

REPORT ON
SURVEY
ON
WOMEN'S HEALTH



Health Promotion
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1. INTRODUCTION

In a recent event (3 March 1999) held at the United Nations, the director general of the World Health Organisation, addressed key women during a seminar on the issue of *Health for All Women in the 21st Century* (Flowers, M.K., 1999). In her speech, Dr Gro Harlem Brundtland remarked that the 20th century has been a century of remarkable progress for the rights of women, namely, progress in political rights, progress in the right to take responsibility for their own lives and progress in the right to lead a healthy life. However this progress is not even globally or nationally in any region of the world.

Unfortunately women are more vulnerable to ill-health since too many do not control their own lives, do not have the means of empowerment and decision making in their lives and in those of their children. Globally this is resulting in more than a third of all women suffering nutritional anaemia. Malnutrition has a cumulative effect during an individual's lifetime with adverse effects on the health of the next generation.

World Health Organisation has clearly stated that investing in women's health leads directly to women making personal choices they could not otherwise make and it helps them to be more effective, whatever the roles they choose to play, whatever the tasks they undertake. The trends today create health gaps between the rich and poor which are widening and creating severe health risks for women and similarly for their children. National economic growth is not a guarantee for better health or higher status for women, as long as the benefits are not equally distributed. Families and communities benefit when health systems revolve around them.

1.1 WHY RESEARCH WOMEN'S HEALTH?

New patterns of mortality and morbidity are emerging for both men and women, related to demographic and socio-economic factors. *Depression* amongst women is no longer isolated to the industrialised world but it is recognised also as a key health issue for women in developing countries.

There is also an alarming increase in the prevalence of *tobacco smoking* among women. This will inevitably lead to a larger increase in female morbidity and premature death. WHO has embarked on the Tobacco Free Initiative which has a special focus on tobacco and women.

In most industrialised countries, Malta included, life-style induced illnesses are the major killers of women. These are heart disease followed by the cancers: lung, breast and colorectal in particular. With the increase in longevity, chronic conditions including osteoporosis, arthritis and diabetes, are common burdens.

As aptly remarked by Dr Wanda Jones of the US Dept. of Health and Human Services, the face of the average women is changing around the world. Life expectancy has increased from 47yrs in 1950's to 66yrs in 1990's if the emerging market economies are included. It is factual to state that better public health and nutrition have raised longevity even in many relatively poor countries.

The United Nations and WHO agree that today there is enough scope and scientific rationale to introduce a gender perspective to health issues. Unfortunately gender inequalities exist in medical research and governments outlook to health issues concerning women's well-being. It is imperative that governments admit that the results of research on men are not always applicable to women. Conducting research on women's health needs in the neglected areas of occupational, environmental and mental health is the first step to reducing gender inequity in the provision of environments conducive to the promotion of women's well-being, and in the provision of health services to adequately address women's needs.

Researching women's health behaviours and perceptions is vital in grasping an understanding of how to promote health amongst women, and to prevent communicable and non-communicable diseases.

1.2 AIMS OF THE STUDY

The research outlined in this document is a survey that the Health Promotion Department has attempted to run through the implementation of a specific tool i.e. questionnaire, to gather information on Maltese women's perceptions of health.

It is important to state that the work achieved in this study carried no allocated budget and consequently the technical team of the Health Promotion Department carried out all the procedures outlined in this report. The Commission for the Advancement of Women kindly contributed to the study by providing five university students to collect data from the questionnaires.

2. STUDY

This chapter describes the data collected in this study and the methods of data analysis. The results of the analysis are presented and interpreted.

2.1 DATA COLLECTION

An interviewer-administered questionnaire was designed to obtain information on women's perceptions of health. The questionnaire consisted of 73 questions which dealt with various topics ranging from reproductive health to nutrition and general health issues. The questionnaire can be found in Appendix 1. No information was available as to how the sample was chosen and no records were available to be able to determine the response rate. The fieldwork for this study was started in summer 1998. Five university students visited the women in their homes and carried out the interview. Throughout the autumn and winter of 1998 the collected questionnaires were coded and the data was manually entered into an Excel spreadsheet. During data entry, random checks were made for accuracy and completeness of coding. A total of 73 completed questionnaires were then analysed using a spreadsheet. The data was analysed and interpreted in the first half of 1999.

