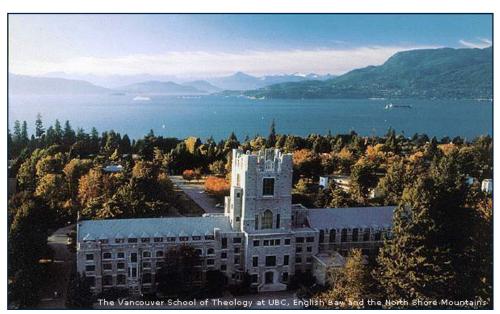


UNIVERSITY OF BRITISH COLUMBIA



UBC Vancouver campus



UBC Okanagan campus, Kelowna

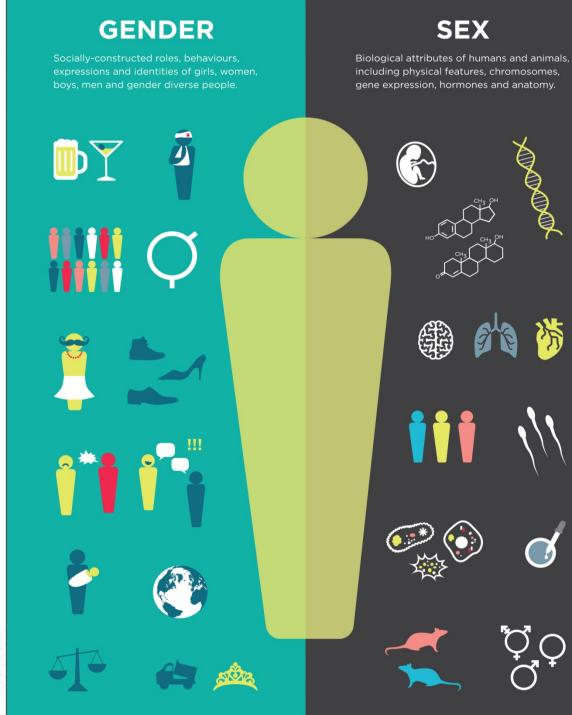






Does gender matter in health promotion and research?

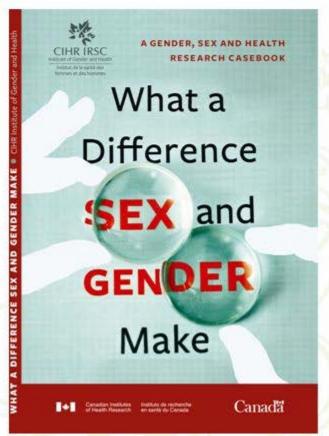
EVERY CELL IS SEXED. **EVERY PERSON IS GENDERED.**





Why Gender and Sex Matter in All Health Research

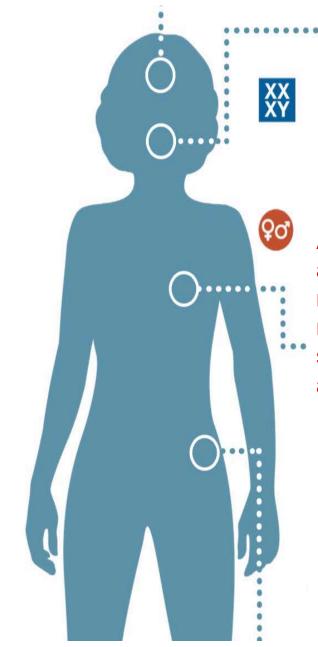
- Sex and gender are everybody's business.
- Without considering gender and sex, we risk not only misapplying findings, but missing opportunities to improve health.





How SEX and GENDER Influence Health and Disease





Smoking cessation

Females have harder time quitting than males. Women metabolize nicotine faster than men. Differences in metabolism may help NRT work better in males than females. Men appear to have higher pharmacological dependence (addiction) on smoking than women.

Although men are more sensitive to nicotine's addiction-related factors, women appear to have a more behavioural dependence - susceptible to non-nicotine cues (e.g., sensory stimuli including sight, smell, and the sensation of smoking) and negative affect.

