

***“A CERTAIN INDEPENDENCE”***  
**A STUDY OF PATHWAYS TO QUALITY OF LIFE AND HEALTH**  
**AMONG COLLEGE EDUCATED OLDER WOMEN**

**Interim Report**  
**Focus Group Interviews with Area Alumnae**

**Paige Hall Smith**  
**Director**  
**Center for Women’s Health and Wellness**

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## EXECUTIVE SUMMARY

With funding from the Office of the Provost, the Center for Women's Health and Wellness is planning to conduct a women's health survey of the alumnae of Woman's College (WC). The purpose of the study is to identify the factors that affect the quality of life and health of women as they age. We have two phases of data collection planned. Phase 1 involves conducting focus group interviews with a small number of alumnae who live in Greensboro; Phase 2 is a quantitative survey of a randomly selected sample of alumnae. The purpose of Phase 1 was to qualitatively explore the roles women played, their pathways through life, and their views about the factors that affected their health and quality of life; the results of the Phase 1 focus groups will inform the survey in Phase 2. This report summarizes the information obtained from Phase 1. Altogether 20 women between the ages of 65 and 102 participated in six focus groups.

This group took diverse pathways after graduation: 35% got married; 35% became employed; and 30% went on for further education. Over the course of their lives, they engaged in multiples roles, including family member (100%), employee (100%), wife (85%), community volunteer (85%), mother (75%), scholar (75%), and caregiver (30%). The women's main sources of satisfaction were also diverse; for many women their role as wife and/or mother provided their greatest sense of accomplishment, while for others it was their work or their connection to their community through volunteer work. Many women also felt that choosing one role or pathway typically resulted in their having to make trade-offs in other areas. Some women felt that they had to trade off family time because of a job, whereas others felt the exact opposite, that their professional role took a back seat to family time.

The main issues affecting these women's quality of life today are: sufficient income to afford the necessities of life, particularly health insurance, health care and medicine; concerns about being a 'burden' to their children; and the difficulty of making decisions about whether and when to move to a retirement community.

The women discussed a variety of factors that they thought affected their quality of life and health. We classified these factors into the following five categories: physiological/psychological ("being thrifty"; intellectual curiosity); safety and security (income, medicine); health behavior (physical activity); life transitions (WW2; loss of a loved one); and a sense of belonging/social engagement (friendships; community involvement). From the women's discussions we developed two 'common-sense models' of health and quality of life (or people's subjective common-sense explanations for health): an economic model and a social model. The economic model proposes that financial security is the bedrock of health as it provides access to money, retirement income and health insurance. The social model proposes that a physically, psychologically, and social an active live style promotes health and quality of life by reducing stress, providing a source of strength, and a sense of belonging and of accomplishment. The women's views on the prerequisites for good quality of life and health are consistent with Maslow's Hierarchy of Needs. This well regarded theory of human motivation proposes that humans have multiple levels of need: (1) survival; (2) safety and security; (3) love and social belonging; (4) self-esteem; and (5) self-actualization. Successive levels of need require that those lower down on the hierarchy be met first. We developed a conceptual framework outlining the prerequisites for good health and quality of life around Maslow's Hierarchy. This provides a way of connecting the economic and social conditions these women believed necessary to satisfy the varying levels of need, which ultimately, shape women's quality of life and health; constructs from this model will be incorporated into the final conceptual model guiding the survey.

## INTRODUCTION

With funding from the Office of the Provost, the Center for Women's Health and Wellness is planning to conduct a women's health survey of the alumnae of Woman's College (WC). The purpose of the study is to identify the factors that affect the health and wellbeing of women as they age. The sample for this study are women alumnae from 1917-1963 of Woman's College (now UNCG). In many ways this population of women is unique: they attended college when most women in North Carolina did not; they attended the U.S.'s first publicly supported college for women only; and they were trained by well-educated, strong women faculty to be *leaders* and, in the words of one alumna we interviewed, to have certain "*independence*". As a result, they were well educated women making choices about work, family and community before the rise of the second wave of the American feminist movement in the 1960s. Not surprisingly, the different choices made by this group about how to live their lives reflects a diverse set of values, priorities, life experiences, and options. For these reasons, the graduates of Woman's College provides a unique opportunity to learn more about the different pathways women take and how these pathways affect women's health and wellness as they age.

We have two phases of data collection planned. Phase 1 involves conducting focus group interviews with a small number of alumnae who live in Greensboro. The purpose of this phase is to qualitatively explore the roles women played, their pathways through life, and their views about the factors that affected their health and quality of life. We will use the results of the focus groups to inform Phase 2, a mailed survey with a randomly selected sample of living alumnae (sample size to be determined based on cost estimates). This report summarizes the information obtained from the Phase 1 focus group discussions.