2.2 CHARACTERISTICS OF THE SAMPLE

The characteristics of the sample population are summarised in Table 1 and Table 2.

Characteristic	% of subjects (number)
Age category (years)	
21-30	40 (29)
31-40	36 (26)
41-50	14 (10)
51-55	11 (8)
Marital status	
Single	20 (14)
Married	79 (58)
Separated	1 (1)
Education level	
Primary	16 (12)
Secondary	56 (41)
Post-secondary	15 (11)
Vocational training	4 (3)
University	5 (4)

Table 1 Characteristics of the survey population

Characteristic	% of subjects (number)
Children	
Yes	74 (54)
No	26 (19)
Employment status	
Yes	64 (47)
Full-time	58 (15)
Part-time	43 (11)
No	36 (26)
Occupation	
Factory worker	15 (11)
Clerical worker	12 (9)
Voluntary worker	1 (1)
Professional	11 (8)

Table 2 Characteristics of the survey population

2.3 DATA ANALYSIS

This section describes the data which was selected for analysis and the methods used to analyse the data.

2.3.1 Data selected for analysis

The data analysed in this study was selected from the questionnaire on Women's Health described in Chapter 2.1. The questions which were selected for use in the analysis were grouped into main sections according to subject. This was done to simplify the procedure of data analysis. The corresponding questions to the data used in this survey can be found in Appendix 1.

2.3.2 Methods of data analysis

A spreadsheet (Excel v7.0 for Windows 95) was used as a statistical tool. Descriptive statistics were carried out. The use of cross-tabulations to determine relationships between variables was omitted due to the small sample size.

3. PRESENTATION OF RESULTS

The following sections contain a summary of the main findings of the analysed data. The results are presented in 7 main sections: (i) personal health and family health; (ii) mental health; (iii) reproductive health; (iv) nutrition; (v) body weight issues; (vi) physical activity; and (vii) smoking.

3.1.1 Personal Health and Family Health

The women were asked about their perception of health, health practices, and their main sources of information on health.

96% of the subjects ask their doctor for any information on health issues. Only 3% mentioned a pharmacist. 99% said that either *regularly* or *occasionally* they read a magazine on health. 7% *always* found the time to watch a health-related television program whereas 89% said that *very often* or *occasionally* they did find the time to watch such a program. 66% of the subjects said that they *regularly* followed a radio program related to health.

The women were asked to state what 'health' means to them. A considerable number of respondents gave a specific meaning. This ranged from hygiene and cigarette smoking to children's health, post-natal and ante-natal health, with the most popular being nutrition. Some women gave a wider explanation of health by saying that '*it is the most important thing in life*', '*being healthy meant enjoying life*' and '*being able to carry out one's daily commitments*'. A considerable number of women said that health meant '*not being depressed*'.

26% of the women thought that a woman's health is affected negatively by a repetitive factory job. The women were concerned mostly about backache. However, posture, muscle pain and stress were also repeatedly referred to. Other health concerns were also mentioned, such as smoking at the workplace, noise pollution and excess body weight due to prolonged sitting.

55% of the subjects thought that having a job puts a woman at a higher risk for problems. The major concern was the welfare of their family, with statements such as '*women will not find enough time for the family*', '*young children need their mother to be at home*', '*not enough time spent at home*' and '*conflict within the family will arise*' mentioned. Those women over 40 years of age mentioned more often their fear

of intimate relationships arising through contact of women outside the family. Very few women were concerned about a working mother's larger workload.

The subjects were asked to state whether a family member suffered from any health-related conditions. The findings are summarised in Table 3.

	Diabetes % (n)	Thalassaemia % (n)	High blood pressure % (n)	Haemophilia % (n)	Mental health problem % (n)	Twins % (n)	Heart disease % (n)
Yes	42 (58)	3 (4)	40 (55)	3 (4)	5 (7)	23 (32)	17 (23)
No	23 (32)	62 (85)	25 (34)	65 (89)	60 (82)	42 (58)	48 (66)

Table 3 'Does any member of your family suffer from one or more of these health conditions?'

