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Health and Illness Concepts Among Lower Income Nicaraguan Women

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Concepts of health and illness are culturally defined; however, few researchers have reported on these concepts among Latina women. A purposive sample of 14 lower income Nicaraguan women living in a squatter settlement is the focus of this qualitative study. The authors used in-depth, tape-recorded interviews in Spanish to gather data on the women's concepts of health and illness for adults and babies and of health maintenance activities. The authors analyzed the verbatim transcripts and analyzed them for themes. The women's concepts of health and illness included four themes: activities, disposition, eating, and appearance. Health maintenance activities included hygiene and sanitation, medical intervention, nutrition, and the appearance of cleanliness. Nurses and other health care providers will find these themes instructive in developing and providing health services for similar Latina women.

Keywords: *health concept; Nicaragua; women*

Health is a key concept in nursing, and nurses are enculturated to think of health in their worldview. However, nurses rarely stop to think about their clients' concept of health, because they often assume that it is the same as theirs. Concepts of health are culturally defined for clients and often differ from the professional nurse's concept. When the health concept is not the same for the nurse and the client, there might be communication problems in setting mutual goals toward health or poor adherence by the client to a therapeutic regimen aimed at restoring health. The purpose of this study was to explore the concepts of health and illness among lower income Nicaraguan women.

Background

In the past 5 years, few studies have addressed women's concepts of health, and none have included Nicaraguan women. In one small qualitative study of 6 women who live in poverty, the quest for wholeness was a major theme (Polakoff & Gregory, 2002). Kasle, Wilhelm, and Reed (2002) conducted a series of 10 focus groups that included women from various ethnic and racial groups, including non-Hispanics, Native Americans, African Americans, and Hispanics. Two groups were conducted in Spanish; however, the authors made no attempt to analyze the data from the Hispanics separately. They found that the women overall defined health as "a balance and integration of physical, social, emotional, and spiritual elements of life" along with "harmony and stability within family and close relationships" (p. 181). In a quantitative study of health perceptions among dyads of Hispanic women and their adult daughters, the author reported no significant differences between mothers and daughters in terms of health perception (Garcia-Maas, 1999).

In another study of older Anglo and Latina women, using focus group interviews, McCarthy, Ruiz, Gale, Karam, and Moore (2004) found differences between the groups regarding functional health. The Latina women, unlike the Anglo women, did not describe health in terms of "well-being or the absence of disease" (p. 963). Rather, they described it as an aspect of self in relation to interpersonal relations with friends

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and family. They also noted that "placing their health in God's hands" was important in maintaining health and preventing illness (p. 964).

In a study of the meaning of health among older Hispanic women, Yoho and Ezeobele (2002) interviewed 19 women to elicit their descriptions and reported the following themes related to health: independence, looking good, and being able to do usual activities. In terms of what the older Hispanics did to maintain their health, they responded with "being active" (p. 272) and eating well. In a qualitative study of 13 acculturated women of Mexican ancestry about their health beliefs, Mendelsohn (2003) found that activities to maintain health included good nutrition, exercise, recreation, and preventive health care.

Closer to the geography of Nicaragua was the study of Guatemalans' health promotion practices (Purnell, 2001). The author reported that 29 women responded to a 44-item questionnaire and revealed that respondents ate certain foods, exercised, and used herbs and good hygiene to maintain their health.

In this article, we describe the concepts of health and illness from the emic perspective of lower income Nicaraguan women. The research questions were How do poor Nicaraguan women describe a healthy adult and child? How do they describe a sick adult and child? and What do they do to maintain their health?

Method

Setting

The study was carried out in Nicaragua, which has a population of more than 5 million people, of whom 45.8% lived in poverty in 2001. The per capita income was $710, life expectancy was 68.7 years, and infant mortality was 32 per 1,000 in 2002 (World Bank, 2004). The birth rate was 35.3 per 1,000, and the fertility rate was 4.4 children in 2000 (Pan American Health Organization, 2003). The setting for this study was a former squatter settlement (*barrio*) in Managua, Nicaragua, where approximately 1,700 people live in 270 households. The dwellings in which they live are approximately 15 feet (5 m) square and are made of cardboard, scrap wood, and tin. In the barrio, most homes have running water a few hours a day. Common health problems include acute respiratory infections and diarrhea (Universidad Politecnica de Nicaragua, 2000) and undernutrition in adolescent girls (Pawloski, Moore, Lumbi, & Rodriguez, 2004).

The first author, a nurse-anthropologist, had worked in this squatter settlement for 9 years as a teacher of community health nursing students from a U.S. university for 2 weeks a year. She had done extensive participant observation over the years that informed the questions she asked in the interviews. She invited the women who came to the barrio nursing center for microcredit meetings to participate in the individual interviews. The nursing center was a small stucco building that housed a few clinic rooms and an open space for health education. The interviews took place in one of the clinic rooms over the course of 2 weeks.

An interview schedule with 10 open-ended questions reflecting the concepts of health and illness was developed by the principal investigator. Responses to the first five questions are the focus of this article. Those questions were

How would you describe an adult who has good health?
How would you describe an adult who is ill?
How would you describe a baby who is healthy?
How would you describe a baby that was ill? and
What can a person do to maintain his/her health?

The questions were worded purposely to evoke responses that were not specific to the individual respondent's health but, rather, were more general to elicit the concepts of health and illness. Approval to conduct the study was obtained from the human subjects review board at the university.

Sample and Procedure

A purposive sample of 14 informants provided the data. The women had a mean age of 35 (SD = 8.6) and a mean number of four children (SD = 1.6). All interviews were conducted in Spanish by the first author and tape-recorded. As the interviewer had established rapport over many years with many of the women in the barrio, the informants readily agreed to be interviewed.

