Keynote Address

Moderator: Chi-Fang Wu, Associate Professor, School of Social Work, UIUC

Friday October 30, 2015
9:15-10:05am

Educating our Girls and Women for a Healthier Future: The Intersection of Health, Gender, and Education in Sub-Saharan Africa

Reitumetse Obakeng Mabokela, Ph.D, Vice-Provost for International Affairs and Global Strategies; Professor, Department of Education Policy, Organization and Leadership, University of Illinois Urbana-Champaign

Globally, women account for nearly two thirds of the over 774 million adult considered illiterate (UNStats, 2010). The United Nations states that while there have been gains made in achieving some level of gender parity in terms of access to education especially for those at primary school level, many developing countries are still far from achieving the intended universal primary education (UNStats, 2010). The lack of universal access to primary education impacts mostly girl children as is evidenced by the data released in 2013, that of the 72 million children out of school, girls make up over 50% of them (39 million) (United Nations, 2013). The report highlights that even at secondary and other levels of education, girls are more likely to be out of school than boys (United Nations, 2013).

In many countries, there is high correlation between the education levels of women and the quality of healthcare these women provide for themselves and their families. In particular, the gendered gap in educational levels observed in many developing countries is especially alarming because low education levels influence a myriad of health factors including disease prevention, fertility, and mortality rates for women.

In this paper, I examine the persistent challenges of education access for girls and women in Sub-Saharan African countries and the intersections between education and health. Despite implementation of education policies and other equity measures intended to close that gender gap in education, nearly 54% of girls in Sub-Saharan Africa do not complete primary school (UNESCO, 2013). Available evidence (Rustein, 2000, Huq et al. 2007; Tuwor & Sossou, 2008) noted that higher levels of education may positively affect use of health services, childcare practices, and child mortality rates. The long-term gains of girls’ education are evident in the increased levels of family income, better-nourished and healthier families. According to (Tuwor & Sossou, 2008) even primary educated girls raise healthier and more educated families than uneducated girls. In essence, educated women raise healthier families and communities.
Panel 1: Health and Mental Health among Vulnerable Populations

Moderator: Susan Cole, MSW Program Director and Associate Professor, School of Social Work, UIUC

Friday October 30, 2015
10:20am-12:00pm

Mental Health Problems and Help-seeking Behaviors among the Homeless in Taiwan

Li-Chen Cheng, Ph.D., Professor, Department of Social Work, National Taiwan University

The number of homeless population in Taiwan has been doubled up since 2004 due to a rapid economic downturn and drastic increase in housing price for the past decade. Culturally, they have been cast out as beggars or vagrants who are able-bodied but with no intentions for work. And, mentally, they are even described as people living freely and joyfully in the streets with no duty and obligation to carry on. However, how true is it and what exactly looks like for the homeless living in the streets in terms of their mental health as well as physical conditions?

Structured questionnaires were delivered to the homeless. They were recruited from the homeless service centers funded by 22 city governments according to a proportionally sampling design. Two hundred fifty-eight homeless who lived in the streets were interviewed by the homeless outreach workers through a face to face way.

According to a national survey, over half of the interviewed homeless rated in the Beck Depression Inventory as having some to very serious degree of depressive symptoms. And one third of the interviewed homeless stated to have some mental disturbance. But only half of them sought medical treatment for their mental problems.

This paper will focus on the mental health status of the interviewed homeless in this survey. And predictors of their mental health problems and the gap of help-seeking behaviors will be discussed to show how devastated their living in the streets and barriers of seeking medical treatments for their mental health problems. Strategies and policy implications will be also included to call for social reform on service delivery system for the homeless in Taiwan.
**Sustaining a Maternal and Child Health Intervention in Nigeria: Qualitative Evidence from the Healthy Beginning Initiative**

Sarah Blackstone, MPH, Doctoral Student, Department of Kinesiology and Community Health, UIUC

Juliet Iwelumor, Ph.D., Assistant Professor, Department of Kinesiology and Community Health, UIUC

This article investigates the factors likely to influence the long-term “sustainability” or the continued capacity of a maternal and child intervention to meet the needs of its stakeholders in Southwest Nigeria.

It reports qualitative results from a cluster-randomized control trial, the Healthy Beginning Initiative (HBI) that was designed to compare the effectiveness of a congregation versus a clinic-based approach to prevention of mother-to-child HIV transmission. A total of 58 participants (46 volunteer health advisors and 12 HBI staff) participated in free-listing exercises and focus group discussions in Enugu, Nigeria.

The results provide socio-cultural perspectives on sustainability that is attuned to the local and everyday beliefs of the study population. They include themes suggesting positive (i.e. benefits of “having people”), existential (strengthening ties with people), and negative (burden of “having people”) factors. Also, fostering political, community, family, and religious support for sustainment of HBI (83%), increasing the baby shower incentives for participants (37%), as well as training and remuneration for volunteer health advisors and staff to ensure their sustained participation in the program (35%), and the promotion of more awareness on HBI via follow-up meetings with participants (54%) were among the factors likely to enhance the sustainability of HBI include. In contrast, lack of religious, political, family and community support (54%), lack of funds (51%), discontinuation of the baby shower program itself (8%), lack of incentives to stakeholders (15%), and delays/lack of confidentiality of test results (10%), were identified as factors that would hinder the sustainability of HBI.

