

# Gender Dimensions in the Prevention and Control of Neglected Tropical Diseases

Friday, 22 November 2019  
19:15-21:00

Gaylord National Resort and Convention Center  
Room number: National Harbor 11

## Welcome

**Rachael Thomson** | Director, COUNTDOWN consortium

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## Context setting of the papers' key points on gender dimensions of NTDs

**Kim Ozano** | Liverpool School of Tropical Medicine, Liverpool, United Kingdom

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## Opening remarks

**Mandeep Dhaliwal** | Director, HIV, Health and Development Group, UNDP, New York, USA

**John Reeder** | Director, TDR (the Special Programme for Research and Training in Tropical Diseases), Geneva, Switzerland

**Mwelecele Ntuli Malecela** | Director, WHO Department of Neglected Tropical Diseases, Geneva, Switzerland

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## Reflections on the gender dimensions of NTDs in Ghana

**Margaret Gyapong** | Professor, University of Health and Allied Sciences, Ho, Ghana

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## Gender considerations in NTD prevention and control programmes: a perspective from Nepal

**Chandani Kharel** | Manager, Research, HERD International, Kathmandu, Nepal

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## Gender dimensions in health: a public health researcher's perspective

**Sundari Ravindran** | Principal Visiting Fellow, United Nations University International Institute for Global Health, Kuala Lumpur, Malaysia

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## Moderated Q&A with the audience

**Facilitated by Rachael Thomson**



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## The Gender Dimensions of Neglected Tropical Diseases



Liverpool School of Tropical Medicine (LSTM)  
United Nations Development Programme (UNDP)  
Special Programme for Research and Training in Tropical Diseases  
(TDR)

UNDP-led Access and Delivery Partnership



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The COUNTDOWN project is a research programme funded by  
The Research and Evidence Division (RED) of The Department for International Development (DFID)

# Gender and NTDs – Why now?

- SDG goals (education, poverty, water)
- Gender norms, roles and relations shape vulnerability to NTDs and outcomes
- Rapidly changing environmental and political contexts affect NTD experience
- Severe gendered social and economic consequences of NTDs
- Stigma, discrimination and social isolation from NTDs is affected by gender
- Too many data and implementation gaps



**Gender inequality and inequity in relation to NTDs is predominantly socially governed and therefore actionable.**

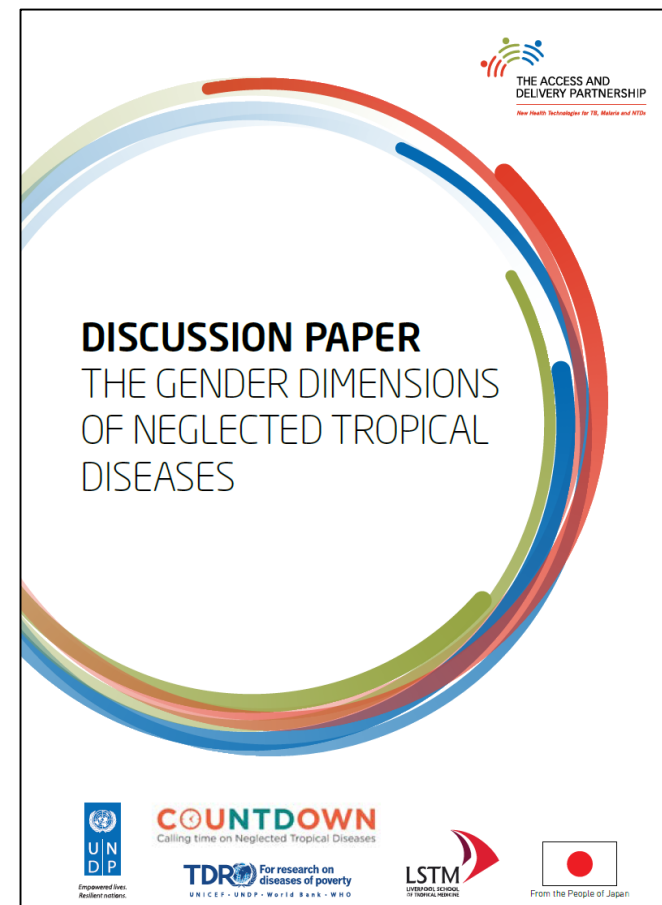
# Discussion paper the gender dimensions of NTDs

## **Section 1:** Impacts of Sex and Gender on NTD Risk and Outcomes

*‘explores how social factors such as poverty, age and stigma intersect with sex and gender to create and exacerbate inequities’*

## **Section 2:** Recommendations for Addressing NTD-Related Gender Inequities

*‘highlight areas in which international, national and local actors can have an impact on reducing the gender inequities caused by NTDs’*



[http://adphealth.org/upload/resource/2523\\_AD\\_P\\_Discussion\\_Paper\\_NTDs\\_211119\\_web.pdf](http://adphealth.org/upload/resource/2523_AD_P_Discussion_Paper_NTDs_211119_web.pdf)



**Gender, social & environmental determinants**

Stigmatized & referred to STI clinics instead of receiving treatment

Increased risk from contact with contaminated water via household roles - collecting water, washing & cleaning

Religious & cultural norms can mean women are covered or have restricted water-related activities

Girls not attending school due to caring responsibilities or cultural preferences to educate boys, miss treatment

**FGS**

Complex invasive diagnosis

Lesions a risk factor for STIs

pregnancy & childbirth complications, anaemia, infertility, high maternal morbidity & mortality rates

Restricted or excluded from MDA

Young girls stunting & late puberty

Organ damage & cancer due to chronic infection

**MGS**

Diagnosis false negatives

Higher HIV viral loads

Weak erections, rapid ejaculation, diminished libido, infertility & bladder cancer

Enlarged organs & painful urination

False cancer diagnosis - surgery that alters reproductive capacity & delays treatment

**Sex related differences**

Increased risk with occupations, e.g. fishing & swimming, involving contact with contaminated water

Older men in some contexts will not receive treatment from younger women distributors

Efforts to protect a masculine image & fears of economic impact of diagnosis can prevent men seeking health care early

**An example of how sex and gender differentials impact on exposure, transmission, manifestation and treatment for genital schistosomiasis**

# Five recommendations

1. Account for how gender-related division of labour, everyday practices, social norms and beliefs within and beyond the household impact NTD risk.
2. Account for how gender impacts the accessibility and acceptability of treatment.
  - a. *Intensified case management, health seeking, diagnosis and holistic treatment*



[http://adphealth.org/upload/resource/2523 ADP Discussion Paper NTDs 211119 web.pdf](http://adphealth.org/upload/resource/2523_AD_P_Discussion_Paper_NTDs_211119_web.pdf)



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3. Address gender-related stigma and mental health impacts of NTDs.
4. Collect and use gender-sensitive and sex-disaggregated data and implementation research to continuously improve NTD programming and ensure equity.
5. Take a health systems approach that promotes intersectoral processes and puts community engagement at the centre of NTD programmes



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# Gender dimensions of NTD in Ghana

**Professor . Margaret Gyapong**  
**Director, Institute of Health Research**



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# MASTER PLAN FOR NEGLECTED TROPICAL DISEASES PROGRAMME, GHANA (2016 – 2020)

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This Master Plan spells out the vision, mission and strategic direction of the Neglected Tropical Diseases Program of the Ghana Health Service based on the 5 pillars of the Ghana Health sector which are financial and geographic accessibility, quality of care, efficiency, partnership and equitable distribution of resources. It is also aligned to the WHO AFRO strategy for NTD Control in Africa.