## METHODS

Between March and June, 2005 we conducted six focus groups with alumnae. Five were held at the Alumni House on UNCG campus; the 6<sup>th</sup> was conducted at a retirement community in Greensboro. The focus group discussions were guided by an interview guide (Appendix 1). As part of the facilitated discussion, participants were asked to write on a sheet of paper the "timeline of their life". This was to include the key events of their life after graduation from WC. In addition, the women were asked to discuss: (1) why they came to WC; (2) the significant events and health issues in their lives; (3) the factors they believe contribute to good quality of life and health; and (4) their recommendations for the survey. This research was approved by UNCG's IRB.

## RESULTS

### Sample

Altogether 20 women participated in the six focus groups (Table 1).

**Table 1: Number of Participants per Focus Group**

	Focus Group 1	Focus Group 2	Focus Group 3	Focus Group 4	Focus Group 5	Focus Group 6	Total
Date of FG	3/20/05	3/31/05	4/4/05	4/20/05	6/27/05	6/27/05	NA
Sample Size (N)	2	2	3	7	3	3	20

**Age.** The median age of the women participating in the focus group was 78. The age range was 65 – 102.

**Year of Graduation from Woman’s College.** The women graduated from WC between 1936 and 1962. Approximately 45% of the women participating in the focus group reported they graduated from WC in the 1950’s. Another 40% graduated in the 1940’s with 10% of participants graduating in the 1960’s. One participant (5%) graduated in the 1930’s.

**Employment:** All of the women were employed at some point in their lives. At the time of this study, 10% were employed part-time and 10% were still employed full-time.

**Marital Status.** Most (85%) either were or had been married; 15% never married. At the time of the study, 45% were widowed and 5% were divorced.

**Children.** Most (75%) had children; 25% (N=5) of the women never had children; three of these five never married. Of the women who had children, the average number was 3; the range was 2 – 4 children.

### **Experiences at Woman’s College.**

At the beginning of the interview, the women were asked to discuss their experiences with WC including their reasons for selecting the school, their course of study, and what they learned from their experiences at WC.

**Reasons for Selecting Woman’s College.** The reasons women gave for selecting Woman’s College include:

- **Location.** The school’s location and proximity to some women’s homes allowed them the opportunity to commute to school and live at home.
- **Cost.** WC reportedly had one of the most affordable tuition and fee costs compared to other local universities.
- **Strictness.** For one woman, the advantage of WC was that it was “not as strict” as another in-state university she attended.
- **Reputation.** Several of the participants agreed that WC had a “good” reputation of being a strong academic institution.
- **Peers.** Women also reported that they had friends that were attending WC and that influenced their decisions to come to the school.
- **Relatives.** For some, having family members attend WC or having a family member tell them that they would attend WC was the reason they chose the school. As one woman explained, “[My mom] came here to get her certificate so that’s why I came.”
- **Course of study.** Some women selected WC because it offered courses/degrees in their preferred area of study. For example, “I decided I was going to major in home economics and it was the only place to go!”
- **Expectations.** Participants shared that in some instances, it was always “assumed” as a matter of fact that they would be attending college and that college would be WC.

**Course of Study.** The women’s majors varied significantly. These majors are listed below:

**Table 2: Women’s Majors at Woman’s College**

<b>Major</b>	<b>N</b>	<b>Percent</b>
Commercial Course	1	5%
English	1	5%
Recreation	1	5%
Chemistry	1	5%
Music	1	5%
Child/Family Development	1	5%
Art	1	5%
History	2	10%
Home Economics	2	10%
Foreign Language	3	15%
Education	6	30%

**Lessons Learned from WC.** The women described graduates of WC as hard workers who were truly prepared to go into the world. They spoke of (still) having great pride in their school, their training, and their experiences. Women firmly believe that their time at WC prepared them to be confident leaders in whatever field they choose. The following quote illustrates this theme:

*“I have an overall feeling about people who went to Woman’s College...It’s almost like you can really tell them[apart from others] when you are in a group because they do have a certain independence even though they’re married. It’s something that we learned, but no one taught us, because the women here who taught were like that...it was a woman’s school so we just sort of got this confidence. No one had to tell us to be a woman.”*

**Roles and Pathways through life.**

**Roles.** Women were asked to talk about the various roles or positions they have played in their lives since graduating from WC. Results indicated that these women engaged in multiple roles over the course of their lives. A list of those roles is outlined below:

**Table 3: The Roles Women Played over the Course of their Lives**

<b>Percent</b>	<b>General Role →</b>	<b>Specific example</b>
85%	Wife	Minister’s wife Widow
75%	Mother	
100%	Family member	Grandmother Daughter Sister
75%	Scholar	Doctorate
30%	Caregiver	Ill spouse Ill parent
85%	Community Volunteer	Church Civic group
100%	Employee	Librarian Researcher Teacher Real estate agent Chemist Public Relations Secretary Director of an organization Weaver

**Pathways.** This section summarizes the different pathways the women took through life after graduating from college (see Figure 1). This analysis is based on the timelines the women completed supplemented by data extracted from the focus groups. Analysis revealed that after graduation the women assumed 1 of 3 main roles: Wife (35%), Scholar (30%), or Employee (35%) (Figure 1).

- **Role as Wife.** Women who assumed this role after graduation described their next pathway as an employee (29%), mother (43%) or volunteer for church or community organizations (14%) or scholar (14%).
- **Role as Scholar.** This role refers to women who continued their education. Women who assumed this role after graduation described their next pathway as either an employee (83%) or wife (17%).
- **Role as Employee.** Women who assumed this role after graduation described their next pathway as a scholar (14%), caregiver (14%), wife (58%), or someone who has had to travel or relocated (14%)

Regardless of whether or not women started down the pathway as a wife, scholar or employee, there are sequences of life events that are common for all groups. These include roles as mothers, grandmothers, caregivers, community volunteers, and transition experiences such as loss of a loved one (spouse, family, or friends) and retirement.

**Balancing multiple roles.** As the pathways would suggest, most women engaged in multiple roles both over time and simultaneously. Some women discussed strategies they used to ‘balance’ their multiple roles:

- **Priorities and choices.** This strategy refers to the importance of considering the tasks and responsibilities that need to be accomplished for all of the different roles you need or want to play, as well as your options, and then prioritize according to what is most important in life

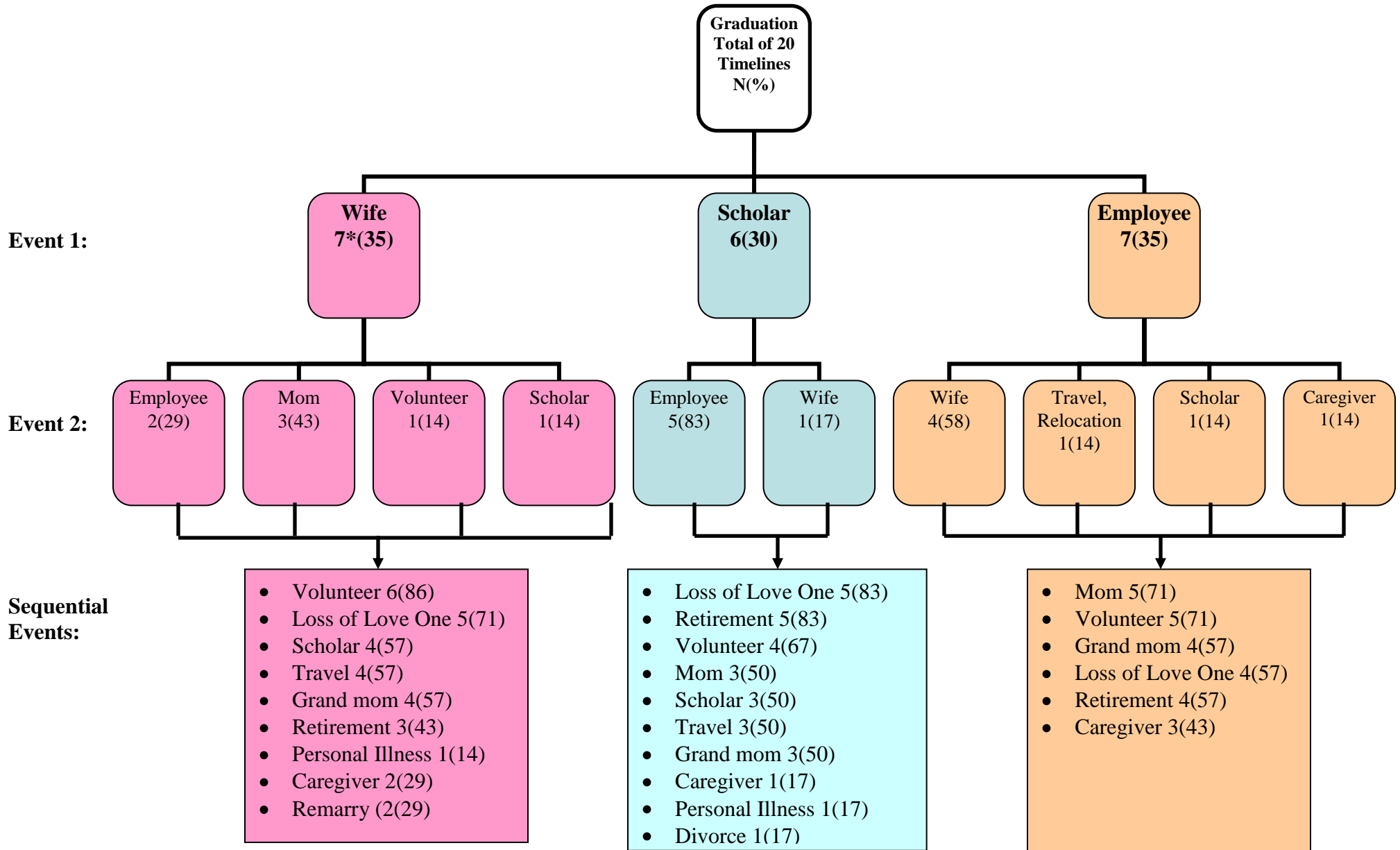
*“Well you always have to make choices. What your money will allow, what your time will allow but if you choose the things you really want, then it’s silly to sit around and worry.”*

