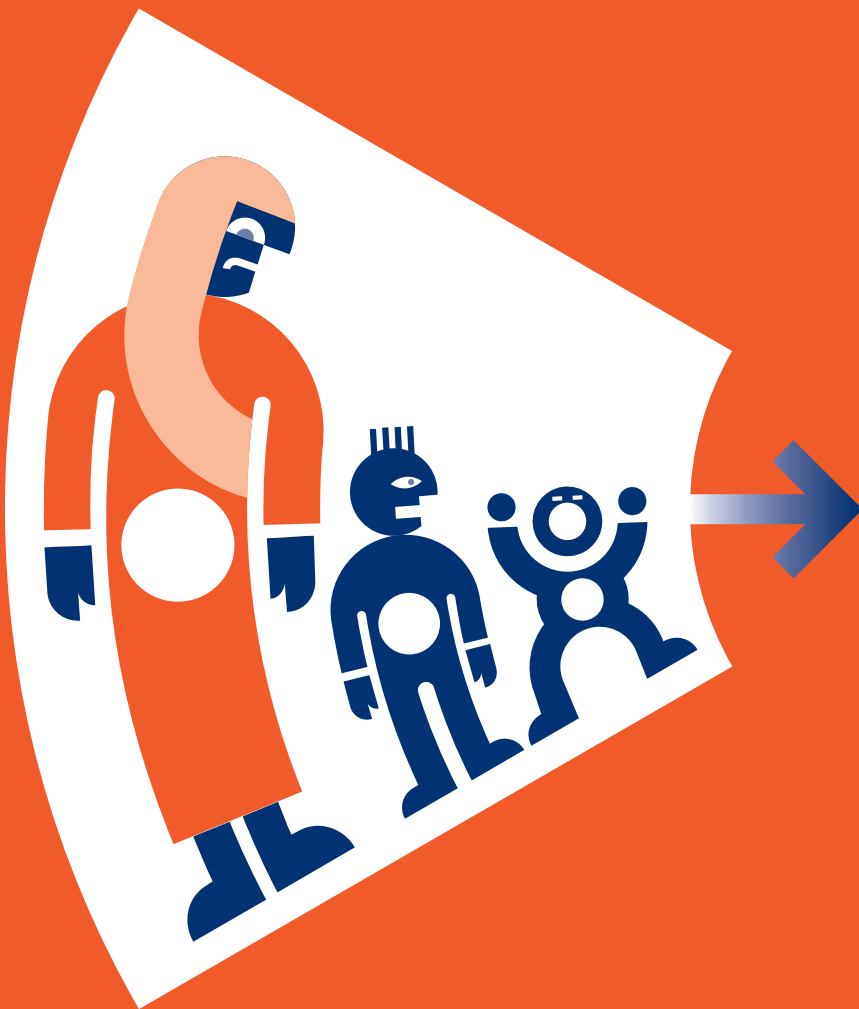


Module 2: **Social determinants**



Structure of the Social Determinants Module

SESSION 1 **Determinants of health and illness**

Illustrates that health is more than a medical issue, and introduces the concept of social determinants of health, including gender as one of these determinants.



SESSION 2 **Inequalities and inequities in health**

Reinforces the concepts introduced in the earlier session, and illustrates how inequities in health by gender, class, race (or any other social category) are the result of differences in social roles and norms across these groups, as well as unequal access to power and resources.



SESSION 3 **A multi-level framework for understanding the social determinants of health**

Promotes understanding of the various levels – individual, household, community, national/provincial and international – at which health determinants, including gender, operate, and of the interrelationship between these. Also helps better understanding of the structural factors underlying the impact or success of policies and programmes designed to address these problems.



SESSION 4 **Exploring the links between gender and other determinants of health**

Introduces another layer of complexity: disentangles at each level of analysis the factors influencing women's health which relate to women's social situation as a member of a given class, race or ethnic group, and those that relate to their gender position in relation to men within the same social group. Challenges participants to begin thinking about how this analysis can shape and inform policies and interventions.



MODULE 2

Module brief

What participants should get out of the Social Determinants Module

Participants will:

- be aware that health is more than a medical issue, and be familiar with the concept of social determinants of health
- be able to identify gender as one of these determinants, and be aware that it is affected by and interacts with other determinants
- have an understanding of the various levels at which health determinants operate, and the interrelationship between these
- distinguish between the factors affecting women's health:
 - that are common to women and men of a specific social group (for example, rural/urban, poor/rich)
 - that arise from women's biological differences from men
 - that are related to gender-based differentials
- and understand how these may all be interrelated
- acquire the skills to apply the social determinants and gender framework to understand the structural factors underlying the impact of health policies and interventions
- understand that this knowledge can be applied to shape and inform health policies and interventions.

The thinking behind the module

Health is a social issue

The approach to gender issues in health that has been adopted in the course as a whole, and in this module, is guided by the view that health is not simply a medical issue based on natural and biological factors and medical interventions. Health is a social issue. Where and how we live, what we do, whom we interact with, and the nature of these interactions and relationships – all these affect our health. Thus, health is a product of the interaction between our biology and the physical, socio-cultural and political environment in which we live and act.

The Social Determinants Module places gender in the context of other social determinants of health, and shows the links between gender and other health determinants.

The Gender Module showed that women and men have different roles and responsibilities and different social realities, and that this is not only because of biological differences but also because of socially determined gender norms. Women and men have different responsibilities, and differential access to and control over resources.

Consequently, women's health needs, their health seeking behaviour and their access to health services are likely to differ substantially from those of men, thus contributing to gender differentials in health status.

Session 1 introduces the concept of social determinants of health through two group exercises. It argues that a social determinants framework, when based on a gendered understanding of the world, requires that we take gender into account as an important determinant of health.

Session 2, based on readings on inequities in health, builds on these concepts to show that inequities in health across social groups are largely a consequence of unequal access to power and resources. This session discusses the concepts of health equity and health equality. Equity is not the same as equality: it is a commitment to increase the equality of opportunity in health and human development for the groups in society which have suffered discrimination. Unequal access to power and resources creates conditions that put some people at a higher risk of ill health and limit their access to health care within and outside the home, creating inequities in health status. The session locates gender inequities in health in the context of inequities related to other social determinants of health. It shows how gender is affected by other social determinants and how it interacts with them.

Session 3 is a participatory exercise which aims to help participants understand the various levels at which health determinants (including gender) operate, and of the interrelationship between these. Factors affecting health are also influenced by the local, national and global environments. A community's access to resources is related to the wealth of a country as well as to the community's relative power in the national context. Similarly, international forces – like a slump in the export prices of agricultural commodities – may cause widespread unemployment in a local community. This in turn would affect the resources available to a household and to its women, thus having an impact on their health. Health sector reforms that some countries have initiated – in particular introducing user charges and privatizing health services – also have a bearing on the health of women and men.

Session 4 introduces another layer of complexity for analysing the factors which influence health.

