Formative Research on Gender, Elder Health and Care in Chiapas, Mexico
Dissertation, Department of Anthropology, University of Arizona
Namino Glantz, 2006

RESEARCH PROBLEM

The state of Chiapas, Mexico is unusual (both nationally and globally) in that elder (aged 50+) men outlive and outnumber elder women. I hypothesize that, in Comitán, Chiapas, compared to elder men and their national female cohort, elder women face higher morbidity and receive less and/or poorer quality care, resulting in their precarious health.

The *Mexican Health and Aging Study* (MHAS), a nationally representative survey of Mexicans aged 50+ indicates that, compared to the U.S. and Western Europe, the Mexican population is aging faster, with elders facing lower living standards, higher economic disparity, and a more fragile socio-political context. Mexico's aging population strains an inefficient, fragmented health care system, long skewed toward maternal-infant health, infectious disease, and acute conditions rather than well-being over the life course.

Further, Chiapas, long-marginalized, is changing rapidly after the 1994 political-military Zapatista uprising. In the process, Chiapanecos embrace many first-world gender, family, and health discourses while appealing to tradition. Elder entitlement is in question. For example, elder care is idealized as a family responsibility, yet state efforts to impose a nuclear family model lower fertility, shrinking the pool of children to care for elders. Elder care challenges in Chiapas coexist with structural poverty, health disparity, privatization, service cutbacks, urbanization, and migration.

THEORETICAL FRAMEWORK

I expand upon two axes of gender-sensitive medical anthropology: feminist age theory and the household production of health model.

Feminist age theory rejects biomedicine's positivism. Diverging from much gerontology, it disallows male-privilege and gender-neutral study of aging, instead highlighting male-female diversity. In line with postmodernism, feminist age theory challenges ideas of universal aging and generalizations of "older (wo)man." This approach departs from many feminist theories in that it neither ignores age, nor poses youth as the gold standard for elders. Consistent with feminism, however, it asserts that, compared to men, women are more financially marginalized, have gender-specific health concerns, and face multiple oppression through life. This theory highlights women's voices and lives, and validates alternative genres and methods to grasp gender similarities and differences with age.

Through the *household production of health* (HHPH), households combine their internal knowledge, resources, and behavior with available external technologies, services, information, and skills to restore, maintain, and promote members' health. This model expands the spotlight on acute illness episodes to everyday health management and chronic disease, disability, depression, suffering, neglect, and abuse. The HHPH perspective highlights care in non-clinical spaces: community and home. Further, households are seen as sites of competition and collaboration in which certain members' health needs are prioritized, and resources are distributed unequally along age, gender, and status lines.

METHODS & DATA

With the support of the Comitán Center for Health Research (an NGO in Chiapas where I worked for a decade), I drew on multiple participatory methods and actors to understand elder health and work toward community-congruent interventions. I conducted this fieldwork in 2005, in Comitán, the fourth-largest city in Chiapas, and home to 110,000 people.

I first organized an Encounter on Elder Health. Over 30 people participated, representing 14 health and social institutions, 3 research facilities, and the media. At this forum, I solidified individual/institutional collaboration and identified research issues deemed useful and urgent. Participants voiced inspiring initiatives such as an elder health working group.

Next, I conducted a Diagnostic Elder Health and Care Survey in Comitán, consisting of 339 questions applied to a representative sample of 300 men and women aged 50+. I gathered and augmented data comparable to MHAS data, and many shared their experiences in extended survey visits. I then held 28 semi-structured interviews with elders, informal and formal care providers.

I later convened a Strategic Elder Health Meeting, in which participants crafted a working group, (Committee for Integral & Multidisciplinary Care for Older Adults, CAIMAM), its mission, and coordinating team. CAIMAM continues to meet, research, and intervene.

Analysis employs Nudist© for qualitative data and SPSS© for quantitative data. I am also receiving a second wave of data: CAIMAM's activity reports and responses to my findings. This second dataset makes for an iterative, collaborative dissertation, in which I contrast the experiences of women/men, elders/care providers, and local/national dynamics.

ILLUSTRATIVE OBSERVATIONS

Illustrative preliminary observations on these axes of comparison follow.

Male/female:

We may imagine Mexican elders ensconced in large, extended families, yet 1 of 5 elders surveyed in Comitán lived alone or with just one other person, and 1 of 5 had two or fewer living children. Women may be more prone to this smaller family circle, as they tended to be widowed, separated or divorced much more than men. Even so, in Comitán, men were more apt to make their health decisions independently and cover their own medical expenses, while women's health rested on decisions and financial assistance from husbands and children.

Local/national:

Many more in Comitán than nationally suspected a serious health problem but did not consult a doctor, and had stopped taking necessary medicine due to price. A much smaller proportion of elders in Comitán is covered by insurance, such that public service use is higher than nationally. This insurance deficit/public service dependence is especially pronounced among women. In the face of this care and medication gap, Comitán's elders self-medicate and consult pharmacy staff regarding medical matters more often than their national counterparts.

Patient/provider:

In Comitán, providers perceived hypertension and diabetes as major healthcare foci; elders in general were more concerned about chronic pain and dental problems, issues given little public health priority. (This was even the case among women, who experience hypertension and diabetes much more commonly than men.) Providers also steered clear of alcoholism, although 10% of elders, nearly all men, had been alcoholics, reportedly wreaking havoc on their health and that of women around them.

SIGNIFICANCE

This project departs from medicocentric, androcentric, and ethnocentric elder health research traditions. I include the home as a vital care environment alongside the clinic; analyze gendered distinctions in health and care; and spotlight less-researched, more marginalized Latin Americans. Juxtaposition with other studies illuminates inner- and intra-cultural parallels and variation in the gendered experience of elder health and care. Its applied impact lies in building capacity among local researchers, caregivers, and elders as they appropriate the research process and data, harnessing it to improve elder healthcare practice and policy.