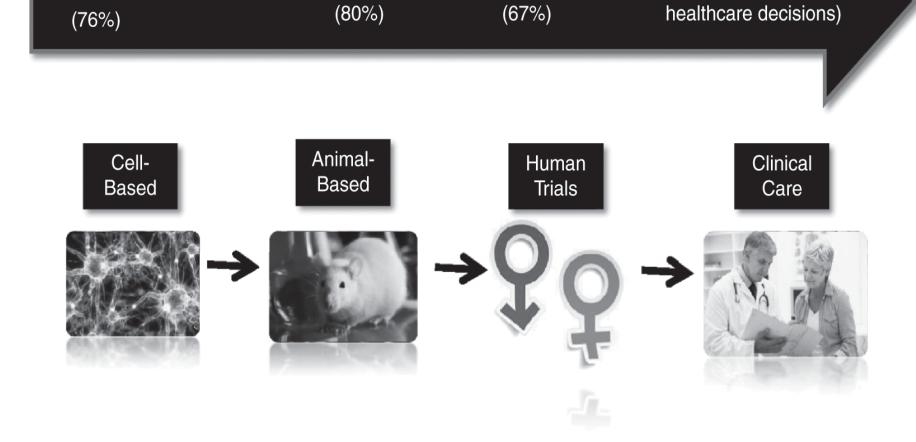
For both men and women smoking is influenced by social context, layered and connected to social class, ethnicity, identities, etc..

Bottorff et al. 2014; Figure adapted from National Institute of Health https://tinyurl.com/yagsd5bg

Sex bias in the research pipeline

Male Models

Sex Unspecified



Men

Women (80% of

Jenkins, 2016

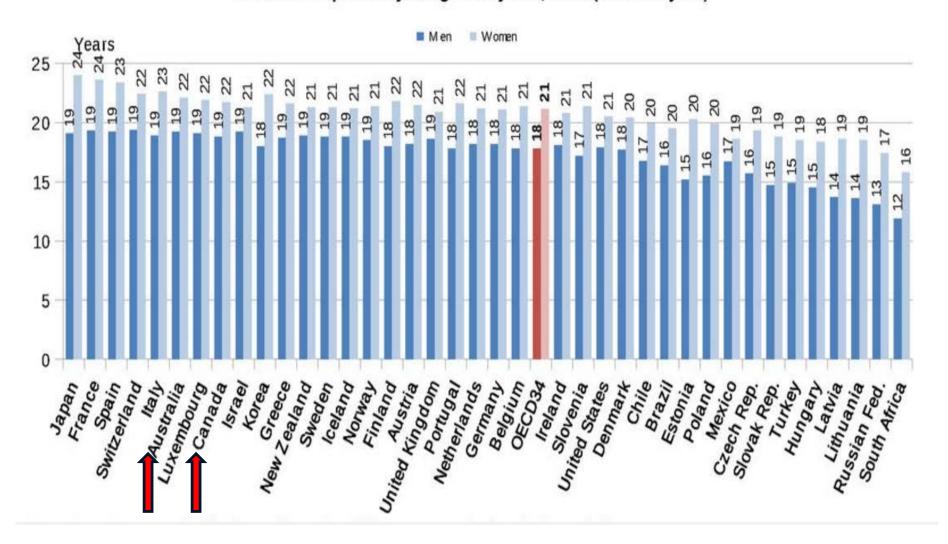
ONE SIZE DOESN'T FIT ALL

Percentage of the patient population for which a particular drug in a class is ineffective, on average

ANTI-DEPRESSANTS SSRIS	38%	* * * * * * * * * * * * * * * * * * * *
ASTHMA DRUGS	40%	****
DIABETES DRUGS	43%	* * * * * * * * * * * * *
ARTHRITIS DRUGS	50%	* * * * * * * * * * * *
ALZHEIMER'S DRUGS	70%	* * * * * * * * * * * * *
CANCER DRUGS	75%	* † † † † † † † †

Source: Brian B. Spear, Margo Heath-Chiozzi, Jeffrey Huff, "Clinical Trends in Molecular Medicine," Volume 7, Issue 5, 1 May 2001, pages 201-204.

11.4. Life expectancy at age 65 by sex, 2013 (or latest year)



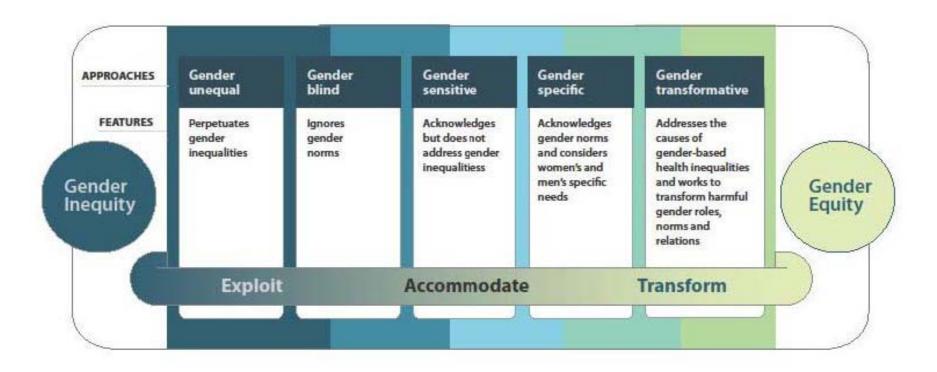
Personalized health and wellness



To be truly personalized, approaches must account for both biological (sex) and socio-cultural (gender) for men, women, boys, girls and gender-diverse people.