*“I think everybody has to decide what is important in life to them. And you know, learn to try to balance the motherhood, the working part of it, the volunteer part of it, if that’s true, so no one suffers.”*

- **Routine.** This refers to the strategy of creating a set schedule of the tasks and responsibilities that need to be accomplished for all of the different roles.

*“You’ve got to have a schedule. You’ve got to know every day what you’re doing. And I still do it. I mean I do it more now because my memory is so horrid.”*

**Figure 1. Woman's College Alumnae Study Timeline Overview**



\* Two women married while still in college

- **Pace.** This refers to the strategy of taking the appropriate amount of time to accomplish all of the task and responsibilities for each of the different roles. Know your personal limits.

*“So pace yourself because I think....when you are running a race and you go through the finish line you don’t stop where the ribbon is. You go through the ribbon. So it takes a while to lose your momentum even after you’ve won. So this tells us that we’ve got to allow time for our bodies to readjust.”*

- **Sequencing.** This strategy refers to playing different roles at different points in the pathway, rather than trying to do everything at once; many women sequence by leaving the workforce to raise children, returning after the children are older. In the example below, this woman goes in and out of the workforce to accommodate her roles as wife, to a man in the military, a mother and caregiver.

*“I had been working part-time as a librarian, different places I had been.... And so when my youngest child became a sophomore in high school I began working fulltime..... And I worked there until my mother-in-law became ill ... I couldn’t manage working fulltime and going to be with my [mother-in-law] in Hickory and trying to take care of her house in Sanford. And at that time, [my husband] was working in Chapel Hill.... So it was very stressful and uh, so I stopped working and tried to take care of all the other things. And then, uh, later on, my mother dies, my husband had by-pass surgery and a stroke all in the same year and so, uh, we were just working with that.”*

**Sources of Satisfaction.** Women shared their perceptions of where they found satisfaction, power, and voice in their life. Most of the women found satisfaction and meaning from doing work that “made an impact” on the lives of others or on society. This is illustrated by the quote below:

*“I haven’t sold real estate since 1987, but I was at a funeral and I saw this couple...She said, ‘why don’t you come back to sell real estate. We can’t find anybody else after working with you.’ I sold two of their houses and I said, ‘no, no I’m too old. I don’t want to do that.’ But it’s a very gratifying thing. It makes you feel good that you’ve helped somebody get something they really wanted and they’re really happy with. I think that’s very gratifying.”*

Although there was a common feeling among those interviewed that “making a difference” helped them to feel powerful and significant, there were differences in what they did which they felt “made a difference”. Below are examples of the things that women indicated they found most meaningful or significant in their lives. Some of the main sources of satisfaction included:

- **Employment.** Employment provided a source of satisfaction for many women:

*“A by-product of teaching, of course, is publication and probably seeing a book, you know, actually its covers printed.”*

*“I was the first women ever to be named chair at the University of XTOWN. And that was sort of a symbolic thing, it’s important.”*

- **Family.** The majority of women spoke about their family life as providing a source of pride and meaning in their lives.

*“My home life was certainly number one and the children and my husband. You know, that was number one in my life. That is where I held the most enjoyment.”*

- **Community connection.** Women talked about being actively involved in their churches and communities and receiving satisfaction through volunteer work.

*“I think the most significant thing, like I’ve said most of my life has been as a minister’s wife, working with the United Society Friends for Women... It’s missionary work. I was the state president. I was involved in the national meetings, and I did a lot of Christian education work.”*

- **Friendships.** Most women said that their friendships and the social support received from others is a meaningful and satisfying aspect of their lives.

