

Women's health psychology and socio-cultural context in the EHPS 2015 conference

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Health policy makers, practitioners and researchers have known for quite some time that there are gendered differences in many health matters (Annandale & Hunt, 2000; Bird & Rieker, 1999). There are three main reasons for this: 1. Women might experience certain health

issues differently than men, such as heart disease; 2. They deal with medical challenges that emerge from the specifics of their bodies, such as breast cancer; 3. The construction of their gendered social roles is related to their health, for example, they may have less access to medical care, because of stronger cultural or financial barriers. Growing evidence suggests there is a need for special focus on women's health psychology (Benyamini, 2009).

Reproductive health matters such as cervical cancer, infertility and childbirth concern women across the globe. The decision-making processes and women's subjective experience of these matters could affect their physical and emotional health in the short and long term. These issues also have significant social and financial implications and can lead to health disparities. Therefore, it is imperative to study and share knowledge on these matters and understand how

they relate to women in different parts of the world. That is why we decided to team up and propose a symposium on this topic for the 29th EHPS conference in Cyprus.

Our symposium, entitled "Psychosocial aspects of women's reproductive health-related issues around the world" was accepted and took place on September 3rd. The symposium highlighted the importance of studying how women experience, cope with and regulate different reproductive health matters. A major emphasis was put on the sociocultural context in which women live and the way it shapes their beliefs, attitudes, and health behaviours. We

presented five examples of how women's cultural background and personal dispositions affect the way they deal with reproductive health issues. We showed how different complementary research methods help better understand women's perceptions, emotions

and choices regarding their and their daughters' health.

The first two studies had to do with prevention and screening for cervical cancer. Cervical cancer is the fourth most common cause of death from cancer in women and was responsible for approximately 266,000 deaths in 2012 worldwide (GLOBOCAN, 2012). Nowadays, there is a vaccination that protects against the high-risk strains of HPV (types 16 and 18, which account for 70% of cases). Though large scale implementation of this vaccine is in its initial years, population-based studies are beginning to



emerge, illustrating a reduction in high grade cervical abnormalities among women under the age of 18 (Brotherton, et al., 2011). The HPV vaccination is being distributed around the world and there are many national campaigns to vaccinate young girls (10-12 years of age), who in many countries receive it free through vaccination programs. All women, whether vaccinated or not, should have regular Pap smears. This simple test can detect abnormal cell growth that might develop into cancer.

Dr. Karen Morgan (kmorgan@rcsi.ie) presented a study involving focus groups of Malaysian mothers to examine the structural, cultural and psychosocial factors which influence decision-making in relation to HPV vaccination. She found that while the majority of mothers actively seek information about HPV vaccination and consent for their daughters to be vaccinated through the schools' program, they also have concerns about the necessity of vaccinating at such a young age. Providing an otherwise expensive vaccination free through the schools causes many mothers to override their concerns and vaccinate their daughters.

Prof. Adriana Baban (adrianababan@psychology.ro) presented a mixed methods study among Romanian women using in-depth interviews, focus groups, discussion forums, media reports, and quantitative surveys to assess knowledge, beliefs, attitudes, and behaviours related to cervical cancer prevention programs. Her results revealed that women have limited knowledge or confusion over the efficacy of the Pap test and the HPV vaccine, concerns about side effects, and reduced cervical cancer risk perception. Systemic barriers have a direct influence on the screening behaviour and this is partially mediated by perceived control and social norms. The trustworthiness of pharmaceutical companies,

government, medical system and doctors is strongly contested and translates into mistrust regarding the effectiveness of the vaccine.

The next two studies presented were about issues related to coping with infertility. Infertility, which is the inability to conceive after a year of trying to do so, afflicts approximately 10%-15% of couples. This condition can have serious emotional and physical implications on women's lives. It could greatly disrupt daily life, lower quality of life and its impact is comparable to that of serious chronic illnesses (Chachamovich et al., 2010). Assisted Reproductive Technology (ART) treatments are time-consuming and intrusive yet neither the condition nor the treatment are disabling or life-threatening. In order to understand the psychosocial impact of the condition, it is important to study how the experience of infertility is shaped by the social context (Greil, Slauson-Blevins, & McQuillan, 2010).

Prof. Yael Benyamini (benyael@post.tau.ac.il), presented the third study, which was a quantitative longitudinal study that researched how normalization, the ability to maintain a 'normal' life

alongside ART treatments and to feel as 'normal' as your peers, helps women undergoing infertility treatments and maintain their quality of life. This study was carried out in Israel, a country with a highly pronatal culture, where infertility is highly stressful. She found that women who managed to maintain normal routines and not feel different than women their age experienced better quality of life and psychological adjustment.