Potential to create unique opportunities for more targeted and effective interventions to enhance health and wellbeing while delivering value for money.

A Continuum of Approaches to Action on Gender and Health



Inspired by remarks by Geeta Roo Gupta, Ph.D, Director, International Center for Research on Women (ICRW) during her plenary address at the XIIIth International Aids Conference, Durban, South Africa, July 12, 2000:

"To effectively address the intersection between HIV/AIDS and gender and sexuality requires that interactions should, at the very least, not reinforce damaging gender and sexual stereotypes."



Accounting for gender relations: Negative couple dynamics



- Uptake of interventions can be hindered by couple dynamics if partners have different smoking behaviours or attitudes during this period.
- Women experience increasing pressure to remain smoke-free to protect fetus/child
 - What happens if they can't quit, or they slip & relapse?

-> De-linked approach

Greaves, L., Kalaw, C., & Bottorff, J.L. (2007). Case studies in power and control related to tobacco use during pregnancy. Women's Health Issues, 17, 325-332.

FOR WOMEN

Couple-oriented, women-centred approaches:

- ✓ Increase awareness of couple dynamics & routines that influence tobacco use
- ✓ Stigma reduction avoiding shame and blame
- ✓ Focus on women's health as a motivator for change



Bottorff et al. 2006

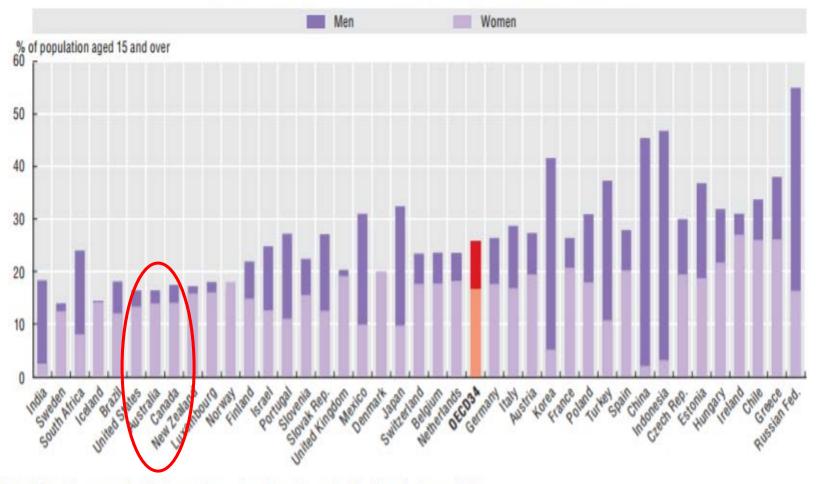


What parallel (and delinked) support should be offered to fathers who smoke?

- Partners' smoking influences women's efforts to quit
- Supporting fathers cessation offers potential to support women's efforts to quit.
- Women are unsuccessful in encouraging male partners to quit.



2.5.2. Gender gap in adults smoking daily, 2011 (or nearest year)



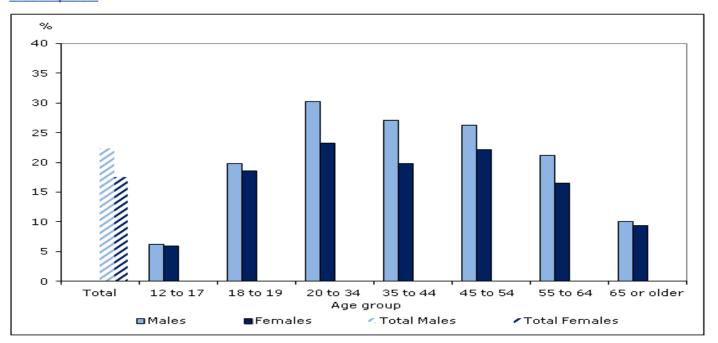
Note: Countries are ranked in increasing order of smoking rates for the whole population.

Source: OECD Health Statistics 2013, http://dx.doi.org/10.1787/health-data-en; national sources for non-OECD countries.