*“Strong friendship ties are important. And one of the ones that has been very important to me was with a girl who was at UNCG when I was. And her husband and I were in first grade together. So, we’re good friends to this day.”*

- **Life.** For some women, satisfaction came from the many enjoyments and accomplishments accumulated over time

*“Uhm, of course my work. I did enjoy my work very much and uhm, my home life, certainly was Number One, and the children and my husband. You know, that was Number One in my life. That was the uhm, quite held enjoyment. Uhm, then my work and my church activities. Just routine life.”*

**Making Trade-off’s.** In addition to finding satisfaction, women reported in some instances that they had to make tradeoffs between roles. Choosing one role or career path over another typically results in having to made trade-offs. Not surprisingly the opportunity costs that women experienced fell into the same categories as did their sources of satisfaction.

- **Trading off social life:** Women reported that taking on one role or another resulted in having to pass up certain social events or activities. This example refers to loss of social life that comes from being employed:

*“When you are a working woman and in my generation most of my friends did not work. And I think you sacrifice a lot of social activities when you work.”*

- **Trading off family time:** For many women, one of the costs of being employed was playing having to divide their time between work and family.

*“There are always a few trade offs with your children when you’re working. You’re torn.”*

- **Trading off professional accomplishments:** Some women spoke about limitations in fulfilling professional career goals due to the other roles that they assumed.

*“I really didn’t get into any significant research and being able to present papers, publish and what not until my younger one was really about the time she finished high school. Then I could do the things that professionally...I should have done many years before.”*

- **Trading off free choice:** This refers to women taking on roles or activities they would not have chosen had circumstances been different or if they had had more control. The examples below illustrate 1) women taking on employment because of a spouse’s career choice, military service, or for financial reasons. In this case, employment is viewed as a unwelcome opportunity cost rather than a benefit; and 2) having to move or change locations or physical locale, often as a result of a spouse’s career or military service.

*“That’s like going to Chapel Hill to work while your husband finishes school. So many people did that, you know, worked in college. And of course, now many are expected to [work].”*

*When I found out we were going to Mississippi, I thought that was the end of the world...Most people don’t think very highly of Mississippi, but it is known as the hospitality state and if you stay there three generations you may get accepted into that community.”*

## **Health and Quality of Life**

Women talked about the health problems they were facing, those they felt were common among women they knew, and concerns affecting their quality of life today.

**Health.** Health problems mentioned included such chronic diseases as arthritis, dementia, Alzheimer 's disease, cancer, Parkinson 's disease, osteoporosis, delusion, and health risk factors such as high cholesterol, high blood pressured, and use of hormone replacement therapy.

**Quality of life.** Below are the concerns mentioned by women as being important to their quality of life today.

- **Money.** This refers to women's concerns about not having enough money.

*Woman 1: "Medication. Health care. Home care. The cost of clothes and anything else in proportion to your "social security" or whatever you are living on.*

*Woman 2: Oh, groceries. Groceries are horrendous now.*

*Woman 1: Even if you have Social Security the \$20 a year [increase] takes care of inflation. But when, by the time they give you \$20 a year more your rent has gone up by \$20, your insurance cost goes up \$20. Every body goes up \$20. So, not only does the \$20 not take care of it but everybody else jumps on the bandwagon and you have to go into your savings if you are fortunate to have savings."*

- **Health care.** This refers to women's acknowledgement that while good health care is important is it expensive.

*"I agree with her. I think health care is critical now. Because we are at an age that we're going to experience more health issues than we have before. So, the cost of health care and the cost of long-term care and that type of thing."*

- **Being a burden.** This refers to women's concerns about possibility becoming a "burden" to their adult children as they age, become ill and less independent.

*"I have two boys here in town, but they've got their own lives, their own jobs. I don't want them to have to care for me."*

- **Retirement.** This refers to women's concerns about the difficulty of making decisions about whether to move to a retirement home, the "right" time to move, and availability of options. Women want information, education, and guidelines about how to plan for their futures. Concerns include when to make plans for the future and at what point is it wise to begin the process of researching options for long term care, insurance, resources, living wills, and power of attorneys.

*"You really need to make that decision about a retirement facility at the right time and you don't know what that time is."*

## **Factors affecting women’s quality of life and health**

Women discussed a variety of factors or events that have influenced or contributed to their quality of life and to their health. We categorized these factors into 5 categories listed below in Table 4.