It helps participants see the need to understand

- factors that relate to women's and men's social situation: their class, race, ethnicity or position in the social hierarchy as member of a community, which may be common to women and men
- factors that relate to the biological differences between women and men

Module outline

		Objectives Participants will:	Format of activities	Time: About 9 hours and 30 minutes
Introductory session	Introduction to the Social Determinants Module	<ul style="list-style-type: none"> ● be acquainted with module objectives and contents 	Input	10 mins
SESSION 1	Determinants of health and illness	<ul style="list-style-type: none"> ● be aware that health is more than a medical issue, and familiar with the concept of social determinants of health 	Individual/small group work	20 mins
			Big group discussion	40 mins
			Small group work	45 mins
			Big group discussion	15 mins
SESSION 2	Inequalities and inequities in health	<ul style="list-style-type: none"> ● understand the factors underlying inequities in health status by gender and other social determinants of health (such as race, class, ethnicity and place of residence) ● locate inequities in health by gender within the context of inequities related to other social determinants of health, and discern how gender interacts with and is affected by other social determinants of health 	Individual work reading essential literature	Outside course hours
			Work in groups	40 mins
			Big group discussion and summing up	1 hr 50 mins
SESSION 3	A multi-level framework for understanding the social determinants of health	<ul style="list-style-type: none"> ● have an understanding of the various levels at which determinants of health operate (international, national, community, household, individual) ● gain insights into the structural factors underlying the impact of policies and programmes 	Small group work	40 mins
			Participatory big group exercise	1 hr 50 mins
SESSION 4	Exploring the links between gender and other determinants of health	<ul style="list-style-type: none"> ● distinguish between factors affecting women's health that are common to women and men of a specific social group (e.g. rural/urban, poor/rich); that arise from women's biological differences from men; and that are related to gender-based differentials in roles and norms; access to and control over resources and in power between women and men within the same social group ● distinguish amongst the above three categories the different levels of at which the determinants operate ● acquire the skills to apply a gender and social determinants framework to shape and inform policies and interventions 	Big group participatory exercise	1 hr 15 mins
			Plenary discussion	45 mins
Concluding session	Module summary	<ul style="list-style-type: none"> ● have a consolidated overview of tools and concepts introduced in the module, and their linkages 	Input	15 mins

- factors that relate to women's status in relation to men because of gender, particularly in relation to power and control over resources.

Sessions 3 and 4 both contribute to a more nuanced understanding of the determinants of health, and provide essential tools for the design of interventions and policies. For example, the interventions needed to address women's health problems which arise from their poverty (social situation), may be very different from those needed to address the problems arising from their relative lack of power in relation to men in their own households. Similarly, appreciating the complex interaction of international and national, and community, household and individual factors in determining gender differentials in health status, helps us understand why a policy or programme might succeed or fail to make an impact.

Introduction to the Social Determinants Module

What participants should get out of the session



You will introduce participants to the module's structure, content and objectives.

10 minutes

How to run the session

This is an input session.



Introduce the module using **overheads** from the Module brief:

- "What participants should get out of the Social Determinants Module"
- "Structure of the Social Determinants Module"
- "Module outline".

SESSION

1

Determinants of health and illness**What participants should get out of the session****Participants will:**

- be aware of health as more than a medical issue
- be familiar with the concept of the social determinants of health and illness.



2 hrs

2 hours**Materials**

- Handout 1: "A modern parable"
- Handout 2: "Poem"
- handout or flip chart: "Questions for discussion: what makes a person healthy?", on p.99
- flip charts and pens

Readings for the facilitator and the participants

1. Blaxter M. *Health and lifestyles*. London, Tavistock-Routledge, 1990: chapter 3 "What is health?".
2. McKeown T. *The modern rise of population*. London, Edward Arnold, 1976: chapter 5 "The medical contribution".

How to run the session

This session consists of three activities. The first is a small group discussion or individual work on determinants of health and illness, followed by a discussion in the big group. In the second activity, participants read a story in small groups and write down their responses to questions. These responses are then discussed in the whole group. The third activity is the reading of a poem which looks at the connection between poverty and illhealth.



Activity 1: Discussing the determinants of health and illness



Step 1: Looking at the questions for discussion

Present participants with the questions in the box, either as a handout or on a flip chart. Make it clear that there are no right or wrong answers.

Questions for discussion: what makes a person healthy?

1. What is a healthy person like?
2. What are some of the factors which contribute to good health?
3. What are some of the factors which contribute to ill health?
4. Of the factors listed in questions 2 and 3, which are social and which are biological?
5. Are there differences in health status across different social groups? If yes, what are they, and what are some of the reasons for these differences?
6. What are the differences, if any, between the social and biological causes of ill health?



Step 2: Write down responses

Participants may work individually or in groups (depending on the size of your group). They must write down their responses on a piece of paper if they are working individually or on a flip chart if they are working in a group.



Step 3: Whole group discussion

After participants have written down their responses facilitate a discussion in the whole group. This is not a report-back session; participants respond to the questions as you raise them. The first two questions could be taken together for discussion, the third and fourth together, and the fifth and sixth one at a time.

What to cover in the discussion

Questions 1 and 2: Defining health

Responses to the first question usually start off with the obvious – a healthy person has no infections - and usually include: a healthy person does not feel tired all the time and has no lingering aches and pains; a healthy person is relaxed, positive, happy; and so on.

Answers to the next question, on what makes for good health, usually overlap with those to the first, and range from having one's basic needs for food, clothing and shelter met, having access to basic amenities such as water supply and sanitation, and living in a pollution-free and clean environment, to living in pleasant surroundings, being productive, creative and useful, relaxed and happy, and feeling positive and supported.

Use the responses to both these questions to help participants arrive at an agreement on what is meant by health. More often than not, the definition they arrive at is similar to the WHO definition of health as "not merely the absence of disease but a state of complete physical, mental and social well-being".

Questions 3 and 4: Exploring the social causes

Questions 3 and 4 are intended to elicit responses that look beyond the obvious physical and biological causes of ill health. The responses usually range from: living in an unhealthy environment, crowded and poor quality housing, malnutrition, congenital problems, poverty and lack of education, to diseases related to lifestyles – stress, smoking and substance abuse, lack of exercise, eating junk food and so on. Armed conflicts and wars, forced migration and natural calamities are also sometimes mentioned.

Question 5: Different social groups have different health status

The discussion on this question should elicit and examine the factors underlying observed differentials in health status by: place of residence (rural/urban); socio-economic status group; race/caste/ethnicity/religion; and sex. This includes differentials in risks and vulnerability, in perceptions about health, health seeking behaviour, access to health services, responses of the health provider, and long term social and health consequences. For example: Why are rural infant mortality rates higher than urban rates in most countries? Is it poverty, lack of education, poorer environment, or lack of access to health services? And why do we take for granted that poor people would suffer higher mortality rates? In what ways does poverty make it difficult for a person to be healthy? Remind participants of the various dimensions of health they looked at in Session 5 of the Gender Module.

Question 6: The social causes of illness are different from the biological causes

While the biological causes of ill health may not always be preventable, the social causes can be confronted and modified by policy and programme interventions. However, these two sets of causes cannot easily be separated. A child with a low birth rate may be born in a rich or a poor household. But this is more likely to happen in a poor household because of the poor nutritional status of the mother, or infections, lack of antenatal care, and so on. Further, the survival chances of a baby with a low birth weight would differ significantly depending on the household's resource base. Policy interventions could be designed both to prevent low birth weight from avoidable causes and to improve the survival chances of babies born in under-resourced environments.