GHANA NEGLECTED  
TROPICAL DISEASES  
PROGRAMME

PUBLIC HEALTH  
DIVISION



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# Strategic areas for WHO/AFRO

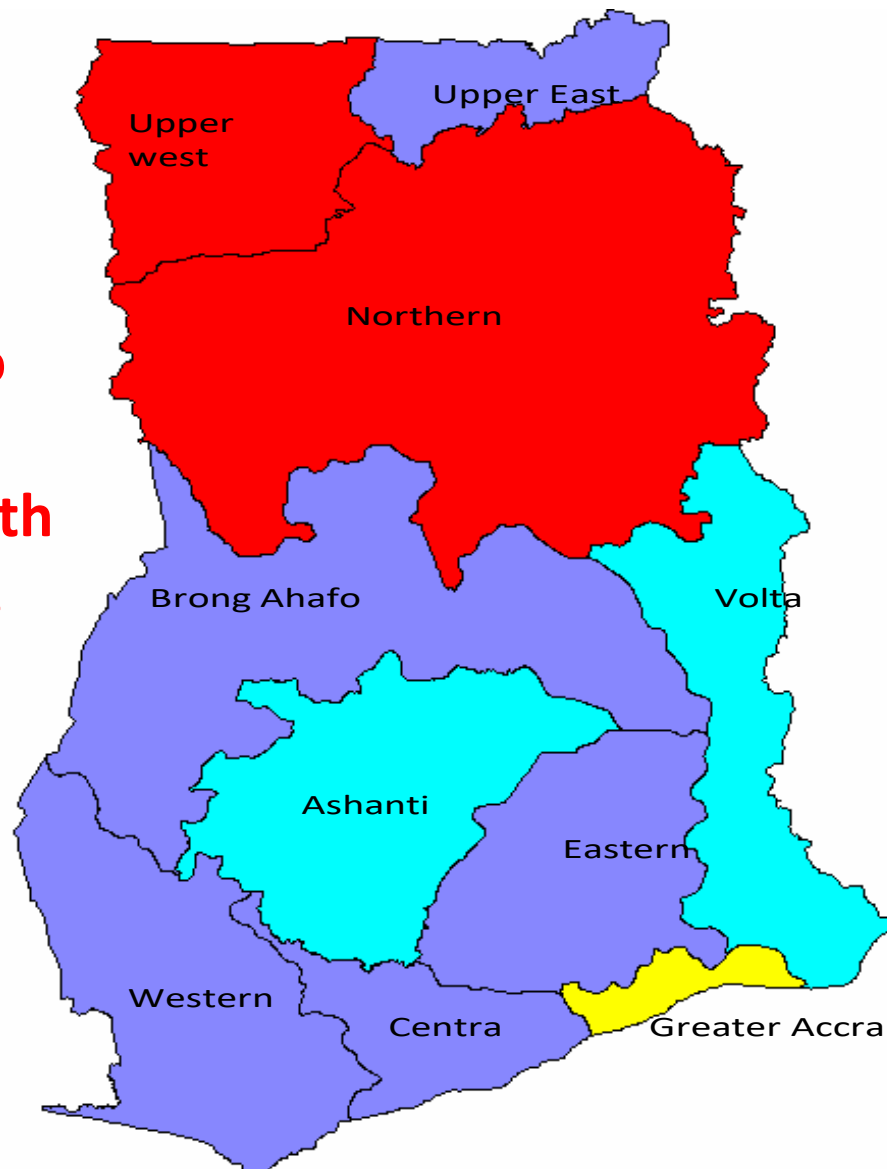
- Country ownership and leadership:
- Broad-based national and international coordination and collaboration:
- Empowerment of people and communities:
- Evidence-based approach:.
- **Equity and gender-based interventions**
- Strengthening health systems:

# The Ghana NTD Map

To reduce the prevalence of Neglected Tropical Diseases in Ghana to the level that is no longer of public health significance by 2020.

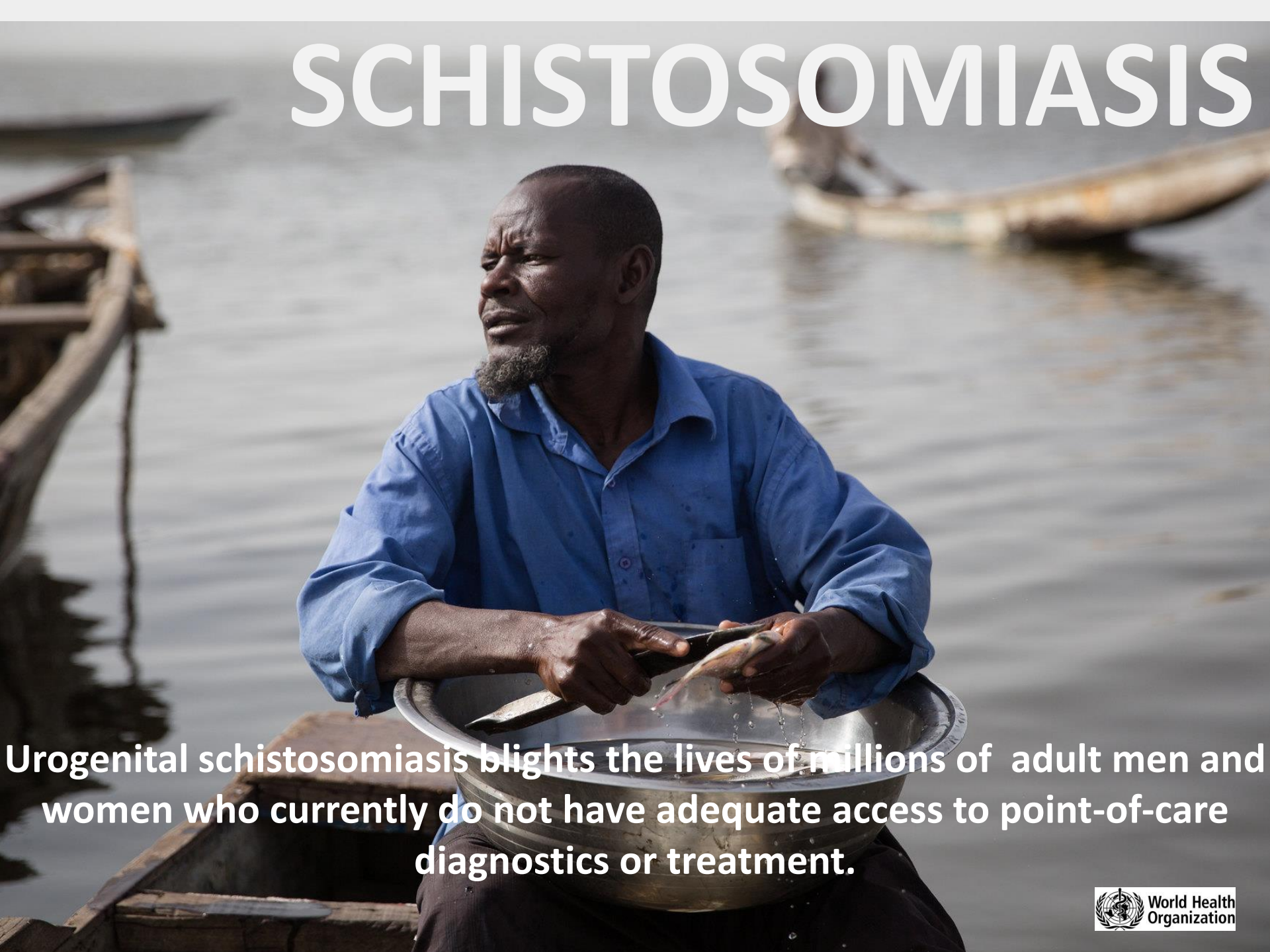
## Legend

	Trachoma, LF, Oncho, Schisto, STH
	LF, Oncho, Schisto, STH
	Oncho, Schisto, STH
	LF, Schisto, STH





# SCHISTOSOMIASIS

A man with a grey beard and a blue button-down shirt is sitting in a wooden boat on a body of water. He is focused on cleaning a small fish with a knife over a large, round metal bowl. Water is dripping from the fish. In the background, other wooden boats are visible on the water.