The findings hold significant potential for contributing to understandings of how stakeholder experiences and perceptions in maternal and child health interventions intersect with the broader ethical and public health imperative to reach ambitious maternal and child health targets in sub-Saharan Africa.
Multiple Victimization in a National Sample of Children: Prevalence and Health Implications

April Chiung-Tao Shen, Ph.D., Professor, Department of Social Work, National Taiwan University

This study examines (1) the prevalence of multiple types of child victimization and (2) the effects that children’s experience of multiple types of victimization can have on the children’s physical health, mental health, and behavior.

This study collected data with a self-report questionnaire from a national proportionately stratified sample of 6,233 4th-grade students (10 years old on average) covering every city and every county in Taiwan in 2014. This study conducted chi-square, ANOVA, and logistic regression analyses to examine the association between the cumulative number of victimization types (9 types in total) and physical-health, mental-health, and behavioral outcomes.

This study calculated the one-year prevalence of nine types of child victimization and found that bullying was the most prevalent (71%), followed by psychological neglect (69%), physical neglect (66%), psychological violence (43%), physical punishment (40%), inter-parental violence (27.8%), community violence (21.7%), physical abuse (21%), and sexual violence (9%). As the number of victimization types increased, children were more likely to report greater health problems, PTSD, psychiatric symptoms, suicide ideation, self-harm behaviors, and other violent behaviors. Moreover, gender, neonatal status, parental marital status, and other family risks were significantly associated with elevated incidences of the victimization types.

This study demonstrates the cumulative effects that children’s experience of multiple types of victimization can have on the children’s physical health, mental health, and behavior—effects that present a significant public health concern and urge for early prevention and intervention.
Associations between Neighborhood Factors and Adolescents’ Health and Depressive Symptoms via Sleep in Taiwan and the US: Testing the Gender Differences.

Meng-Jung Lee, Doctoral Student, School of Social Work, UIUC
Yen-Ping Liu, Doctoral Student, Department of Social Work, National Taiwan University
Yu-Wen Chen, Ph.D., Associate Dean, College of Social Science; Chair and Professor, Department of Social Work, National Taiwan University
Janet M Liechty, Ph.D., Associate Professor, School of Social Work, UIUC

The purpose of this bi-national study was to examine relationships among neighborhood (NB) characteristics, self-rated health (SRH) and depressive symptoms among adolescents; and to test if sleep mediated these associations.

Adolescents ages 14-15 were drawn from two nationally representative samples of youth: the Taiwan Youth Project (TYP; n=2,664) and Add Health in the US (AH; n=4,271). Measures of NB included perceived cohesion, social control, satisfaction, and safety; sleep was measured in hours per night, health was self-rated, and depressive symptoms were measured by 16 items in TYP and by a 19-item version of the CES-D in AH. We used OLS regressions to test the hypotheses. Comparisons by country were exploratory. All multivariable models adjusted for background demographics.

In both US and Taiwanese samples, we found that better NB quality predicted higher self-rated health and lower depressive symptoms among adolescents. More hours of sleep also predicted lower depressive symptoms and better self-rated health. Mediation effects of sleep were not significant in either sample. Gender differences were observed only among Taiwanese adolescents: Taiwanese girls --but not boys-- who were less satisfied with their neighborhood suffered more depressive symptoms.

Overall, findings suggest that across two widely divergent cultural contexts, greater neighborhood satisfaction and quality positively impact adolescents’ health and mood in Taiwan and the US; and NB satisfaction appears to be particularly salient for girls and mood in the Taiwan sample. In addition, more hours of sleep contributes to better health and better mood among US and Taiwanese youth during middle adolescence. This study indicates the need for further research and interventions on neighborhood quality and sufficient sleep to improve health and mental health among adolescents in both countries.
The demand for care services is expanding worldwide, driven by global demographic shifts such as the growing aging population. Today, care work is found in various forms from child care, to elder care, to long-term care for people with disabilities and chronic illnesses like HIV and AIDS. Caregiving takes place in both the formal and informal economy, and in both paid and unpaid manners. By and large, it is women who take on care work.

While the care economy has enormous potential for employment generation in the coming years, many existing care needs either go unmet or are addressed through unremunerated means. Thus the question emerges – through what mechanisms can the care economy become an equitable and sustainable labour market, particularly for women and other groups often excluded from the labour market?

Rooted in values of social justice, equity, democracy and decent work for all, cooperatives have emerged as innovative type of care provider, particularly in the absence of public or private options (Borzaga and Santuari, 2004). Looking ahead, cooperatives that provide care appear to be well-positioned to 1) serve as vehicles that generate access to the labour market and 2) be responsive providers of care services not being met by private or public sources. Nevertheless, much about care through cooperatives remains to be understood.

