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Examining Personal Anecdotes to Understand Factors Influencing Health- Care Decisions by Women- A Qualitative Enquiry

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Abstract*— Women's health goals have received a lot of attention in literature over the years, and it is still unclear why women struggle to balance their health aims with social expectations. Although a lot of work has been invested into understanding people's views around health care, perception studies are an important way to gather pertinent data. Thirty working class women and housewives were interviewed using an in-depth interview technique to learn about their mental models of the important aspects that influence their health and health-related decisions. To determine whether the pandemic situation differs in any way from the pre-Covid era, the study was also conducted during that time. The methodology's goal was to expose their mental models for attitudes and beliefs about their own health and the health of their families. The research' findings indicated that women's choices about their health are influenced by both their own expectations and societal expectations. Women often rely on sociocultural and self-perception variables when making decisions about their health, even when they have access to a reliable financial source. Most of their health decisions are influenced by their mothers, their locus of power, and sociocultural factors. The paper examines the concept of mental model in relation to women's health perceptions.

Index Terms*— women's health, health seeking behaviour, mental representations, mental models.

I. INTRODUCTION

In General terms, women and girls have unique health demands at every stage of their lives. Even though women generally have higher life expectancies than males, the extra years do not necessarily translate to healthier ages [1]. The Covid-19 Pandemic is sweeping the globe with unpredictable force, and issues about women's health are gaining more and more attention from stakeholders. Women and girls do not have the same advantages in life as men, according to the South Asian context for women's health [2]. Non-communicable illnesses, specifically cardiovascular disorders, chronic respiratory diseases, diabetes, and cancer are prominent diseases reported among women in this region and claim 8.5 million lives annually [1]. The Indian viewpoint is likewise not unique. Being a country with a diverse population in terms of culture, ethnicity, and religion, it is also home to several health conditions that affect women and have causes related to access, awareness, and sociocultural and economic variables [3],[11]. Health care facilities are typically used in Indian households along a sex, age, and status hierarchy, with women at the bottom of the list [4],[6].

When compared to the national health data, the geographic location for the current study, the state of Kerala, is distinctive in its own right [5]. The state of Kerala is renowned for its steady improvement in social and literacy development. The state has performed admirably in terms of maternal mortality, adolescent births, and the percentage of female adults in school, but there is still a gender gap in terms of participation in the workforce, politics, and household decision-making [5]. Statistics show that women typically live in poorer health than males even when the state has the highest sex ratio and the highest percentage of female literacy when compared to national figures [5].

Socioeconomic factors, poverty, and family obligations are also among those that have an impact on women's health in addition to biological causes [7],[11]. Although they are less pronounced than in the past, women continue to face disadvantages comparable to those faced by males in the socioeconomic context of health [8]. Even though these drawbacks can be related to social, political, cultural, political, and resource availability considerations, additional aspects such women's psychological factors need to be considered. It has been discovered that gender conventions and restrictions make it difficult for girls to acquire information and move about, which has an indirect impact on how they seek out health care [6]. Literature demonstrates that adolescent women and girls' health is negatively harmed by their inability to make decisions [6], [9].

Even if proper healthcare facilities were provided, women would not use them. The ability to pay for services, behavioural challenges related to motivation, perceptions of sickness, personal values, educational attainment, religious affiliation, and demographics are some of the factors that influence women's health seeking behaviour [10]. Studies indicate that, despite not being gender-specific, attitudes regarding causality, controllability, susceptibility, and

seriousness have an impact on an individual's health-seeking behaviour [10]. Men and women in a home typically collaborate to make broad decisions about health care [5]. For a woman, making the decision to use a healthcare facility involves three stages: first, she must decide that she has a health condition, then she must feel that she may seek healthcare, and finally, she must decide that she needs to take care of a health requirement. For women from various socioeconomic, cultural, and geographic backgrounds, there are unique challenges in each of these periods. When it comes to family, the relationship between health seeking behaviour and behaviour is different [12]. Women are typically recognized to take up the duty of "taking care of others" in a familial or community setting since the job of "care-giver" is primarily given to the female gender in a social context. Even women who do not have a domestic partner or children frequently take on the job of caregiver for their friends and relatives. In India's joint family arrangement, women are particularly positioned to view caregiving as a woman's responsibility [13]. Women frequently find it difficult to priorities their personal health requirements, even when family obligations in other areas are given priority [13].