42% of the women had one or more family members who suffered from diabetes, 40% mentioned high blood pressure and 17% mentioned heart disease. 70% of the women reported having visited their doctor for a check-up during the past year. 92% of the women disagree that heart disease is a problem only for men.

The women were asked to give a score from 1 to 7 (one being the most important) to the factors which they thought to be the most harmful to their health. Table 4 gives the percentage of subjects and the score given for each risk factor.

Score	Stress and anxiety % (n)	Smoking % (n)	Excess body weight % (n)	Alcohol % (n)	One's diet % (n)	Excess exercise % (n)	Too little exercise % (n)
1	22 (16)	53 (39)	4 (3)	22 (10)	0 (0)	0 (0)	3 (2)
2	11 (8)	26 (19)	23 (17)	33 (24)	3 (2)	0 (0)	0 (0)
3	26 (19)	14 (10)	19 (14)	26 (19)	7 (5)	0 (0)	3 (2)
4	18 (13)	4 (3)	38 (28)	8 (6)	18 (13)	1 (1)	5 (4)
5	12 (9)	3 (2)	5 (4)	10 (7)	30 (22)	14 (10)	12 (9)
6	3 (2)	0 (0)	4 (3)	0 (0)	14 (10)	30 (22)	32 (23)
7	8 (6)	0 (0)	0 (0)	0 (0)	15 (11)	37 (27)	30 (22)
Missing	0 (0)	0 (0)	5 (4)	1 (1)	14 (10)	18 (13)	15 (4)

Table 4 'Which of these factors are the most harmful to one's health?'

53% of the subjects thought that smoking was the most harmful factor. For 22% of the women, stress and anxiety were the most important and for another 22%, alcohol was the most important risk factor.

The women were asked to give a score from 1 to 8 to the factors which they thought significantly increased a woman's risk for cancer. Table 5 gives the percentage of subjects for each risk factor.

Score	Smoking % (n)	Excess body weight % (n)	Alcohol % (n)	Exposure to sun without protection % (n)	Foods high in fat % (n)	Diet lacking in fruit and vegetables % (n)	Contrace ptive pill % (n)	Too little exercise % (n)
1	62 (45)	3 (2)	7 (5)	22 (16)	11 (8)	0 (0)	11 (8)	0 (0)
2	27 (20)	4 (3)	19 (14)	32 (23)	3 (2)	0 (0)	4 (3)	1 (10)
3	7 (5)	12 (9)	29 (21)	14 (10)	12 (9)	3 (2)	10 (7)	1 (1)
4	3 (2)	21 (15)	14 (10)	8 (6)	8 (6)	10 (7)	14 (10)	0 (0)
5	1(1)	11 (8)	8 (6)	5 (4)	21 (15)	4 (3)	8 (6)	12 (9)
6	0	11 (8)	3 (2)	4 (3)	8 (6)	26 (19)	5 (4)	10 (7)
7	0	7 (5)	4 (3)	3 (2)	8 (6)	12 (9)	11 (8)	18 (13)
8	0	0	5 (4)	7 (5)	1(1)	12 (9)	10 (7)	23 (17)
Miss ing	0	27 (20)	11 (8)	4	27 (20)	32 (23)	26 (19)	34 (25)

Table 5 'What increases the risk for cancer in women?'

Smoking was perceived as the greatest risk factor by 62% of the women. 22% of the women were mostly concerned with exposure to the sun without protection.

3.1.2 Mental Health

The women were asked what '*being depressed*' means to them. Table 6 gives the percentage of subjects and the meanings stated.

	% (n)
Feeling of sadness	62 (45)
To worry	15 (11)
When one cannot sleep	7 (5)
When one does not go outdoors	15 (11)
Missing	1 (1)

Table 6 'What does 'being depressed' mean to you?'

62% said that they relate it with a *'feeling of sadness'* whereas 15% said that to them it means *'to worry'*.

38% of the women said that they have suffered from depression and 21% needed medicinal treatment for depression. 70% agree that women suffer from depression more frequently than men. 32% of the subjects suffered from anxiety within the last three months. The reasons stated by the women included problems or ill-health within the family, buying new property, stress at work, children's exams, fear of developing cancer and overwork at home. A few women mentioned post-natal depression.

