Maritime Centre of Excellence for Women's Health

Moving Towards Women's Health

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Women's Definitions and Priorities of Health*

Multiple sectors, including academic researchers and community groups, have been critical of health policy formulation that relies solely on health experts or key informants for insights into women's health needs and concerns. Considerable criticism has also been raised concerning the predominance of the white Anglo-Saxon male as a model for health research and the negative impact of this model on understanding women's health. Virtually no research has asked women how their perceptions of health are incorporated into their everyday life or what factors they perceive to have the greatest influences on their health status. In particular, disadvantaged and marginalized women's perspectives have been neglected.

The restricted and narrow focus of women's health research does not take into account the diversity of women's lived experiences. We know that women view their health and well-being in an inter-relational framework that encompasses social, cultural, psychological, spiritual, and biological dimensions. It is essential that we begin to address women's health and well-being from the standpoint of women themselves. For that reason, this project focused on the perceptions and definitions of health and well-being that are grounded in women's daily experiences.

Determining the meanings of *health* of a representative sample of women with differing ages and socio-economic backgrounds would help to reveal whether women's definitions of health encompass psychological, social, political and economic factors. Further, a survey of women's definitions of health might help to diminish the discrepancy between traditionally defined and researched health, and health as it is actually experienced and perceived by women. Recognition of the complex and multi-faceted nature of women's life experiences, and the powerful underlying determinants of health which traditionally fall outside of the scope of health research are central to the improvement of women's health.

The purpose of the project was to learn about women's experiences of health, their perceptions of health determinants, and the meaning of health in their everyday lives. This project places women's perceptions of health and their beliefs about the determinants of health into a theoretical framework and provides us the opportunity to examine how health definitions and determinants differ between women of different ethnicities.

Many traditional health care providers and health care experts continue to define health using a biomedical framework that equates health with the absence of disease. However, lay definitions of health may differ dramatically from the definitions espoused by medical experts. One large-scale survey of British citizens found that the definitions of health provided by the respondents could be distributed into five categories: (1) absence of disease; (2) physical fitness or energy; (3) the ability to perform roles of functions; (4) being psychologically fit; (5) lifestyle/health maintenance. This theoretical framework was used to understand the information gleaned from this project.

Women's Definitions and Priorities of Health was conducted by a multidisciplinary, inter-sectoral group of women from community organizations and academic institutions. These women were: Cheryl Barksdale, Sandra Willis, Karina Davidson (University of Alabama); Erica van Roosmalen, Charlotte Loppie, Susan Kirkland, Anita Unruh (Dalhousie University); Miriam Stewart (University of Alberta) and Dolly Williams (Black Women's Congress).

Methodology

- A telephone interview was conducted with a representative sample of Nova Scotian women (Caucasian/European, n=302, Aboriginal Canadians, n=81, and Black Canadians, n=75 for a total sample of 458 women).

- In addition to assessing each woman's perceptions and definitions of health, this survey assessed each participant's perceived health locus of control. That is, the degree to which she believes her health is determined by external forces, particularly powerful others, such as doctors or family member(s), or by fate/chance or God (external locus of control).

Findings

- ***Personal health definitions...***Respondent's subjective definitions of health fell into the lifestyle/ health maintenance category more than any of the other categories (absence of disease, good health/ feeling well, psychologically fit, or able to perform roles/ functions). Aboriginal women often reported that their subjective definition of health did not fit into one of the categories.

- ***Positive and negative health influences...*** Positive health influences identified most often were family/ children/ friends, physical activity/ exercise, and nutrition. Positive health influences identified least often were rest/sleep, faith in God/church/religion, and access to health care. Negative health influences identified most often were stress, the environment, and improper diet. Those identified least often were lack of health care, sleep deprivation, and family/ spouse.

- ***Significant health determinants...***Health determinants identified most often were diet, activity, and lifestyle. Health determinants identified least often were government, money, and physical surroundings.

- ***Health concerns...***The top three health concerns for Canadian women were considered to be cancer (nonspecific), breast cancer, and specific illness. The top three personal health concerns were specific illness, heart disease, and cancer.

Recommendations

- Even broader definitions of health may be insufficient to capture all ethnic groups' definitions of health. Research with Aboriginal women should be conducted to determine their definition of health.

- In our universal health care system, access to health care was not identified as one of the major influences of health. However, lifestyle-related determinants were commonly identified. Emphasis on policies and programs related to public health are clearly indicated.

- Increased awareness about the influence of the government upon health and health care policies is needed so that women can respond appropriately when legislation and laws are proposed.

- Policy makers should consider ways to increase education, awareness and motivation among Canadian women to prevent heart disease and cancer.

Conclusions

Little population-based information is available to policy makers with which to make informed decisions regarding change. Therefore, asking a population-based representative sample of women about the causes, meanings, and consequences of health concerns and well-being should be valuable in directing future health policy. We believe that the voices of the women who participated in this project can uniquely add to Canada's health policy research direction.

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