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Wray, Sharon

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What Constitutes ‘Good Health’? The perceptions and experiences of older African Caribbean women

Sharon Wray & Michelle Bartholomew
The University of Huddersfield
School of Human & Health Sciences

Email: s.wray@hud.ac.uk m.bartholomew@hud.ac.uk

Outline of the Presentation

- The research.
 - Health, ageing and Eurocentric medicalised models of health.
 - Ethnic diversity: What a difference *difference* makes.
 - What does ‘health’ mean to older African Caribbean women?
 - Inclusion: health, ethnicity and ageing – some thoughts for discussion.
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The research

- # Findings based on 2 qualitative research study's.
 - 1. ESRC (Growing Older Programme - grant L 480 25 4047, Mary Maynard, Haleh Afshar, Myfanwy Franks, Sharon Wray).
 - 2. PhD research, Michelle Bartholomew.
 - 'Health, Health Experiences and Identity. Perceptions of Mid-Age Women of Colour'
-

The ESRC research - background

- Commenced Sept 2000 – 17 months
- Semi-structured interviews and focus groups with 170 women
- Age group – 60-80 years

Ethnic groups (self defined)

- African (Black)
- Caribbean (different islands)
- Bangladeshi
- Indian
- Pakistani
- Polish (first generation migrants)
- Irish

N.B Participants lived in suburban, rural and inner city areas.

The PhD Research - background

- # Commenced December 2004 – ongoing
 - # Focus group interview with 5 women
 - # Age group 60 - 70
 - # All women from West- Indies
 - # From 3 different islands
 - # Grenada
 - # St Lucia
 - # Carriacou
 - # Participants lived in suburban areas
-

Health, ageing and eurocentric medicalised models

- # Bio-medical discourse - health is often defined solely as the absence of disease and 'healthy' lifestyle is based on western (European/American) notions of self-surveillance and individual, rather than collective, empowerment strategies.
 - # Western definitions of health have tended to rely on bio-medical notions about the body, which often construct ageing as a disease rather than a natural event (Vincent, 2003).
-

Health, ageing and eurocentric medicalised models

- # Older people and health – Healthcare professionals tend to discuss in terms of disease and loss (McKevitt and Wolfe, 2002).
 - # Onus on the individual to remain healthy –now more likely to be attributed to a lack of health maintenance and self-care (Peterson and Bunton, 1997).
 - # Older women are expected to be ever vigilant and expect less of their bodies as they grow older.
-

Health, ageing and eurocentric medicalised models

- # Tendency to theorise health, ethnicity and ageing in isolation, rather than as interrelated indivisible components of ‘health’.
 - # These polarised dualistic accounts of *either* physical/medical concerns *or* social/psychological aspects have restricted our understanding of ‘health’.
-

Ethnic diversity: what a difference *difference* makes?

- Research on health and ethnicity has explored ethnic variations in health and illness and the link between ethnicity, inequality and health (Blakemore and Boneham, 1994; Karlsen and Nazroo, 2002; Keith, et al. 1990, 1994; Markides, 1989).
-

Ethnic diversity: what a difference *difference* makes?

- Tendency to focus on material constraint, service provision and the types and rates of illness linked to specific ethnic groups (see for example, Blakemore and Boneham, 1994).
 - The inter relationships between gender, age, ethnicity and health have often been overlooked.
-

Ethnic diversity: what a difference *difference* makes?

- Focus on the health experiences of older *men* - women's experiences frequently remain hidden or are referred to briefly.
 - Little is known about how ethnically and culturally diverse backgrounds shape *women's* perceptions of their health and well-being as they grow older.
-

Ethnic diversity: what a difference *difference* makes?

For example:

- # How women define/perceive health
 - # The effects/impact that racism and discrimination have had on their health experiences
 - # The extent to which women feel in control of their health
 - # The influence of Western medical discourse
-

Ethnic diversity: what a difference *difference* makes?

- # Women's experiences marginalised and suppressed
 - # Aims of research.....
 - # To listen, understand and analyse women's experiences
 - # To examine the differences between women
 - # To give women a meaningful voice
-

The significance of 'good health' for older African Caribbean women

- # Good health formed a major component of happiness and well-being for African Caribbean.
 - # Feeling in 'good health' generated feelings of agency and empowerment amongst the women.
-

1. The significance of 'good health' - *quotation*

- # *Good health that's all I'm asking for because there is no point having a house full of money and the health is no good (Simone, age 65, African Caribbean). That (health) is the most important thing in my life. Good health. If one hasn't got good health you're nowhere. It is very, very, important to me good health (Lavinia, age 61, Black/West Indian).*

The significance of 'good health' for older African Caribbean women

- # Health defined as a negative concept, with illness and ailment attributed to poor working conditions and life in the U.K (See also: Mama, 1989 and Smaje, 1995).
 - # Spiritual health was identified as the most important element in the women's lives and was seen as a mechanism for coping with ill health (See also: Patillo-McCoy 1998 and Black, 1999)
-

The significance of good health - *quotation*

- ✦ *Well I forgot what health feels like for the past few years.....I don't know what health feels like, all that I know, what pain feels like, because I am feeling so much pain in my shoulders.....and the thing is it all arise from lifting at work*
 - ✦ *I think most of it (the pain) it's the jobs we did (p1)*
 - ✦ *Yes poor wage and we as Black get the worst job, worst end of the stick (group agreement)*
-

2. Spiritual health - *quotation*

- # *Well I think is very, very important in my life*
- # *In all our lives (group agreement)*
- # *Because we brought up in the church and I thank the Lord that I kept it that I still kept my faith from when I was growing up*
- # *It never fails me*
- # *That's right (group agreement)*
- # *If you ask for something, you will get it, unless what you ask for is not good for you*
- # *That's right (group agreement)*
- # *If you put your heart into it*
- # *Without the faith, without God I don't think we could*
- # *Survive, that's why we are surviving, on our faith*

