learned joint work with the authorities responsible for health programs is fundamental for the incorporation of the gender equality perspective in health.

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GENDER MAINSTREAMING IN PRIORITY HEALTH PROGRAMS: THE CASE OF THE DIABETES MELLITUS PREVENTION AND CONTROL PROGRAM IN MEXICO.

1. Why did we do it? Background

Since 2003, the Mexican Secretariat of Health has made efforts to achieve the disaggregation of all statistical health records by sex, which has made inequalities in health levels between men and women more evident. Diabetes mellitus (DM) has become the disease generating the highest level of demand for care, as well as the leading cause of death among women.

Since its creation in 2003, actions undertaken by the National Center for Gender Equity and Reproductive Health (CNEGySR) have been characterized by an on going interest in gender mainstreaming in health programs and actions, with the main objective of moving towards better health for both sexes, bearing in mind prevailing inequalities and applying the gender equity principle.

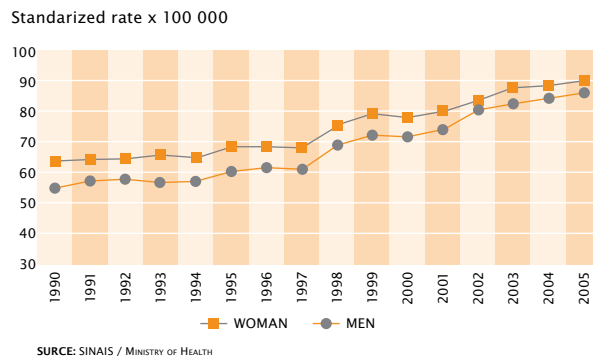
In this regard, the experience shared here sought the implementation of specific actions with gender equity in the areas of health promotion and diabetes prevention.

From a conceptual standpoint, one initial consideration was the biological differences between men and women influencing the manifestation of the disease, as well as the sociocultural inequalities –related to the construction of being a man or a woman, respectively– that determine the different forms and extents of manifestation of the disease, in addition to the implementation of preventive measures, access to health services, seeking care, and compliance with treatment.

International evidence of the worsening of the diabetes mellitus epidemic has led the World Health Organization (WHO) to recognize it as a global threat. There is an estimated 180 million people with diabetes worldwide, a figure that will likely more than double by 2030. In 2005, 1.1 million deaths from diabetes were reported, approximately 80% of them in low or mid-income countries, most of which are less prepared to face this epidemic.¹

In Mexico, the prevalence of diabetes as a cause of death has increased, from a rate of 16.9 per 100,000 inhabitants in 1970, the 15th highest cause of death, to a rate of 63, making it the leading cause of death, in 2004 (Figure 1). By 2000, DM had become the leading cause of death among women and the second among men; it is currently the leading cause of death among Mexican men and women.

FIGURE 1. DIABETES MELLITUS MORTALITY BY SEX MÉXICO, 1990-2005

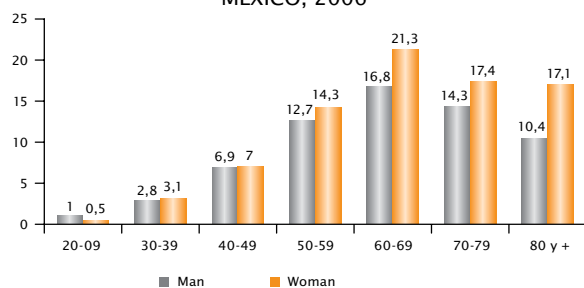


However, interesting differences in the epidemiologic behavior of the disease between men and women have been identified since 2002. While the prevalence of diabetes mellitus identified by National Health Surveys through lab tests does not show significant differences between men and women (close to 10% in adults age 20 or older), specific mortality rates by sex show significant differentials (+/- 20%), even adjusting for age.

The main risk factors in the development of clinical diabetes are excess weight and obesity, whose distribution by sex also shows significant differentials according to National Health Surveys, with women being the most affected.

National Health Surveys previously conducted in Mexico, on the other hand, have shown an increasing proportion of women previously identified as diabetic through biochemical tests in health services and known to be diabetic, compared with their male counterparts (Figure 2).

FIGURE 2. DIABETES MELLITUS PREVALENCE BY PREVIOUS DIAGNOSIS IN POPULATION AGE 20 OR OLDER, BY AGE AND SEX GROUP. MEXICO, 2006 ²



This higher rate of cases detected among women, however, does not seem to have an impact on the lethality of the disease. The hypothesis is that gender roles and stereotypes may be influencing this differential through compliance with treatment and diet in particular, as well as the timeliness of the demand for care in case of complications. In fact, a study carried out in five general hospitals showed it takes diabetic women three times longer to seek health services compared to men. These, on the other hand, show low detection rates; however, it would seem that, once they have been diagnosed, they are in more control, which could reinforce the hypothesis that families prioritize male health care and that for minors under the care of women, but not women's health self care.

Based on these arguments, we began discussing the impact of gender on the risk of getting and dying from diabetes in Mexico since 2002 .