The subjects were asked whether they think that one should know prior to marriage of any family illness. Mental illness was the one major concern, followed by hereditary diseases.

The women were asked to state how they think one can reduce stress. Table 7 gives the percentage of the subjects and the perceived ways of reducing stress.

	% (n)
Cigarettes	12 (9)
Anti-anxiolytics	5 (4)
Alcohol	0 (0)
Exercise	41 (30)
One cannot	3 (2)
Reduce one's work-load	37 (27)
By means of food	0 (0)
Missing	1 (1)

Table 7 'How can one reduce stress?'

41% of the women mentioned exercise as a means of reducing stress; 37% mentioned the reduction of one's work load; and 12% mentioned the use of cigarettes.

3.1.3 Reproductive Health

The subjects were asked whether they think that every women above the age of 50 years should be invited by the hospital for a mammogram. 99% of the women agreed to this invitation. 84% of the women think that breast cancer can be prevented by means of regular breast examinations.

The women were asked who they would prefer to visit for a breast examination. Table 8 gives the percentage of subjects.

	% (n)
Family doctor	22 (16)
I self-examine	12 (9)
Nurse	3 (2)
Gynaecologist	60 (44)
Do not know	1 (1)
Missing	1 (1)

Table 8 'Who do you prefer to visit for a breast examination?'

60% of the women said that they prefer to visit a gynaecologist for a breast examination. 22% would prefer a family doctor.

The women were asked to describe in their own words how self-examination of the breast should be done. Most women explained the technique quite well. The important details were included, such as using the tips of your fingers, including under your arms, feeling for lumps and using circular motion.

The women were asked to describe the 'smear test' and how regularly it should be carried out. Table 9 gives the percentage of subjects.

	% (n)
Every 3 months	1 (1)
Every 6 months	40 (29)
Every year	45 (33)
Missing	14 (10)

Table 9 'Every how often should the smear test be done?'

97% of the women knew that the 'smear test' was a cervical test. 40% said that the test should be done every six months and 45% said that it should be done every year.

The women were asked to state when they last had a smear test. Table 10 gives the results.

	% (n)
Never	22 (16)
This year	12 (9)
Last year	3 (2)
2-3 years ago	60 (44)
4-5 years ago	1 (1)
> 5 years ago	0 (0)
Do not remember	0 (0)
Missing	1 (1)

Table 10 'When did you have your last smear test?'

22% of the subjects have never had a smear test. 60% had their last smear test 2-3 years ago.

The subjects were asked about how the HIV virus is transmitted. Table 11 gives the percentage of subjects for each mode of transmission.

	Yes % (n)	No % (n)
Donating blood	29 (21)	71 (51)
Sexual contact with an infected person	97 (71)	1 (1)
Birth from an infected mother	77 (56)	22 (16)
Talking to an infected person	1 (1)	97 (71)
Kissing an infected person	10 (7)	89 (65)
Use of contaminated syringes	89 (65)	10 (7)
Hugging an infected person	0 (0)	99 (72)
Blood transfusion	59 (43)	40 (29)

Table 11 'How is the HIV virus transmitted?'

97% of the subjects mentioned sexual contact with an infected person as a mode of transmission of the HIV virus.

The women were asked to state which diseases they associate with sexually-transmitted disease. The most common answer to this question was AIDS. A few women mentioned other specific diseases, including gonorrhoea, syphilis, warts, herpes, hepatitis.

The subjects were asked about their preference for a female or a male doctor to talk to about problems related to the reproductive system. Table 12 gives the percentage of subjects.

	% (n)
Male	38 (28)
Female	55 (40)
Does not matter	4 (3)

Table 12 ‘Would you prefer a male or a female doctor to talk about problems related to the reproductive system?’

55% of the women said that they would prefer to talk to a female about reproductive health issues. The majority of women who said that they preferred a female doctor, said that they feel more at ease and are less embarrassed. A few women said that a female doctor is usually more understanding.

