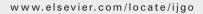


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SOCIAL ISSUES IN REPRODUCTIVE HEALTH

Women's perception of self-worth and access to health care

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KEYWORDS

Self-worth; Utilization; Women's health

Abstract

Objective: Research has shown differences in health status and health care utilization related to culture, economic status, and health care development. This paper reports on a study comparing attitudes of women in three countries, at various stages of development, about their own health and self-worth and asks if these differences account for differences in health care utilization and inequities in health status. Method: A questionnaire, administered to 100 women in each of Yemen, Uganda and Canada, explored women's perception of their own health and health care seeking behavior. Result: Women's perception of themselves as worthy of care was positively related to utilization. The ability to make one's own health care decisions varied with her country's development level. Implementation strategies must consider women's decision-making capacity. Conclusion: To achieve improved health status, policies and programs must commit to encouraging appropriate social and cultural changes, using a 'cross-sectoral approach', involving both gender and development issues.

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1. Background

The health of women is a foundational pillar for progress in the developing world. When women require health care

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services, are there barriers to access? Are these barriers different in developed and developing countries?

Regardless of gender, there is clearly an imbalance in the health status of people among various regions of the world [1]. However, this imbalance shifts dramatically when comparing female related causes of death and disability such as maternal mortality ratios which are several hundred times higher in developing countries than in developed nations [2].

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Table 1 Demographic information							
Country	Canada	Uganda	Yemen	p value			
N	103	100	100				
Age							
Mean age (years)	29.80	24.04	24.74	p = 0.001			
S.D.	6.39	6.47	6.40				
Range (years)	16-43	16-48	15-45				
Education level							
Illiterate	0	45	40	p = 0.001			
Reads a little	0	40	13	•			
Public school	2	8	23				
High school	38	7	14				
College/university	62	0	10				
Marital status							
Married	62	57	74	p = 0.001			
Single	28	17	17	•			
Divorced	1	1	4				
Co-habiting	8	25	0				
Widowed	0	0	5				

World-wide, women's health is susceptible to poverty, violence and lack of gender-specific facilities and research. Women in developing countries are confronted with even more health challenges including lack of education and autonomy, traditional practices, lack of access to health care and unequal application or abrogation of their human rights [3].

Multiple demands may inhibit developing countries from providing adequate health care services. However, even the availability of medical services for women is not a guarantee that they will be able and willing to use them [4]. Structural conditions may make it impossible for many women to imagine that they could access beneficial and affordable health care. International recognition has been given to the need for social and economic conditions that both promote and allow women to use optimal health services [5].

Table 2 Access to health care services						
Country	Canada	Uganda	Yemen	p value		
N	103	100	100			
Access to health care and food						
Could get money	98	92	47	p = 0.001		
for medical treatment?						
Could visit a	102	93	38	p = 0.001		
doctor/clinic if you needed to?		, ,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Experienced	5	15	24	p = 0.001		
hunger because						
you could not get food?						
-1004.						

2. Statement of the problem

Are there differing attitudes of women in developing and developed countries about their health, their self-worth, and their importance? Do these differences account for differences in health care utilization and for some of the inequities in their health status?

3. Methodology

A health survey of reproductive aged women was carried out in three university hospital settings in Yemen, Uganda and Canada. The purpose of the survey was to describe women's perception of their health care seeking behavior and attitudes. The questionnaire gathered information on demographics, resource

Table 3 Attitudes and experiences						
Country	Canada	Uganda	Yemen	p value		
N	103	100	100			
Attitude about health using family resources for own health care (1 = not at all; 5 = very much)						
Does your family/ husband encourage you to visit the doctor/clinic when ill?	4.11	4.23	1.75	p=0.001		
S.D. Do you feel that money/resources should be spent on your health?	1.3 4.36	1.0 4.38	1.1 1.58	p=0.001		
S.D. Do you feel guilty when money is spent on your health?	1.1 1.59	1.0 2.27	0.5 3.66	p=0.001		
S.D. Delayed getting medical care	1.0 27	1.5 48	1.3 60	p=0.001		
Harmed by family member	19	16	69	p = 0.001		
Makes own decision about health and education Values self (1 = not at all; 5 = very much)	100	58	0	p=0.001		
Values self S.D.	4.49 0.78	4.19 1.15	1.61 1.1	p = 0.001		
Valued by family S.D.	4.35 0.96	3.81 1.2	1.63 0.84	p=0.001		
Knows about rights Health rights Education rights	96 94	78 83	40 42	p=0.001 p=0.001		

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