Important points to highlight

- Health is a socially constructed reality: a product of the physical and social environment in which we live and act.
- Differences in people's health status, including gender differences, arise not only from biological differences but also from differentials in social and economic status.
- Social determinants of illness can be confronted and modified by policy interventions.

This activity was modified by the Key Centre for Women's Health, Melbourne, Australia, to focus on gender differentials in determinants of health. Participants were divided into three groups and given a slightly different set of questions based on those in the box: "Questions for discussion: What makes a person healthy?" on p.00. The first group was asked to answer questions about the healthy adult/person, the second about the healthy man and the third about the healthy woman.

While many characteristics of a healthy man and a healthy woman (as described by participants) were similar, there were also some striking differences. For example, a healthy man was considered to be someone who could shoulder responsibilities and had energy to do his job, while a healthy woman was described as someone who was able to do household work and take good care of her skin.

The discussion highlighted the underlying values behind these descriptions: assumptions about women's and men's roles and activities, and expectations that a woman should be beautiful and have a nice skin while a man should be strong. These were related back to the discussions on gender roles and norms in the Gender Module.

The main points that this activity highlighted were:

- gender roles and norms are important social determinants of health and illness
- gender norms lead to different assumptions about what good health means for men and women.



45 mins

Activity 2: "A modern parable"

This activity aims to consolidate what participants learnt in the previous activity and explore social determinants of health in greater depth.



20 mins

Step 1: Reading and discussion in groups

If you did the earlier activity in groups, this one could continue in the same groups. If not, divide participants into groups of no more than eight members each. Each group reads Handout 1: "A modern parable" and then discusses the questions and writes their responses on a flip chart.



5 mins

Step 2: Reading each others' responses

Ask each group to put up its flip chart on the wall. Participants have five minutes to walk around and read them.



Step 3: Whole group discussion

Start the discussion with these two questions:

- What do you think is the “machinery” that causes ill health in present-day society?
- What is needed, then, to prevent ill health?

What to cover in the discussion

Exploring the machinery of ill health

It is important to go beyond the narrow picture in the story. Very often, the responses to the two questions in the handout are about the need for better training for the workers and greater safety. But start questioning whether the machinery itself is a given, something that cannot be changed. This will bring to the surface the values that underlie the decisions in the story: Is it okay to trade worker safety off against increased production? Is it okay to settle for a lower level of production if this would ensure worker safety? Does it make sense to increase production when it also increases the level and scale of investment required to deal with the injuries that result? Why not slower machinery and a first aid centre, rather than high productivity machines which create the need for a high tech hospital and at the same time seriously compromise workers' well being?

Putting profits before people

The parallel with present-day society may be much more difficult to elicit from participants. The machinery that causes ill health is a way of life that puts profits before people. What is seen and promoted as development often causes a great deal of damage to people's health. Ask participants to give examples of this from their settings: environmental pollution, the use of chemical fertilizers and pesticides to increase food production, a way of life that contributes to the breakdown of social support networks, and so on. These factors have differential impacts on different social groups, and within these, women and men are affected differentially.

Preventing ill health

Preventing ill health involves questioning many things that we have taken as given: the accumulation of wealth as development; the widening gaps between the rich and the poor; the provision of medication and drugs to treat health problems that are caused by social inequalities.

What the health care system now does is the same as providing first aid to the seriously injured workers of the factory in the modern parable without questioning why such hazardous machinery was being used in the first place, who benefited from it, why it was that the workers were expected to take responsibility to learn to use the machines more safely, and whether the machinery could be replaced.

Important points to highlight

- Social causes of illness, such as poverty and lack of access to health services, are not given; they are the result of a way of life that puts profits before people and vests power in some while denying it to others.

- Social causes of ill health are related to issues of social justice and equity. They are, therefore, not inevitable but can be changed if there is political will.



Activity 3: A poem to consolidate

This activity is meant to reinforce the message about the social causes of illness. Ask one of the participants to volunteer to read Handout 2, the poem by Berthold Brecht. It is not necessary to discuss or debate the poem.

Session developed by TK Sundari Ravindran



Handout

1

A modern parable

Read the story and discuss the questions in your group. Write your group's responses on a flip chart.

- What, in your opinion, is the message the story is trying to convey?
- What parallels can you draw between this modern parable and present-day society's approach to the health problems of the population?

From: Wilkinson A. *It's not fair*. London, Christian Aid, 1985:72.

There was once a factory which employed thousands of people. Its production line was a miracle of modern engineering, turning out thousands of machines every day. The factory had a high accident rate. The complicated machinery of the production line took little account of human error, forgetfulness, or ignorance. Day after day men and women came out of it with squashed fingers, cuts, and bruises. Sometimes a man would lose an arm or leg. Occasionally someone was electrocuted or crushed to death.

Enlightened people began to see that something needed to be done. First on the scene were the churches. An enterprising minister organized a small first aid tent outside the factory gate. Soon, with the backing of the Council of Churches, it grew into a properly built clinic, able to give first aid to quite serious cases, and to treat minor injuries. The town council became interested together with local bodies like the Chamber of Trade and the Rotary Club. The clinic grew into a small hospital, with modern equipment, an operating theatre, and a full time staff of doctors and nurses. Several lives were saved. Finally the factory management, seeing the good that was being done, and wishing to prove itself enlightened, gave the hospital its official backing, with unrestricted access to the factory, a small annual grant, and an ambulance to transport serious cases from workshop to hospital ward.

But year-by-year, as production increased, the accident rate continued to rise. More and more men and women were hurt or maimed. And, in spite of everything the hospital could do, more and more people died from the injuries they received.

Only then did some people begin to ask if it was enough to treat people's injuries, while leaving untouched the machinery that caused them.



Handout

2 Poem

A Worker's Speech To A Doctor

We know what makes us ill
When we are ill, we are told
That it's you who will heal us.

For ten years, we are told
You learned healing in fine schools
Built at the people's expense
And to get your knowledge
Spent a fortune.
So you must be able to heal

Are you able to heal?

When we come to you
Our rags are torn off us
And you listen all over our naked body
As to the cause of our illness
One glance at our rags would
Tell you more. It is the same cause that wears
Our bodies and our clothes.

The pain in our shoulder comes
You say, from the damp; and this is also the reason
So tell us; where does the damp come from?

Too much work and too little food
Makes us feeble and thin
Your prescription says;
Put on more weight
You might as well tell a bulrush
Not to get wet.

How much time can you give us?
We see: one carpet in your flat costs
The fees you earn from
Five thousand consultations.

You'll no doubt say
You are innocent. The damp patch
On the wall of our flats
Tells the same story.

Berthold Brecht

Session

1

Determinants of health and illness

MODULE

2

SOCIAL
DETERMINANTS

SESSION
2**Inequalities and inequities in health****What participants should get out of the session****Participants will:**

- understand the factors underlying gender inequalities and inequities in health status as well as other social determinants of health (like race, class, ethnicity and place of residence)
- locate gender inequities in health in the context of inequities related to other social determinants of health, and see how gender interacts with other social determinants of health and is affected by them.