In this paper, we set forth our preliminary findings from our global mapping of the provision of care through cooperatives. Data was gathered through an online survey in English, Spanish, and French, which was disseminated widely to international gender, cooperatives, and care networks. To triangulate this data, interviews were conducted with key informants from those same networks. The aim of our initiative was to assess on a global scale: why and within what contexts cooperatives emerge to provide care, how cooperatives become viable providers of care, and how cooperatives affect the livelihood of care beneficiaries, care workers and the larger community. Taking into account regional and country-specific differences, our findings suggest that cooperatives are a viable “third way” for the provision of care, particularly in the absence of obtainable public and private options. They may also be avenues for improved employment options and empowerment in the labor market, especially for women. However, in order for cooperative enterprises to be sustainable and viable providers of care and employers of care workers, certain resources and institutions, such as supportive legislation, must be in place. We conclude by setting forth recommendations for practice and suggesting directions for practitioner education in both the cooperative sphere and in professional schools, such as schools of social work.
Carichina Women: Popularizing Arts-Based Feminist Education in the Ecuadorian Andes

Rachel Lauren Storm, Doctoral Student, Department of Educational Policy, Organization and Leadership, UIUC

In the wake of the Pink Tide, or political “left turn in Latin America” feminist organizations throughout Ecuador have experienced turbulence, as their organizations are shaped and re-shaped by political changes throughout the region. Latin American and feminist scholars have examined the status of women’s rights and sexual justice—from gender equity to reproductive rights, queer inclusion to anti-violence measures—through identifying the intricate relationship of electoral politics and social movement organizing. Within the project of identifying the intricacies, scholars argue that feminist organizing in Latin America isn’t a monolithic, but a complex navigation of strategic and multifaceted organizing. Scholarship indicates that feminist organizers valuably employ grassroots coalition-building with indigenous, environmental, or labor movements, often drawing upon the arts to further advocacy efforts. Utilizing qualitative unstructured interviews, participant observation, and discourse analysis, this paper illustrates how rural and urban Ecuadorian women’s organizations are movement-building through arts-based workshops and creative outreach on a grassroots level, as well as, policy recommendations for macro-level development practitioners.
Understanding Links Between Food Insecurity, Mental Health, and Psychosocial Factors: A Call for an Interdisciplinary Approach

Elizabeth M. Sloffer, Doctoral Student, Department of Food Science and Human Nutrition. UIUC

Food insecurity continues to be vexing problem in the world with around 800 million people affected each year. We have learned much regarding the intersections of food security and other sociological and psychological factors relating to well-being. However, our understanding remains basic. We have initial evidence that linkages exist between (a) food security and (b) social factors such as gender and ethnicity, and (c) mental health. For instance, we know that food insecurity is known to exacerbate issues of mental health, yet little evidence has been set forth to explain why and how. Much less understood are why and how such relationships exist, and how these factors relationships intersect with issues of race and ethnicity. This is particularly the case in food science literature, which, as is contended in this paper, is due to a disciplinary-specific perspective that may be too narrow to fully capture these relationships.

In this paper, I explore issues of links between food insecurity, mental health, and gender and ethnicity. I argue that an interdisciplinary approach which links food science approaches to understanding food insecurity with a social work perspective helps explain these linkages. In the paper, I raise the following questions: How can the approaches from the two fields be linked to analyze these issues? How might they inform (and contradict) one another? And finally, how might linking social work and food science approaches enable practitioners to design, implement, and evaluate interventions programs that are more capable of addressing these interrelated issues?
Empowering Latino Communities through Volunteerism: A Healthy Family Lifestyle Strategy

Andiara Schwingel, Ph.D., Assistant Professor, Department of Kinesiology and Community Health, UIUC
Angela Wiley, Ph.D., Associate Professor, Department of Human and Community Development, UIUC
Margarita Teran-Garcia, Ph.D., Assistant Professor, Department of Food Science and Human Nutrition, UIUC
Jennifer McCaffrey, Ph.D., Assistant Dean, Family and Consumer Sciences, Office of Extension and Outreach, UIUC

Inadequate nutritional patterns and low levels of physical activity are significant public health challenges for many Latino families, a large and growing US population. To date, few studies have investigated volunteerism as a culturally-grounded strategy to promote healthy lifestyles for Latinos families.

The aim of this study was to provide preliminary information on how Latinas perceive volunteerism, as well as to determine what motivates and what deters their participation in volunteer programs.

Six focus groups were conducted with 36 Latina women living in Illinois. The focus groups covered topics such as the definition of volunteerism, participation motives and barriers, personal volunteer experiences, and Latino culture, community, and organizations. Demographic information was also assessed.

Results from this study indicate that many Latinas are unfamiliar with the traditional concept of volunteerism. However, there is a rich tradition of “helping” throughout the Latino community that may be more reflective of a “Latino culture of volunteering”. For many Latinas, time consuming activities related to work and family appear to be deterrents from participation as volunteers.