Patterns in men's smoking by age

Chart 2
Percentage who smoke daily or occasionally, by age group and sex, household population aged 12 or older, Canada, 2011

Description



Source: Canadian Community Health Survey, 2011.

People typically begin smoking during their teenage years, so the percentage of Canadians who have not started smoking by age 20 is an indicator of future smoking rates. In 2011, 52.4% of Canadians aged 20 to 24 had never smoked, about the same as in 2009, though an increase from 45.8% in 2008 (Chart 3).

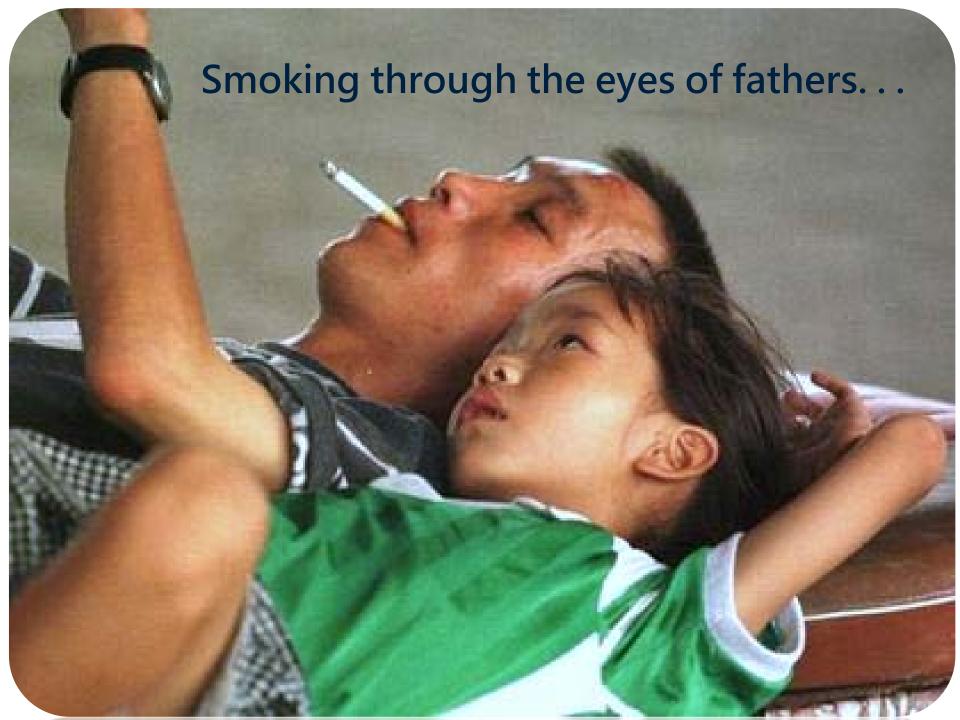


Offered men an avenue for articulating an empowered and admired masculine identity

Gender & Men's Smoking



Smoke like a man





Social Science & Medicine 62 (2006) 3096-3108



www.elsevier.com/locate/socscimed

Men's constructions of smoking in the context of women's tobacco reduction during pregnancy and postpartum

Joan L. Bottorff*, John Oliffe, Cecilia Kalaw, Joanne Carey, Lawrence Mroz

University of British Columbia Okanagan, Kelowna, BC, Canada

Health Communication, 24: 532–547, 2009 Copyright © Taylor & Francis Group, LLC ISSN: 1041-0236 print / 1532-7027 online DOI: 10.1080/10410230903104921



The Readings of Smoking Fathers: A Reception Analysis of Tobacco Cessation Images

> Joy L. Johnson, John L. Oliffe, and Mary T. Kelly School of Nursing

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SOCIOLOGY OF HEALTH & ILLNESS

Sociology of Health & Illness Vol. 32 No. 4 2010 ISSN 0141-9889, pp. 583-596 doi: 10.1111/j.1467-9566.2009.01234.x

Men's business, women's work: gender influences and fathers' smoking

Joan L. Bottorff¹, John L. Oliffe², Mary T. Kelly³, Lorraine Greaves⁴, Joy L. Johnson², Pamela Ponic² and Anna Chan³

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SOCIOLOGY OF HEALTH & ILLNESS

Sociology of Health & Illness Vol. 31 No. 2 2009 ISSN 0141–9889, pp. 185–200 doi: 10.1111/j.1467-9566.2008.01126.x

Fathers' narratives of reducing and quitting smoking Joan L. Bottorff¹, Jenny Radsma², Mary Kelly³ and John L. Oliffe³