The idea of a mental model describes internal representations that let people arrange their experiences with regard to themselves, their connections, and their surroundings [14]. While literature has increasingly focused on mental models concerning people's internal entity [15], conventional mental model research postulated that people's psychological entity is generated related to an external item [14]. According to literature, people and "artefacts" (social relations, attitudes, and beliefs) interact dynamically in order to form their internal representations (in the study, women's internal mental model) [16]. Understanding mental models therefore reveals the connection between underlying assumptions, mental images picked up from social encounters, and their propensity to predict behaviour [14], [15]. Using this as a foundation, the current study examined the various mental representations that women exhibited regarding their health and health-seeking behaviours in their daily lives. The study also discussed the mental models that women have of their lives and their environments as they relate to health, as well as how they believe these mental models might change through time.

II. METHODOLOGY

Thirty housewives and working women from southern Kerala, India, were interviewed for the study using a qualitative methodology. The questionnaire collected narrative data on respondents' attitudes regarding seeking medical attention, spending money on their health, and their perceptions of their health-seeking behaviour and obligations to care for their families and themselves. Women between the ages of 20 and 60 who are currently employed and have a monthly income were required to meet the inclusion criteria, as were housewives.

Participants in the study who volunteered to participate underwent in-depth interviews. Verbal agreement from the participants was acquired. They were given information about the study, and interviews took place at a time and place that worked for them. With the interviewee's permission, audio recordings of interviews were made. Women who indicated greater fluency in English were interviewed in English, whereas the remaining women were interviewed in their mother tongue. For analysis, those transcripts were converted to English. To identify themes on attitudes, experiences, and knowledge about women's health behaviours and how their environment influences their behaviour, a traditional content analysis was conducted. Initial analysis and identification of tiny, significant chunks of interview transcripts. The units are then displayed in sheet style rows. Units with comparable meanings are highlighted, color-coded, and organized into categories and subcategories from the recognized units.

III. RESULTS AND DISCUSSIONS

Demographics

All the participants had some form of education, with the majority having postgraduate degrees. Eighty percent of the respondents in the sample were married. Participants said that their families don't frequently visit the hospital, and based on their responses, their most recent hospitalization had occurred a month before to the survey's administration. Women had the belief that investing money in their health should only be done in the event of a serious condition requiring medical attention and hospital consultations. Although a small percentage of the women said they shouldn't spend money on their health, the majority said they needed the right care. Ninety-two percent of the women on average said they would choose self-medication over medical advice when they were ill, but fifty-eight percent of the women said their attitudes had altered in response to a family member's illness. Women stated that when they are ill, their families encourage them to attend hospitals and seek medical advice, but they attribute this to their own choice not to do so.

Major Themes

Major themes concerning the locus of their control, maternal influence, society and personal expectations, sense of responsibility, social roles, attitudes toward illness and health seeking behaviour, and resistance to change emerged from the conventional content analysis of women's narratives about their health behaviour.

The Control Point: The extent to which women feel they have control over a particular sickness keeps them from worrying about it. They replied that they would seek outside assistance to treat their condition if they felt that a specific illness was out of their control. Only a small percentage of the ladies said they would likewise treat their family members' illnesses in the same way. However, they pressure the family to accept further assistance when they believe that the

situation is beyond their control. Few of the narrative from women were as follows.