The results of our study provide insight into a more fitting notion of “informal volunteerism” that conveys the importance of “helping” as part of Latino culture. Public health efforts seeking to engage Latino volunteers should consider structural changes such that volunteering can be more like “helping,” and perhaps more flexible in time and context.
Harmonizing Messages and Channels to Strengthen the Role of Women in Improving the Nutritional Status of the Rural Poor in Bangladesh

Lulu Rodriguez, Ph.D., Director of Agricultural Communications Program, UIUC
Andrea Bohn, MBA., Associate Director of the Integrating Gender and Nutrition within Agricultural Extension Services (INGENAES), College of Agricultural, Consumer and Environmental Sciences, UIUC

Although food grain production in Bangladesh in recent years has outpaced population growth and has thus helped alleviate the problem of hunger (Jaim, 2002), high rates of malnutrition continue and micronutrient deficiencies remain common. Chronic energy deficiency, protein energy malnutrition, low birth weight, micronutrient deficiency are persistent problems. Although these maladies affect people of all ages, children, women and the female adolescents are mostly affected (WHO, 204).

Over the years, the government has adopted a multi-sectoral strategy to improve the nutritional status of the rural poor. International donors continue to invest in programs to significantly curb stunted growth, especially among pre-school children aged 12-35 months (WHO, 2014). This begins with the provision of improved health services to pregnant and lactating women. More recently, attention is being paid to the linkages between nutrition, agriculture and the role of women to improve agricultural productivity and enhance household nutrition (INGENAES, 2015). Through the USAID-funded Integrating Gender and Nutrition within Agricultural Extension Services (INGENAES) project, faculty at the University of Illinois and the University of California at Davis are conducting research and providing technical assistance on harmonizing nutrition messages that are gender sensitive and transformative across projects and agencies.

This study reports on the preliminary outcomes of harmonizing nutritional messages available from and disseminated through various types of extension service providers in Bangladesh. Specifically, it (1) offers insights on the role of the government as a clearing house for nutrition messages; (2) identifies core materials on nutrition that can be adapted as necessary with minimum standards; (3) pinpoints mechanisms for disseminating and adapting common core nutrition materials and messages for local use; (4) determines channels for distributing nutrition content while facilitating links among potential partners; and (5) discerns what kind of nutrition messaging is more appropriate for men in their household roles.
The Link between Agriculture and Nutrition in Rural Households: The Case of the Purchase for Progress Program in Guatemala

Juan E. Andrade, Ph.D., Assistant Professor, Department of Food Science and Human Nutrition, UIUC

Approximately 795 million people worldwide are undernourished or chronically food insecure. The cost of the resulting incapacities and deaths due to food insecurity and poor diets represent 5% of the Gross National Product in developing countries, in which women and children are the most vulnerable groups. The Purchase for Progress (P4P) program is a World Food Program pilot initiative, which provides access to food markets and promotes agricultural productivity to over a million low-income smallholder farmers in 20 countries. P4P combines purposive market development strategies with investments in capacity building to sustainably increase and attain food security and improved livelihoods.

In this study, data were gathered from P4P beneficiaries (n=372) and quasi-controls (n=101), specifically on household food security (FSS), household dietary diversity (HDDS), education level (EL), number of children (NC), and household quality (HQS). Most Significant Change methodology was used to characterize participants' experiences through interviews (P4P n=46; control n=11). P4P participants were more food secure (FSS=7.4±4.4, 9.2±3.1; p<0.01) and presented higher diversity of diets (HDDS=8.9±1.8, 7.0±1.8; p<0.01) than controls. Among P4P participants, FSS was associated with EL (r=0.23, p<0.05); and HDDS with EL (r=0.23, p<0.05) and NC (r=-0.17). Among controls, FSS was associated (p<0.05) with HDDS (r=0.53), HQS (r=0.61), and NC (r=-0.23).

Technical knowledge, higher crop productivity, improved price, empowerment, and organizational strength were dominant themes among P4P beneficiaries. Improved access to information, inclusion and participation, and organizational capacity are possible determinants of subjects’ empowerment, which results in enhanced production practices and organizational strength. These together with access to agricultural inputs lead to improved yields and income.

As women smallholder farmers are direct targets of this program, it is expected that the investment in development will be more impactful and lasting. The P4P program has a positive effect on food security and dietary diversity, both essential elements of improved livelihoods.
Panel 4: Empowerment through Employment: A Conversation with Pioneering Social Entrepreneur Veronika Scott

**Moderator:** Noah Isserman, Visiting Assistant Professor, School of Social Work and Business Administration; Director, Social Innovation at Illinois

**Friday October 30, 2015**
**4:00-4:50pm**

Empowerment through Employment

Veronika Scott, Founder and CEO, The Empowerment Plan

Brief bio: Veronika is the youngest recipient of the John F Kennedy New Frontier Award from the JFK Library Foundation and Harvard University. She has received an IDEA Gold Award from the Industrial Design Society of America and has an honorary PhD of Humane Letters from Johnson State College. Veronika has been named one of CNN’s Ten Visionary Women in the World and is the winner of the 2014 DVF People’s Voice Award. The Empowerment Plan story has been told across the world and shared at events such as the World Summit on Innovation and Entrepreneurship and the Forbes 400 Philanthropy Summit with Oprah Winfrey, Melinda Gates, and Warren Buffett.