Fathers: Locating Smoking and Masculinity in the Postpartum

Qualitative Health Research 20(3) 330-339

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http://ghr.sagepub.com



John L. Oliffe, Joan L. Bottorff, Joy L. Johnson, Mary T. Kelly, and Karen LeBeau

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Unclean fathers, responsible men: Smoking, stigma and fatherhood

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C



Shifting gender roles

Bottorff, Oliffe, Kalaw, Carey & Mroz (2006) Oliffe, Bottorff, Kelly & Halpin (2008)



Once you have that newborn in your hand, I mean it's like the world stops. That's the moment you think about the future, and how much your life has changed. Why not go that extra step?"

Fathers' Cessation Narratives

Cold Turkey

Planned Reduction

The Baby is the Patch

Forced Reduction



Selfreliance

Gender relations: Men's business, women's work

Women:

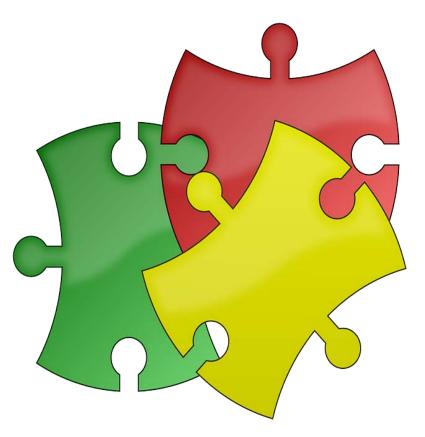
- Persuaded men to quit
- Regulated men's smoking
- Defended men's smoking
- Accepted smoking as an artefact of their partner's autonomy (masculinity)



Taking gender into account: Designing a Smoking Cessation Program for Dads



THE PUZZLE: How do we strengthen support for men who want to quit?



How do we....

Support impulsive attempts to quit smoking?

Align cessation aids with men's values and identities?

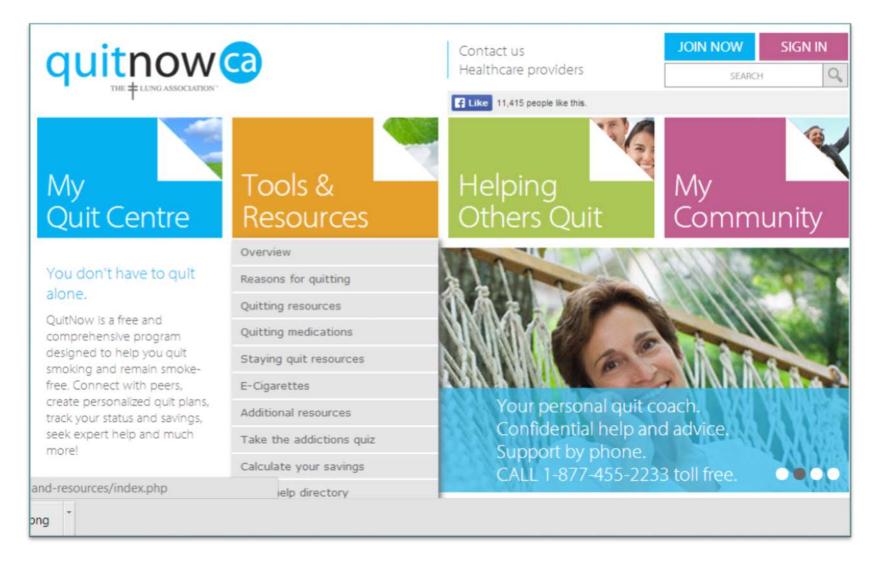
Support autonomy in using varied approaches to cessation?

Etc.



Few menspecific quit smoking programs

interventions: A brief review. Journal of Men's Health. 2011;8(2):100-108.



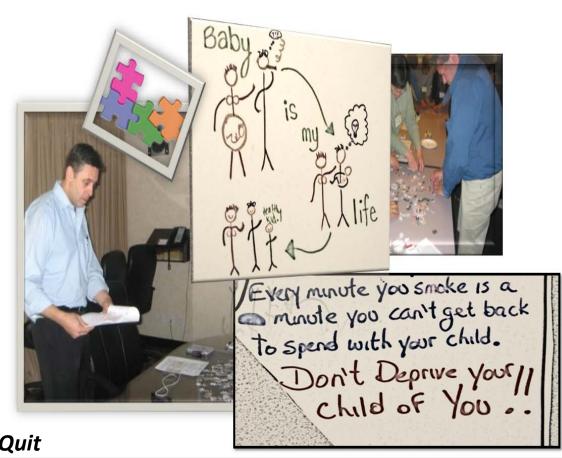
Men use the web for health information, yet only 30% of QuitNow users were men.