**Urogenital schistosomiasis blights the lives of millions of adult men and women who currently do not have adequate access to point-of-care diagnostics or treatment.**



# TRACHOMA

Women are often surrounded by children, increasing the likelihood of repeatedly acquiring the eye infection that causes trachoma; women are also less likely than men to access surgical treatment for advanced disease. As a result, women are blinded by trachoma up to four times as often as men.”



# SOIL-TRANSMITTED HELMINTHS

A photograph of two young children, a girl and a boy, washing their faces at a public water tap. The girl, on the right, is smiling broadly with water splashing on her face and hair. She is wearing a yellow and blue patterned shirt. The boy, on the left, is also smiling and has water on his face. He is wearing a green shirt. The background is a blurred outdoor setting with green foliage.

soil-transmitted helminths (STHs) are widespread in underdeveloped countries and distribution of helminth infection varies by place and with age.



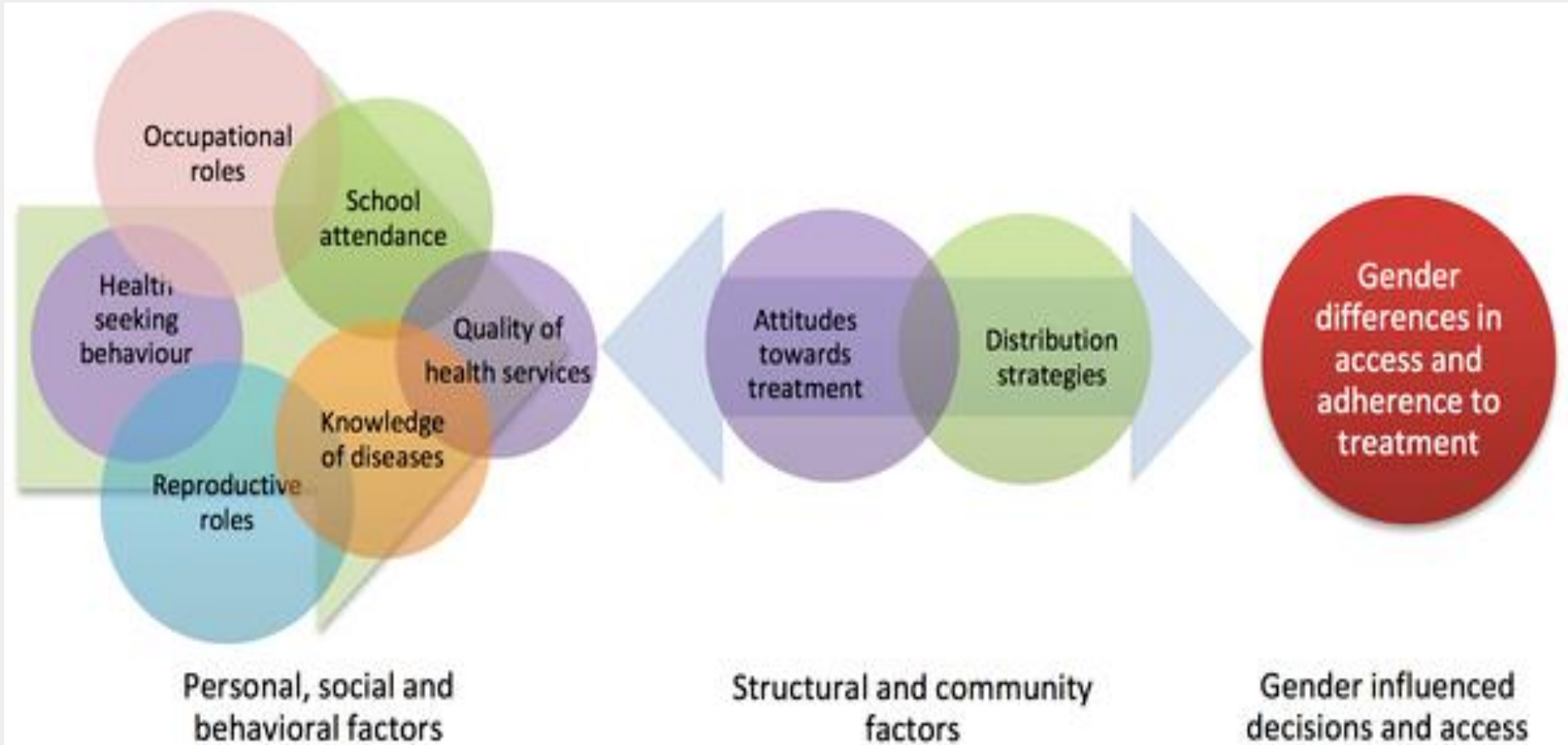
# LYMPHATIC FILARIASIS

Lymphatic filariasis is a leading cause of permanent disability worldwide. Communities frequently shun and reject women and men disfigured by the disease.





# Framework for gendered differences in access and adherence to NTD treatment programs.



Rilkoff H, Tukahebwa EM, Fleming FM, Leslie J, Cole DC (2013) Exploring Gender Dimensions of Treatment Programmes for Neglected Tropical Diseases in Uganda. PLOS Neglected Tropical Diseases 7(7): e2312. <https://doi.org/10.1371/journal.pntd.0002312>  
<https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0002312>

# COUNTDOWN

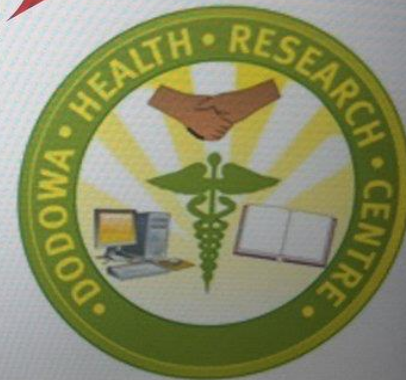
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# COUNTDOWN