Veronika Scott created an organization centered on a single idea: to design a coat specifically for the homeless. The self-heated and waterproof coat folds into a backpack for storage of personal items and transforms into a sleeping bag to be used at night. Veronika’s idea has developed into a system of empowerment in which homeless women are taught the skills necessary to make these coats, giving them an opportunity to earn money, find a place to live, and gain back their independence and dignity, not only for themselves but for their families.

Note: This panel and informal networking will be held at the Krannert Center
Panel 5: Demographic, Psychosocial, Economic Dimensions to Women’s Health Services

Moderator: Benjamin Lough, Assistant Professor, School of Social Work, UIUC

Saturday October 31, 2015
9:30-11:30am

Changing Demographics: Aging Women and the Sustainable Development Goals

Noreen M. Sugrue, Women and Gender in Global Perspectives, UIUC
Lenore Matthew, Doctoral Student, School of Social Work, UIUC

The Sustainable Development Goals (SDGs) related to women, especially number 3, articulate that the focus should be women of all ages. However, the targets and discussions surrounding each of the goals call into question the commitment to women of all ages.

There is no debating that maternal and child health (MCH) must be ‘front and center’ on the SDG agenda; however, it also is imperative to understand and address the global phenomenon of shifting demographics, especially for women, and its relationship to the SDGs.

In this paper it is argued that the SDGs generally and their targets specifically ought to be recalibrated in terms of the following points:

1. Mental health, primary care, nutrition, health care labor, financing of health care, and access to health care for women outside of the obstetric and gynecologic arenas.
   a. Non-reproductive related health issues, especially those that are correlated with aging; these must be attended to in specific detail and not subsumed under non-communicable diseases (NCDs).

2. The emergence of the ‘sandwich generation’ in middle income and developing countries.
   a. The manner in which this phenomenon is addressed will have a significant impact on health systems, health care labor, the financing of health care, and health education as well as the roles and opportunities afforded women in both the educational and occupational spheres.

For purposes of this paper we offer an analysis of the changing demographics, the need for readjusting the SDGs, and the implications all of this has for policy and practice.
Female Global Caregivers and its Well-being in Host Country: A Social Inclusion Perspective

Lillian Lih-Rong Wang, Ph.D., Professor, Department of Social Work, National Taiwan University

This paper focuses on measuring well-being of female migrant caregivers who primarily provide care-giving at home. The assumption is that “social inclusion” can be the strong intervention element affecting well-being of female migrant worker, most of time staying at “home” in daily life.

The measurement of social inclusion includes 9 indicators such as social participation, community activity involvement, education participation, employers’ family-leisure activity….. After 200 cases collected in Taiwan, some significant social inclusion indicators have shown their statistical significance in influencing migrant domestic workers’ life, and its strong implication for the families who hire migrant domestic workers and for the policy-makers from human right perspective will be addressed.

The logistic regression analysis has been employed. It tends to be that the higher social inclusion scores, the better of wellbeing. In general, it turns out that the less work and (personal) life conflict, the better wellbeing. The significant factors tend to be income, the length of staying, and less conflict of work and personal life conflict, and higher social inclusion through social participation.

What are the policies for migrant workers’ quality of life can be improved? From human right perspective, what should we address for global migrant workers?
How the Female Mental Health Clinicians View Involuntary Treatment Orders: A National Taiwan Survey

Hui-Ching Wu, Associate Professor, Department of Social Work, National Taiwan University
Huang-Chih Chou, Graduate Institute of Health Care, Meiho University/Kaohsiung Municipal KaiSyuan Psychiatric Hospital, Kaohsiung, Taiwan

To investigate female mental health clinicians views and experience in Taiwan regarding involuntary treatment orders (ITOs), indications for their use, their benefits, problems and impact on people with severe mental illness (PSMI) and therapeutic relationships.

This cross-sectional study used a non-probability, purposive sampling technique to recruit participants from a National Psychiatric Disease Mandatory Assessment and Community Care Review Committee from Feb. to May, 2015. A total of 112 participants filled out a self-report questionnaire in Traditional Chinese version. The collected data was employed to compare the views and experience of involuntary treatments orders of mental health clinicians in Taiwan, New Zealand, England and Wales.

The great majority of female mental health clinicians prefer to work with ITOs as an option. They consider ITOs are used properly in most PSMI, can provide authority for treatment, reduce substance abuse, ensure continuing contact with mental health professionals, ensure rapid identification of relapse, enhance priority for care and produce a period of stability. The participants consider ITOs can be helpful for therapeutic relationship when used appropriately. ITOs overall benefits outweighed the coercive impact. However, other mental health clinicians surveyed in Taiwan and other countries have the different views.

