

# FIP STATEMENT OF POLICY

## Pharmacists supporting women and responsible use of medicines – Empowering informal carers

### Background:

In 2016, the world transitioned from a focus on the United Nations Millennium Development Goals (MDGs) to a renewed focus on international equity through the cross-sectional application of 17 Sustainable Development Goals (SDGs).<sup>1</sup> The SDGs seek to change the course of the 21st century, addressing key challenges such as gender inequality and need for empowerment of women and girls. Achieving gender equality and women's empowerment is a stand-alone goal — Goal 5 — of the SDGs. It is also part of all the other goals, with many targets specifically recognising women's equality and empowerment as both an objective and as part of the solution.<sup>2</sup> Goal 5 recognises that in the labour market, women worldwide make 77 cents for every dollar earned by men.<sup>3</sup> At the same time, they carry out three times as much unpaid household and care work as men — from cooking and cleaning, to fetching water and firewood, and / or caring for children and the elderly.<sup>4</sup>

As mothers, women are the primary carers of their children's needs, including their health. And with an ageing population, women are increasingly volunteering to care for their elderly family members. Worldwide, nearly 70-80% of the impaired elderly are cared for at home by their family members, and varying estimates across different countries indicate that 57-81% of all carers of the elderly are women.<sup>5</sup> In healthcare, women are the non-professional carers closest to healthcare professionals and assume responsibilities for health in the household. They are more

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<sup>1</sup> United Nations. The Millennium Development Goals Report 2015. New York: United Nations, 2015. Available at: <https://bit.ly/1gixlO3> and United Nations. Sustainable Development Goals 2016. New York: United Nations, 2015. Available at: <https://bit.ly/1Kikn0B>

<sup>2</sup> United Nations Women. SDG 5: Achieve gender equality and empower all women and girls. New York: United Nations, 2017. Available at: <https://bit.ly/2lpzESq>

<sup>3</sup> United Nations. Women's economic empowerment in the changing world of work: Report of the Secretary-General. New York: United Nations, 2016. Available at: <https://bit.ly/2KplaHj>

<sup>4</sup> United Nations. Progress towards the Sustainable Development Goals. New York: United Nations, 2017. Available at: <http://undocs.org/E/2017/66>

<sup>5</sup> Sharma N, Chakrabarti S, Grover S. Gender differences in caregiving among family-carers of people with mental illnesses. World Journal of Psychiatry 2016;6(1):7–17. Available at: <https://ncbi.nlm.nih.gov/pmc/articles/PMC4804270>



likely to proactively seek help about health or medicines,<sup>6,7</sup> particularly for a family member, irrespective of the medical topic.<sup>6,8</sup> It is therefore not surprising that women, as carers, are more often than not, the ones who visit pharmacies or seek medicines information from a wide range of sources including primary healthcare professionals, medicines call centres and the Internet.<sup>9</sup> In addition, there is evidence showing that caregiving can have negative health effects on carers. It can take physical, emotional and financial tolls on women, especially if they remain unsupported.<sup>10</sup> Seeking information and reassurance from accessible sources is an important coping mechanism for women to deal with the uncertainty or anxiety associated with a family illness.<sup>11</sup>

Health systems currently rely heavily on women as informal carers, but they do not provide adequate support for them. Furthermore, women may have different needs in accessing information, given the barriers they face in education in many regions of the world as compared to men, thus creating further inequalities. Understanding how pharmacists can support women in their role as informal carers can facilitate achieving the ambitious United Nations Sustainable Development Goals of gender equality and sustainable development by 2030 and help reduce potential health-related inequalities to a minimum.

Pharmacists are often ranked as the most trusted and accessible healthcare professionals. In addition, the pharmacy profession comprises both men and women, with the latter being predominant in many countries.<sup>12</sup> This often allows patients and carers to choose who they would like to interact with, potentially choosing a female pharmacist if they feel more comfortable talking about issues such as reproduction or breastfeeding with a female counterpart. The pharmacist's relationship with female carers is key to the value women place on the pharmacy as a community resource. This provides an opportunity for public health initiatives to be delivered in pharmacies.

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<sup>6</sup> Renahy E, Parizot I, Chauvin P. Determinants of the frequency of online health information seeking: Results of a web-based survey conducted in France in 2007. *Inform. Health Soc. Care* 2010; 35: 25–39

<sup>7</sup> Percheski C, Hargittai E. Health information-seeking in the digital age. *J. Am. Coll. Health* 2011; 59: 379–86

<sup>8</sup> Warner D, Procaccino JD. Women seeking health information: Distinguishing the web user. *J Health Commun.* 2007;12:787-814.

<sup>9</sup> Pache DM, Hollingworth SA, van Driel ML, McGuire TM. Does consumer medicines interest reflect medicines use? A comparative quantitative analysis of medicines call centre queries with medicines use in Australia. *Res Social Adm Pharm* 2019; 14(4): 440-7. Available from: [doi.org/10.1016/j.sapharm.2018.06.012](https://doi.org/10.1016/j.sapharm.2018.06.012)

<sup>10</sup> Swinkels J, Tilburg TV, Verbakel E, Broese van Groenou M. Explaining the gender gap in the caregiving burden of partner carers. *J Gerontol B Psychol Sci Soc Sci.* 2019 10;74(2):309-317. doi: 10.1093/geronb/gbx036

<sup>11</sup> Brashers DE., Goldsmith DJ, Hsieh E. Information seeking and avoiding in health contexts. *Hum Commun Res* 2002;28: 258–71