"To an extend where the illness is not controllable then I will put some effort to visit a doctor"

"When illness comes to us, we are able to identify if it's something that we can control, but when it comes to someone in our family, we do not understand how serious an illness is. So, I pressurize them to consult a doctor"

Women's behaviour in seeking out health care is significantly influenced by their perception of their control over their lives. Women blame their own self-decision for this attitude. Women believe that when it comes to health, the family should take precedence. They also profit from prioritizing the health of their family over their own because they believe that outcomes connected to health can be controlled. The narratives made it quite evident that control has a significant influence on how people think about healthy behaviour, frequently reflecting the outside world.

The Maternal Impact: Mothers have a significant impact on how girls feel about and act in relation to their health. Almost all women indicated that their mothers and grandmothers teach them about this responsibility like all others.

They mention that "*The way they have taken care of their families, we would also like to give it to our families.*" Few of the narratives were as follows,

"Responsibilities are somethings that we are taught of. Our mothers, grandmothers set examples for us."

"Whatever I have seen while growing up whatever my mother does for the family, I am also trying to give it to my family"

"Maybe I have seen my mom doing it grandmother doing it. got ingrained in a subtle level of self-consciousness."

The interactions the woman had with her mother served as the foundation for the mental image that developed in her for this scenario. A learnt model that directs all her future outcomes for women's health behaviours was developed because of the effect. An active mother-daughter relationship could be a source for community health promotion [17]. We will develop into the things we adore. When it comes to women learning from their moms, the axiom is accurate. Even though it is a universal attitude, learning from moms has a significant impact on children's health behaviours. Their mothers instruct and teach them about responsibility.

Expectations from society and oneself: Women mentioned that *"Even if a member of the family gets sick even gets paralyzed, relatives or people around asks, who is there, is there daughter, daughter in law etc. If there is a woman in the family and then if the family is not being looked upon then it becomes a great issue". A newly wedded women is taught to be careful about social and family expectation and how to behave in her newly wedded house.*

Women mentioned that "There is a lot of expectations from the in laws about taking care of his health". Even she is sick, she is bound to take care of the family. "One day if I take rest out of sickness, they will ask the second day if the illness is over or not so that I can come and help in household work."

Few of the narratives are as follows.

"The elderly and the kids can't take care of their own health that puts pressure on us to keep an eye on them. For the elderly the reason might be that they don't understand that they are ageing, and their body can't tolerate what they used to in the past and for kids and teens due to not being aware."

"Women is always expected to take care. If anyone falls sick in a family, the first question that is raised is that is there no women in the family."

Women's entire existence, behaviour, and responses to every event are subject to expectations. When it comes to health, the situation is the same. Women's mental representations are attributed to the knowledge they gain from their connections and the self-interpretations they create from each of their relationships. Women must take care of the health of their families [18]. Women have self-standards for their families in addition to the many societal expectations. Women have a responsibility to uphold the ideals of womanhood; in addition, it is their personal task to demonstrate their suitability for the position they have been given. Women are more likely to take this burden upon themselves because they believe that if they don't, no one else would. Women frequently seek out self-evaluations while discussing events that are related to their health. They frequently accept or mature into the position that is given to them.

Attitudes toward illness and seeking medical attention: Women's attitudes toward illness and seeking medical attention vary depending on the amount of time available, the amount of effort required, the perceived severity of the illness, how they see themselves as making the decision, and their awareness of and capacity for control over a particular interest. Despite family encouragement, most of them said that they usually make these decisions on their own because they priorities other tasks that they believe to be more crucial now. *"Try and give my maximum time to focus on family."* Most of the time their judgement about their illness have been proven right which in turn give them confidence to practice it in future. Important aspect is that they seek health care only when they feel that illness is out of their hands to control.

Expenses and time constraints also stop them from seeking health care. *"I need to save money and time, every time if I go to a doctor when I am ill, who will take care of my family, and every time I have to pay consultation fees." As* working women, they feel that balancing between life and work take a toll on their health seeking behaviour as well *"Both of us are working and we need to balance between work and life, so necessary to take enough precautions and we have to try and prevent such illness."* Women feels that family health and happiness in their responsibility and she feels she has to spend her maximum attention and time towards the family.