Calling time on Neglected Tropical Diseases



The

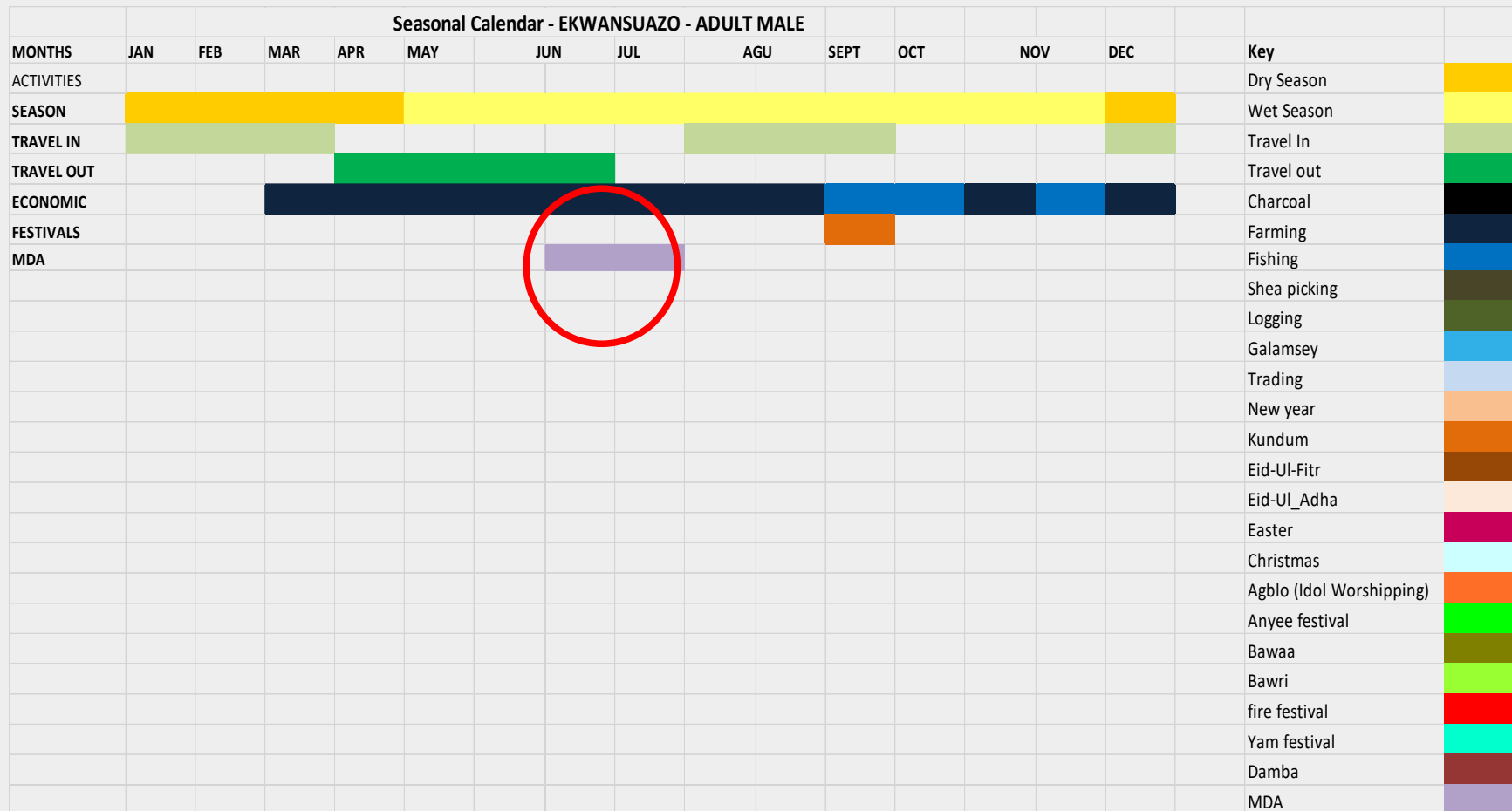


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# Research aim and objectives

- To identify the barriers and opportunities for implementing Mass Drug Administration (MDA) to eliminate lymphatic filariasis in districts with persistent transmission.
- Explore knowledge, attitude and practices to female genital schistosomiasis among community members, healthcare professionals and traditional birth attendants/traditional healers

# Using Seasonal Calendar to help understand and address context complexities in Lymphatic Filariasis control programmes in Ghana



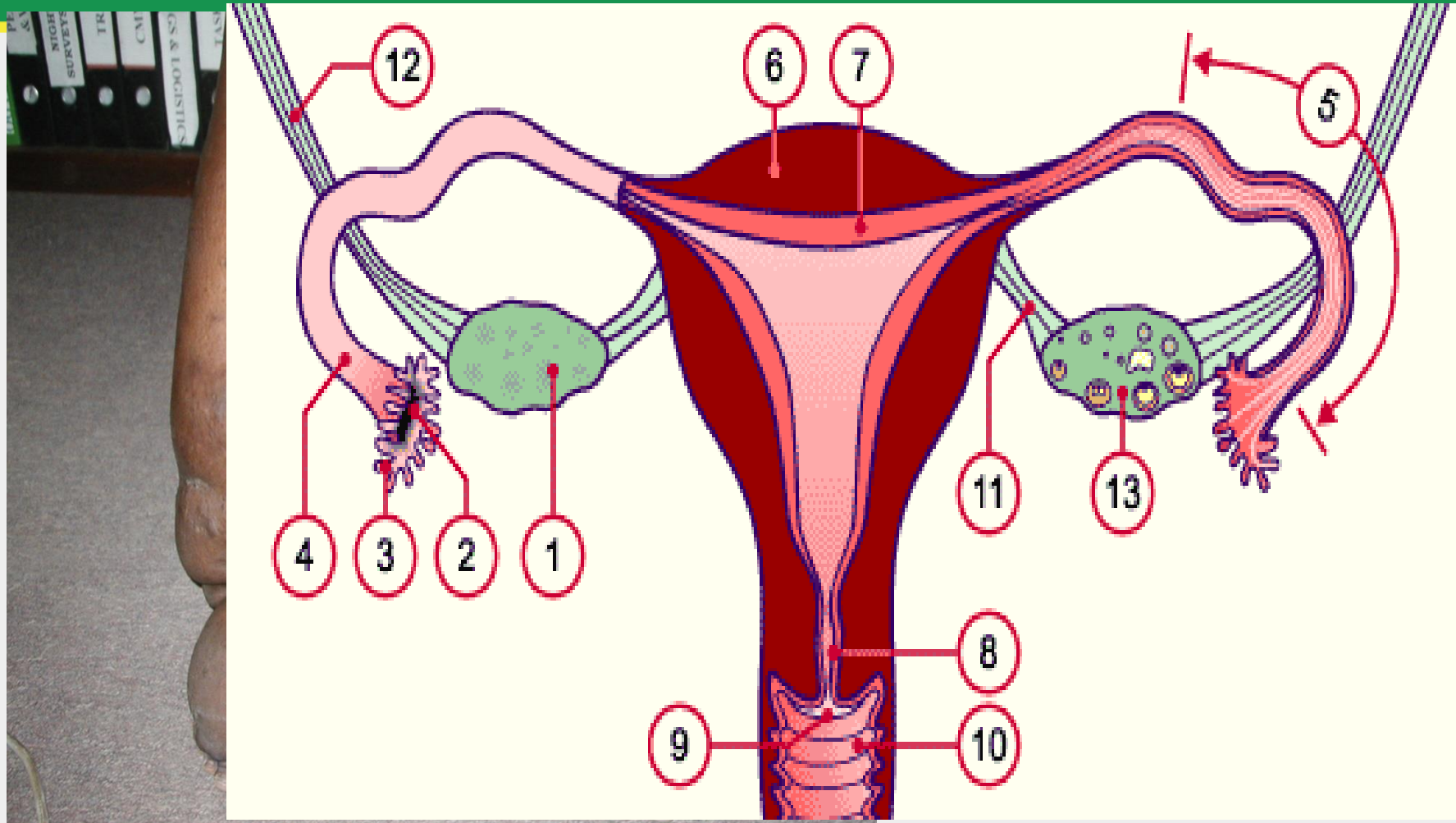


# LF and timing of MDA

- Mobility and migration for livelihood activities
  - *“Yes we are galamsey practitioners; we travel to Tarkwa, Nsuayam. When we look for what we want and get the money, we just return home, we do not stay for long. We go on Tuesdays because it is breaking day” (Male participant, FGD)*
- Socio cultural activities
  - Both men and women fully engaged in festivals
- Seasonality
  - Both men and women on farms

Challenges with reaching whole communities with current distribution strategy and timing of distribution

# Disease manifestation



# Sequae of Female genital schistosomiasis (FGS)

Organ affected	Manifestation	Organ affected	Manifestation
Vagina, vulva	<b>Destruction of hymen or clitoris</b> Vesico-vaginal fistula Contact bleeding <b>Spontaneous bleeding</b> Dyspareunia Increased susceptibility for sexually transmitted infections	Fallopian tubes	Ectopic pregnancy <b>Infertility,</b> subfecundity
Cervix	Genito-pelvic discomfort Increased susceptibility for HPV and HIV infection*	Ovaries	<b>Delayed puberty</b> Infertility, subfecundity Menstrual irregularities
Uterus	<b>Miscarriage,</b> premature labour	Placenta	<b>Preterm delivery</b> <b>Small-for-date infant</b>
Douglas pouch	Haemoperitoneum		

# Societal reaction

- ...leading to wrong treatment.

THE SECRET IS EXPOSED IT BECOMES HER SHAME . THE LEVELS OF STIGMA FOR THE YOUNG AND OLD ARE DIRE

- ...fertility leading ...  
for polygamy or something
- Delayed puberty and irregular m...