In 2005, bearing in mind the relevance of excess weight and obesity as risk factors for chronic diseases, particularly diabetes, and using waistline reduction as a central element, the area responsible for the national Diabetes Prevention and Control Program, with the support of some pharmaceutical laboratories, designed a campaign called México está tomando medidas ("Mexico is taking measures") to disseminate the right to health protection and the impact of excess weight and obesity on the risk of developing the so-called metabolic syndrome, diabetes, high blood pressure and ischemic heart disease.

In particular, the campaign stressed the importance of reducing abdominal fat –the main contributor to increased risk– through a series of specific recommendations regarding the practice of physical activity and appropriate nutrition to maintain good health. Waistline recommended values were used as easy-to-achieve targets for the population.



A DVD was also distributed to the target population seeking health services. The DVD included a 30-minute exercise routine people can do at any time of the day. They also received a paper tape measure to take the waistline measurement.

The original intervention was gender-neutral; in other words, it was not specifically targeted to men or women and, as is common, it did not assign any relevance to the gender condition of the audience.

CNEGySR considered this was a great opportunity to incorporate a gender perspective into the campaign's materials for it to be more effective. With this purpose in mind, we convinced the National Center of Epidemiology Surveillance and Disease Control (CENAVECE), the stakeholder responsible for this area, to involve us in the campaign so we could provide the gender perspective in health by redesigning these materials, taking into consideration the differences between men and women.

2. What were we looking for? Action plan proposed.

As a result of this experience, we set out to analyze, from a gender perspective, the potential factors associated with differentials by sex in access, timely detection, use of health services, compliance with treatment and other aspects of the diabetes mellitus behavior in Mexico; we also set out to design gender-sensitive education strategies so adult men and women, particularly those with chronic degenerative diseases, could take measures to prevent or fight excess weight and obesity, which are risk factors for this type of diseases.

The objectives of the experience were:

A. To document the existence of gender inequalities associated to diabetes mortality in Mexico, as well as the potential factors associated thereto.

B. To incorporate the gender perspective into the Diabetes Prevention and Care Program, specifically its disease prevention and health promotion component.

C. To produce printed and audiovisual health self care support materials designed with a gender perspective.

D. To disseminate and promote health self-care measures with a gender perspective through physical activity in order to prevent excess weight and obesity, the main risk factors in the development of diabetes mellitus, as well as other major causes of death in México, for example, ischemic heart disease.

The initial experience was developed in 2004, and the campaign was relaunched recently. In fact, the campaign materials were published again, and a qualitative evaluation of its acceptance and communication efficacy was conducted in May 2008, which will hopefully allow us to extend its use in the following months.

Target population: male and female workers of the federal Secretariat of Health, as well as the population of adult men and women in general.

3. How did we do it ? The implementation process

1°. While initial contact with the authorities responsible for the National Diabetes Prevention and Control Program was established two years earlier, it was only in 2005 that we got to know the materials of the campaign México está tomando medidas ("Mexico is taking measures") and directly contacted the persons responsible for it. The original intervention revolved around the technical and medical aspects of the risks resulting from excess weight and obesity, as well as preventive measures targeted both to health service users and health personnel. The objective of that campaign was to disseminate this information among the population in general, but the authorities responsible for the program had not considered the possibility of approaching the population by sex.



The dissemination vehicle used in that campaign was basically a gender-blind brochure targeted to the public in general that lacked specific information for men or women.*



Once we reviewed this piece of material, we identified a great opportunity to incorporate, from a gender perspective, information and a specific design allowing us to come up with a brochure specifically targeted to women and another to men. An analysis of the brochure was conducted, and the possibility of redesigning its format and contents was considered, taking into account the differences created by gender roles and stereotypes in men and women's habits regarding nourishment, physical activity and care of their bodies and health. This led to more relevant and appropriate messages achieving more and better impact and intended to overcome barriers to physical activity, which vary by gender.

*The content of the different brochures and figures was translated from Spanish into English for purposes of the publication, but the original content is in Spanish.

2°. The stakeholders in this joint project were the individuals responsible, on the national and state levels, for the Diabetes Prevention and Control Program and CENA VECE, as well as those responsible for the Gender Equity Area in CNEGySR. As experts in public health and the gender equality perspective in health, CNEGySR's staff set out to design concrete proposals for the brochure's new design, which would be submitted and discussed with the CENA VECE staff, which specializes in diabetes.

3°. Technical work meetings were scheduled with the heads of the Gender Equity and Diabetes Prevention and Control program to discuss possible changes. The specific proposal on the changes to the brochure's content and design was submitted at a second meeting. In the case of brochures targeted to women, the idea was to stress the need for them to make time for their self-care, considering there is a trend among women to invest more time in caring for others and fulfilling their needs, in addition to work overloads and the idea that exercise is not a stereotypically feminine activity, which leads them not to exercise. Thus, the brochure includes a series of recommendations for women to exercise in a simple and fun way, without the need to invest financial resources, and stressing the benefits of exercise, as well as those of proper nourishment, to their physical and emotional health. Finally, a series of recommendations are made for them to take care of their physical health. Brochures targeted to men highlight the importance of moving away from male stereotypes leading men to adopt risky behaviors and ignore disease symptoms. The men's brochure also addresses common male health problems and how they relate to lack of physical activity and proper nourishment and, like the women's brochure, it stresses their benefits and makes recommendations for men to take care of their physical condition.