**Table 4: Mediators for Health and Quality of Life**

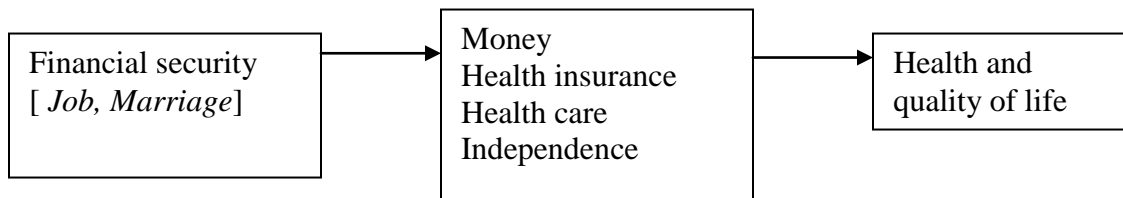
<b>Factors affecting:</b>	<b>Types of Factors</b>				
	<i>Physiological/ Psychological</i>	<i>Safety and security</i>	<i>Health behavior</i>	<i>Transitions</i>	<i>Belonging/Social engagement</i>
<i>Quality of life</i>	<ul style="list-style-type: none"> <li>▪ “Being “thrifty”</li> </ul>	<ul style="list-style-type: none"> <li>▪ Medicine</li> <li>▪ Income</li> <li>▪ Health</li> </ul>		<ul style="list-style-type: none"> <li>▪ The Depression</li> <li>▪ The War (II)</li> <li>▪ Family illness</li> <li>▪ Loss of a loved one</li> <li>▪ Personal retirement</li> <li>▪ Spouse’s retirement</li> <li>▪ Divorce</li> </ul>	<ul style="list-style-type: none"> <li>▪ Faith, church involvement</li> <li>▪ Family support</li> <li>▪ Social support, friendships</li> <li>▪ Society expectations</li> </ul>
<i>Health</i>	<ul style="list-style-type: none"> <li>▪ Intellectual curiosity (i.e., reading)</li> <li>▪ Positive outlook</li> <li>▪ Genetics</li> <li>▪ Luck</li> <li>▪ Sense of security</li> </ul>	<ul style="list-style-type: none"> <li>▪ Income</li> <li>▪ Money</li> <li>▪ Social Security</li> <li>▪ Jobs</li> <li>▪ Medicine</li> <li>▪ Health care</li> <li>▪ Insurance</li> <li>▪ Education</li> </ul>	<ul style="list-style-type: none"> <li>▪ Physical activity (walking)</li> <li>▪ Good food</li> </ul>	<ul style="list-style-type: none"> <li>▪ Retirement</li> </ul>	<ul style="list-style-type: none"> <li>▪ Social activities</li> <li>▪ Community involvement</li> <li>▪ Family</li> <li>▪ Social support</li> <li>▪ Friends</li> <li>▪ Marital status</li> </ul>

**Common sense causal models.** The women’s discussions offered insights into their perceptions of how these factors affected their health and quality of life. We collapsed their ideas into two “common sense models” (Leventhal et al, 1992). Common-sense models represent people’s subjective common-sense explanations for health; they are based on people’s live experiences and may differ from biomedical perspectives. These women’s common sense models indicate that there are two key prerequisites for good health and quality of life: financial security and an active (physically, psychologically and socially) life style.

***Economic common-sense model of health and quality of life.*** According to this model, financial security provides access to health insurance, money for expenses including medicine, a more secure retirement and independence in ‘old age’. Although many of these women worked, it is probable that for many, if not most, their financial security was provided by their husband’s

job; hence, for many, marriage rather than their own job was the source of financial security. This is presented in Figure 2 below.

**Figure 2: Economic Common-Sense Model of Health and Quality of Life**



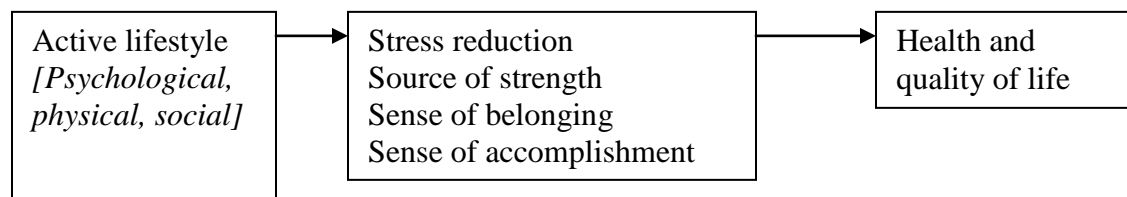
*“I certainly couldn’t live on my retirement income, but it gives a little, you know, extra money that you have [so] you aren’t strapped...to pay your expenses.”*

*“I just wonder about people who don’t have retirement, you know, like we have, you know, when we retire from the state, Social security and things like that. I think it’s wonderful to be independent.”*

*“I think without income, security would be pretty hard.”*

***Social common-sense model of health and quality of life.*** According to this model, being active, physically, intellectually, and socially, keeps women alert and optimistic with a positive outlook on life, reduces stress, serves as a source of strength, and provides a sense of belonging and of accomplishment. Although it is possible to separate out the independent effects of psychological, physical and social activity, in the minds and lives of many women, these three are interwoven. This is presented below in Figure 3.