26% of the subjects said that they find it difficult to talk to their doctor about sexual health problems. The majority of these women said that they felt embarrassed. The older women said that they were not used to talking openly about sex.

The women were asked questions about birth control. 99% of the women said that birth control is important for a woman’s health. 44% have participated in a course on birth control. The majority of women took part in family planning clinics organised by the Cana Institute. Others mentioned that they read books or information leaflets about the subject.

The women were asked to state the method of contraception which they would prefer to use. Table 13 gives the percentage of subjects and each method of contraception.

	% (n)
Condom	49 (36)
Safe Period	36 (26)
Diaphragm	1 (1)
Contraceptive pill	12 (9)
The coil or IUCD	3 (20)
Coitus Interruptus	23 (17)

Table 13 ‘Which method of contraception would you prefer to use?’

49% said that they preferred to use the condom, whereas 36% gave the 'safe period' as their preferred method.

The subjects were asked about the health benefits of hormone replacement therapy. Table 14 gives the percentage of subjects for each response.

	% (n)
True	44 (32)
False	21 (15)
Do not know	33 (24)
Missing	3 (2)

Table 14 'Hormone Replacement Therapy is effective in reducing menopause-related health problems in a woman.'

44% of the women agreed to the statement '*hormone replacement therapy is effective in reducing menopause-related health problems*'.

3.1.4 Nutrition

The women were asked during which particular times they think a woman needs milk and its products. Table 15 gives the percentage of subjects and the particular times of a woman's life.

	% (n)
During pregnancy	36 (26)
Always	55 (40)
When breastfeeding	4 (3)
In Summer	0 (0)
Before the menopause	5 (4)
Never	0 (0)

Table 15 'During which particular times does a woman need milk and its products?'

Only 55% said that a woman needs dairy products throughout her life. Moreover only 4% said that these food products are important during breastfeeding.

The women were asked about which factors are of concern for the prevention of high blood pressure. Table 16 gives the percentage of subjects and the various factors.

	Yes	No	Missing
Exercise	75 (55)	23 (17)	1 (1)
Reduce salt intake	96 (70)	3 (2)	1 (1)
Increase sugar intake	1 (1)	97 (71)	1 (1)
Frequent rest	56 (41)	42 (31)	1 (1)
Medicines	55 (40)	29 (21)	1 (1)
Eating preserved foods	1 (1)	97 (71)	1 (1)
Reduce red meat	64 (47)	34 (25)	1 (1)
Increase fruit and vegetables	78 (57)	21 (15)	1 (1)
Drink one glass of wine per day	7 (5)	92 (67)	1 (1)

Table 16 ‘Which of these is of concern for the prevention of high blood pressure?’

96% of the women mentioned a reduced salt intake and 75% mentioned exercise as ways to prevent high blood pressure.

The women were asked for how long a baby should be breastfed. Table 17 gives the percentages of subjects for the responses.

	% (n)
the first three months	41 (30)
the first six months	33 (24)
the first year	22 (16)
Missing	4 (3)

Table 17 ‘A woman should exclusively breastfeed her baby for....’

41% of the women said that a baby should be breastfed for the first three months, whereas 33% said that breastfeeding is important for the first six months.

The women were asked to state what advantages breastfeeding gives to the mother. The women gave various responses, the most frequently mentioned was that the women loses weight more quickly and that greater bonding occurs between the mother and her baby. The women were also asked to state any benefits they think the baby will get from breastfeeding. The most common answer to this question was that breastfed babies are healthier and that they progress faster and better. Other answers included advantages such as *‘mother’s milk is easily digested’*, *‘the baby is more relaxed’*, and *‘it helps the baby to avoid many illnesses’*.

3.1.5 Body Weight Issues

The women were asked about what concerns them the most about being overweight. Table 18 gives the percentage of subjects and the score for each statement.

Score	'I do not look attractive' % (n)	'It is harmful to my health' % (n)	'I cannot even move' % (n)	'I am not worried about it' % (n)
1	14 (10)	73 (53)	8 (6)	7 (5)
2	29 (21)	15 (11)	40 (29)	3 (2)
3	42 (31)	3 (2)	32 (23)	0 (0)
4	3 (2)	0 (0)	1 (1)	67 (49)
Missing	12 (9)	10 (7)	19 (14)	23 (17)

Table 18 'I am concerned about being overweight because.....'