The proposal was made at a third meeting to produce, in addition to brochures, a DVD targeted to women and another to men, with general information on excess weight and obesity as diabetes risk factors and the importance of physical activities for its prevention. The team also worked on a design concept specific to the men's and women's



brochures, which included both the wording used and the different physical activity options recommended by sports and physical trainers.

The proposal was also made to produce a tape measure like those used by dressmakers made of durable and resistant material, in this case rubber-lined canvas, with specific messages “for women” on the importance of measuring their waistline as a form of health selfcare and preventing excess weight and obesity, which are risk factors affecting women’s health. Motivational messages for women were also included as their measurements approached the health zone.

Tape measures were divided into sections using the same colors as those of a traffic light, depending on their waistline status -healthy, alert or risk:

Green	70 cm or less	Healthy
Yellow	de 71 a 80 cm	Alert
Red	de 81 cm or more	Risk

The objective in the case of the tape measure was to make it appealing, highlighting important aspects of women’s health self-care and providing women with a convenient tool they could use to take other measurements in their everyday life.

4°. Therefore, we proposed to shift from the México está tomando medidas (“Mexico is taking measures”) campaign to another called Los hombres y las mujeres estamos tomando medidas (“Men and women are taking measures”), of which the dissemination materials were specifically targeted to each sex.

These materials were mainly distributed to two groups:

- The population of health service users, a task carried out by CENAVECE and their staff responsible for the Diabetes Prevention and Control Program on the state and federal levels.
- Male and female employees of the Secretariat of Health. This was done by means of two campaigns launched within this agency, one for men and another for women, as part of the activities to celebrate the International Action Day for Women’s Health in 2006. The campaigns were called “Female health workers are taking measures”, for women, and “Male health workers are taking measures”, for men.



The following were the activities carried out under these campaigns:

- Informative talks on proper nourishment, excess weight, obesity and the relationship between gender, nutrition and health.
- Invitations to the everyday practice of physical activity, including the distribution of specific brochures for men and women, and a DVD with an exercise routine.
- Men and women's waistlines were measured. They also got total cholesterol and blood glucose tests, in addition to tests to detect oral health problems.
- Women received a tape measure and a Women's Health Charter.
- A prostate risk questionnaire was administered to men.
- Results were shared with each person, along with practical recommendations depending on the health problems identified in these activities.

5°. At the same time, in 2006, CNEGySR sponsored a study, with a gender perspective, on the quality of care for different reasons, including diabetes, among hospital service users. The study followed a mixed methodological approach, this being the reason why, in the quantitative stage, questionnaires were administered to male and female users, in addition to three guides to compare patient records. On the other hand, interviews were held with the individuals responsible for Education and Quality of Care in each hospital, in addition to discussion groups with medical and nursing personnel. The study addressed the situation of hospitals in five Mexican states: Nuevo León, Veracruz, Yucatán, Guanajuato and Querétaro. The outcome of this work was included in a recent compilation of research results published by CNEGySR in 2007.



One of the most relevant findings showed that women take longer to seek medical care once early diabetes symptoms appear, approximately 21.7 days, compared to men, who take approximately 6.8 days.

In the case of care provided by nursing staff, the study showed 51.7% of women considered their requests were met promptly, compared to 64.5% of men. In regard to explanations given by medical staff in response to questions, 61.7% of men, compared to 53 % of women, considered the answers to their questions were satisfactory.

The data also revealed the doctor-patient relationship seems to be influenced by the care provider's sex, mainly among women, who prefer to be attended to by women doctors, while for men it makes no difference whether they are attended to by a male or a female doctor.



Focus groups revealed there are three areas where significant differences between men and women exist:

a) Women in general have a higher pain threshold (which may partially explain the trend found in quantitative results on the lower administration of medication to women).

b) Another aspect, possibly linked to the above, is the fact that women provide more reliable information when experiencing serious symptoms.



c) Women usually arrive in emergency rooms in worse condition than men, and also with the disease in a more advanced stage.

Thus, the study revealed significant differences resulting from the social and cultural gender characteristics influencing the process of seeking care by sick individuals, as well as the assessment of the quality of care and the health staff providing it.

6°. A Based on the interinstitutional development experience of the campaign “Men and women are taking measures”, the staff responsible for the two centers in the Secretariat of Health held coordination and collaboration activities, including their joint participation in the Technical Group for the review of the Mexican Official Standard for Diabetes Prevention, Treatment and Control, as well as that for High Blood Pressure.