Creating design space for KT: Consultations with potential users

Orientation toward user generated solutions by positioning users as experts/insiders

Sharing key findings in novel ways to provide platform for creative thinking

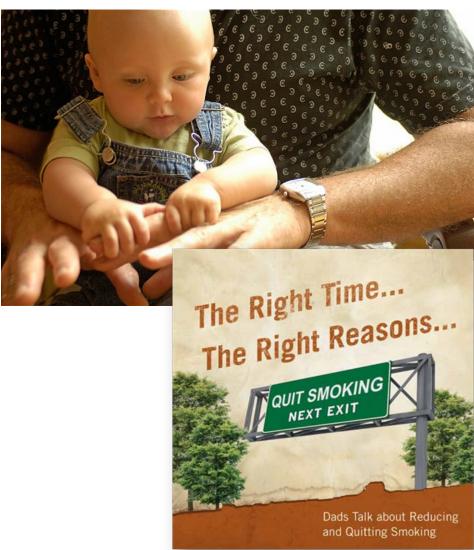
Active engagement and interaction to stimulate collective ideas for new approaches



Finding the Pieces that Fit ... to Quit



Tailored smoking cessation support



FATHERS



www.facet.ubc.ca

www.dadsingear.ok.ubc.ca

Gender-sensitized approach

- Design elements congruent with gender identities as fathers and men
 - Program themes aligned with interests and experiences as fathers; peer support to support changing roles of fathers
- Content informed by principles of men's health promotion (Oliffe, Bottorff, Sarbit, 2012)
 - strength-based positive messaging drawing on men's assets; skill based, action oriented strategies; supporting autonomous decision making, etc.
- Style of Delivery male-specific engagement strategies
 - Male facilitators and role models, incorporated physical activity, opportunities for friendly banter and humour

Dads in Gear (DIG)

Integrated program includes:

- smoking cessation
- fathering
- physical activity

Gender transformative:

- ☐ Support fathers interest in shifting from provider/disciplinarians towards increased involvement in child care and nurturing
- Support for fathers as positive role models in their children's lives and influence on their children's future health
- ☐ Trained male facilitators create safe space for fostering thoughtful reflection on fatherhood practices and values



2018-04-24



DIG Website

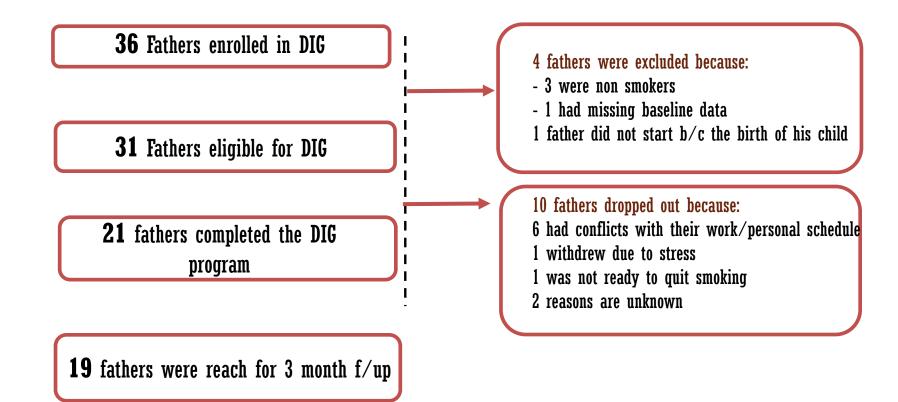
For DIG facilitators & dads to access resources wherever they are & whenever they like.







DIG Feasibility Study



Bottorff et al, in review

DIG Participants at baseline (n=31)

- \square Age X= 33 yrs (SD=8.3)
- ☐ Children X=2.1
- ☐ Education
 - Less than HS n= 10 (32%)
 - High school n= 8 (25%)
 - Some Post-sec n=13 (41.9%)

■ Main Activity

- FT/PT paid wk n=19
- Caring for family n=3
- Student/sport n=4
- Unemployed n=4
- No response n=1

☐ Marital status

- Married/Common law n= 16 (61.9%)
- Divorced/Separated n= 6 (19.3%)
- Single n=9 (23.8%)