One of the narratives where “I feel that when I am sick and resting it effects the daily routine of everyone, so I shouldn’t make a situation happen like that. If I am mentally down, I will be physically down also, and it will affect the family”. The Attitude in women clearly defines that they give central importance to family. Understanding from the narratives, women generally seemed happy in their choices they make for their family as well as their own life.

Family relationships, cultural factors, and internal resistance to change: "We have a responsibility to women, and it is both my job and my dharma to look out for my family." Women's experiences revealed that they are taught from an early age that taking care of the family's health is their responsibility. In their interviews, most of the women used the word "Dharma," claiming that it was their duty to safeguard the health and welfare of their families. Women tend to hide their mental and physical flaws from other family members out of concern for the welfare of the entire unit. They frequently result in choices to treat their disease state by self-medication, homemade treatments, or even by forgoing proper care. They think no one else would step forward to take care of the family if they didn't. They talked about putting their comfort aside to care for their loved ones.

Family relationships play a significant role in determining the priorities of women's health. Even though I might feel like making rice porridge, the rest of the family won't be satisfied. Even the kids will inquire whether there is nothing else to eat. However, the entire family ends up eating the rice porridge if the sick person is an elderly person, a husband, or a child. A woman's behaviour in seeking medical attention is also influenced by her husbands' support; "father preferred self-medicine therefore he doesn't take mother to hospital as well." There are situations when strong pressure from other women in the family also affects women's decisions. There seems to be an inherent inertia of change, which women showed in their health behaviours, even with a somewhat high educational status and awareness level. It's not always the case, but occasionally I don't take my ailments seriously. For some illnesses, there are a few things you can do, so we'll wait a few days to see if the condition will be treated. Most women claim that their behaviour is a result of habits they picked up while growing up, and that even when they are aware of the consequences, it is challenging for them to break those habits. They think that because their moms' and grandmothers' lives were relatively normal, this routine wouldn't damage them. Intriguingly, when asked why they preferred not to modify their usual behaviour, most of the ladies stated with a modest smile that they didn't feel for the change.

IV. CONCLUSION

Understanding women's mental models about their health through their narratives offers up several discussion points, including those established by previous studies. The answer to the puzzle cannot be found in just one significant element. It is influenced by a variety of ideas women have about themselves, their surroundings, and other people. In the current study, their conviction that they can control their sickness stands out. Their understanding of what is most important to them when it comes to their health depends on their availability of time, effort, perception of the illness' severity, how they see themselves as decision-makers, and their awareness of and capacity for control over a particular interest. While few things are forced upon them, a lot of the decisions they make are dependent on their convictions, habits, beliefs, and value systems. The current study has consequences for health awareness and services in the State even if it was based on only twenty qualitative interviews and cannot be generalized. Although the study's participants are educated, they nevertheless struggle to put their health first when they are in need.

Women's behaviour in seeking health depends on how they perceive their disease and how much it can be managed. When it comes to health, women's actions and choices are also influenced by their families, society's expectations, and its culture. Women's opinions are considered when families make decisions collectively, although some tales revealed that families frequently adopt the women's health-seeking behaviours. Despite their financial status, women tend to avoid their health-related problems in favour of their families, which is a concern expressed in the study. Additionally, because the study was conducted to fulfil a requirement for an academic course, the findings cannot be applied to a different demographic. The authors believe that a bigger sample size might yield more insightful data that could be used to address this problem.

Women's objectives for health are significantly influenced by their own expectations as well as their view of their obligations as women. Even while most of the respondents felt the need to focus on oneself, they had trouble putting that desire into practice in their daily lives. Health education campaigns should incorporate personal and self-awareness content that lets women know it's alright to take some time for themselves. Women's ability to exchange pertinent information to support their health behaviours will be greatly facilitated by the promotion of social organizations in which they can volunteer and participate. Initiatives for significant behavioural change should be developed and supported to improve women's capacity for decision-making and modify how they view the many roles they perform.