73% gave their highest score to the statement 'it is harmful to my health'.

The subjects were asked which of the foods or nutrients they consider to be the most important for the prevention of excess weight. Table 19 gives the percentage of subjects and each nutrient or food product.

	% (n)
Proteins	1 (1)
Fats and Oils	75 (55)
Salt	0 (0)
Carbohydrates	3 (2)
Sugar and sweets	21 (15)
I do not know	0 (0)

Table 19 'Which of these is the most important for the prevention of excess weight?'

75% mentioned fats and oils whereas only 21% mentioned sugar and sweets.

The subjects were asked if they think that being underweight is advantageous to their health. Table 20 gives the percentage of subjects who agreed to the statement.

	% (n)
Yes	18 (13)
No	77 (56)
Don't Know	5 (4)

Table 20 'Do you think that being underweight is advantageous to your health?'

18% of the women think that being underweight is advantageous to one's health. 26% of the women stated that they have been on a crash diet.

3.1.6 Physical Activity

The subjects were asked about whether they do any regular exercise and which type of exercise they think is the most beneficial to their health. Table 21 and Table 22 give the percentage of subjects and the responses.

	% (n)
Yes	40 (29)
No	60 (44)
Missing	0 (0)

Table 21 'Do you do regular exercise?'

	% (n)
Exercise for half an hour three times a week	90 (66)
An hour and half once a week	4 (3)
Half a day of heavy exercise once a month	1 (1)
Do not Know	3 (2)
Missing	4 (3)

Table 22 'Regular exercise is important for one's health. Which is the most beneficial exercise?'

Although 90% of the women knew that exercise for half an hour three times a week is the most effective exercise, only 40% said that they do regular exercise. The physical activities favoured by these women are walking, swimming, and among the younger age groups, jogging and using exercise machines at home. A few women suggested that they get enough exercise doing housework and coping with their children.

3.1.7 Smoking

The subjects were asked to state which of a woman's organs are particularly affected by smoking. Table 23 gives the percentage of subjects for the organs of the body.

Score	Heart % (n)	Stomach % (n)	Uterus % (n)	Lungs % (n)	Ovaries % (n)	Do not know % (n)
1	14 (10)	4 (3)	11 (8)	63 (46)	4 (3)	3 (2)
2	53 (39)	5 (4)	5 (4)	11 (8)	4 (3)	0 (0)
3	4 (3)	40 (29)	11 (8)	10 (7)	4 (3)	0 (0)
4	4 (3)	8 (6)	21 (15)	5 (4)	21 (15)	0 (0)
5	3 (2)	12 (9)	12 (9)	0 (0)	27 (20)	1 (1)
6	1 (1)	0 (0)	1 (1)	0 (0)	0 (0)	10 (7)
Missing	21 (15)	30 (22)	38 (28)	11 (8)	40 (29)	86 (63)

Table 23 'Smoking is harmful to one's health. Which of a woman's organs are particularly effected?'

63% of the women perceive the lungs as the organ of the body which is particularly effected by smoking.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1 SURVEY DESIGN AND VALIDITY

The design and planning of a study requires a very careful selection of design, samples and measures. It requires a clear and concise statement of the aims of the study. The required measures should be defined in order to consider the optimal study design and subsequently develop a protocol and study plan. A properly constructed questionnaire must also include all the facilities necessary for the eventual analysis of the responses. (Youngman, 1984).

The general considerations of *Why interview?*, *Where to interview?*, *Whom to interview?* and *When to interview?* are extremely important to ensure respondent compliance. In this study these aspects were not considered. A literature review should have been closely linked to the choice of questions. This would have revealed important areas suggesting investigation and consequently justification for including a particular question. The women's health survey did not undergo the necessary design and planning.

4.1.1 Questionnaire design

The objectives of the questionnaire design are to enable valid measurements of the variables under study; to enable ease of completion by the interviewer and/or subject; and to enable the ease of processing and analysis. The following is a discussion on the design of the questionnaire used in this survey.