7°. According to the staff responsible for the Diabetes Prevention and Control Program, materials specific to women and men have been quite successful, considering the target population requests either the DVD “for men” or that “for women”, which they identify as gender-specific. In 2007, the distribution of such materials was increased through different activities.

8°. In 2008, the authorities responsible for the Diabetes Prevention and Control Program requested the gender area to assist them in the process of integrating this approach into the design of the data system currently being developed to document the care process in the new Mutual Support Groups (MSGs) targeted to diabetes, high blood pressure and dyslipidemia patients. So far, several variables have been integrated for the collection of differentiated data by sex, which will facilitate further analysis with a gender perspective. Some of them are particularly related to therapy compliance and the causes of delay in seeking care, among others.

4. Who did we do it with? The participants

The main stakeholders involved in or supporting the development of this experience have been:

a) DCNEGySR’s Director of Gender Equity and Assistant Director. As the top executives of this body, they played a strategic role in establishing contact and inviting CENAVECE’s Director General’s Office, as well as the Director of Adult and Edlerly Health Program, to collaborate on this best practice. They provided all the support necessary for the designated work teams to carry out relevant tasks for the integration of gender equality in health into the campaign “Men and women are taking measures”.

They also assisted CNEGySR's work team in the design of proposals and determined the execution of the research project.

b) CENAVECE's Director General and the Director of Adult and Ederly Health Program As CENAVECE's top executives, they approved the proposal, made a commitment and took the risk of leading the actions necessary to turn the campaign "Mexico is taking measures" into a campaign with a gender perspective.

c) CNEGySR and CENAVECE's technical work teams, made up of mid-level staff members from both centers, with the support of gender and health specialists and medical personnel. These teams contributed to the project by reviewing, with a gender perspective, the materials, proposed design and contents of the brochures, DVDs and tape measures, in addition to giving talks, taking samples to measure glucose and lipids, and measuring height and weight.

d) Employees of the Secretariat of Health. 1,420 men and 2,407 women working for the Secretariat of Health attended talks, received materials, provided samples and, in the case of men, answered the prostate risk questionnaire (see Table I).

5. What did we achieve? Concrete results of the project.

According to different reports and statements made by the authorities responsible for the Diabetes Mellitus Program, materials differentiated by sex have been quite successful, considering men and women emphatically request the DVD "for men" or "for women", which they identify as gender-specific. In 2007, the authorities responsible for the diabetes program requested more materials for distribution during their different activities.

In order to evaluate the different materials produced in this experience, a qualitative evaluation was conducted with discussion groups in the city of Colima, in the Mexican state of the same name. Work with these groups was possible through the support of the State Health Services authorities. The evaluation included the distribution of gender blind materials to a group of men and a group of women, and the distribution of gender-sensitive materials to two other groups, one of men and one of women; the participants, ages 25 to 40, were users of Colima's Health State Services, specifically their Health Centers and Mutual Support Groups (MSGs) for patients with chronic-degenerative diseases, such as diabetes mellitus or high blood pressure.

Table I. Participants and activities in campaigns for male and female workers of the Secretariat of Health.

Participants	No,of people attending talks and packages of materials delivered	Metabolic screening test	Oral screening test	CWomen's Health Charters delivered	Prostate risk questionnaire
Women	2,407	2,075	1,627	1,806	N/A
Men	1,420	1,159	1,156	No aplica	539
Total	3,827	3,234	2,783	1,806	539



Materials were distributed as shown in Table II:

Table II. Distribution of materials to groups	
Group	Materials delivered
Colima MSG male users ages 25-40	Gender-blind brochure and tape measure of the campaign “Mexico is taking measures”
Colima MSG female users ages 25-40	
Colima MSG male users ages 25-40	“Men are taking measures” brochure
Colima MSG female users ages 25-40	“Women are taking measures” brochure and tape measure for women



Another piece of information worth noting is the fact that, while participants use health services, mostly Mutual Support Groups, they cannot identify risk factors for diseases such as diabetes and high blood pressure as a whole, but as isolated elements. They also tend to rationalize the effect of bad exercise and eating habits and they blame isolated incidents, such as sustos (frightening events), anger or accidents as definitive factors causing diabetes.

One’s worries, sadness or anger, all that also causes it.
(Women, material 1).

As part of the information gathered through focus groups, several aspects related to excess weight and obesity were explored as risk factors in the development of diseases such as diabetes mellitus and high blood pressure. The data collected has shown that, in general, there is a difference in the perceived level of effort demanded by activities carried out by women or men: men’s work, such as bricklaying, factory work or any work-related activity taking place outside the home, is perceived as more physically intense, while women’s work, typically related to household chores, is perceived as more emotionally and psychologically intense. The fact that men gain less weight than women is attributed to this factor, and women also tend to be more vulnerable due to the stress and afflictions typical of full-time care of their households and families.

Men may eat tacos and pozole, but once they go to work, if they’re bricklayers, they can burn it all. We, on the other hand, iron clothes, cook and wash, but we do it standing, so all the fat stays there.
(Women, material 2).

What will exercise do for you?