The respondents believed that ITOs were more likely to have been introduced as a response to reduce pressure on acute psychiatric beds and public pressure, yet despite this the majority were in favor of the new system. Our results suggest that clinicians are deciding on the use of ITOs largely on clinical ground, both in terms of staring and ending orders. However, it is clear that opinions regarding the use of ITOs vary and this seems to be reflected in practice. The multidisciplinary input in decision-making is essential.
Employment Hardships and Unmet Health Care Needs among Single Mothers: Lack of Health Insurance as a Mediator

Chi-Fang Wu, Ph.D., Associate Professor, School of Social Work, UIUC
Mary Keegan Eamon, Ph.D., Emeritus Associate Professor, School of Social Work, UIUC
Ming-Sheng Wang, Ph.D., Assistant Professor, Department of Social Work, National Taipei University

Although previous research demonstrates that single mothers are at high risks of experiencing unemployment and lacking health insurance, no studies were conducted on national samples of single mothers, measured lack of health care over an extended period, and determined whether lacking health insurance explains or mediates the relationships between employment problems and these health-related unmet needs. This study used a national sample of single mothers to examine relationships among comprehensive measures of employment problems, the number of months without health care coverage, and unmet medical or dental needs during and after the Great Recession. The study then goes one step further by determining whether lacking health insurance explains or mediates the relationships between employment problems and these health-related unmet needs.

The 2008 panel of the national Survey of Income and Program Participation (SIPP) was used in this study. The sample included single mothers who were household heads with at least one related child under the age of 18, and completed interviews in all waves 1-6 (N=451). Weighted multivariate regression models were used to examine associations among employment hardships, lack of health insurance, and unmet medical or dental needs. Moreover, Baron and Kenny’s four criteria were used to test the hypothesis that lack of health insurance mediated relationships between employment problems and single mothers’ unmet medical or dental needs.

The findings indicate that approximately 19% of the single mothers reported having an unmet medical or dental need, and they went without health insurance for an average of 6.52 months over the 24-month period. The study determined positive relationships between employment problems and unmet medical or dental needs, employment problems and lacking health insurance, and lacking health insurance and unmet medical or dental needs. Most importantly, lack of health care coverage significantly reduced the relations between unemployment (by 26%) and underemployment (by 56%) and unmet medical or dental needs. The results indicate that lack of health insurance at least partially mediates the effects of employment problems on single mothers experiencing an unmet medical or dental need. These findings have implications for single mothers’ medical and dental care access in the context of the recent health care reforms in USA.
Panel 6: Vulnerable Youth and Children

Moderator: Janet Carter-Black, Clinical Associate Professor, School of Social Work, UIUC

Saturday October 31, 2015
1:00-3:00pm

The Traumatized Family Experiences and Mental Health Problems among Sexually Exploited Girls in Taiwan

Yu-Wen Chen, Ph.D., Associate Dean, College of Social Science; Chair and Professor, Department of Social Work, National Taiwan University

In some cultures, the use of the term ‘prostitute’ conjures up an image of a ‘bad girl’. This is often the case in Taiwan. People don’t perceive these girls as disadvantaged minors who are exploited by adults, especially men. Some western research found that many of these girls are victims of child abuse or neglect, such abusive relationships have forced them to run away from home, and they then enter prostitution for economic survival. In order to help these girls, we need to see the issue of prostitution in terms of sexual exploitation, identify early warning signs, and try to understand the real lives of these girls.

Based on the aforementioned rationale, this study examined the traumatized family experiences and mental health problems of these girls. Both quantitative and qualitative research designs were used. Using the purposive sampling method, 335 girls placed in the residential care system for their sex trading behavior filled out anonymous questionnaires. Most were between ages 15 to 17 (69.6%). Only 26.9% were from two-parent families. Many suffered from different kinds of traumatized experiences, including physical abused by family members (43.4%), sexual abuse by family members (4.5%) or others (24.4%). More than half have used drug or alcohol (73.7%), and have self-mutilated (74.9%). More than half (55.8%) had suicidal ideation, and among them, 63.6% had the idea more than once. In addition to quantitative data, 9 girls were interviewed; their stories also indicated that they were victims of dysfunctional families. Most suffered from strong sense of guilt and low self-esteem. Using drugs or alcohol was just their ways to cope with life stress.

Findings of this study suggest that these girls should be perceived as victims who are in great need of adequate services to help them deal with their traumatized experiences.

Judy Havlicek, Ph.D., Assistant Professor, School of Social Work, UIUC
Saijun Zhang, Ph.D., Research Specialist, Children and Family Research Center, School of Social Work, UIUC
Seth Boughton, Doctoral Student, School of Social Work, UIUC

On September 29, 2014, the Preventing Sexual Trafficking and Strengthening Families Act (P.L. 113-183) was signed into law. This law requires that child welfare agencies develop policies and procedures to identify, document and determine appropriate services for victims of human trafficking in and out of foster care. It also adds a requirement for child welfare agencies to develop procedures to locate children missing from foster care and determine whether the child is a victim of sexual trafficking. The study we present uses de-identified administrative data from the Illinois Department of Children and Family Services (DCFS) to describe the prevalence and characteristics of children who have been referred to child protective services for allegations of human trafficking of a child from FY 2011 to 2014. Illinois added allegations of Human Trafficking of Children to the state allegation system in 2011, thereby providing a unique opportunity to describe cases that come to the attention of child protective services in Illinois for human trafficking of a child. In spite of new changes in federal policy, almost nothing is known about the prevalence or characteristics of children with allegations involving human trafficking. This study sets out to provide basic descriptive information to guide future policy, practice, and research.