**Figure 3: Social Common-Sense Model of Health and Quality of Life**



*“And I think that, and the fact that I got started walking a lot somewhere in there, that some of these times with these external stresses: my mother’s illness, my husband’s illness, I think that helped me to keep my sanity.”*

*“And keep involved. You know, you have to be involved. And you have to be able to make new friends because as you lose your old, you need to have other friends.”*

*Well, I think you have to read a lot which I love to do. And you know I like to do crossword puzzles.”*

## **Recommendations for the survey**

Women were asked to provide any suggestions they had for topics or areas that should be included in a future survey with women alumnae. A take home message would be for us to “emphasize history”. The women in one focus group suggested that in order to get a good response rate to the surveys, it would be necessary for women to feel that the survey was important. To make women recognize the survey was something worth completing, there needs to be an emphasis on the survey as a piece of history. Women participating in the survey already agreed that the women who came from Woman’s College are “different and unique” in some ways. They were brought up differently and the fact that they were college educated was not the norm. As a result, their stories are special. Make the women feel as though they are a part of the history.

## **An emerging conceptual framework for women’s health and quality of life**

The women’s views on the prerequisites for good quality of life and health are consistent with Maslow’s Hierarchy of Needs. This well known and regarded theory of human motivation describes the different levels of needs that humans have. Successive levels of need require that those lower down on the hierarchy be met first. Maslow described humans as having needs for (1) survival; (2) safety and security; (3) love and social belonging; (4) self-esteem; and (5) self-actualization. We developed a conceptual framework outlining the prerequisites for good health and quality of life around Maslow’s Hierarchy. This provides a way of connecting the economic and social conditions these women believed necessary to satisfy the varying levels of need, which ultimately, shape women’s quality of life and health. This framework is presented below in Table 5 and Figure 4 below. The constructs from this model will be incorporated into the final conceptual model guiding the survey.