- ⌚ You heart and lungs will function better.
- ⌚ Your bones will get stronger.
- ⌚ Better mood.
- ⌚ Good sleep.
- ⌚ Look better.
- ⌚ Help your body control diabetes and high blood pressure.
- ⌚ Raise your self-esteem.
- ⌚ Improve your attitude in relationships with your family, partner and friends.
- ⌚ Improve the quality of your sexual life.
- ⌚ You'll feel great.....and everybody will notice.

Say NO to fried snacks, junk food sodas and smoking!

We don't expect you to be like Ana Guevara or Soraya Jiménez, but a healthy and enthusiastic woman.

Go for it!

Make exercise part of your life. All you have to do is invest 30 minutes a day, willpower, affection and love for yourself

Thus, these types of diseases are attributed to emotional factors, inheritance, sustos or accidents as isolated causes, failing to recognize excess weight and obesity as contributing factors.

In my case, my parents were not diabetic. I think the cause was some 'sustos'.
(Men, material 1).

It is also worth mentioning that, since the groups of respondents are already involved in the process of treating their disease (diabetes, high blood pressure) they are well informed about the good practices they must follow to improve their health. They point out, however, that bad habits are deeply-rooted in their families. Thus, they recognize that family members must support sick people's efforts to control their disease, and also that they themselves must take preventive measures. Women in particular affirm all the family should get involved in the ideal diet. They believe that, if they teach their children to eat the way they do as a result of their disease, they will prevent their children from developing it. Men, on the contrary, believe the family must watch their diet as an expression of solidarity to help them fight bad eating habits.


As far as materials are concerned, individuals having received gender-blind brochures thought the brochure was good because it contained information that must be shared with all the family. They did not find the idea of producing a brochure specifically targeted to men or women appealing. They believed the brochure provided both men and women with information on waistline risk limits, clear recommendations on what not to eat, and potential diseases.



If you go for medical services, ask them to measure your waistline

If you like to eat tacos, tortas, sodas, hamburgers, french fries or garnachas, you don't move even in self-defense and people tell you you're chubby, this may interest you.

Increases in the volume of abdominal fat increases the risk of diseases such as diabetes and high blood pressure among others.



Subcutaneous fat

Abdominal muscles


Intraabdominal fat

Abdominal obesity can cause a series of diseases that, if not taken care of, can kill you. If you're experiencing headaches dizziness for no apparent reason, have trouble breathing while walking, experience fatigue or blurred vision, or you waistline exceeds 90 cm, go to your doctor as soon as possible.


Remember chronic diseases don't come alone, and abdominal obesity is a risk marker even if not perceived as such.

Timely diagnosis and information are essential to improve the quality of life and life expectancy of Mexicans.

You have limits you should not exceed. You need to measure your waistline, which must be 90 for men and 80 for women. If you exceed that, then you're overweight.
(Men material 1).




"Cardiometabolic profile" Avoid these numbers:



1.- Abdominal obesity	Men	≥90 (cm)
	Women	≥80 (cm)
plus two of the following risk factors:		
2.- Triglycerides		≥150 (mg/dl)
3.- Cholesterol:HDL:		
	Men	<40 (mg/dl)
	Women	<50 (mg/dl)
4.- Blood pressure: <1 (PAS/PAD)		≥130/≥85 (mm/Hg)
5.- Fasting glucose*		≥100 (mg/dl)

*Or previously diagnosed type II diabetes

Follow your doctor's instructions, exercise at least 30 minutes a day and watch your diet.




"Measure your waistline and take measure" to reduce abdominal obesity

Material provided by the Director's Office of the Senior Citizens and Adults Program, CENAVICC Ministry of Health

Participants considered the brochures important materials necessary to disseminate information.

The lack of brochures is causing people to get sick with diabetes and high blood pressure, something we didn't have in the past.
(Women material 1).

MINISTRY OF HEALTH HEALTH



WOMEN ARE TAKING MEASURES

Give yourself 30 minutes a day to improve your health
Being well is your choice!



It is important to highlight that both the male and female groups having received the gender-blind brochure tend to project themselves in the material. They identify with its contents as if it had been produced specifically for them as men or women.

In this case, it's a woman, because I can see myself here, it's like everything they're saying is my portrait. It's us, women. It's like a mirror; I'm seeing myself in a mirror.
(Women, material 1).

Finally, it is worth noting that both the male and female groups did not find this piece of material highly motivating; they said it contained too much information and either it took too much effort to read or they were not motivated to read it all.

When I see this brochure, I see too many letters. I don't feel like reading it. It's just that we're not used to reading, we don't like to read.
(Women, material 1).



Gender-sensitive materials, on the other hand, prompted many positive comments, which reflects a big impact.

They say you shouldn't eat junk food, because that's the most damaging. Soda is the worst there is for your body.
(Women material 2).

The group's participants felt really identified with the message. They did not perceive the message as a body of theoretical repetitive information or "what you must do". In general, messages were perceived as clear information, not as a "lecture" on what they should do.