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RESEARCH ARTICLE

# A major hurdle in the elimination of urogenital schistosomiasis revealed: Identifying key gaps in knowledge and understanding of female genital schistosomiasis within communities and local health workers

Vida Ami Kukula , Eleanor E. MacPherson, Irene Honam Tsey, J. Russell Stothard, Sally Theobald, Margaret Gyapong

Published: March 21, 2019 • <https://doi.org/10.1371/journal.pntd.0007207>

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# Misconception and misdiagnosis

“I think the ladies can only get it when the boys give to them otherwise I do not know how they get it if they do get it at all. But since you are asking these questions, it implies that the girls also suffer from the disease” **IDI teacher**

“I have worked here for 12 years and have never seen a girl report with bloody urine. It is always the boys. I do not think girls get it much or girls urinate blood”. **Midwife IDI**

"When I reported to the clinic with bloody urine, vaginal itch, discharge and lower abdominal pain, they referred me to the family planning clinic where the nurse asked me the last time I had sex, number of men I slept with and told me the symptoms were STI. She gave me some medicine and told me to abstain from sex. But I have never had sex in my life, I am only 14 years then. The medicine she gave me did not work and I finally went to the drug store where they treated me and said it was schisto" **IDI Adolescent female.**

# The gap in Gender dimensions of NTD in Ghana

- Gender remains a recognized but relatively unexamined aspect of the potential challenges for treatment programs for Neglected Tropical Diseases (NTDs).
- Information on gender in MDA, Social stigma etc on the population receiving the treatment rather than those giving out the medication

# Key Issues

- Re look at MDA approach in Hot spot areas
- Integrated approach to dealing with Genital Schistosomiasis
  - Male Genital Schistosomiasis
  - Female Genital Schistosomiasis
- Putting Genital Schistosomiasis on the Family Health Agenda
- Inclusion of and use gender disaggregated NTD data into routine District Health Information Management Systems

# *THANK YOU*





# Gender considerations in Neglected Tropical Disease prevention and control programmes: a perspective from Nepal

Dr Chandani Kharel

22<sup>nd</sup> November 2019

Annual Meeting-ASTMH

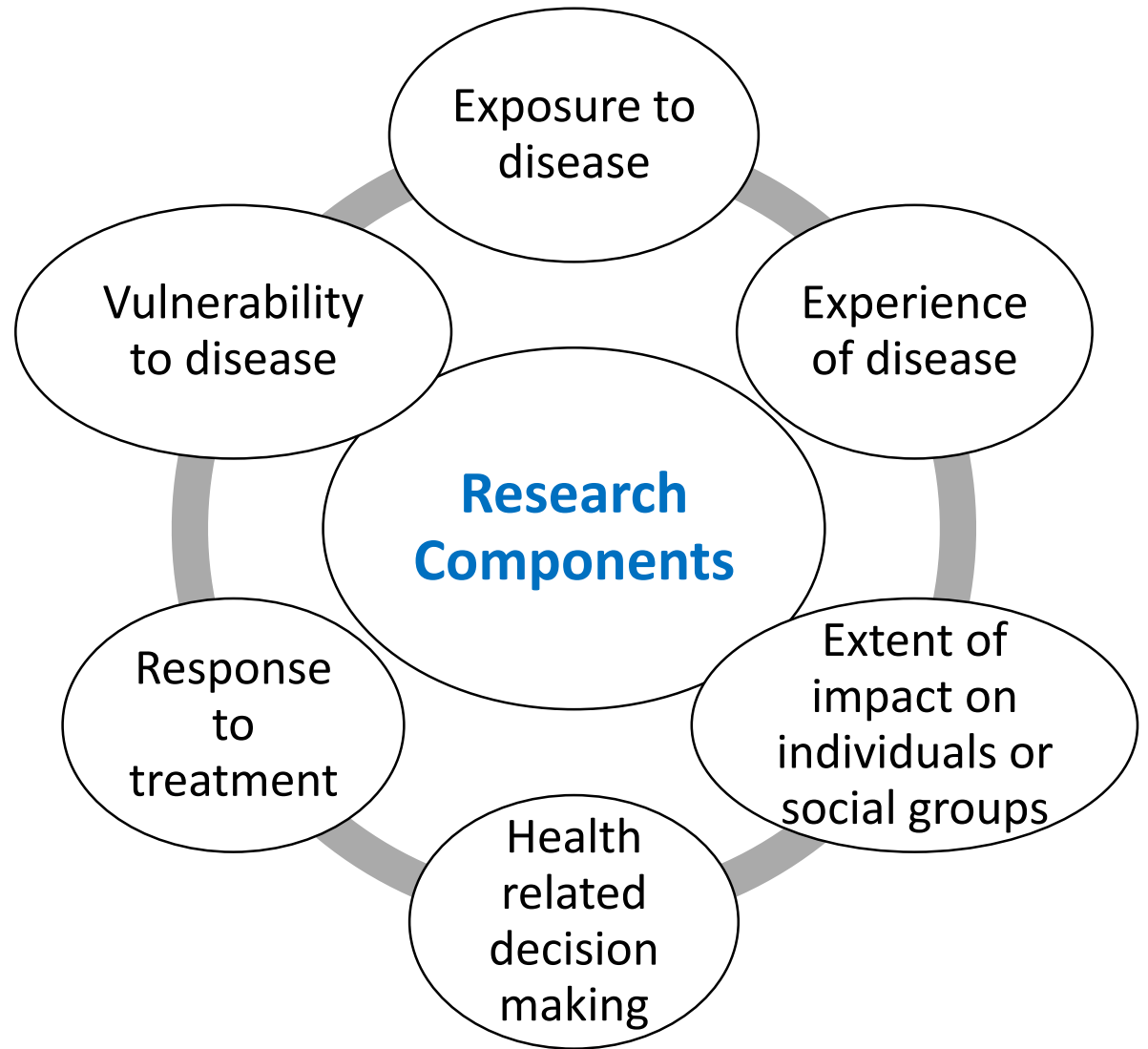
Maryland, USA



# What is intersectional gender analysis?

Intersectional gender analysis in infectious diseases of poverty enables us to better understand the

- etiology,
- prevention,
- control and
- management of infectious diseases



# Dengue outbreak in Nepal-2019

BIG STORY 10

SEPTEMBER 15, 2019 / 8:17 AM / 2 MONTHS AGO

## Kathmandu battles new threat as temperatures rise: dengue fever

NEWS18 » WORLD

Aadesh Subedi



16 Bhadra 26, 2076, Nepal Sanibit 1139

## Capital sees 4-fold hike in dengue cases

• Over 1,000 patients in Kathmandu • Govt urged to declare national public health emergency

Sabit Dhakal  
Kathmandu, September 11

Dengue is spreading at an alarming rate in Kathmandu, with the district witnessing over four-fold hike in the number of patients in just two days.

Kathmandu district recorded 254 dengue cases till Sunday. But by Tuesday that number had surged to 1,170. The number of dengue patients in two other districts of Kathmandu valley however has remained stable over the past two days.

Bhaktapur district, for instance, had registered 38 dengue patients till Sunday. The number remained the same till Tuesday. Lalitpur, on the other hand, witnessed three new dengue patients in the last two days, taking the number to 36.

"One of the major reasons for rapid spread of the disease in Kathmandu district is poor sanitation," said Baburam Marasani, former director at Epidemiology and Disease Control Division.

Kathmandu district is also an entry point to the valley so many buses that arrive here from other districts bring in mosquitoes as well, according to Marasani. "This is another reason for sharp hike in dengue patients in the district," said Marasani.

"Moreover, many dengue patients from across the country are coming to Kathmandu for treatment. Since many public hospitals treat dengue are located in Kathmandu district, chances of those not infected contracting the disease are very high."

The surge in number of patients in the district has filled a public hospital that treats dengue to the brim. Teku-based



Sukraraj Tropical and Infectious Disease Hospital sees a surge in the number of patients seeking treatment for dengue.