This study uses administrative data from the Illinois Department of Children and Family Services (IDCFS). Specifically, this study relies on data from the Child Abuse and Neglect Tracking System (CANTS) for child abuse and neglect investigations and the Child and Youth Centered Information Systems (CYCIS) for child welfare services. The study population includes all children with an allegation of abuse or neglect in FY 2012 to FY 2014. First, descriptive statistics are used to report the percentage of human trafficking allegations among all allegations investigated between FY 2012 to FY 2014 (N=409,473). Next, descriptive statistics are used to describe cases with a human trafficking allegation among all cases investigated for maltreatment in FY 2012 to FY 2014 (N=227,709). Finally, we describe the case characteristics of children with an allegation of human trafficking (n=309).

Between FY 2012 and FY 2014, there were 409,473 allegations of maltreatment investigated. Neglect represents 38% of all allegations, followed by Risk of Harm (32%) and Physical Abuse (23%). There were 335 allegations of human trafficking during this time, which represents a very small fraction of all allegations of maltreatment. Among the 227,709 children who came to the attention of child protective services in FY 2012 to 2014, equal percentages of children had an allegation of neglect (48%) and/or risk of harm (48%), whereas just over one third of children had an allegation of physical abuse (34%) and 10% had an allegation of sexual abuse. There were 309 children with an allegation of human trafficking (0.1%). Of these 309 children, the overwhelming majority were female (268; 92%) and 12 years or older (255; 90%). One third of these children entered out of home care (34%; 104).

Allegations of human trafficking are relatively rare when compared to allegations of other types of maltreatment.
Protective Factors for Gender and Sexual Minority Youth in Home Schools

Sarah Okrey-Anderson, BSW, School of Social Work, UIUC
Benjamin Lough, Ph.D., Assistant Professor, School of Social Work, UIUC

This study examines family attitudes toward gender and sexual minority (GSM) people, educational supplementation, internet access, and non-sibling friendships during childhood and adolescence as predictors of mental health problems, suicidality, self-harm, and substance abuse in a sample of homeschooled GSM young adults. Minority stress theory predicts that factors such as coping or social support can have a protective effect on the relationship between minority stress and mental health outcomes.

The data used for this study was taken from the 2014 Survey of Adult Alumni of the Modern Christian Homeschool Movement with 3703 homeschooled alumni aged 18 and older who had been homeschooled for at least 7 years. The subsample used in the analysis includes 578 homeschool alumni who identify as LGBT. A set of five binomial regressions were used to examine the relationships between five mental health outcomes (mental illness, suicidal thoughts, suicide attempts, substance abuse, and self-harm) and select independent variables.

Across the five mental health outcomes, a number of variables acted as protective factors for homeschooled GSM youth, including a positive family attitude towards GSM people, the presence of non-sibling friends, and access to the Internet. In addition, having more than one kind of schooling (i.e. full or part time attendance at a public or private K-12 school) was negatively associated with better mental health outcomes including, reported mental illness, attempted suicide, and substance abuse. As an understudied area, these findings have important practice and research implications for homeschooled youth, and for the subpopulation of GSM young people that are educated at home.
Gendered Racial Microaggressions towards Female Asian American College Students at a Midwest University

Shinwoo Choi, Doctoral Student, School of Social Work, UIUC

Despite of a high proportion of Asian Americans in higher education settings and in the U.S. society, scholars have noticed that they are being excluded from public discourse on race and racism (Delucchi & Do, 1996; Young & Takeuchi, 1998). In addition, there could be some gender specific racial microaggressions for Asian women. According to literature, being racial minority and being women poses double jeopardy for racial minority women for more negative experiences (Bardahl & Moore, 2006). Hence, female Asian American college students’ experiences of gendered racial microaggressions in higher education settings in general are worthwhile to be explored.

A focus group was conducted on 12 female Asian American undergraduate students in a predominantly white university setting in Midwest. It was a convenience sample and the students were recruited from word of mouth. Two research assistants facilitated an hour long focus group and the participants were compensated. Conversations were transcribed and were analyzed based on a grounded theory method.

A total of five themes emerged and four of them were related to Asian American in general. They were seen as “submissive, obedient, not vocal, and socially awkward” individuals. Furthermore, there were gender specific themes which were “Exoticization of Asian women” and “Hypersexual Asian women.” Female Asian students in the study reported how they often encounter derogatory phrases in different parts of the campus which are basically sexual verbal harassments. The comments are made to sexually objectify the Asian American women which are double racial microaggressions. Participants reported how the generalization of Asian characteristics is frustrating and stressful to them.