The tone of the message adopts the personality of a person from the opposite sex, that is, men identified the brochure with a woman (care, advice and motivation) while women identified the brochure with a man, such as their husband, urging them to stay healthy and telling them to do things for their own sake. Most people perceive it as a piece of material directly talking to them about their experiences as women or men.

I liked the part where it says that even dancing is good. (Women, material 2).

The women in the group receiving the gender sensitive brochure were more aware of their higher susceptibility to developing diseases linked to factors associated to the gender roles they fulfill. Thus, anxiety, tension and stress caused by family problems, as well as caring for their children, husbands and homes, were perceived by these women as risk factors for diseases such as diabetes, while this was not evident among men. Women, however, found the brochure was motivating, as it reminded them of the importance of taking care of themselves and making time for themselves, which can promote health self care.

They say we need to make time for ourselves; 30 minutes. We need to walk and exercise... take care of ourselves.
(Women, material 2).





Have fun!

- If you're exercising at home, forget about house
- Don't even think about using the broom to Dance with it to your favorite music! Move

Men, on the other hand, found the message established direct communication with men. They also thought it was original and motivational for exercise.

It's really good. There are few brochures like that. It talks to you, it talks directly to us as men... It's like it's talking to me.
(Men, material 2).

One of men's most important rights is the right to health.

MINISTRY OF HEALTH HEALTH

Being well is your choice!

Give yourself 30 Minutes day

MEN ARE TAKING MEASURES

One of men's most important rights is the right to health.

Go for it!
Exercise and eat healthy!

Generally speaking, gender-sensitive brochures reinforce and complement information received by groups with these characteristics taking part in MSG talks, not as a reminder, but with a casual and direct motivational tone encouraging a better attitude towards their self-care.

The tape measure, on the other hand, is seen as an alert signal, but also as a threat by men and women, who are reluctant to use it. At least half of the respondents stated they had never used the tape measure or opened it either upon receiving it or during the group session.

I didn't like the tape measure. I just didn't. It's like I'm telling it, 'You're going to measure me?', and then it's like a fight breaks out between the tape and me.
(Women, material 1).

Your wellbeing is measured in centimeters

In regard to the tape measure of the campaign "Mexico is taking measures" and that of the campaign "Women are taking measures", no differences were found between the groups having received them.

To complement the group discussion, the video "Men are taking measures" was shown to the group of men having received the brochure, and the video "Women are taking measures" to the group of women having received the brochure and the tape measure. The video was well accepted, mostly because its audiovisual format is easier to watch and it maintains people's attention. Another aspect is the rhythm, which invites people to move. The



contents of the video are valued because they educate and inform, and exercise is shown as something easy to do. It also suggests a form of sharing with your family or community.

You actually feel like doing it and telling your children, "Come on, let's exercise." The main purpose is to share with them, or your woman.

(Men, material 2).

Women in particular, on the other hand, stated that a common obstacle to exercise is the embarrassment of doing it in public. For this reason, the DVD was designed to allow them to exercise in the comfort of their homes, in addition to the fact that it contains simple ideas they can put in practice in their everyday life.

I think it's interesting, because you can see the exercises you can do. It's not brain surgery. (Women, material 2).

Based on this evaluation, we concluded that gender sensitive brochures are more valued and the information and motivation they try to convey have a bigger impact as a result of their direct, conversational and casual approach adapted to the sociocultural conditions of men and women.

With gender considered as a social determinant of health³, we were able to incorporate an integrated approach into the design and dissemination of materials to prevent and fight excess weight and obesity as diabetes risk factors. As shown by this qualitative evaluation, these materials respond to different needs among men and women, who must be specifically approached through audiovisual messages and clearly differentiated arguments.

In addition to this qualitative evaluation, it is necessary to point out that another significant aspect of this experience was our ability to implement the gender mainstreaming policy in the Diabetes Prevention and Control Program by raising awareness among the authorities responsible for its implementation and, along with them, exploring potential interventions to reduce gender gaps in the field of health. This contributes to the achievement of gender equity in health by enabling differential measures depending on the needs of men and

women. This was a medium-term experience that will continue throughout this government administration (2007-2012).

Another outcome was that the employees of the Secretariat of Health, beyond the two areas directly involved in the development of this experience, were able to see what it means to develop gender-sensitive interventions. Something else attracting attention was the fact that these interventions also take into consideration men's needs, considering the preconceived notion that the Secretariat of Health's gender area was only interested in, and dealt with, women's issues.

This was a successful experience in terms of collaborative work between different leading areas of the Secretariat of Health for gender mainstreaming purposes in disease prevention and care programs. Also, work is now being done with the staff of the programs for HIV-AIDS, accidents and addictions, where work has already been done in the design of gender-sensitive printed materials.

6. How are we sustaining it ?

Based on the joint work experience, CNEGySR and CENAVECE's work teams have held coordination and collaboration activities, including their participation in the Technical Group for the review of the Mexican Official Standard for Diabetes Prevention, Treatment and Control and that on high blood pressure.