2 hours and 30 minutes**Prior preparation**

- Readings are to be distributed to participants on the afternoon before this session is run. See instructions under Activity 1 on p.107.

Materials

- Handout: “How to report back on the readings”

Readings for the facilitator

- General**
1. Kreiger N. Embodying inequality: a review of concepts, measures, and methods for studying health consequences of discrimination. *International Journal of Health Services*, 1999, **29(2)**:295–352.
- Gender**
2. Arber S. Comparing inequalities in women's and men's health: Britain in the 1990s. *Social Science and Medicine*, 1997; **44(6)**:773–87.
 3. Doyal L. *What makes women sick: gender and the political economy of health*. London, Macmillan, 1995:chapters 1 and 2.
 4. Macran S, Clarke L, Joshi H. Women's health: dimensions and differentials. *Social Science and Medicine*, 1996, **42(9)**:1203–1216.
 5. Young R. The household context for women's health care decisions: impacts of UK policy changes. *Social Science and Medicine*, 1996, **42(6)**:949–963.



- Social class/income level**
6. Davey-Smith G, Bartley M and Blane David. The Black report on socio-economic inequalities in health 10 years on. *British Medical Journal*, 1990, **301**:373–377.
 7. Kaplan GA et al. Inequality in income and mortality in the United States: analysis of mortality and potential pathways. *British Medical Journal*, 1996, **312**:999–1003.
 8. Marmot MG, Kogevinas M, Elston MA. Social/economic status and disease. *Annual Review of Public Health*, 1987, **8**:111–135.
 9. Rahkonen O, Lahelma E, and Huuhka M. Past or present? Childhood living conditions and current socio-economic status as determinants of adult health. *Social Science and Medicine*, 1997, **44(3)**:327–336.
- Other social determinants of health**
10. Kaplan GA. People and places: contrasting perspectives on the association between social class and health. *International Journal of Health Services*, 1996, **26(3)**:507–519.
 11. Lillie-Blanton M, Laveist T. Race/ethnicity, the social environment and health. *Social Science and Medicine*, 1996, **43(1)**:83–91.
 12. Verheij RA. Explaining urban-rural variations in health: a review of interaction between individual and the environment. *Social Science and Medicine*, 1996, **42(6)**:923–935.

Readings for participants

Readings 3, 4, 6, 8, 11 and 12.

How to run the session

There are three activities in this session. In the first, participants read an article on social inequities in health individually over an evening, out of class hours. The second is a group activity in which participants discuss the main findings of their articles in groups, and prepare a group report. The third is a whole group discussion based on the group reports.



Activity 1: Preparation for reading

This activity has to be introduced to participants the day before this session takes place, usually on the day on which the Gender Module is being run.

Divide participants into six groups and give each group a key basic reading on inequalities and inequities in health. You may choose from the list of readings above or draw on other readings. At least two groups have to read articles on gender-based inequities, two on inequities by

social class/income group, and two on inequities arising from other social determinants such as race/ethnicity, or place of residence.

Ask participants to read their articles individually during the evening, outside class hours.



Activity 2: Reporting on the readings



Step 1: Preparing a group report

This activity is for the day after participants have read the articles.

Those who read the same article work together to prepare a written group report. The handout explains how.



Step 2: Presenting group reports

Each of the six groups presents a summary report of their readings to the whole group. They are each allowed seven minutes, with between three and five minutes after the presentation for clarification. Note down any issue that needs substantive discussion and bring it up in the whole group discussion which follows.



Step 3: Whole group discussion

Social factors affect many aspects of health

Summarize the main points made in the presentations, drawing attention to the ways in which social class, race/ethnicity or gender may influence many dimensions of health, ranging from risk and vulnerability, to health seeking behaviour, access to health services, and long term health and social consequences.

For example, living in a low income settlement with poor housing conditions and sanitation may expose people to a higher risk of tuberculosis. The absence of any accessible health facilities may make it difficult for an infected person to initiate treatment. Further, because she or he is from a low income group, the person may be unable to afford treatment.

Make links with points made in the gender and health session [Session 5] of the Gender Module, and elicit responses from participants to extend the discussion to include other social determinants.

What to cover in the discussion

Inequity and inequality

The discussion then moves on to the distinctions between differences and inequality on the one hand, and inequity on the other. In public health, the concept of health inequity is often used to describe inequalities in health that are perceived to be unfair. This concept arises from the recognition that there are bound to be differences in the health status of individuals, and for a number of reasons, many of these random or biological and hence unavoidable. But when the health indicators for one group are observed to be consistently lower than those for another group, and this group does not have the same access to many of the social and material conditions and other resources necessary for healthy living, then we may call this health inequity.

Equity – the absence of particularly unfair differences, is different from equality – the absence of differences in general. The use of the

concept of health equity may appear to be in conflict with health equality, as viewed from a human rights perspective. Pursuing equity in health means trying to reduce social disadvantages or their health effects among disadvantaged groups; it thus requires selectively focusing on disadvantaged groups, which may be seen as giving them preferential – and therefore unequal – treatment.

From a human rights perspective, equality – and equal protection for groups and individuals in law – is a crucial concept. However, equality and non-discrimination do not mean identical treatment in every instance. International human rights law recognizes positive discrimination in favour of socially disadvantaged groups in order to ensure genuine equality in practice.

Thus, while equity is not the same as equality, it is a commitment to increase the equality of opportunity for health and human development for groups within a society who have suffered discrimination, and in this sense it corresponds very closely with important elements of the human rights framework, introduced in the Rights Module.

Is there a difference between gender and other social determinants of health?

Yes. One difference is that gender-based inequities interact with inequities by social class, race, caste or ethnicity, so that women may face additional disadvantages compared to men from the same social stratum or group. Further, the construction of gender varies across race, class, caste, ethnicity and so on. We cannot look at gender relations in isolation. A second, more important difference is that there is often a tendency to confuse gender-based inequities in health status with those arising from biological differences.

Main points for closing this session

Inequities in health arise largely from differentials in social and economic status, and differential access to power and resources. This is also true of gender-based inequities in health.

Gender-based inequities in health co-exist and interact with inequities related to other social determinants, placing women at an additional disadvantage.

Session developed by TK Sundari Ravindran



Handout

1

How to report back on the readings

Your group has been given an article on inequalities in health. Read the article yourself, and then as a group discuss the main findings and prepare a brief written presentation of no more than seven minutes. Nominate one of the group members to report back to the big group.

The presentation should:

- start with a brief introduction to the paper: title, author(s), whether it is a research study, a review article, or chapters from a book
- outline the main thesis or argument in no more than five or six lines: What is the paper about? What is it telling us about how social class, race/ethnicity or gender influences health status?
- describe how the article builds the arguments towards the main thesis.

It is not necessary to cover every point made in the paper, or paraphrase it page by page. Just pull out the main threads. Present a few (no more than three) tables or graphs if these will contribute substantially to illustrating the arguments.

Conclude with your own reactions to the paper. Did you find the paper useful? In what ways? Are there some points you do not quite agree with? Why?