The fourth study was presented by Prof. Irina Todorova (ilgt1@comcast.net). In her study, she used qualitative techniques to analyze discourses around ART treatments in online Bulgarian sources. Her data revealed that wide accessibility



and insurance coverage of these treatments has somewhat shifted meanings and discourses of infertility for Bulgarian women from those associated with stigma, shame, and an identity of defectiveness, to a proactive and pragmatic identity empowered by technology. The analysis illustrated the "paradoxical nature" (Franklin, 1997) of ART treatments in the sense that they expand women's choices regarding parenthood, and at the same time limit alternatives regarding motherhood. When conception attempts are not successful, there is always another type of ART method to try (as long as finances allow), and the multiple treatments can have negative side-effects for women's health. On the on-line discussion forums, women also continuously motivate each other to keep trying and not give up, further sustaining long-term treatments.

The last presentation focused on childbirth. In many Western countries, women may choose how, where, and with whom to birth. Their planned and unplanned modes of delivery could potentially affect a wide range of spheres: the psychosocial wellbeing of the mother and child, their physical health, legal matters and financial issues. The way in which decisions regarding birth choices are made is not fully understood. That is why Heidi Preis (heidibracp@mail.tau.ac.il) conducted and presented a quantitative prospective study from Israel that explored how basic beliefs about the nature of childbirth affect birth. These beliefs about birth as a medical or natural process were shaped in a highly medicalized culture, and were found to be related to planned and unplanned modes of delivery. The findings suggest that the beliefs about birth are the basic building blocks that drive women's birth choices. Understanding them could improve psychological and medical interventions and outcomes.



Beside our symposium that was dedicated to women's health issues, there were several other presentations in the conference about the subject, with a wide range of themes such as: pregnancy and fertility related issues, surrogacy, postpartum adjustment, breast cancer, alcohol consumption, smoking cessation, eating habits, physical activity, domestic violence and coping with illness. Though the variety of the studies was inspiring, it seemed like most focused on intra-psychic constructs and placed less importance on the socio-cultural dimensions that affect women's health.

It is important to encourage and conduct more research that looks at women and their health issues in the multidimensionality of their lives. Women might be daughters, mothers, or expectant mothers; they could be wives, caregivers, or single women. In every culture there are gender role expectations that shape women's lives. They conduct their lives in a set of systems that influence their everyday behaviour. Women's family system often brings with it many responsibilities and pressures. Cultural and social norms shape their health concepts, attitudes and behaviors. They live in countries where there are different available resources or health disparities. All these socio-cultural frameworks must be taken into consideration when studying women's health and trying to promote behavior change and better living. To fully understand women's health issues, they must be studied in context.

We enjoyed collaborating together in our symposium and hope that more studies about women's health psychology will be presented at the 2016 EHPS conference in Aberdeen. In particular, studies that take into account the specific context that affects women.



From left to right: Heidi Preis, Adriana Baban, Karen Morgan, Irina Todorova, Yael Benyamini.

References

- Annandale, E., & Hunt, K. (Eds.). (2000). *Gender inequalities in health*. Buckingham, Philadelphia: Open University Press.
- Benyamini, Y. (2009). Stress and coping with women's health issues: A review from a self-regulation perspective. *European Psychologist*, 14(1), 63-71.
- Bird, C. E., & Rieker, P. P. (1999). Gender matters: An integrated model for understanding men's and women's health. *Social Science and Medicine*, 48(6), 745-755.
- Brotherton, J. M. L., Fridman, M., May, C. L., Chappell, G., Saville, A. M., & Gertig, D. M. (2011). Early effect of the HPV vaccination programme on cervical abnormalities in Victoria, Australia: an ecological study. *The Lancet*, 377(9783), 2085-2092.
- Chachamovich, J. R., Chachamovich, E., Ezer, H., Fleck, M. P., Knauth, D., & Passos, E. P. (2010). Investigating quality of life and health-related quality of life in infertility: a systematic review. *Journal of Psychosomatic Obstetrics & Gynecology*, 31(2), 101-110.
- Greil, A. L., Slauson-Blevins, K., & McQuillan, J. (2010). The experience of infertility: a review of recent literature. *Sociology of Health & Illness*, 32(1), 140-162.
- Franklin, S. (1997). *Embodied progress: A cultural account of assisted conception*. Milton Park: Routledge.
- GLOBOCAN (2012). *Cervical cancer: Estimated incidence, mortality and prevalence worldwide in 2012*. Retrieved from <http://globocan.iarc.fr/old/FactSheets/cancers/cervix-new.asp>