2. Spiritual health - *quotation*

- # *And the more you have the faith more you go through pain. Because God go through it you see*
 - # *Suffering as long as you're a Christian you go through a lot of problems eh*
 - # *It make you stronger, it make you a stronger person you know, it make you a better person, it make you able to forgive, when you think there's no forgiveness at all. It make you able to Love (group agreement) people that sometimes does you something terrible wrong, you can turn round and love that person*
 - # *Strengthens your faith as well (group agreement, yes it does it does)*
 - # *Makes me able to live from day to day life*
-

3. *‘Keeping going’ and ‘getting about’*

- # An agile body - able to carry out the actions and movements necessary to participation in social life – helping others, going to church, looking after grandchildren etc.
 - # Being with others is intimately connected to the maintenance and construction of social selves, collective/individual identities and networks (Goffman, 1971; Hockey and James, 2003).
-

3. Keeping going - quotation

- *Well good health means a lot to me because you can get up and go not depending on anybody you can do what you want for yourself. You can clean your teeth. (...) I can get up and go I can always help somebody else (Josephine, age 64, West Indian).*

3. Keeping going - quotation

...we are Caribbean from the West Indies, we know how to entertain ourselves and other people cos, them years I believe everybody was one Nation and I thanks God for that, because we knew how to bring others together...that we join together in a country that not, that wasn't ours. Being a stranger to the country and you don't know that many people, especially the English people and our people the black people join together in force, that make me feel that we was one Nation, one faith, one Love, that how I look at it in the 60's (group agreement)

#

3. *Keeping going- quotation*

- # ..Don't you think people used to be a lot friendlier than now....some of the people now, because they come into this country they just change, you know this younger generation
 - # Everybody smile everybody say hello to one another..Even though we didn't know the names. ..They didn't even have to invite you to the party individually, a friend will tell you.....that's how it used to be
 - # The best, we all get together just the same
 - # That's what kept us going in the new country and that's what kept most of us together
-

4. Perceptions of western medical models of health

- # Distrust of Medical Profession
 - # Lack of cultural awareness amongst health professionals
 - # Significance of the link to ‘traditional’ medicines from ‘home’
 - # Maintenance of collective ethnic/cultural identities - shared sense of belonging and inclusion through ‘traditional’ medicines.
-

4. Alternative to western medical models - *Quotation*

- # From the doctor? (Interviewer)
- # *Well all I get is some tablets. But I try...you have to try a home remedy because sometimes...they say garlic tea is good for arthritis (Sonya, age 71, British Jamaican)*
- # And cod liver oil? (Interviewer)
- # *Well I don't like the cod liver oil. I used to take the tablet but it don't let me feel...it upset my stomach. Yeah but the garlic tea it's good. When I do it I just squeeze a bit of lemon you know to take away the taste (...) You know because I used to visit the doctor so often an' now when I go he says my blood pressure is not bad (Sonya).*

4. Alternative to western medical models - *Quotation*

- # ..herb is an ancient thing, tradition, lots of people use herbs.. I think the time will come when everyone will go back to herbs really..
- # That's why we believe in herbs, because that's how we brought up
- # I am taking lots of tablets for blood pressure and what not, but I'm more spending me own money, going to Holland and Barrett and Dodd's....I don't depend on their tablets (Doctors)...I mean once, I know what complaint I have, I do my own research and get different herbal tab, its tablets again though, but I more believe in them

4. Alternative to western medical models - *Quotation*

- # I don't like doctors I hardly talk
 - # You can see the frustration in their face
 - # And you pay for that
 - # You can't tell them nothing that's what they want to make people understand, you're not telling me my job...And doctors is somebody I don't like to argue with cos they could give you anything, you don't know
 - # Yes you're sure right
-

5. Ageing and health

- # The ageing process frequently linked to loss of functional capacity, deprivation and the inability to work (Afshar et al, 2001).
- # Western construct- Ageing associated with loss of power and loss of independence. Our research shows linkage with power and both dependency/interdependence (Wray, 2004a; Fox, 2005)

5. Ageing and health -*quotation*

- *In general it (body) is slowing down and um you know there are things you could do and you can't always do it. You can do it but you do it at a slower pace. I couldn't get up and clear the house, top to bottom like I used to do. But I know I will do upstairs on one day and another day I do the downstairs. (...) It's got its set backs but it's not being ill (Josephine, age 64, West Indian).*

5. Ageing and health - *quotation*

- # ...Really we are not young again to say, but you've got to try and keep fit (Group agreement), but the pains will come you know, thank God I'm not too bad you know
- # We used to do more exercise them years cos..everywhere I went I used to walk..Now we're getting lazier, because I'm lazy, and I don't want to do nothing except curl up in the settee

Inclusion: health, ethnicity and ageing...some thoughts

- More emphasis on the cultural context of women's experiences of health and ageing may provide alternatives to dominant western biomedical perspectives of what constitutes good health, as women grow older.

Inclusion: health, ethnicity and ageing...some thoughts

- Understanding the connections between ethnicity, culture and how women perceive and experience their health is central to understanding what women find empowering and disempowering about their bodies.
-

Inclusion: health, ethnicity and ageing...some thoughts

- # Engaging Participants
 - # Difficulties of recruiting women of colour
 - # Historical Facts
 - # Reduction of power
 - # Insider/Outsider Status
 - # Academic language discourse
 - # Mutual Collaboration
 - # Participants as co-researchers
 - # Researcher – active involvement with participants/sharing
 - # Reciprocity
-