Female Asian American college students’ experiences of racial microaggressions in a university setting were consistent with the previous findings. They were being sexually objectified and effects of it on their well-being—mental health, health, academic achievement, and overall well-being—should be examined in the future studies.
Panel 7: Contraception and Maternal Health

Moderator: Brenda Lindsey, BSW Program Director and Clinical Associate Professor, School of Social Work, UIUC

Saturday October 31, 2015
3:15-5:00pm

Global Inequalities in Access to Modern Contraception

Mary Paula Arends-Kuenning, Ph.D., Associate Professor, Department of Agricultural and Consumer Economics, UIUC

One of the targets under Millenium Development Goal 5 is to achieve universal access to reproductive health. Family planning received renewed policy attention in 2012, when the Gates Foundation and the UK department for International Development organized the London Summit on Family Planning. The Summit resulted in new commitments by governments to increase family planning access and by donors to provide $2.6 billion in funding. As of 2013, unmet need remains at 30 percent or above in over 30 developing countries. Unmet need is defined as the percentage of fecund women of reproductive age who want no more children or to postpone having the next child, but are not using a modern contraceptive method (Family Planning 2020 2015). Sub Saharan Africa is the region with the highest level of unmet need, but the countries with above 30 percent unmet need include Nepal, the Philippines, Haiti, and Bolivia.

Inequality of access to modern contraceptives differs within countries as well as across countries. Quality family planning programs provide a wide choice of methods to women so that women can find methods that meet their risk preferences and medical needs. Method choice differs within countries according to socioeconomic status. For example, in Bangladesh, women from richer backgrounds are more likely to use the pill and less likely to use female sterilization, compared to poor women.

I will explore the recent literature on family planning method access, examining differences in unmet need and method choices across countries. I will use data from the Family Planning 2020 initiative, which collects frequent surveys about contraceptive use in 70 target countries. In addition, I will use data from the Demographic and Health Surveys to investigate differences in contraceptive method choice within developing countries.
Gender Differences in Determinants of Morale in Long-term Care: The Role of Facility and Resident Characteristics

Shiau-Fang Chao, Ph.D., Assistant Professor, Department of Social Work, National Taiwan University

There has been increasing studies concern the well-being of disabled older residents in long-term care settings. The present study aims to extend previous research by determining gender differences in the associations between facility- and resident-level factors and morale among older residents in institutional care.

Data for this study were collected in 2014 using a stratified random sampling method. A total of 634 adults aged 60 years or older from 155 institutions served as the sample of this study. Because the multilevel nature of the data, random effects modeling was used to assess the degree to which facility and resident characteristics were associated with males’ and females’ morale.

Findings from the study revealed that resident-level characteristics were more reliable correlates of morale than facility-level characteristics for both males and females. Among facility characteristics, institution type, with public kitchens, and birthday party frequency were associated with males’ morale. With electronic message chairs, with chairs and gardens outdoor, with full time social workers, and group exercise frequency were related to females’ morale. Among resident characteristics, perceived relationship with staff and other residents and perceived outdoor comfort level were related to both males’ and females’ morale. Additionally, engagement in recreation and leisure activities within institution was more beneficial to males’ morale while participation in interpersonal interaction activities yielded a greater association with females’ morale than other activities.

This study provides empirical support for gender differences in environmental and residential factors that may be associated with the morale of long-term care residents. Administrators, social workers, and direct care staff need to recognize the experiences and needs of their residents can differ by gender. The environment and service delivery of institutional care should also become more gender sensitive in order to boost the morale of the residents.
Differences in Weight Gain during Pregnancy by Nativity Status and Associated Factors

Karen Tabb Dina, Ph.D., Assistant Professor, School of Social Work, UIUC
Tumani Malinga, Doctoral Student, School of Social Work, UIUC

Researchers have studied the “Healthy Immigrant Effect” where foreign-born individuals in a given country often display better health than their local-born counterparts. Research in this area has abundantly observed the effects of this phenomenon on birth outcomes. In most cases, women present with obesity and other health complications. In this study, we explore differences in weight gain during pregnancy and birth outcomes by nativity.

A systematic review was conducted using PRISMA guidelines. Four databases, PubMed, CINAHL, PsycInfo, and Social Work abstracts, were consulted using different search terms. A total of 7771 articles were found and 150 articles remained after conducting title search. Out of the 150 articles, an abstract search was conducted and identified 12 articles that were included in the literature review.

Of 12 studies identified, several risks for adverse birth outcomes related to maternal nativity were identified. Examples of risks included longer gestational periods and heavier infants for foreign-born women compared to low birth weight for US-born women.

The review found that nativity was related to risk of birth outcome. Examining the role of nativity in future studies might lead to better explanations of health disparities and the within group heterogeneity among minority MCH populations.
Revising the Current State of Universal Perinatal Depression Screenings

Maria Fernanda Pineros Leano, Doctoral Student, School of Social Work, UIUC

Perinatal depression is a global public health issue affecting between 10 and 30% of pregnant women of all social classes and ethnicities. Moreover, it has been found that perinatal depression is more prevalent among low-income and minority women (20 to 30%) when compared to middle-class women (10 to 15%). The high prevalence of perinatal depression is alarming, keeping in mind that it brings detrimental consequences not only to the mother but also to the child who can be affected psychologically and physically. Given the clear need for early detection of depressive symptoms, some states have implemented a universal perinatal screening mandate as well as referral and treatment services for mothers.

This study identified different empirical evaluation studies that have been conducted to determine the effectiveness of mandated depression screenings during the perinatal period. After reviewing the literature, it became evident that in order for screening mandates to be effective, providers need to comply with their implementation, training for healthcare providers needs to occur, and referral options need to be readily available. Implications for social work, research, and policy are discussed.