<sup>12</sup> Janzen D, Fitzpatrick K, Jensen K, Suveges L. Women in pharmacy: A preliminary study of the attitudes and beliefs of pharmacy students. *Can Pharm J (Ott).* 2013 Mar;146(2):109-16. doi: 10.1177/1715163513481323



Specific examples of activities and initiatives relevant in the context of this statement can be found in the 2018 FIP Reference Paper 'Pharmacists supporting women and responsible use of medicines.'<sup>13</sup>

### **AGAINST THIS BACKGROUND, FIP RECOMMENDS THAT:**

#### **Governments:**

1. Initiate and support national and local policies and practices that sustainably aid family carers and address systemic socio-economic barriers to improved informal care, such as income, educational and geographical disparities;
2. Demonstrate the political will to compensate informal care by taking measures that enable carers to be financially independent and participate in activities outside the home;
3. Recognize that gender differences in economic status, health literacy and purchasing power affect the health-seeking behaviour and health outcomes of both men and women;
4. Equalise the value of productive activities and reproductive activities, thus supporting birth and demographic sustainability;
5. Identify the need to support different strategies that cover the wide range of literacy needs for women and girls, and implement them accordingly;
6. Engage pharmacists meaningfully by employing their full potential and promoting their medicines expertise as a pivotal service in supporting women as informal carers;
7. Support pharmacists' activities through appropriate remuneration models that consider societal values and potential savings;
8. Eliminate legal and regulatory barriers that impede the pharmacist's role in empowering women carers;
9. Deliver on their main responsibility to develop and implement effective policies to combat childhood illiteracy, particularly among girls, with active and inclusive policies for children's education;
10. Improve health outcomes by ensuring a stable financial commitment for training and empowerment projects targeting (informal) women carers and new women-centred services delivered in collaboration with health care professionals' and pharmacists' associations.

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#### **Pharmacy organisations:**

1. Encourage and support, at national and local levels, the development and evaluation of services that aim to empower women in their role as informal carers;
2. Support pharmacists to provide information on care options, as well as logistical and financial details pertaining to healthcare, in a

<sup>13</sup> International Pharmaceutical Federation. Pharmacists supporting women and responsible use of medicines. The Hague: FIP, 2018. Available at: <https://www.fip.org/files/fip/publications>



- way that empowers women to make the best decisions for their family and those whom they are responsible for;
3. Communicate and collaborate with carers and other healthcare professionals on the continuity of pharmaceutical care in the transition between acute care and home settings;
  4. Promote awareness of medication-related and transition of care guidelines to their members, to enable a coordinate global and evidence-based approach to be appropriately implemented in the professional environment in which they work;
  5. Advocate to governments to improve health outcomes by ensuring a stable financial commitment for training and empowerment projects targeting (informal) women carers and new women-centred services delivered in collaboration with health care professionals' and pharmacists' associations;
  6. Initiate and conduct projects related to women and their empowerment as informal carers;
  7. Develop a standardised screening form or tool for pharmacists to implement as they seek to meet and anticipate the needs of women in their community;
  8. Support joining national or international health research projects targeting (informal) carers or the ageing population;
  9. Support academic activities that educate pharmacists to enhance their role to empower women and informal carers in health matters and the responsible use of medicines and the safe transition of care;
  10. Consider the allocation of scientific or special research funds to projects that produce a positive impact on society and the improvement of women's social status;
  11. Develop structured and easily understandable information and materials to help women in their health caregiving activities / roles.

**Pharmacists:**

1. Encourage the education of girls to subsequently foster the leadership of women;
2. Encourage women in leadership roles;
3. Support care provided by informal carers for children and the elderly, or people living with physical disabilities or mental illness;
4. Explore new strategies and deliver services that empower informal carers in their role;
5. Communicate and collaborate with carers and other healthcare professionals on the continuity of pharmaceutical care in transitions of care;
6. Support women to provide caregiving at home;
7. Collaborate and act complementary with pharmacy organisations, other healthcare professionals and governments to create and implement educational policies, particularly related to the responsible use of medicines;
8. Support governments in creating and implementing different strategies for women and girls with a wide range of literacy needs;



9. Support women carers by engaging in and delivering healthcare training, campaigns and medicines information services from an empowerment perspective;
10. Develop services focused on women carer's health, to offset the potential negative effects of their role;
11. In the context of gender-related ethical or reproductive health issues, put the perspective and interest of patients first;
12. Offer an emotionally supportive environment in their practice.

**AGAINST THIS BACKGROUND, FIP COMMITS TO:**

1. Provide leadership for the empowerment of women throughout the world, by keeping the topic of the responsible use of medicines through women high in the political agenda;
2. Encourage women in leadership roles;
3. Support pharmacists to reach their full potential in empowering women informal carers;
4. Promote cooperation among professional and patient / consumer organisations in the development of services targeting women's empowerment and empowerment of informal carers;
5. Seek alliances with other organisations to create statements, policies, campaigns and joint actions to facilitate the role of women carers to improve the responsible use of medicines;
6. Promote and engage in best practice sharing on related topics at the global level;
7. Utilise recognition of FIP Member Organisations as a means to promote the development of new pharmacy services that empower women and informal carers in improving health matters and the responsible use of medicines;
8. In the context of gender related ethical issues, promote the view that the perspective and interest of patients should always come first, free from discrimination against gender identity.
9. Promote best practice and visibility of local pharmacist champions, Member Organization champions and related projects around empowering women and informal carers in improving health matters and the responsible use of medicines.

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This Statement can be quoted by stating: : Pharmacists supporting women and responsible use of medicines – Empowering informal carers

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