REFERENCES

[1] Organization W. World health statistics 2016: monitoring health for the SDGs, sustainable development goals [Internet]. Apps.who.int. 2021 [cited 21 July 2021]. Available from: https://apps.who.int/iris/handle/10665/206498

[2] Thresia C. Health Inequalities in South Asia at the Launch of Sustainable Development Goals: Exclusions in Health in Kerala, India Need Political Interventions. International Journal of Health Services. 2017;48:57-80. .

[3] Aravindan A. Health of Women in Kerala: Current Status and Emerging Issues Centre for Socio-economic & Environmental Studies Khadi Federation Building Health of Women in Kerala: Current Status and Emerging Issues [Internet]. Academia.edu. 2021 [cited 21 July 2021]. Available from:https://www.academia.edu/7917897/Health_of_Women_in_Kerala_Current_Status_and_Emerging_Issues_Centre_for_Socio_economic_and_Environmental_Studies_Khadi_Federation_Building_Health_of_Women_in_Kerala_Current_Status_and_Emerging_Issues.

[4] Reshma Ramesh, Swati Dinesh. PSYCHOSOCIAL EFFECTS OF PCOS ON REPRODUCTIVE-AGE WOMEN; A PRELIMINARY EXPLORATORY STUDY BASED IN KERALA. Malaysian Journal of Public Health Medicine. 2020;20:305-310. .

[5] National family health survey (NFHS-2) [Internet]. Dhsprogram.com. 2021 [cited 21 July 2021]. Available from: https://dhsprogram.com/pubs/pdf/frind2/frind2.pdf.

[6] Deconfining Women! Mental Models Pertaining to Empowerment. Proceedings of the 4th International Conference on Gender Research. 2021.

[7] Bird C, Rieker P. Gender matters: an integrated model for understanding men's and women's health. Social Science & Medicine. 1999;48:745-755. .

[8] Gronowski A, Schindler E. Women's Health. Scandinavian Journal of Clinical and Laboratory Investigation. 2014;74:2-7.

[9] Ganle J, Obeng B, Segbefia A, Mwinyuri V, Yeboah J, Baatiema L. How intra-familial decision-making affects women's access to, and use of maternal healthcare services in Ghana: a qualitative study. BMC Pregnancy and Childbirth. 2015;15.

[10] Puentes-Markides C. Women and access to health care. Social Science & Medicine. 1992;35:619-626. .

[11] A tribal community-based discussion on economic repercussions of a twin-pit for pour-flush model toilet construction [Internet]. Ieeexplore.ieee.org. 2021 [cited 21 July 2021]. Available from: https://ieeexplore.ieee.org/abstract/document/8289093.

[12] Artazcoz L, Borrell C, Benach J, Cortès I, Rohlfs I. Women, family demands and health: the importance of employment status and socio-economic position. Social Science & Medicine. 2004;59:263-274.

[13] Choudhury SB. Empowerment of women in Indian context. International Research Journal of Multidisciplinary Studies. 2018 Mar 4;4(3).

[14] Gentner D, Stevens A. Mental models.

[15] Mevorach M, Strauss S. Teacher educators' in-action mental models in different teaching situations. Teachers and Teaching. 2012;18:25-41.

[16] Kempton W, Lave J. General/Theoretical:Mental Models. Dedre Gentner and Albert L. Stevens, eds. American Anthropologist. 1983;85:1002-1004.

[17] Mosavel M, Simon C, Van Stade D. The Mother–Daughter Relationship: What Is Its Potential as a Locus for Health Promotion?. Health Care for Women International. 2006;27:646-664.

[18] Mohindra K, Haddad S, Narayana D. Women's health in a rural community in Kerala, India: do caste and socioeconomic position matter?. Journal of Epidemiology & Community Health. 2006;60:1020-1026.

[19] Women Empowerment through Productivity, Rural Development and Technology: Assessment of Cross Linkages within a Village of Maharashtra, India [Internet]. Ieeexplore.ieee.org. 2021 [cited 21 July 2021]. Available from: https://ieeexplore.ieee.org/abstract/document/9356965.