The experience has also strengthened CNEGySR's leadership in the area of gender mainstreaming in health programs. The sustainability of this practice has been based on maintaining communication channels with the national authorities of the Diabetes Mellitus Program, with whom we continue to develop proposals to advance the development of other gender-sensitive materials and actions.

Our objective for the next two years is to further the documentation of gender differences and propose specific actions under the Diabetes Program through qualitative research on the meaning of the disease for men and women, as well as its symptoms, diagnosis and treatment. The research question is, "If the prevalence of diabetes among women and men older than



20 is so similar, why do more women than men die from diabetes?” Also, “Why aren’t men diagnosed as timely as women, and what is the effect of that delay in terms of complications?”

The hypothesis to verify is that, as far as compliance with therapy is concerned, there is a differential in favor of men because they have more support compared to women. However, certain conceptions of the disease and stereotypical “masculine” attributes and activities lead men to “ignore” they are diabetic, in addition to the fact that detection activities mainly take place in primary health care units, whose business hours are usually not convenient for men. Another reason is the fact that, in general, men do not use preventive services, as they believe they should only seek health services if they experience symptoms preventing them from doing their everyday activities, particularly their job. New DVDs will also be produced with differentiated contents and exercise routines more appealing to men and women from different urban population sectors.

A significant factor in the consolidation of this experience and the implementation of new ones is the recent enactment, in 2006, of the General Law on Equality between Women and Men, a national law providing for gender mainstreaming in public policies on all government levels, including those related to the exercise and protection of social rights, such as the right to health protection.

This national law advances and strengthens the right to non-discrimination on the basis of sex, which in Mexico is protected by the Federal Law to Prevent and Eliminate Discrimination enacted in 2003. Both laws are the legal framework for the National System for Equality Between Women and Men, a body developing mechanisms for the enforcement of the General Law for Equality Between Women and Men in all the different areas of public administration, including that of health.

Finally, the participation of this experience in the Contest launched by the Pan American Health Organization, where it won an award, has attracted the attention of other areas in the Secretariat of Health responsible for other programs, which means this publication will hopefully translate into more credibility and more collaboration requests.

7. What have we learned? Experiences or lessons learned

The factors contributing to the success of this transforming experience include the political will of the authorities of the Diabetes Mellitus Prevention and Control Program for the incorporation of innovative aspects into their actions seeking to fight gender inequity, as well as the creative willingness of CNEGySR’s authorities and specialists to formulate and fund concrete gender mainstreaming proposals to develop actions to promote health and prevent and treat diseases considered a priority in our country.

One of the main problems faced in the implementation of this experience has been the lack of financial and material resources, particularly the lack of qualified personnel specifically working in the areas of diagnoses, concrete proposals, and the production of specific and original audiovisual and printed materials.





In view of the above, our recommendation is that individuals responsible for health programs should work along with the authorities responsible for the gender equity in health policy in order to identify, with a gender perspective, collaborative actions for the construction of health promotion measures and actions, as well as prevention and treatment of health problems. We also recommend the allocation of material resources, qualified personnel and budgets for specific tasks related to diagnoses, concrete proposals, and specific and original audiovisual and printed materials.

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1. Secretaría de Salud. Programa de Acción Específico, 2007-2012, Diabetes Mellitus. Versión Preliminar.
2. Rodríguez, M.H. Encuesta Nacional de Salud y Nutrición 2006. Comunicación personal.
3. Sen G, Östlin P. Unequal, unfair, ineffective and inefficient. Gender inequity in health: Why it exists and how we can change it. Final Report to the WHO Commission on Social Determinants of Health. Women and Gender Equity Knowledge Network. Karolinska Institutet; 2007.

ANNEXES

- Annex 1.** Brochure “Women are taking measures”.
- Annex 2.** Brochure “Men are taking measures”



ANNEX 1

What will exercise do for you?

- Your heart and lungs will function better.
- Your bones will get stronger.
- Better mood.
- Good sleep.
- Look better.
- Help your body control diabetes and high blood pressure.
- Raise your self-esteem.
- Improve your attitude in relationships with your family, partner and friends.
- Improve the quality of your sexual life.
- You'll feel great...and everybody will notice.

Say NO to fried snacks, junk food sodas and smoking!

We don't expect you to be like Ana Cuenvara or Soraya Jiménez, but a healthy and enthusiastic woman.

Go for it!

Make exercise part of your life. All you have to do is invest 30 minutes a day, willpower, affection and love for yourself

MINISTRY OF HEALTH

HEALTH

RECOMMENDATIONS

- Get your blood pressure taken and get tested for diabetes at your health center
- Ask your doctor about the type of exercise you can do.
- Don't use plastic or rubber girdles. They can cause burns and your skin may get dehydrated.
- Go to your doctor if you experience any discomfort while exercising.
- Increase the amount and intensity of exercise as you feel better.

Be patient. Improving your physical health is a gradual and safe process with no health risks.