The women were given an informed consent at the fifth-grade reading level to sign. The informed consent included the study's purpose, voluntary nature, and confidentiality. The average interview lasted 45 minutes. No names were used on the tapes; only identification numbers were included. The first author started the interviews by indicating that she wanted to learn about the woman's point of view on health and illness. She often restated key phrases the informant said to encourage rapport. The interviews were transcribed

verbatim by a native speaker at the local university in Nicaragua.

Data Analysis

The first two authors listened to the tapes while reading the transcriptions to ensure accuracy. Latent content analysis was used to analyze the data from the five open-ended questions. This inductive process allowed the categories to emerge from the data. Categories were then logically analyzed and abstracted into themes. Confirmation of the themes by two authors helped to establish their reliability. The authors used DeSantis and Ugarriza's (2000) definition of *theme*: "an abstract entity that bring meaning and identity to a recurrent experience" (p. 360). Ethnograph (Version 5.0), a software program for qualitative analysis, was used to aid in data analysis. We conducted this phase of the data analysis in Spanish to preserve the context and colloquial language of the responses. Subsequently the themes were translated into English for this article.

Findings

Concepts of Adults and Babies in Health and Illness

When the women were asked about the characteristics of a healthy adult, they responded with the following four themes. First, an adult was able to perform activities such as working. Second, the person could eat well. Third, the adult's disposition was happy or balanced. The fourth theme was appearance, that is, the person had good color and good skin. For example, one woman described a healthy adult as "one who eats well, and has natural color, has a good disposition, and can work."

There were similar responses to the question about a healthy baby. Activity included being able to play. Eating well included nursing well. The disposition for a healthy baby was happy, not crying, tranquil, and laughing. Appearance was also a theme for healthy babies and included being a little fat, pink, and clean. To illustrate, one woman responded, "A healthy baby is a little fat, pink, playful, and active."

When asked about a sick adult, the responses fell into four opposite themes. In terms of activity, the sick person is in bed, is lying down, cannot work, converses very little, and does not go out. The sick adult's disposition is depressed and sad, and his or her appearance is thin and pallid, for example, "physical failing, not able to work, thin, always thinking . . . this is how I would describe someone sick." When asked about the sick baby, the theme of not eating was often mentioned. In addition, behaviors such as sleeping, not playing, or no activity were noted. When sick, the baby has a disposition of crying a lot, being sad, and not wanting anything. The sick baby's appearance is thin, pale, and haggard. In addition, there was a theme of symptoms when describing the sick child, such as fever, bad odor, diarrhea, and sleeplessness. One woman responded, "I have a baby and when he is sick he doesn't eat or sleep and cries a lot."

Health Maintenance Activities

When the women were asked what a person could do to maintain health, their responses evolved into four themes. Hygiene and sanitation included the categories of keeping the house clean, washing hands, using Clorox to purify the water, using the latrine correctly, keeping water in the barrels covered, and covering the trash. The second theme was medical intervention, that is, going to the health center. For example, one woman said, "Go to the doctor to check me." The third theme was nutrition, which incorporated not only eating certain foods, such as fruits, vegetables, and meat, but also washing fruit. Appearance was the fourth theme; it included being clean and having the strength to do things. An example of a response was

> Look, you wash things, maintain a clean house, wash and boil the baby's bottles, make sure the children wash their hands every 2 hours because they play in the dirt, and wash the hands with soap, put Clorox in the water [to drink], take a shower every day, and then the children won't get sick. You also have to go to the doctor to check you, for example, if you have a cold you must take the antibiotic that the doctor prescribes. I eat well and drink a lot of water and thank God I don't get sick very often.

Discussion

The findings highlight the plurality of health and illness concepts of these impoverished Nicaraguan women. The concept of health in this study shares elements of the World Health Organization (WHO; 1946) definition of health, which included physical and mental health aspects. The findings illustrate that the

women included dimensions of health in their concept that might not be addressed by the health care system. Their view includes a person's disposition and appearance, as well as the performance of activities.

Some of these findings support those found in previous studies of Hispanic women. The Nicaraguan women, as well as the older Hispanic women (Yoho & Ezeobele, 2002), related health to being able to perform activities, such as working. The Nicaraguan women, unlike the Latina women in McCarthy et al.'s (2004) study, did not mention health as an aspect of interpersonal relations. This could be because it is socially acceptable for Nicaraguan women to be unsociable when they are ill. Many times they say of people with diabetes that because of their diabetes, people are cranky or moody and do not relate well with others. These changes in mood are associated with being ill. They did say that a good disposition was a sign of good health, which could be related to the emotional aspects found in other studies and in the WHO (1946) definition, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (para. 2). The Nicaraguan participants, like their acculturated Mexican (Mendelsohn, 2003) and Guatemalan counterparts (Purnell, 2001), maintained their health by eating well and using hygiene practices. However, other aspects, such as maintaining sanitation, although mentioned by Nicaraguan women, were not found in any of the other studies. This could be because the Nicaraguan women were living in an impoverished Third World situation where basic sanitation was more important than in the industrial world, where these things are taken for granted. Future research could focus on conducting similar studies with other Latina women.

The themes identified in this study should be considered when nurses work with these women and other similar women who come from impoverished communities in Central America. In most Latin American countries, physicians outnumber nurses. Successful health promotion programs could integrate these concepts into their educational programs. Further research needs to be done with other Latina women to confirm the findings and expand knowledge of health and illness concepts of cultural groups. On an individual level, nurses in practice can explore their clients' concepts of health and illness to understand further where they are coming from, not only geographically but culturally.

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