## Nepal Issues Dengue Alert as Studies Find Presence of Aedes Aegypti Mosquitoes

The Epidemiology and Disease Control Division of the Health Ministry issued an alert in Kathmandu, Lalitpur and Bhaktapur districts.

PTI | Updated: October 9, 2019, 8:47 AM IST

INDEPENDENT JOURNALISM SINCE 1974

NEWS HUMANS

### Nepal is reeling from an unprecedented dengue outbreak

Climate change may be making the Himalayan nation hospitable to disease-carrying mosquitoes



As Nepal records at least 9,000 cases of dengue amid an unprecedented outbreak of the disease, workers are fumigating areas of Kathmandu against the mosquitoes that carry the disease.

SOPA IMAGES LIMITED/ALAMY STOCK PHOTO

By Gloria Dickie

OCTOBER 7, 2019 AT 9:31 AM

DENGUE OUTBREAK

## Minister Yadav rules out health emergency

Claims number of dengue patients decreasing

Himalayan News Service  
Kathmandu, September 18

Deputy Prime Minister and third Popular Front Minister and Minister of Health, Dr. Poonam Khetrapal Singh, today said there was no need to declare a health emergency as the number of dengue patients had been decreasing.

1-MIN READ

Dr. Poonam Khetrapal Singh, Deputy Prime Minister and Minister of Health, today said there was no need to declare a health emergency as the number of dengue patients had been decreasing.

Yadav said the federal government had provided more than 60 million rupees to local levels to help them contain the outbreak and had also mobilised teams to search and destroy larvae that breed dengue-causing mosquitoes.

The government has also

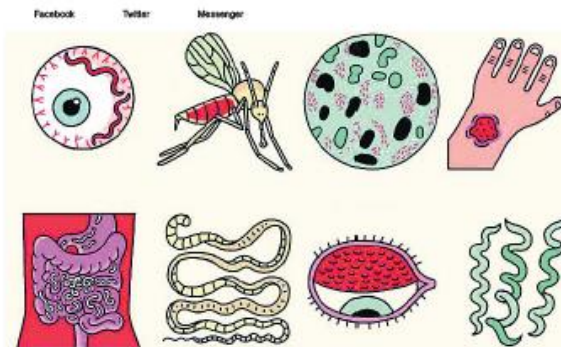
from it. Some lawmakers wondered why Yadav informed the House about the outbreak of the disease only after four months.

Ruling Nepal Communist Party (NCP) lawmaker Krishna Gopal Shrestha wondered if Yadav and minister of state for health had ever visited Teku hospital where the number of patients seeking treatment



### Lift the burden, leave no one behind

Published On: 09 November 7, 2019 09:09 AM NPT By: Dr Poonam Khetrapal Singh (/news/author/2995)



(/news/author/2995)  
Dr Poonam Khetrapal Singh (/news/author/2995)  
The author is the World Health Organization Regional Director for South-East Asia  
news@myrepublica.com  
(mailto:news@myrepublica.com)

In the WHO South-East Asia Region, neglected tropical diseases are being tackled with firm resolve. Accelerated action will rout them altogether

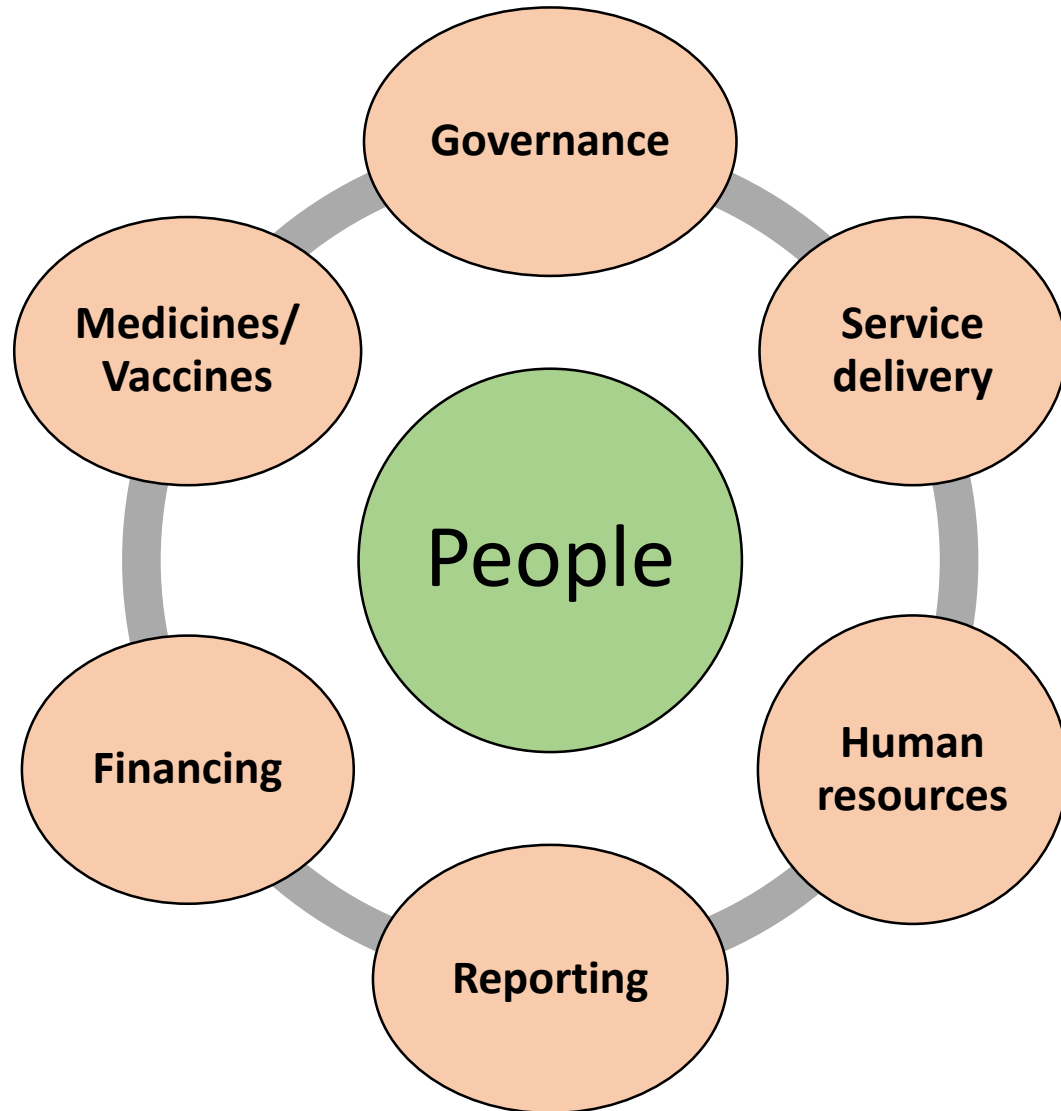
The WHO South-East Asia Region has made remarkable strides in its quest to eliminate neglected tropical diseases. India is among

ing by the minute, criticised Yadav for foreign countries as was spreading country. NCP lawmaker Shrestha wondered if the government should turn to control dengue

gress lawmaker said the health is not in a position to control dengue outbreak had scrapped the responsible for campaign to destroy larvae. naker Jeevan Parnad the government a special plan to dengue outbreak in

More from Author

# Health System Domains



# Infectious Disease Domains

## **Etiology, Prevention, Control and Management**

- Vulnerability to disease(s)
- Exposures to disease(s)
- Experiences of disease,
- Health-related decision-making
- Responses to treatment
- Extent of impact on individuals or social groups.



