

ABSTRACT

The purpose of this qualitative inquiry was to explore the current health care practices of older women from a life course perspective. We conducted face-to-face interviews with 11 women, ranging in age from 65 to 94 years of age (M age = 76.18 yrs.), who participated in a larger study of older adults receiving care at a Veterans Affairs Medical Center. The audio-taped interviews, which lasted between 30 and 120 minutes, took place in the participants' homes or a location of their choice and were later transcribed verbatim. Based on multiple readings of the transcripts, we used an open coding process to generate a comprehensive list of themes and patterns in the data. As a team, we verified and refined the coding scheme to include five primary coding categories: informal network structure, health history, current health problems and practices, health communications, and future care. From our analyses of the interviews, we identified three interrelated themes that contributed to our understanding of the women's health behaviors: autonomy and a desire for independence, direct and indirect influences of the past on the present, and an awareness of changes in health care. The findings emphasize the importance of time and context when examining health behavior in later life.

PURPOSE OF THE STUDY

The purpose of this study was to explore personal and contextual factors related to older women's health care practices. Applying the life course perspective, we examined the accumulation of a lifetime of interacting social, behavioral, and biomedical processes that shape older women's attitudes about their health, their responses to illness symptoms, and their use of health care.

- How do older women describe their health care practices and beliefs within the context of their family?
- How do older women describe and make meaning of their current health status?
- How do family, friends, and the formal care system influence older women's health beliefs and practices?

METHODS

- First Phase: Self-report questionnaires were utilized to collect data from 111 individuals attending three outpatient clinics at a Veterans Administration Medical Center (VAMC).
- Second Phase: Follow-up telephone interviews with 97 of the 111 participants.
- Third Phase: Face-to-face interviews with 30 of the original participants. Interviews were:
 - audio-taped
 - between 30 and 120 minutes
 - conducted in participants' homes or a location of their choice
 - transcribed verbatim

SAMPLE CHARACTERISTICS

Pseudonym	Age	Marital Status	Living Arrangement	Yrs of Education	Income (monthly)
Anna	81	Div/Sep	No One	18	1677-2083
Betty	66	Div/Sep	No One	12	697-938
Charlotte	86	Widowed	Sister	10	939-1249
Doris	94	Widowed	No One	10	697-938
Elizabeth	81	Widowed	Son	9	939-1249
Francis	69	Married	Spouse	12	1250-1666
Gertrude	75	Widowed	No One	15	2084-2499
Hillary	65	Never Mar	No One	14	3334-4166
Ingrid	77	Widowed	No One	12	1250-1666
Judy	77	Widowed	No One	12	939-1249
Kate	67	Div/Sep	Friend	18	939-1249

ANALYSIS

Based on multiple readings of the transcripts and reflective process notes, we:

- used an open coding process to generate a comprehensive understanding of themes and patterns in the data.
- completed six readings of the transcripts to verify and refine the coding scheme.
- applied the coding scheme to the transcripts to identify ways in which older women described and made meaning of their health care practices.
- compared coded transcripts and discussed in team meetings, a process that allowed us to reach 100% agreement on identifying themes.

AWARENESS OF HEALTH

The women shared several similar childhood health-related experiences:

- The women and their siblings experienced common illness including colds, flu, measles, mumps, and chicken pox.
- The women's parents typically treated their illnesses by using "home remedies" such as Vicks, castor oil, cod liver oil, aspirin, liniments, and mustard plasters; doctors made home visits only for "life or death situations."

In adulthood, health was a focus of interaction with family and friends:

- The women often expressed more concern about the health of family members than their own.
- Most women had experienced the death of a parent(s) during the last decade and several had siblings with chronic health problems.
- Although most of the women shared their health concerns with their family members, friends appeared to be their primary sources of emotional support and were most understanding of their health care needs.

INFLUENCE OF PAST ON PRESENT

Experiences throughout the women's childhood and adult lives influenced current health actions and reactions among the women.

- The majority of the women reported that they still use several of the home remedies from their childhood.
- All of the women perceived that "good diets" and "hard work/exercise" contributed to their health as children and adults "it was a way of life."
- Three-fourths of the women indicated that they treated themselves first; they only went to see their physician if their condition did not subside.
- Interactions with their parents as they aged, and now with their siblings, reaffirmed and sometimes changed the women's personal health beliefs and practices.

AUTONOMY & INDEPENDENCE

Regardless of how the women rated their health (e.g., excellent, good, fair, or poor), the meaning they ascribed to their health was derived from their ability to take care of themselves and maintain activities they enjoyed.

"able to do whatever I want to do and not have any sickness" (excellent health)

"being able to do what I want to do when I want to do it" (good health)

"I still walk and I can still think and I can still move around and do the things that are necessary physically for myself" (fair health)

Only one woman rated her health as poor; she viewed her health as "limiting"

"I cannot drive anymore, and I can barely walk. I can hardly do things for myself or anyone else, and I can no longer go out to any social activities like church or visiting friends."

CONCLUSIONS

- Older women are active participants in their own health care.
- Maintaining health is vital to older women's sense of autonomy and independence.
- The application of the life course perspective is germane to the study of older women's health as it emphasizes the importance of time, context, process, and meaning on individual development and family influences.
- More research is needed that incorporates life course variables, including time and context, to understand the complexities of health beliefs and practices in later life.