A multi-level framework for understanding the social determinants of health

What participants should get out of the session

Participants will:

- have an understanding of the various levels at which determinants of health operate (international, national, community, household, individual, and so on)
- gain insights into the structural factors underlying the impact of health policies and programmes.

2 hours and 30 minutes

Materials

- overhead: “The various levels of determinants”, on p.112
- several sets of cards in five different colours, at least A5 size
- twine, cellophane tape and a large display board or wall where the display can stay up for the whole course

Readings for the facilitator

1. Arber S. Class, paid employment and family roles: making sense of structural disadvantage, gender and health status. *Social Science and Medicine*, 1991, **32**:425–436.
2. Cooper DE, et al. *The impact of development policies on health: a review of the literature*. Geneva, World Health Organization, 1990: chapters 2 and 7.
3. Dyches H, Rushing B. International stratification and the health of women: an empirical comparison of alternative models of world-system position. *Social Science and Medicine*, 1996, **43**:1063–1072.

Readings for participants

Readings 2 and 3.



How to run the session

This session begins with a small group activity to identify the social determinants of health operating at various levels, followed by a whole group activity in which the multi-level framework is constructed with inputs from the various groups and yourself.



Activity 1: Building a framework for analysis



Step 1: Looking at the various levels: from the international to the individual

Start the session with a brief introduction to the activity.



Overhead Put up the following table to illustrate what you mean by determinants operating at various levels.

The various levels of determinants

Individual	Household	Community	National	International
biological or genetic; age; parity; birth order; education; employment; decision-making power; marital status	the social and economic status of the household within the community; the household's access to resources	level of development; rural or urban; stratified or homogenous; having health resources or not; inheritance norms, norms for place of residence after marriage	size of the country; population; level of development; type of governance; structure of the health system; extent to which dependent on the global market; nature of health policies and contours of health sector reform packages	global economic scenario and dominant economic ideologies; balance of power between various geo-political forces; health sector reform; international human rights regime

Ask participants for other examples of social determinants of health operating at each of the levels.



Step 2: Exploring the levels in groups

Divide participants into about five groups. Ask each group to identify factors that influence a person's health status that they consider important, at each of the five levels. Each group is given cards of five different colours, each colour corresponding to one of the levels.

They write each factor on a separate card of the appropriate colour for the corresponding level. The cards and the writing should be large enough for people to read when displayed on a board.

1 hrs
50 mins

Activity 2: Constructing the multi-level framework



20 mins

Step 1: Putting up the cards

You need a large display board or a blank wall where you can leave the display undisturbed until the end of the course. Put up five column headings marked “individual”, “household”, “community”, “national” and “international”.

Each group takes turns to display below the column headings their five cards. One member of each group puts up the group’s cards.

Each group adds on new factors and does not repeat factors if they have already been mentioned.

Examples of factors from course participants

Individual	Household	Community	National	International
Age	Number of members	Rural/urban	Size	Global economic situation
Sex	Number of adults/children	Level of development	Population	Terms of trade
Marital status	Employed person	Stratified/homogenous	GNP	Nature of dominant ideologies
Birth order	Assets owned	Status of women in the community	Type of government	Dominant paradigms in the health sector
Education	Caste/race status	Health resources in the community	Unemployment levels	Influence of Human Rights in the regime
Occupation	Number of members with schooling	Economic resources	How affected by globalisation	
Decision-making power		Job opportunities	HDI and GDI ranking	
		Social cohesion	Structure of the health system	
			Coverage by health services	
			Whether implementing health sector reforms	



45 mins

Step 2: The links between the factors

After all the groups have put up their cards, each group takes turns to illustrate the links between factors at various levels.

Each group may be asked to work through just one factor, starting from one of the levels and linking to others.

Example: Poor nutrition in a child

Consider the example of poor nutrition in a child. The child may be a girl, or have a high birth order. This is a factor at the individual level. The child may be born in a household with limited resources, located in a community where the income from farming has fallen dramatically because of a fall in prices of primary products internationally and the government's lack of bargaining power in the international setting.

Example: National programmes

Starting at the national level, a national programme for improving irrigation facilities through the construction of large dams would benefit some communities and lead to the displacement of others. If the community is poor and has little bargaining power, then it is not likely to demand the implementation of a reasonable rehabilitation and resettlement programme; to be a poor household in such a community could mean loss of livelihood and living space and being reduced to destitution. The women in the household would be the worst affected.

Recognizing diversity in the group

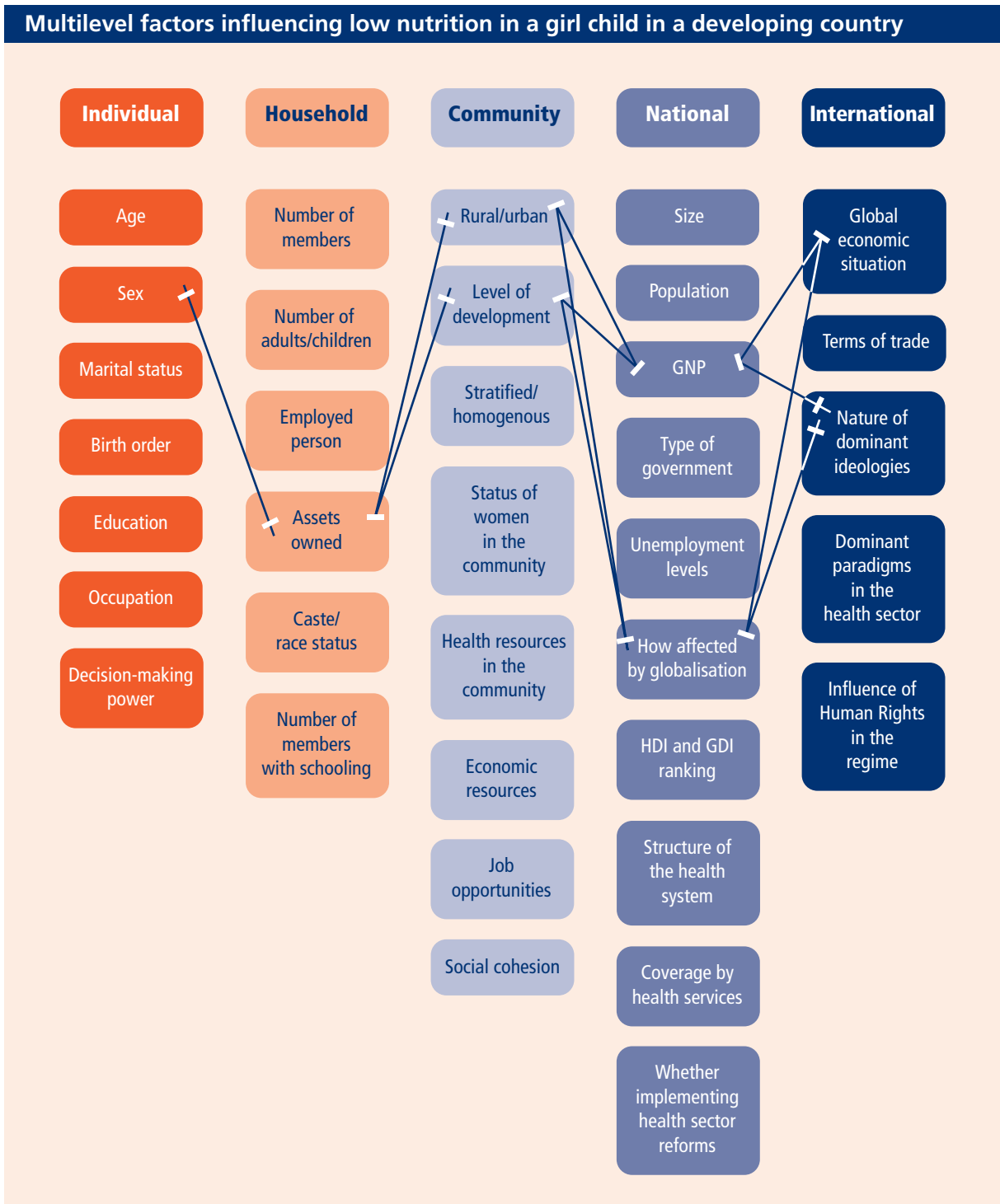
If the participants come from diverse backgrounds and work with diverse groups (which would be the case in an international course) it may be useful to discuss how the individual, household, community and national/provincial factors vary in different country settings.