ACKNOWLEDGEMENTS

The elaboration of this dissertation as well as concurrent graduate studies have been funded by a Wenner-Gren Foundation for Anthropological Research Dissertation Field Work Grant and a Woodrow Wilson Johnson & Johnson Dissertation Grant in Women's Health Fellowship. I extend my appreciation to the women and men who shared their experiences, as well as the field researchers who documented these experiences. Many thanks to the Comitán Center for Health Research (CISC) and to its supporting foundations (especially The Ford Foundation). Over the years, many mentors have inspired and supported my work. For this particular project, I am especially grateful to Rolando Tinoco Ojanguren and Imelda Martínez Hernández at CISC, to Mark Nichter at the University of Arizona, and to George A. Collier at Stanford University.

Select References: *Formative Research on Gender, Elder Health & Care in Chiapas, Mexico*
Namino M. Glantz, Department of Anthropology, University of Arizona, 2006

Berman, P., C. Kendall, K. Bhattacharyya. 1994. "The household production of health: Integrating social science perspectives on micro-level health determinants." *Soc. Sci. Med.* 38(2): 205-215.

Binstock, R.H. & L.K. George, eds. 1996. *Handbook of Aging and the Social Sciences*. San Diego: Academic.

Cohen, L. 1998. *No Aging in India.* Berkeley: University of California Press.

Collier G.A. 2005. *Basta! Land and the Zapatista Rebellion in Chiapas.* Oakland: Food First Books.

Comisión Nacional de Población (CONAPO). 1999. *Proyecciones de la Población de México, 1995-2020*. Mexico City: CONAPO. Retrieved 10/20/03 from: www.inegi.gob.mx.

----. 1995. *Situation of Women: Challenges for the Year 2000*. Mexico City: CONAPO.

Gubrium, J. & A. Sankar. 1994. *Qualitative Methods in Aging Research*. Thousand Oaks: Sage.

National Institute of Statistics, Geography and Informatics in Mexico (INEGI). 2000. *XII Censo General de Población y Vivienda.* Aguascalientes, Mexico. SISEM.

Lindenbaum, S. & M. Lock. 1993. *Knowledge, Power, and Practice*. Berkeley: Univ. of California.

Lock, M. 1993. *Encounters with Aging*. Berkeley: Univ. of California.

Mexican Health and Aging Study (MHAS). Retrieved 09/30/03 from: www.ssc.upenn.edu/mhas/.

Nichter, M. 1990. "Eight stages of formative research." Retrieved 03/08/03 from: www.medanthro.net/academic/tools/nichter_formative_research.pdf.

Nichter, M. & M. Lock, eds. 2002. "The social relations of therapy management." *New Horizons in Medical Anthropology*. Chapter 4, pp. 81-110. London & New York: Routledge.

Palloni, A., B.J. Soldo, R. Wong. 2002a. "Health Status in a National Sample of Elderly Mexicans." Presentation, Gerontological Society of America Conference, Boston, Nov. 2002.

----. 2002b. "Health Status and Functional Limitations in a National Sample of Elderly Mexicans." MHAS presentation, Population Association of America Conference, Atlanta, May 2002.

Pan American Health Organization/World Health Organization; Bureau of the Census; National Institute on Aging. 2002. *Aging in the Americas into the XXI Century*. Maryland: U.S. Census International Programs Center. Retrieved 10/20/03 from:www.census.gov/ipc/www/agingam.html.

Parker, S.W. & R. Wong. 2002. "Welfare of male and female elderly in Mexico: A comparison." Ch. 8 in *The Economics of Gender in Mexico*. Washington DC: World Bank.

Reyes Fausto, S. 2001. *Population Ageing in the Mexican Institute of Social Security: Health Policy and Economic Implications*. Mexico City: Fundación Mexicana para la Salud, A.C. Retrieved 10/20/03 from: www.funsalud.org.mx/quehacer/publicaciones/popageing/.

Ryan, G. & H.R. Bernard. 2000. "Data management and analysis methods." *Handbook of Qualitative Research* (2nd ed.). N. Denzin & Y. Lincoln, eds. Pp. 769-802. Thousand Oaks: Sage.

Salgado de Snyder, V.N. & R. Wong (eds.). 2003. *Envejeciendo en la Pobreza: Género, Salud, y Calidad de Vida*. Cuernavaca, Morelos, Mexico: Instituto Nacional de Salud Pública.

Sistema de Indicadores para el Seguimiento de la Situación de la Mujer en México (SISESIM). 2004. Retrieved 08/09/04 from: http://dgcnesyp.inegi.gob.mx/sisesim/sisesim.html.

Sokolovsky, J., ed. 1997. *The Cultural Context of Aging*: *World-Wide Perspectives*. New York City: Bergin & Garvey.

Soldo, B., R. Wong, A. Palloni. 2002. "Why Should We Care About Aging in Mexico?" MHAS presentation, Gerontological Society of America Conference, Boston, November 2002.

Wong, R. & M. Espinoza. 2002. "Economic Status of Middle and Old Age Population in Mexico." MHAS presentation, Gerontological Society of America Conference, Boston, November 2002.

World Health Organization (WHO). 2003. *A Global Review of Primary Health Care: Emerging Messages.* WHO document WHO/MNC/OSD/03.01. Geneva: WHO.

----. 2002. *Active Ageing. A Policy Framework.* WHO document WHO/NMH/NPH/02.8. Geneva: WHO. Retrieved 10/20/03 from: www.who.int/hpr/ageing/ActiveAgeingPolicyFrame.pdf.