# Health System Response

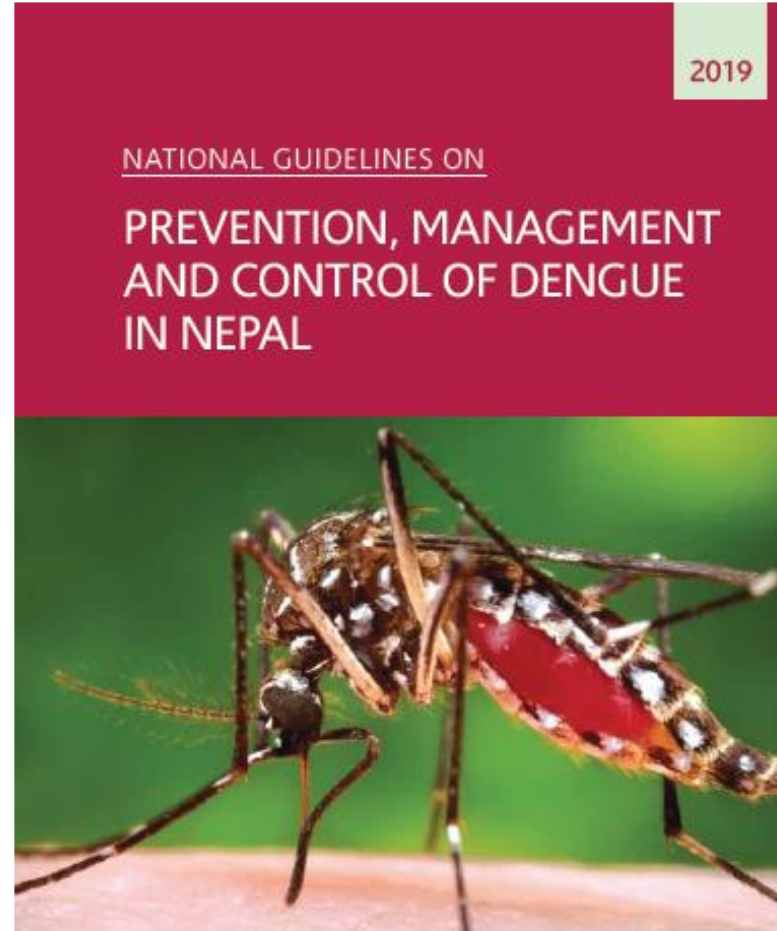
**Epidemiology and Disease  
Control Division**



**Policy exists but  
weak  
implementation**



**Lacks integrating  
gender and  
intersectionality**



Government of Nepal  
Ministry of Health and Population  
Department of Health Service  
Epidemiology and Disease Control Division  
Toku, Kathmandu

Early Warning and Reporting System (EWARS)

## **Weekly Bulletin**

(42<sup>th</sup> Epidemiological Week)

**27 October 2019**



Government of Nepal  
Ministry of Health and Population  
Department of Health Services  
Epidemiology and Disease Control Division  
Kathmandu, Nepal  
[ewarenepal@gmail.com](mailto:ewarenepal@gmail.com)

# Health System Response

## Service Delivery

- Prevention and control measures in areas with high case loads
  - ❖ Report lacks evidence of reaching poor and vulnerable population
- Curative services
  - ❖ Only limited information of sex-disaggregated treatment outcomes
  - ❖ Sporadic reporting of extent of impact on people

## Human resources

- Relevant stakeholders trained for prevention, control and treatment measures
- No evidence of how the capacity enhancement process affected health care providers (e.g Knowledge, service delivery)



# Health System Response

## Information

- Information, Education and Communication (IEC)
  - ❖ Materials developed and awareness campaigns conducted for general public
  - ❖ Surveillance reporting sheets show sex-disaggregated data
  - ❖ But not used while reporting in Early Warning and Reporting System (EWARS)

## Financing

- Gender-responsive budgeting
  - ❖ But report lacks how budget was translated to reach women and vulnerable groups

## Medicines/vaccines

- Diagnostic kits supplied
  - ❖ But report lacks if women, children, elderly were actively sought to detect cases

# Conclusion

- **Response appears blanket**

- ❖ Personnel, diagnostic kits and prevention and control measures- deployed as the disease spread across the nation

- **Could have been better if:**

- ❖ Reports had highlighted if efforts were made for active case finding and awareness among the vulnerable population (decision making)
- ❖ Reports had outcomes of the treatment especially among the vulnerables (response to treatment and differential social and economic impact)

THANK YOU



# Gender Dimensions in Health: A Public Health Researcher's Perspective:

The case of Kala-Azar in India

TK Sundari Ravindran

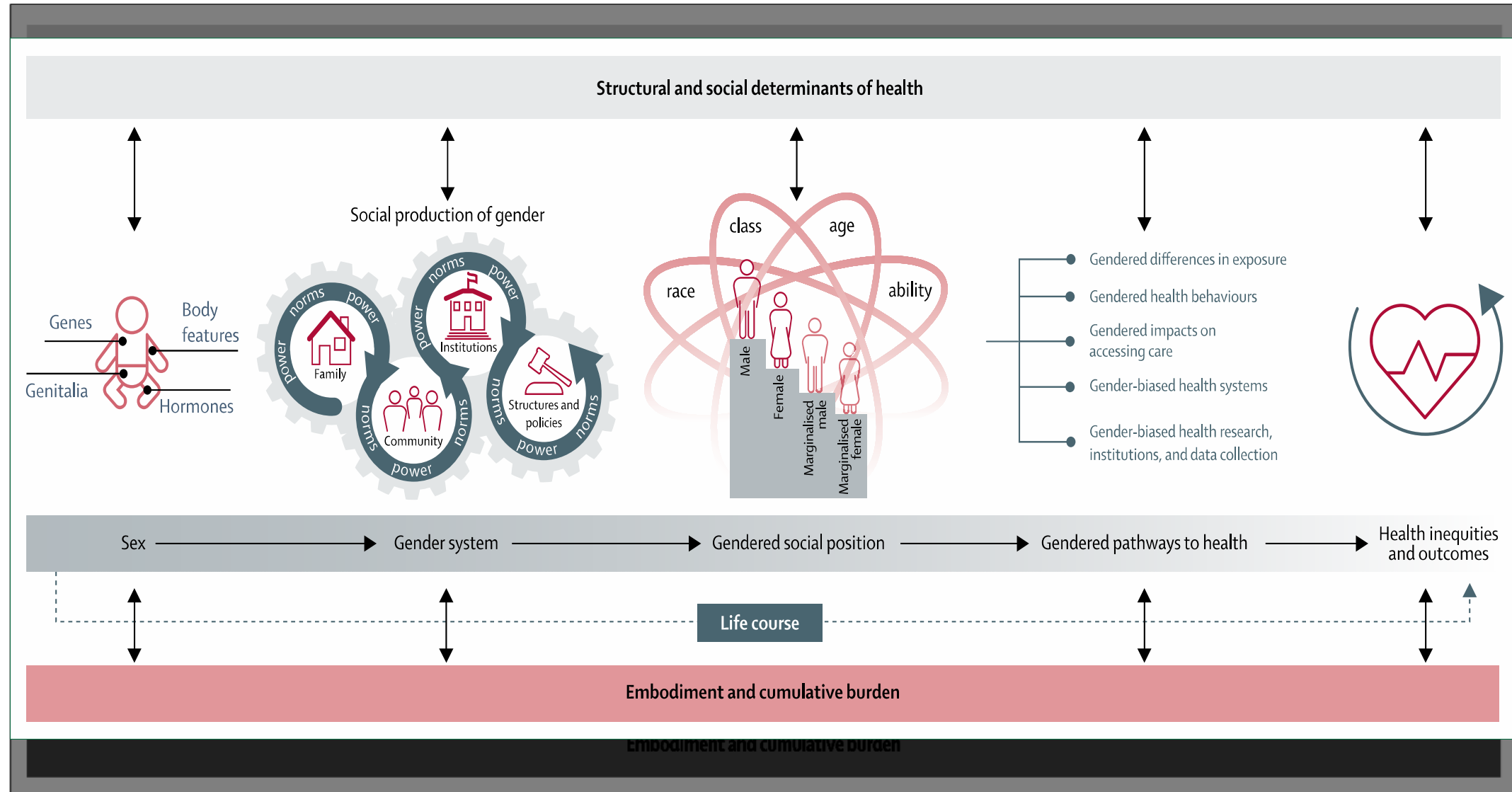
Principal Visiting Fellow

United Nations University – International  
Institute for Global Health (UNU-IIGH)





# Pathways through which gender impacts health<sup>1</sup>



# Gender and Kala-Azar in India: Why male preponderance?

Male to female ratio of Kala-Azar cases much lower in surveillance and survey data as compared to hospitalization data, and 1:1 in the 0-14 age group. Case-fatality was higher among females in 0-14 age group<sup>2-3</sup>.