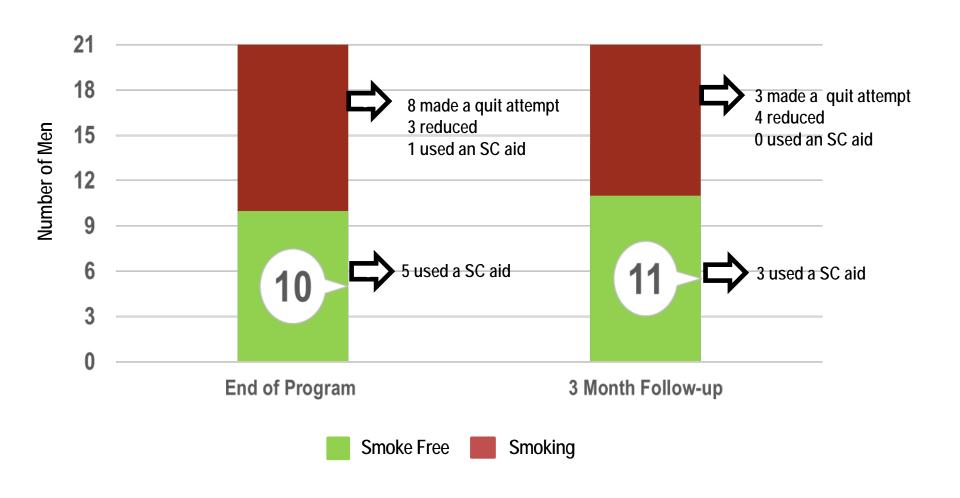
☐ Smoking

- Years X=17.8 (SD 9.3)
- Fagerstrom Nic Dependence

$$X = 3.4 (SD = 2.5)$$



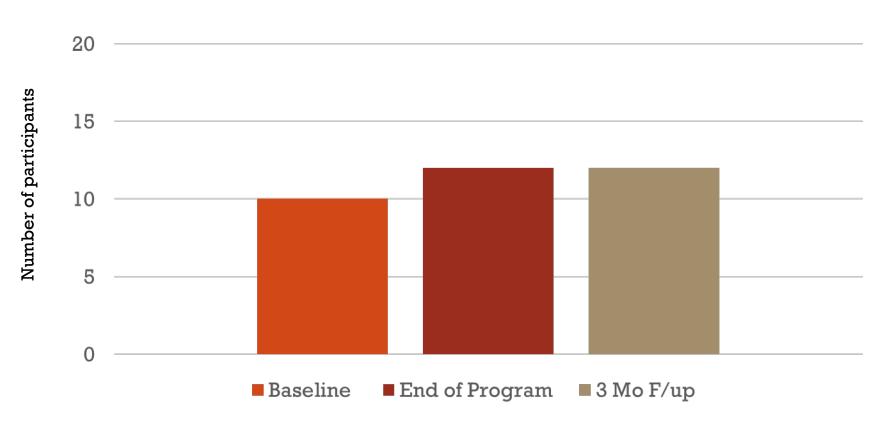
Smoking Cessation Outcomes (n=21)





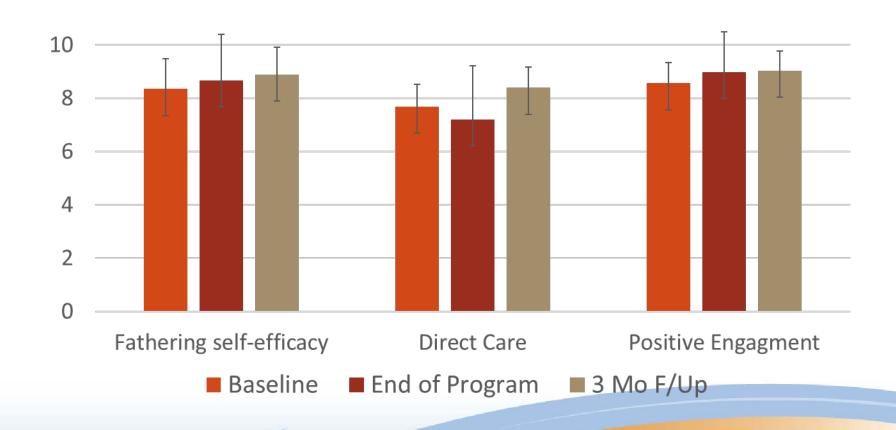
MVPA outcomes among DIG participants (n=21)

Number of fathers meeting recommended 150 min of MVPA/wk at baseline, end of program & 3-month f/up using Godin Leisure Time Exercise Questionnaire