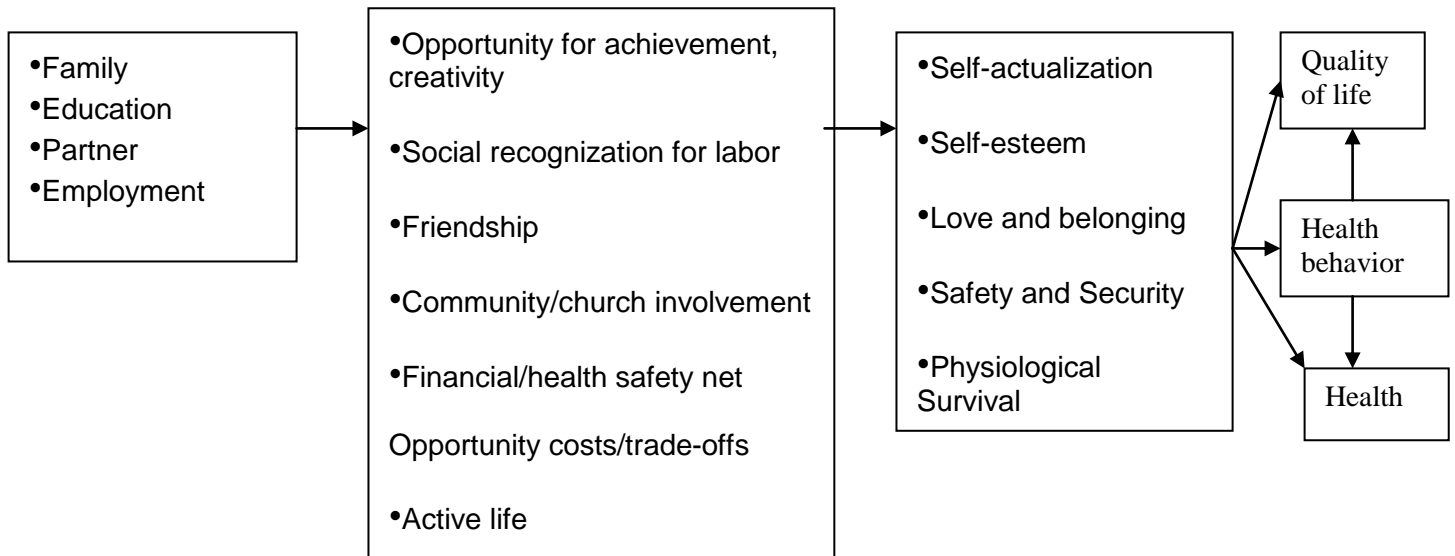
## **Conclusion**

Our analysis of the women’s discussions indicated that they understood their health and quality of life largely within a social model of health supported by a secure economic foundation. These women clearly recognized the connection between financial well-being and quality of life and health in later life. They acknowledged that financial well-being provides access to health insurance, health care, other valued resources and independence. This view is consistent with the findings of the 2004 Kaiser Women’s Health Survey, the most recent national survey of women’s health (Salganicoff and Wyn, 2005). This report concludes that “The importance of health care cuts across all aspects of women’s lives. Without good access to health care, women’s ability to be productive members of their communities, to care for themselves and their families, and to contribute to the workforce is jeopardized.” (p. IV). The Kaiser study reports that health insurance coverage, a critical resource in promoting access to health care, is directly related to income and to access to employer-sponsored coverage. Hence, a sense of safety and security, which for many comes for financial security, provides the foundation for good health.

**Table 5: Maslow’s Hierarchy:  
Conceptual Basis of the Determinants of Women’s Quality of Life and Health**

<b>Needs</b>	<b>Social and economic conditions (as described by the sample)</b>	<b>Illustration</b>
<p><b>Self-actualization:</b> continuous desire to fulfill potential</p>	<ul style="list-style-type: none"> <li>▪ Opportunity for achievement, creativity, innovation</li> </ul>	<p><i>“I was a home economist for XX right out of college. I was a student here. And went for an interview. And I knew almost immediately on my way home that I had that job. Anyway, that job was very satisfying to me. Being involved in community, volunteer work and church was satisfying. Friendships and home ownership, I mean all of those things.”</i></p>
<p><b>Self-esteem:</b> Need for love, respect from others, appreciation, dignity, self-respect, reputation</p>	<ul style="list-style-type: none"> <li>▪ Social recognition for roles and work</li> <li>▪ Important projects/work</li> <li>▪ Rewards</li> <li>▪ Status</li> </ul>	<p><i>“Being a Girl Scout leader, those kinds of things that give you a chance to use some of your skills and some of the things that you attain. But my most personal accomplishment would be being a mother. That was something I always wanted to do”</i></p>
<p><b>Love and belonging:</b> Friends, family, children, sense of and being part of a community</p>	<ul style="list-style-type: none"> <li>▪ Family</li> <li>▪ Work</li> <li>▪ Faith</li> <li>▪ Friendships</li> <li>▪ Community involvement               <ul style="list-style-type: none"> <li>○ Volunteer work</li> <li>○ Church activities</li> <li>○ Social activities</li> </ul> </li> </ul>	<p><i>“I so enjoyed the work with the church and the people, and when you work with children. And I worked with the women’s missionary societies [too].”</i></p>
<p><b>Safety and Security</b> Safe circumstances, stability, protection, order, limits, job security, retirement, insurance</p>	<ul style="list-style-type: none"> <li>▪ Education</li> <li>▪ Money</li> <li>▪ Job</li> <li>▪ Partnership (marriage)</li> <li>▪ Family</li> <li>▪ Social Security</li> <li>▪ Health care</li> </ul>	<p><i>“We had jobs that made us secure.”</i></p>
<p><b>Physiological survival:</b> Needs for food, clothing, shelter, sleep pain avoidance, sex</p>	<ul style="list-style-type: none"> <li>▪ Family</li> <li>▪ Government safety net</li> <li>▪ Work</li> </ul>	<p><i>“But aren’t we lucky that we live in a country that we’ve got good water, that we’ve got good food, that we’ve got good, I guess we could say good government, a good stable government.”</i></p>

**Figure 4: Conceptual Framework for Study**



However, important as financial resources are in sustaining good health, most particularly for the management of disease and poor health, our data suggested that the women view health promotion within a social framework. That is, their view of what leads to good quality of life and health in older age places emphasis on achieving personal strength, or power, a sense of belonging, and feelings of accomplishment from their family, work and community life.

This is surprisingly consistent with women’s health scholar and activist Sheryl Ruzek’s conceptualization of women’s health as being “embedded in communities”, not just in their individual bodies (Ruzek, Clark, and Olsen, 1997). This conceptualization argues that poor health is not just the result of individual biological events, but is produced by the social, cultural and economic environments within which people live.

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