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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

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Utilization;
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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

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	<i>p</i> value
<i>N</i>	103	100	100	
<i>Age</i>				
Mean age (years)	29.80	24.04	24.74	<i>p</i> =0.001
S.D.	6.39	6.47	6.40	
Range (years)	16-43	16-48	15-45	
<i>Education level</i>				
Illiterate	0	45	40	<i>p</i> =0.001
Reads a little	0	40	13	
Public school	2	8	23	
High school	38	7	14	
College/university	62	0	10	
<i>Marital status</i>				
Married	62	57	74	<i>p</i> =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	<i>p</i> value
<i>N</i>	103	100	100	
<i>Access to health care and food</i>				
Could get money for medical treatment?	98	92	47	<i>p</i> =0.001
Could visit a doctor/clinic if you needed to?	102	93	38	
Experienced hunger because you could not get food?	5	15	24	<i>p</i> =0.001

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	<i>p</i> value
<i>N</i>	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	<i>p</i> =0.001
S.D.	1.3	1.0	1.1	
Do you feel that money/resources should be spent on your health?	4.36	4.38	1.58	<i>p</i> =0.001
S.D.	1.1	1.0	0.5	
Do you feel guilty when money is spent on your health?	1.59	2.27	3.66	<i>p</i> =0.001
S.D.	1.0	1.5	1.3	
Delayed getting medical care	27	48	60	<i>p</i> =0.001
Harmed by family member	19	16	69	<i>p</i> =0.001
Makes own decision about health and education	100	58	0	<i>p</i> =0.001
Values self (1 = not at all; 5 = very much)				
Values self	4.49	4.19	1.61	<i>p</i> =0.001
S.D.	0.78	1.15	1.1	
Valued by family	4.35	3.81	1.63	<i>p</i> =0.001
S.D.	0.96	1.2	0.84	
Knows about rights				
Health rights	96	78	40	<i>p</i> =0.001
Education rights	94	83	42	<i>p</i> =0.001

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