DIG outcomes for father engagement

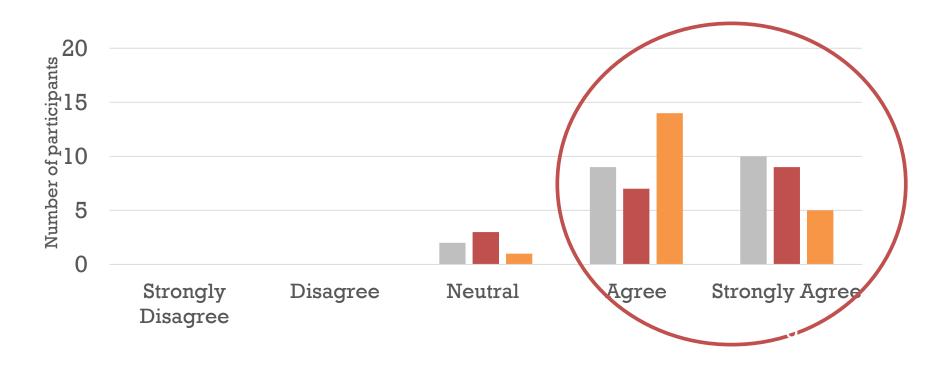




Fathers' Responses to DIG

Participating in DIG has:

- helped me in reducing and quitting smoking
- helped me become a more engaged father
- increased my confidence to be physically active on a regular basis



DIG and Indigenous Men

Trained Indigenous male facilitators were provided with the DIG program & invited to make culturally appropriate adaptations.

- •DIG end of program results:
 - 28% were smoke free
 - 43% reduced their smoking

•Key learnings about possible cultural adaptations and participant responses



Developed Program Prototypes & Pretested in Consultation Groups





Home Being a Dad Healthy Dad Smoke Free Dad Videos Contact



DADS IN GEAR INDIGENOUS

A PROGRAM for MEN who want to be INVOLVED, HEALTHY and SMOKE FREE DADS

Sample some of the DIG program activities on this website Try a quiz....test some tips...watch a video

WANT TO BRING DADS IN GEAR INDIGENOUS TO YOUR COMMUNITY?

CONNECT WITH US

www.dadsingearindigenous.ca/



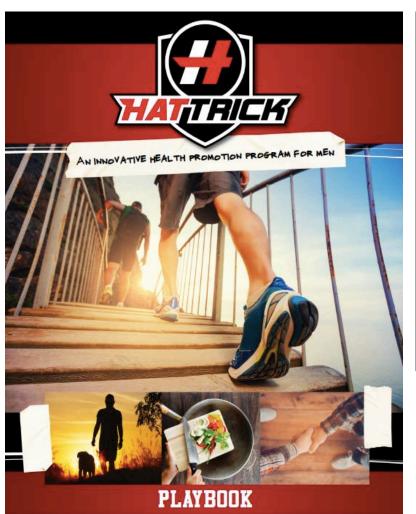
Program Resources

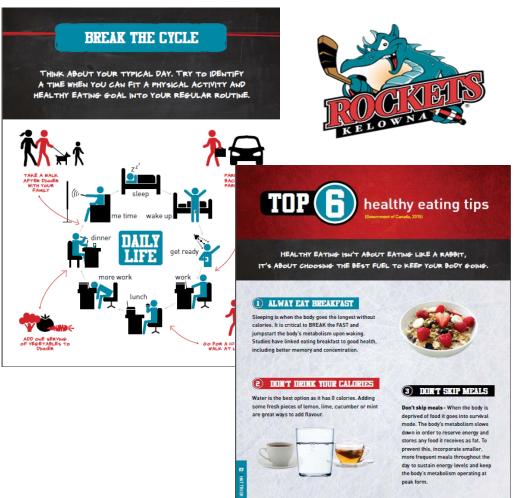






http://www.powerplayatwork.com/





BE ACTIVE. EAT HEALTHY. GET CONNECTED. THAT'S HAT TRICK.

http://hattrick.ok.ubc.ca/

Personalized health and wellness



Integrating gender in health promotion approaches

- Include components that address genderrelated influences
- Promote healthy gender norms, roles and relations



https://goo.gl/uJE6sO

Sex and gender considerations in health promotion

- How do prevailing gender norms or roles serve as barriers and supports to the uptake of evidence-informed practices, programs, polices?
- When and how should interventions be tailored to sex, gender and diversity of the target audience?
- When and how should messaging included in interventions be tailored differently across sex, gender and other identity characteristics?
- Do interventions work differently for sub-groups of men, women and gender-diverse people and, if so, how?
- Etc.



THANK YOU



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