In order to make the links across factors at different levels graphically, use string or twine and cellophane tape to connect cards representing different level (*see diagram opposite*).

Often, each factor is connected to several others. Other members of the group making the presentation are encouraged to identify as many links as possible.

In the course conducted by the Women's Health Project, South Africa, health managers attending the course were often quick to give ignorance as an important factor leading to a health problem. For example, saying women were poorly nourished because they were ignorant about balanced diets. This exercise gave the facilitator an opportunity to challenge this notion, and to draw attention to the neglect of the rights of these women – the right to livelihood – as well as other factors that may also be involved, such as the high cost of nutritious food, and women's lack of land rights.

This part of the activity can become time consuming. Maintain a brisk level of questioning and discussion, and ensure that making the links across the different levels is completed within about 40–45 minutes so that participants stay interested.



Important points to highlight

Social determinants of health operate at various levels, from the individual to the international.

Some of the determinants at the different levels are common across countries and regions, while others vary.

There is a need to go beyond determinants at the individual and household levels – beyond attributing poor health to being a woman or being poor – to lack of education, living in a low income settlement without access to basic amenities, poor access to health facilities and so on.

Underlying many of the factors at the individual and household levels are larger political and economic forces. If we do not see the links between these factors, which are easily discernible, and the structural factors operating at the macro-level, we may end up blaming the victim, or unable to effect any improvements in the health of certain population groups. At the same time, the impact of international and national forces – for example, structural adjustment programmes and health sector reform – is governed by norms and practices at the community and household level.

The five levels operate collectively, sometimes in the same direction, at other times in contradictory directions – but often to the disadvantage of marginalized groups.



Step 3: Whole group discussion

At this point participants may feel daunted or defeated by the larger forces at play. It is important to discuss how understanding the larger forces can and should significantly help us design better and more appropriate interventions.

What to cover in the discussion

Using an example: a high level of reproductive morbidity among women in a given community

Consider the issue of a high level of reproductive morbidity among women in a given community. A situation analysis may point to the absence of reproductive health services. However, the reason for this absence may in fact not be a lack of resources. The country's health services may be influenced by donor funding policy (a factor at the international level) which sees population control as the priority. If this is the factor underlying the lack of reproductive health services, the intervention needed may not be to mobilize more funds, but advocacy and lobbying efforts at various levels, such as mobilizing international opinion against the donor's policy.

Looking at other scenarios

You could elicit and discuss similar examples from participants. For example, a large proportion of pregnant women with a complication in delivery not going to a health facility could be a question of empowerment. If so, working with women in the community would help. If, in addition, there are poor roads and no transport, the local government would have to be involved in improving the road, the local health centre may have to be lobbied for making a vehicle available, or resources mobilized from elsewhere – for example, from a special scheme of the federal government – for buying a vehicle. If, on the other

hand, the main reason is the introduction of user fees for delivery services following the World Bank's recommendations on health sector financing, action may have to be undertaken at many levels: from a community health fund for mothers-to-be, to national-level lobbying and advocacy to focus public opinion on the adverse consequences of the introduction of user fees.

The importance of understanding structural factors

There is another reason why it is important to understand the structural factors influencing access to the conditions necessary for good health and to health services. Say we are designing a nutrition education programme in a province or at the national level, because of a research finding that poor diet is an important contributor to malnutrition in children. At about the same time, the government cuts its food subsidies and staple foods are no longer available at subsidized prices for the poor. The programme would immediately have to take into account that nutrition education alone would not help, because food is now more expensive. To be effective, the programme may have to be redesigned, for example to include access to food at subsidized prices to those most in need.

A quick look at rights

The next module, on rights, provides a framework and conceptual tools for looking at the rights involved when a person suffers ill health, and for designing interventions and proposing policy measures that aim not only to prevent the neglect or violation of rights necessary for the prevention of ill health, but also to enable the enjoyment of rights essential for good health.

Main points for closing this session

Understanding the national and international factors that underpin the individual and household factors influencing health is necessary for designing appropriate and effective interventions.

Session developed by TK Sundari Ravindran.

SESSION

4

Exploring the links between gender and other determinants of health

What participants should get out of the session

Participants will:

- be able to distinguish between the factors affecting women's health:
 - that are common to women and men of a specific social group
 - that arise from women's biological differences from men
 - that are related to gender-based differences in roles and norms and access to and control over resources, and the power relations between women and men within the same social group
- acquire the skills to apply the social determinants and gender framework to shape and inform health policies and interventions.



2 hours

Materials

- overhead: "Miriam's story"
- a ball of twine or wool, a pair of scissors

How to run the session

This session consists of two activities. The first is a participatory exercise known as "the spider's web". It involves reading out a case study of a woman suffering from ill health and unravelling the factors that contributed to it. The activity illustrates how so many factors are intertwined, using the analogy of the spider's web. The second activity is a whole group discussion to help participants understand both the links and the differences between sex, gender and other social determinants of health.



Activity 1: The spider's web

Step 1: Divide the room up The floor of the room is divided into five big squares or rectangles. One half of the room is assigned to three factors that women have in common with men of the same social group: economic, socio-cultural and political factors. These are marked on the three squares or rectangles on the floor. The other half of the room is divided into two squares or rectangles, marked "sex" and "gender", as shown in the diagram on p.121.



Step 2: Your input Explain that this session builds on the earlier session which looked at the various social determinants of health and the different levels at which they operate. It aims to show us how to distinguish between the determinants that affect both women and men and those that predominantly affect women's health because of their biological and gender-based differences from men. It also aims to examine the links between these two kinds of determinants.



Step 3: "Miriam's story" Put up an **overhead** of "Miriam's story" or use another case study which has the potential for similar discussion.

When the course was run in Argentina, the case study used for the spider's web exercise was "How did Mrs X die?", about a woman who dies in childbirth. (World Health Organization. *Education material for teachers of midwifery. Foundation module: the midwife in the community*. Geneva, WHO, 1996:11-30.)



