



Investing in nursing and midwifery enterprise: Empowering women and strengthening health systems—A landscaping study of innovations in low- and middle-income countries

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ABSTRACT

Women's empowerment and global health promotion are both central aims in the development agenda, with positive associations and feedback loops between empowerment and health outcomes. To date, most of the work exploring connections between health and empowerment has focused on women as health consumers. This article summarizes a much longer landscape review that examines ways in which various health programs can empower women as providers, specifically nurses and midwives. We conducted a scan of the Center for Health Market Innovations database to identify how innovative health programs can create empowerment opportunities for nurses and midwives. We reviewed 94 programs, exploring nurses' and midwives' roles and inputs that contribute to their empowerment. There were four salient models: provider training, information and communications technologies, cooperatives, and clinical franchises. By documenting these approaches and their hallmarks for empowering female health workers, we hope to stimulate greater uptake of health innovations coupled with gender-empowerment opportunities globally. The full report with expanded methodology and findings is available online.

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Introduction

Significant progress has been made over the past few decades in the realization of several global health and

human development goals (Requejo et al., 2015; United Nations [UN], 2015). This includes progress on two complementary, and sometimes overlapping, aims: improving global health and empowering women. Investing in women's empowerment is both

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intrinsically valuable in its own right and instrumental as a means to promote economic development, reduce poverty, promote health, and enhance governance (World Bank, 2001). It has long been recognized that there are positive, bidirectional associations between empowerment and health at the individual and community levels (Duflo, 2011; Varkey, Kureshi, & Lesnick, 2010; Wallerstein, 1992).

To date, attention to the intersection of women's empowerment and public health has largely focused on empowering women as health care consumers (Salmon, 2013; Standing, 2000). This includes efforts to increase access to family planning services, reduce maternal mortality, and deliver health services in ways that are sensitive to gender differences and norms (Carr, Gates, Mitchell, & Shah, 2012; Kraft, Wilkins, Morales, Widyono, & Middlestadt, 2014). However, there has been little examination of the opportunity to empower women through their engagement in the health workforce as providers (Salmon, 2014). Women make up a significant proportion of the health workforce, in many countries comprising >75% of the health workforce occupying roles as physicians, nurses, midwives, and community health workers (George, 2007, 2008). A recent estimate of women's contributions to the health system valued their care provision at 2.47% gross domestic product (GDP) for paid work and another 2.35% GDP for uncompensated care—equivalent to >3 trillion U.S. dollars (Langer et al., 2015). With efforts to expand coverage and achieve health promotion goals, there has been even greater utilization of female health providers, often operating in expanded capacities to task shift and task share with physicians (Hongoro & McPake, 2004; White & Lewin, 2006). Increasing commitments to universal health coverage in resource-limited settings have also stimulated innovative financing models and service delivery approaches, backed by a range of sponsors from private, philanthropic, and government institutions.

The increasing reliance on women as health providers, combined with innovative approaches in the health marketplace, has created significant opportunities to contribute to the dual goals of improved health and women's empowerment through investment in the female health workforce. This article presents a synopsis of a more in-depth landscape review exploring how various health programs in low- and middle-income countries currently provide empowerment opportunities for a specific cadre of health workers—nurses and midwives—given their critical role in the health workforce and the significant representation of women in these roles. Our study utilized the Center for Health Market Innovations (CHMI) database (www.healthmarketinnovations.org), one of the most extensive collections of private sector health programs in developing countries, to explore nurses' and midwives' roles and functions in service delivery and various factors that support their empowerment. The article below

summarizes the key findings of this landscaping exercise, with select excerpts of the executive summary and discussion section of the report. The complete version of the report is available at http://healthmarketintions.org/sites/default/files/CHMI_NurseMidwife_Empowering_Women.pdf.

Methodology

Hallmarks of Empowerment

To scan health programs for potential inputs to the empowerment of nurses and midwives, we first needed to establish a working analytical framework for what constituted an empowerment input. The term "empowerment" has been adopted to describe a range of concepts, commitments, and activities. Descriptions often refer to increased autonomy and freedoms, greater participation in social and political institutions affecting one's interests, increased economic opportunity and control over one's resources, greater access to education, and increased sense of self-worth (Kabeer, 2005; Mahmud, Shah, & Becker, 2012; Malhotra, Schuler, & Boender, 2002; UN 1995). (See Appendix 1 in the full report for more detail on these accounts of empowerment.) In this article, rather than working to develop an all-encompassing definition for the complex concept of empowerment, we instead focus on "hallmarks of empowerment" or the kinds of pathways and inputs that tend to contribute to women's empowerment. These hallmarks were selected from major areas of convergence in the empowerment literature and include:

- Opportunities for higher education and professional training
- Opportunities for employment and income generation
- Participation/representation in social, professional, and political institutions
- Promotion of autonomy
- Increased mobility
- Access to credit
- Ownership of properties, assets, and businesses
- Enhancements to self-esteem and self-efficacy

Landscaping the CHMI Database

Using the above hallmarks of empowerment, we then utilized the CHMI database, one of the most comprehensive resources on global innovation in the health marketplace, to scan for ways in which innovative approaches to health care delivery might contribute to empowerment. The CHMI Database captures standardized data sets on >1,200 programs across 129 countries. It served as a useful sampling frame to conduct a targeted search of programs that might empower nurse and midwives, providing detailed

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