## Questions for further exploration:

- What accounts for the male preponderance among cases and deaths? For the reversal in pattern in the 0-14 age group?
- Is there under-reporting of Kala-Azar among women aged 15 and above?



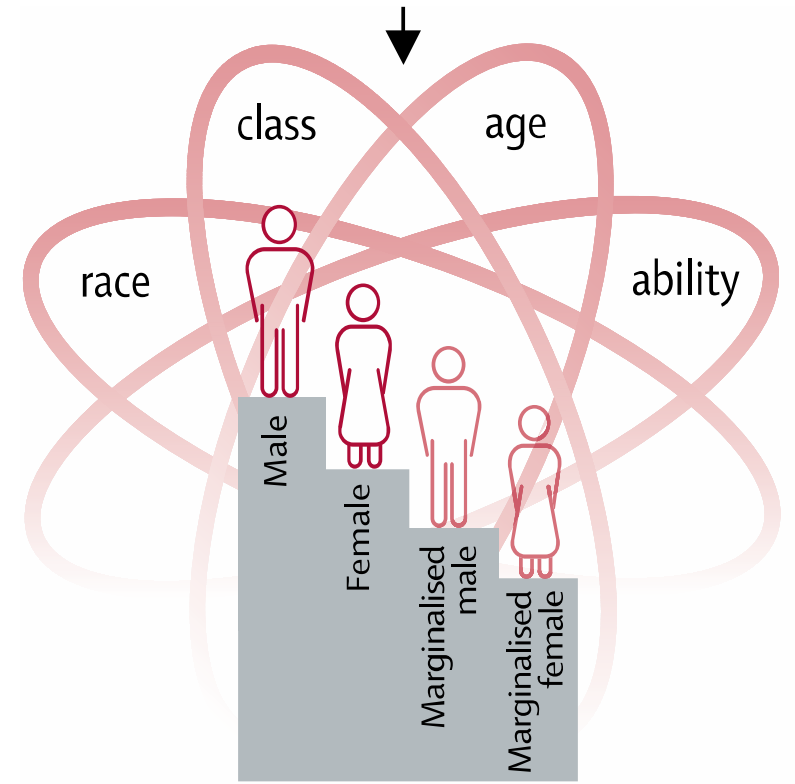
# Gender and caste impact on access to care

Those from most marginalised castes, women, and persons above 35 years of age were almost twice as likely to present late (> 8 weeks after onset of symptoms) for treatment<sup>4</sup>.

Questions for further exploration:

What are the circumstances in which delay to treatment affects women / men more? Are persons with specific presentations of the disease; or specific sub-groups of women / men more vulnerable?

Would older women from the most marginalised caste group be most disadvantaged in terms of delay to diagnosis and treatment?



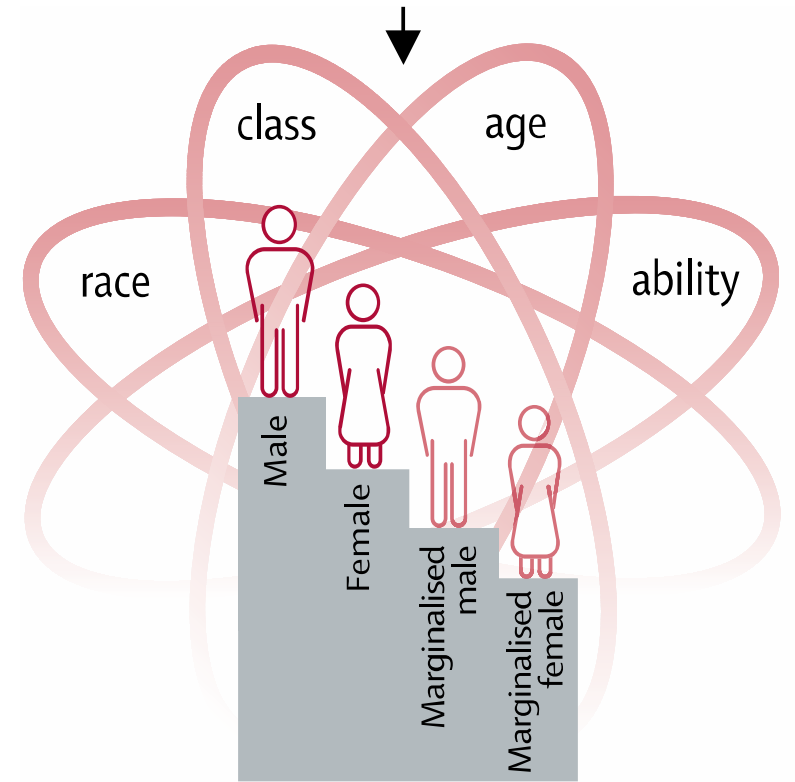
# Gender and Out-of-pocket expenditures on health

Treatment would cost about seven months of wages of a casual laborer. About 87% of households resort to distress financing<sup>5</sup>.

Evidence shows that poor households in India tend not to prioritise women's illnesses.

## Questions for further exploration:

What is the impact of the high cost of treatment on access to and completion of treatment by women and men, across different socio-demographic categories? Who is left behind most often?





# Gender and health-seeking behaviour

One study<sup>6</sup> which specifically examined how gender affects health-seeking behaviour and access to treatment for Kala Azar among women, found that women

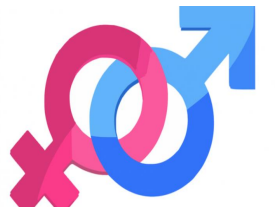
- Tended to view the initial non-specific symptoms as not serious.
- Sought care from unqualified providers closer to home, because of a number of 'gendered' reasons:

- The male household head was not present and they did not have the decision-making authority
- They did not have a male person to accompany them
- They did not have the time to seek healthcare because of household chores
- They could not afford the costly treatment
- As women, they did not feel entitled to the costly treatment



# Gender and Kala-Azar in India: Questions for further exploration

- How does gender affect women's and men's access to and completion of treatment, across social groups and settings?
- How are women and men from different social groups affected by stigma related to PKDL?
- What are the social and economic consequences of Kala Azar for women and men of different social groups?
- What do we know about sex-differences, if any, in pharmacodynamics and pharmacokinetics of second and third-line drugs for leishmaniasis treatment?



# What is to be done?

## At a minimum-

Include both sexes as research-subjects, and analyze and report the results pertaining to both sexes. Few studies on Kala-Azar in India provided sex-disaggregated data.

Examine how gender interacts with other social factors to increase vulnerability, create barriers to healthcare access and impact on social and economic consequences of disease

In 2016, just 54% of public health studies 43% of clinical medicine studies and 30% of Biomedical (laboratory) research reported both female and male populations in their publications<sup>7</sup>.



# The way forward

- A deep understanding of how gender acts in different sociocultural contexts to impact on specific health problems, is required to design effective prevention and mitigation strategies. We need qualitative studies and mixed methods studies to be able to interpret and act on the sex differentials observed in epidemiological studies.
- Multi-disciplinary research teams that bring together domain experts and gender scholars, social scientists and bio-medical researchers would enable research that examines the health implications of gender intersecting with other social stratifiers.





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*‘If you don’t ask, you don’t know, and if you don’t know, you can’t act ‘ (Kreiger, N. 1993)*