



Hearty health for rural women

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The aim of this research study is to examine issues identified by rural women living in Greater Southern Area Health Service with heart disease. Ten women volunteered to participate in this study and were asked to answer eight questions in an in-depth interview which was then recorded. The study was based on individual women's experiences and perceptions and was descriptive in design.

A qualitative methodology was used in an attempt to provide a social framework and increased understanding of the diversity of women's experiences. From a feminist perspective women's health is a pattern of interwoven positive and negative experiences which is best understood using a holistic framework that includes social, cultural and political factors.

Interviews revealed that many of the women did not know much about heart disease and women and associated heart disease with men. Half the women in the study were diagnosed in hospital following a sudden episode where they had collapsed whilst undertaking a routine daily activity. Epigastric or chest pain was the most common symptom reported. Other symptoms included shortness of breath or becoming tired easily, some women experienced other pain, others reported palpitations and light headedness.

Most of the women reported that they had to slow down and were unable to continue carrying out usual tasks (cleaning windows, removing cobwebs, community and church commitments) and one woman could no longer continue caring for an adult child with a disability). Most of them felt guilty because they were unable to fulfil commitments to family and friends and did not want to be a burden on their children. Most participants reported that they did not know any other women with heart disease and commented about the absence of women in cardiac rehabilitation programs. Several women commented on the fact that they did not discuss their health concerns with anyone and were often too busy to think about it.

Many women were very satisfied with their care, some thought the care was reasonable and some had difficulties accessing specialist care due to large geographic distances and few services. One woman had problems with access to transport to go to appointments and described travelling long distances in a community transport vehicle.

The findings indicate that health service providers and women themselves do not see heart disease as an issue that affects women. As a result symptoms are frequently misdiagnosed and the seriousness of their illness fails to be taken into account. A further compounding problem for women regarding heart disease is that women are still not being included in large enough numbers in research studies. Frequently data is aggregated and does not provide a comparison between women and men. Follow up care, management and treatment options to address the needs of women and men are based on research conducted only on men.

For the full report on this project visit our website, follow the link to the Rural Research Capacity Building Program and click on 'view completed projects'

Annie Flint is the GSAHS Women's Health Coordinator and is based in Bateman's Bay on the NSW south coast. Annie is currently acting in the role of Early Intervention Coordinator.



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