Miriam's story

Miriam is 36 years old and the mother of six children. She grew up in a village 400 kilometres away from the capital city of her country. She stopped schooling after her second grade. Her parents were poor, and the school was three kilometres. Away from the village. Her father believed that educating a girl was like 'watering the neighbour's garden'.

When she was 12, Miriam was circumcised, as was the custom in her tribe. At 16, she was married to a man three times her age. Her father received a substantial *lobola*. The very next year, she gave birth at home, to a baby boy. The baby was stillborn. The health centre was 10 kilometres away, and anyway, did not attend deliveries. Miriam believed that the baby was born dead because of the repeated beatings and kicks she had received all through her pregnancy. Instead, she was blamed for not being able to bear a healthy baby.

Miriam's husband considered it his right to have sex with her, and regularly forced himself on her. Miriam did not want to get pregnant again and again, but had little choice in the matter. She had no time to go to the health clinic, and when she went sometimes because her children were sick, she was hesitant to broach the subject of contraception with the nurses.

Her life with her husband was a long saga of violence. Miriam struggled to keep body and soul together through her several pregnancies and raising her children. She had to farm her small plot of land to feed the children, because her husband never gave her enough money. She approached the parish priest several times for help. He always advised her to have faith in God and keep her sacraments.

One day her husband accused Miriam of 'carrying on' with a man in the village. He had seen Miriam laughing and chatting with the man, he claimed. When she answered back, he hit her with firewood repeatedly on her knees saying 'you whore! I will break your legs'. Miriam was badly injured; she thought she had a fracture. For weeks she could not move out of the house. But she did not have any money to hire transport to go to the health centre. Unable to go to the market to trade, she had no income and literally starved.

Miriam was terrified of further violence. She had had enough. As soon as she could walk, she took her two youngest and left the village. She now lives in a strange village, a refugee in her own country, living in fear of being found by her husband and brought back home.

Demonstrate how the spider's web exercise works with one or two examples.

Stand at the centre of the room with a ball of wool or twine. The participants take turns to read the case study in parts, and after each sentence or each couple of sentences, you call out, "But why?"

For example:

- Facilitator: Miriam stopped schooling after her second grade. But why?
 Participant 1: Her school was three kilometres away from the village.
 Facilitator: But why?
 Participant 2: The village was a poor one, far away from the capital city.

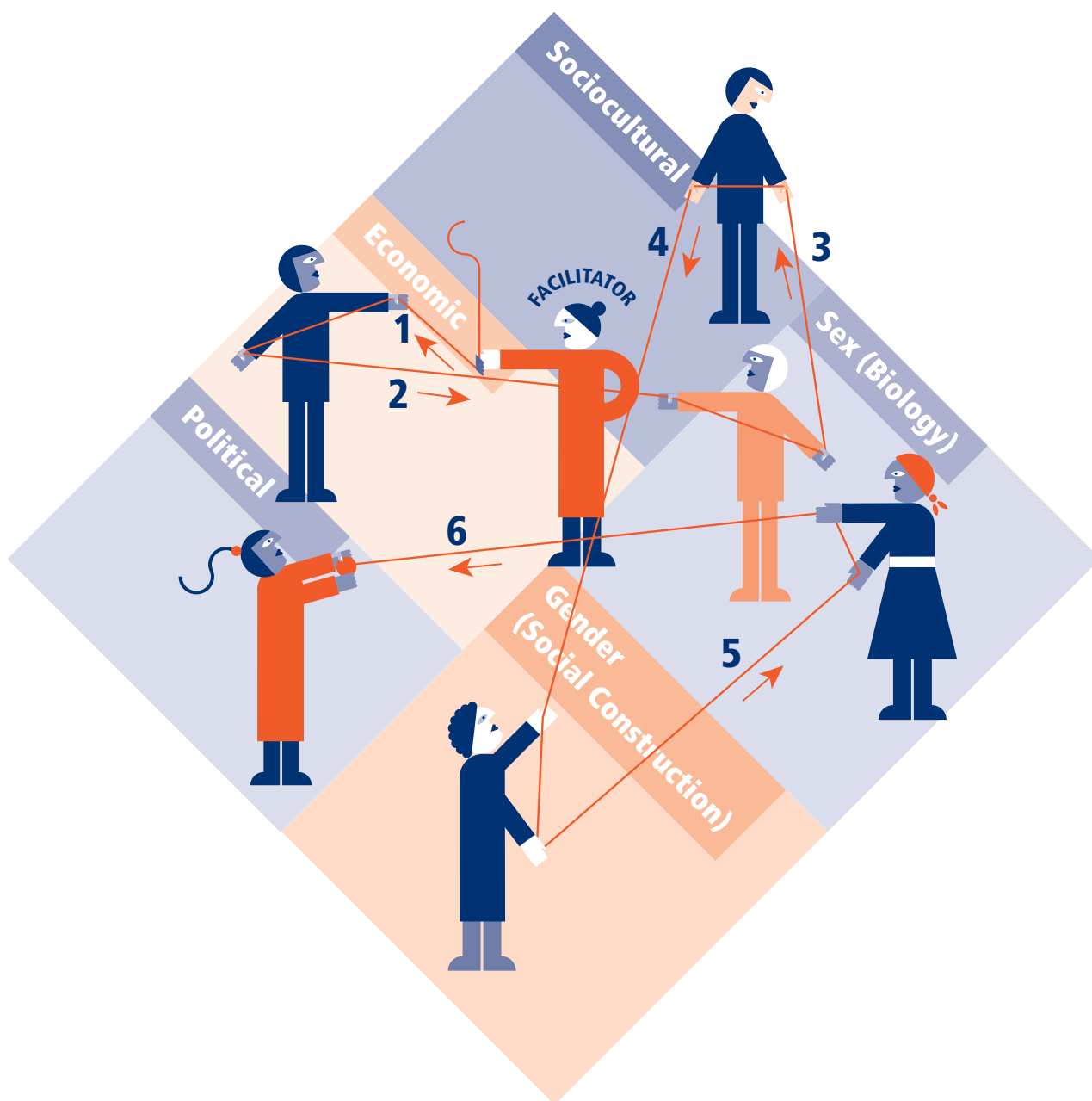
The person who gave this last answer has identified a reason that would affect both boys and girls in Miriam's village. This factor could be classified as economic – the backwardness of the village, or as political – the village's lack of bargaining power to secure resources.

As soon as the participant identifies that the reason is that the village is powerless, the facilitator asks "So how would you classify this factor?" The participant may say "Economic". As soon as he or she says this, the person goes and stands in the square marked "economic". The facilitator, standing at the centre with the ball of twine, holds one end of the twine, and throws the ball to the participant standing in the "economic" square. You may probe further, and ask "Can you classify it as any other factor?" And another

participant may say "Political". She or he would go and stand in the "political" square, and the person standing in the "economic" square would throw the ball to her or him, while holding on to the twine. Now all three are linked by the twine.

There is another reason why Miriam stopped schooling – her father did not think education was necessary for girls. This would get classified as "gender", and the ball would pass on from the person in the "political" square to the person identifying this factor and occupying the "gender" square.

