

Articles are ordered alphabetically by title

Article 1:

A Tool for Exploring the Dynamics of Innovative Interventions for Public Health: The Critical Event Card

Abstract

Objectives: Public health interventions are increasingly represented as complex systems. Research tools for capturing the dynamic of interventions processes, however, are practically non-existent. This paper describes the development and proof of concept process of an analytical tool, the Critical Event Card (CEC), which supports the representation and analysis of complex interventions' evolution, based on critical events.

Methods: Drawing on the Actor-Network Theory (ANT), we developed and field-tested the tool using three innovative health interventions in northeastern Brazil. Interventions were aimed to promote health equity through inter-sectoral approaches; were engaged in participatory evaluation and linked to professional training programs. The CEC developing involve practitioners and researchers from projects. Proof of concept was based on document analysis, face-to-face interviews and focus groups.

Results: Analytical categories from CEC allow identifying and describing critical events as milestones in the evolution of complex interventions. Categories are: a) event description; b) actants (human and non-human) involved; c) interactions between actants; d) mediations performed; e) actions performed; f) inscriptions produced; and g) consequences for interventions.

Conclusion: The CEC provides a tool to analyze and represent inter-sectoral interventions' complex and dynamic evolution.

Keywords: Health promotion; Innovative interventions; Critical event; Actor network theory

Article 2:

Informal Employment, Unpaid Care Work, and Health Status in Spanish-Speaking Central American Countries: A Gender-Based Approach

Abstract

Objective: To assess the relationship between paid work, family characteristics and health status in Central American workers; and to examine whether patterns of association differ by gender and informal or formal employment.

Methods: Cross-sectional study of 8,680 non-agricultural workers, based on the First Central American Survey of Working Conditions and Health (2011). Main explicative variables were paid working hours, marital status, caring for children, and caring for people with functional diversity or ill. Using Poisson regression models, adjusted prevalence ratios of poor self-perceived and mental health were calculated by sex and social security coverage (proxy of informal employment).

Results: A clear pattern of association was observed for women in informal employment who were previously married, had care responsibilities, long working hours, or part-time work for both self-perceived and mental health. No other patterns were found.

Conclusion: Our results show health inequalities related to unpaid care work and paid work that depend on the interaction between gender and informal employment. To reduce these inequalities suitable policies should consider both the labor (increasing social security coverage) and domestic spheres (co-responsibility of care).

Keywords: Informal employment; Gender; Family characteristics; Care; Social factors; Central America

Article 3:

The Hidden Costs of Informal Work: Lack of Social Protection and Subjective Well-being in Colombia

Abstract

Objectives: To examine the association between informal work and subjective well-being in Colombia.

Methods: Repeated cross-sectional study based on data from three nationally representative surveys of 1997, 2005 and 2011 (n=4,485). Life satisfaction was measured with a Likert scale ranging from 1 to 10 points. Informal work was defined as paid work without pension/unemployment contributions. Individual-level pooled Generalized Estimating Equation (GEE) models were used to assess the association between informal work and life satisfaction. Propensity Score Matching (PSM) was applied to address potential selection into informal work.

Results: Informal work increased from 52% in 1997 to 68% in 2011. Informal workers averaged significantly lower life satisfaction than formal (GEE: $b=-0.14$, 95%CI -0.26, -0.01, $p < 0.05$). These results were confirmed in PSM models that controlled for selection by measured confounders (PSM: $b=-0.15$, 95%CI -0.23, -0.03, $p < 0.05$).

Conclusions: Informal workers who are not covered by social security systems had lower subjective well-being than workers in the formal economy. Results suggest that recent increases in informal work may also translate into reduced subjective well-being.

Keywords: Informal work; Social protection; Life satisfaction; Colombia; Subjective well-being

Article 4:

The Impact of Unemployment Cycles on Infant and Maternal Health in Argentina

Abstract

Objectives: We examine the effects of economic cycles in Argentina on infant and maternal health between 1994 and 2006, a period that spans the major economic crisis in 1999-2002.

Methods: We evaluate the effects of province-level unemployment rates on several infant health outcomes including birth weight, gestational age, fetal growth rate, and hospital discharge status after birth in a sample of 15,000 infants born in 13 provinces. Maternal health and healthcare outcomes include acute and chronic illnesses, infectious diseases, and use of prenatal visits and technology. Regression models control for hospital and year fixed effects and province-specific time trends.

Results: Unemployment rise reduces fetal growth rate particularly among high educated parents. Also, maternal poverty-related infectious diseases increase, although reporting of acute illnesses declines (an effect more pronounced among low educated parents). There is also some evidence for reduced access to prenatal care and technology among less educated parents with higher unemployment.

Conclusions: Unemployment rise in Argentina has adversely affected certain infant and maternal health outcomes, but several measures show no evidence of significant change.

Keywords: Economic depression; Recession; Business cycles; Unemployment; Maternal health; Infant health; Fetal growth; Birth weight, Gestational age; Prenatal care