To complement exercise which proper nourishment, we recommend you the:

Healthy Diet Plate

NATIONAL CENTER FOR GENDER EQUITY AND REPRODUCTIVE HEALTH

HEALTH

www.gemerysaludreproductiva.salud.gob.mx

WOMEN ARE TAKING MEASURES

Give yourself 30 minutes a day to improve your health

Being well is your choice!

In almost every household

in México, to a larger or lesser extent women have been assigned the responsibility of health care within our families: our children, spouse, older relatives, individuals with disabilities, neighbors and even pets. This often leads us to neglect our own health and be exposed to different diseases. Unhealthy lifestyles usually involve limited bodily movement (a sedentary life); bad eating habits, family, work-related or financial worries, stress, and the excessive workloads typical of household chores, paid employment and, in some cases, school (double or triple shift).

All these factors generate stress,

anxiety, discomfort, chronic fatigue and depression, which, along with excess weight and obesity, increase the possibility of disease.

The only thing you need to invest is willpower and the desire to exercise while having fun. We suggest a series of simple activities at everybody's reach!

BE YOURSELF COMFORTABLE AND LET'S GO!

Have fun!

- If you are exercising at home, forget about household chores
- Don't even think about using the broom to sweep the floor. Dance with it to your favorite music!
- Choose exercises that make you sweat and increase your heartbeat without losing your breath and give you flexibility, strength and harmony.
- You can do other activities such as walking, jogging or running.
- Walk around the park in your neighborhood or community three times after dropping your children off at school
- Have fun while exercising!
- A great way to exercise is walking up and down the stairs, but without grocery bags
- Ah! You can also use your kids' bike for a little while. Using a stationary bike is also fun.
- If you like gymnastics, you can do pushups, situps or squats
- If you're older than 60, walk your dog until you see it sticking its tongue out!
- Look for groups practicing sports, yoga or tai chi in your local park
- Go to the INAPAM or INSEN offices in your community.

Some of the chronic diseases increasingly affecting women are diabetes, heart diseases and high blood pressure, among others.

To prevent or counter the negative effects of these lifestyles and diseases, give yourself 30 minutes a day to take care of your physical and mental health.

ANNEX 2

MINISTRY OF HEALTH HEALTH

What will exercise do for you?

- You'll help body control your weight, diabetes and high blood pressure.
- You'll improve your sexual life.
- Your heart and lungs function better.
- Your bones will get stronger.
- You'll feel relaxed and sleep better.
- It will help you release tensions.
- You'll be in a good mood.
- You'll look better.
- You'll raise your self esteem.
- You'll improve the relationship with your relatives, partner, friends and yourself.
- You'll feel great...and everybody will notice.



- Go to your health clinic and request information on diabetes mellitus, high blood pressure and physical activity.
- Ask your doctor about the type of exercises you can do.
- Gradually increase the amount and intensity of exercise.
- Don't lose the momentum.

Improvements in your physical health will be gradual and safe, without health risks.

To complement exercise which proper nourishment, we recommend The Healthy Diet Plate.



Say no to junk food and sodas! Make exercise part of your life. All you need to invest is 30 minutes a day, willpower and love for yourself!

Being well is your choice!



Give yourself 30 Minutes day

For further information, visit our websites:

- www.gemerysaludreproductiva.salud.gob.mx
- www.todoinfalkid.org
- www.todoindiabetes.org
- www.todoincolostrectomia.org
- www.todoinelipomas.org
- www.todoinelhipotesisfisica.org
- www.todoinelictio.org

NATIONAL CENTER FOR GENDER EQUITY AND REPRODUCTIVE HEALTH

HEALTH

HEALTHY DIET PLATE

MEN ARE TAKING MEASURES

One of men's most important rights is the right to health.

Go for it! Exercise and eat healthy!

www.gemerysaludreproductiva.salud.gob.mx

While men and women's roles are changing, it's still common to find that, since they're young children, men are not raised to take care of their own health.



Society has created an image of men as tough guys not experiencing pain or fear, taking risks and always in control. All this leads to unhealthy behaviors affecting them and their families and delaying diagnosis and treatment of diseases.

We encourage you to go to your health clinic and take the preventive actions mentioned in the National Charter of Men's Health.

These are some of the most common problems affecting men's health:

- Heart diseases
- Diabetes
- High blood pressure
- Excess weight and obesity
- Accidents and aggression
- Addictions such as smoking or alcoholism

If you want to prevent or control these diseases, improve your lifestyle by eating healthy and exercising at least 30 minutes a day. That will improve your physical and mental health!

Exercise and have fun!

Recommendations:

- Exercise at least 30 minutes a day, either outdoors or in your home or office.
- Choose exercises that help you increase your heartbeat without losing your breath.
- Walk up and down the stairs; don't use the elevator.
- Don't use transportation to go to nearby places; walk.
- Practice your favorite sport. The weekend soccer match is not enough!
- Invite your family or friends to walk or jog!
- If you like to dance, do it often; it's also a form of exercise.
- Look for groups practicing sports in your neighborhood or community. Go to your cultural center, sports club, DF, IMSS or INAPAM.