And so on until by the end we are left with a complex spider's web of factors underlying the woman's ill health.





Step 4: Cutting the web

Keep up a brisk pace

The activity should be conducted at a brisk pace, with each “But why?” following in quick succession, the factors classified and a new participant coming into the web.

You should decide before the activity at which points you will be stopping to probe “But why?” Restrict this to no more than 10 or 12 questions.

When the spider’s web is complete, challenge participants to find points at which they can cut the web. What intervention could they make which would make a difference to Miriam’s situation? This could happen while the participants are still standing entangled in the web.

You could ask participants to respond from a specific vantage point

- Facilitator: If you were a local activist, where would you cut the web?
 Participant: I would intervene to help Miriam stand up to her husband's violence; I would give her shelter in my house, and help her farm her land.
- Facilitator: If you were the nurse at the local clinic, where would you cut the web?
 Participant: I would be sensitive to signs and symptoms of battering in women who come to my clinic. I would help them find shelter and social support through a suitable agency.
- Facilitator: If you were from the department of health of the national government, where would you cut the web?
 Participant: I would advocate for the setting up of one-stop centres within major hospitals to help women affected by domestic violence.

And so on.

As each participant answers, cut her or him free. After three or four such examples, participants return to their seats for debriefing and discussion.



Activity 2: Whole group discussion about how factors are linked



Step 1: Participants give feedback

Encourage participants to start by sharing their feelings about the exercise. How did they feel when they were entangled? How did it feel to cut the web at specific points? What lessons do they draw from the exercise? What do they think the entanglement signified?

Participants usually share their feeling of being hopelessly trapped as the spider’s web was being constructed, and feeling that they would never be able to unravel the problems. Cutting through some parts of the web gives insights into possible actions that individuals or groups can take – no matter how complicated a situation appears or at which level a person is able to intervene: individual, community or national.

What to cover in the discussion

Where to start

Point out that the key to cutting the complex web may lie in starting with the woman herself. This would create greater space for her to reflect on her situation, interact with others and facilitate her empowerment, helping her see that change is possible.

Draw attention to the fact that in the spider web exercise, many gender factors were also classified also as socio-cultural, for example the reason for Miriam's circumcision, or her early marriage. This point should be brought up for discussion – that culture and tradition are not gender neutral and may become tools for discrimination against women. They are likely to be the parts of the spider's web that are the most difficult to cut through.

Where is it appropriate to cut the web?

Economic, socio-cultural and political factors that affect women's health are so intertwined with factors related to gender and sex that they seem to mesh into one. While it is important to see these links, it is equally important to separate them out analytically so that we can identify where it is most feasible and appropriate to cut the web.



Step 2: A more general discussion

Move the discussion to a more general level.

Which factors affect women exclusively?

Explain that the spider web exercise identified some factors which affected women predominantly or exclusively – for example female circumcision, early marriage and battering. Other factors were common to men and women in Miriam's community – for example the distance from the school and the health centre.

It is important to analyse health issues in this way. Say women in a community are suffering from iron-deficiency anaemia. This may be because of something common to women and men – hookworm infestation; or it may be caused by women's biological difference from men – malaria infection during pregnancy; or it may arise from gender differences – discrimination in food allocation leading to malnutrition. Each of these causes calls for a completely different intervention.

Unravelling sex, gender and other factors

Elicit other examples from participants of sex and gender factors – as opposed to economic, socio-cultural and political factors – operating at various levels, which may be responsible for a health condition or problem.

Unless one carries out an analysis to unravel gender and sex from other factors underlying a problem, interventions may not address the causes, and may in fact further undermine women's position. There are many examples of such interventions: targeting women for health education assuming that ignorance is the cause of their malnutrition; not dealing with men and safe sex, but testing and treating women for sexually transmitted infections; and so on.



Step 3: Connecting the multi-level framework and the present one

The social determinants perspective and the rights framework

Draw participants' attention to the links between a social determinants perspective and a rights framework (which is introduced in the next module) in relation to health. Understanding the social causes underlying ill health also helps us identify the economic, socio-cultural, civil or political rights involved. Violating or neglecting these may underlie the health problem. Addressing these violations or neglect would create conditions that enable good health.

What is the connection between the multi-level framework introduced in Session 3, and this one?

The division of the factors affecting health which are common to both sexes and those that are specific to women, can be done for each of the five levels of factors: individual, household, community, national and international. For example, Miriam's father's attitude to the education of girls is a gender factor operating at the household level. The absence of a school in the community is an economic or political factor operating at the community level, and so on.

One way of visualizing the connections between the two frameworks is to see the five squares on the floor as the unpacking of each of the five levels participants put up on the wall or board in the previous session.

Main points for closing the session

Distinguish between determinants affecting women and men, and sex and gender factors

It is useful to distinguish between health determinants common to women and men and those that are sex and gender related, because each of these sets of factors require a different type of intervention.

The analysis of a health situation or a specific health problem should explicitly consider the gender dimension and its links to other determinants of the problem.

The designing of interventions should be based on such an analysis and take into account the potential impact of these interventions on gender power relations.

Health problems caused by multiple factors need a multi-pronged strategy

Often there are multiple factors causing a problem, and a multi-pronged strategy is required to address these simultaneously.

A social determinants perspective forces us to look at the issue of rights

The analysis of a health situation from a social determinants perspective also helps identify the rights which are being neglected or violated which may be contributing to the health problem. Addressing these rights violations or neglect also creates the necessary conditions for addressing the health situation.

Session developed by TK Sundari Ravindran and Adelina Mwau

SESSION

5

Module summary

What participants should get out of the session**Participants will:**

By the end of this session, participants will have an overview of the tools and concepts introduced in the Social Determinants Module, the links between them, and the links between the tools introduced in the Gender Module and the Social Determinants Module.

**15 minutes****How to run the session**

This is an input session.

What your input should cover

Overhead Go over the main points in the Module brief and review the “Structure of the Social Determinants Module”.

Highlight the tools and concepts introduced in this module

- gender as one of the social determinants of health, cross-cutting and interacting with others such as race, class and ethnicity
- the many levels at which social determinants of health, including gender, operate
- at each of the many levels, the distinction between factors which are common to women and men, and those that are different for women and men because of biological or gender factors.

Gender factors seldom operate alone

This module locates the distinction between sex and gender, and gender concepts such as access to and control over resources and power and decision-making, within the context of other social determinants of health. This provides us with a more nuanced understanding of gender as a determinant of health. Gender factors seldom operate alone or at one level. There is a need to go beyond a simplistic analysis of health problems using gender tools alone if we are to design policies and interventions, or to unravel why a policy or programme succeeds or fails to make an impact.

Link up with the Rights Module

Throughout the module on social determinants, you have drawn participants' attention to the fact that the violation or neglect of rights may underlie adverse health situations in many instances. The next module, on rights, provides a framework and tools for moving towards equity in health, paying specific attention to non-discrimination. It spells out the norms and obligations of state and non-state actors. It also helps plan and design interventions which go beyond simply meeting perceived needs, but which include the active promotion and protection of rights, which are essential for the sustained enjoyment of good health by all members of society.