Instrument's length

The questionnaire should ask the minimum amount about a subject's experiences. It should be as brief as possible, with every question justified in terms of the objectives of the study. The interviewer-administered questionnaire used in this study consists of 73 questions. A mere minute spent on each question means that each respondent would have to dedicate much more than an hour to answer all the questions. This excessive duration would tend to bias the answers as well as the interviewer's performance.

Open-ended questions

The questionnaire included open questions to allow the respondents to answer in their own terms. These type of questions can introduce the possibility of interview, response, interpretation and/or coding bias. Also such questions would involve coding as part of the analysis process and this is immensely time-consuming. (Bell, 1992).

Confidential questions

There is a general lack of consideration regarding confidentiality. Questions 19, 20, 21, 34, 35, 38, 41 and 66 would require strict confidentiality. The scenario where a male university student asks a female respondent about sexual problems, choice of contraception method and how to perform a breast examination gives a good indication of the unsuitability of the choice of such questions for administration by an interviewer.

Wording of questions

The questions are not all written in simple, non-technical language and many of them use jargon. The wording in many questions suggests that a particular answer is preferred, that is, leading or loaded questions are present. For example, question 30 is a highly leading question as it puts too much influence on the respondents. No lay person would dare question medical opinion. Question 39 is once again a grossly leading question. Question 35 is a testing question with the inherent implications that respondents may not answer truly for fear of being exposed to lack of knowledge on the methods of contraception. Unclear questions can also be found. For example, the option (F) in question 34, describing the methods of contraception, is incomprehensible. The direct literal translation from the English version could be the reason.

Question sequence

The questions did not follow a logical sequence resembling, as far as possible, the sequence that the respondents might expect to follow. This shows that appropriate pre-testing of the questionnaire was not done. Also the questions did not proceed from the general to the specific. For example, question 65 asks about the advantages of breast feeding. This is followed by three other questions which are not connected with the subject. Questions 69 and 70 then continue on the subject.

Questionnaire layout

The questionnaire layout is not designed to arouse and maintain interest and to ensure correct completion. In many instances, explanatory notes and instructions were either absent or insufficient. The questionnaire contains questions with insufficient instructions for a graded response. For example question 53 and question 61 are wrongly worded.

4.1.2 Questionnaire administration

This study provides no documentation regarding the selection criteria used for the interviewers and also no standard protocol for filling in the questionnaire. Although an interviewer-administered questionnaire has the advantages of ensuring completion and the use of complex question structures, interviewer bias may be introduced. Interviewer bias and respondent bias tend to distort the results completely. (Wragg, 1984). Interviewers' skills and experience are a critical factor in the success of such a survey. The difficult or sensitive nature of some of the topics addressed in the survey would necessitate a highly experienced interviewer. The interviewers used for this study were not adequately trained. The utilisation of 'hired' interviewers, University students during summer holidays, is a weakness in the survey's structure (Oppenheim , 1992). The time and travel logistics for the interviewers and an interview schedule are completely lacking.

4.1.3 Coding of responses

The coding scheme for the responses was not decided on at the outset. This created various problems during the coding process which was done after collection of the data. Moreover, if coding had been done prior to distribution of the questionnaire, problems with the question design could have been highlighted.

4.1.4 Evaluation of questionnaire

Pretesting and piloting are an essential part of the development of any questionnaire. Pretesting involves administration of drafts of the questionnaire to samples of subjects similar to those to be studied. No such pretesting or piloting was carried out in this study. The validity of the questionnaire was not assessed. This requires the administration of another measuring instrument to obtain reference measures to which the questionnaire responses can be compared. Although this process is time-consuming, difficult and expensive, it is absolutely vital to the success of a study (Margetts, B.M. and Nelson, M., 1997).

The study design and response rate obtained, indicate that the use or extrapolation of the interpreted results should be done only with caution. This study should be seen as a pilot phase survey. It has served to identify questions which are poorly understood, ambiguous or which evoke undesirable responses, and to identify weakness in the design and planning of the survey.

4.2 RECOMMENDATIONS

- A study protocol that includes appropriate design and planning of the survey should be formulated.
- The aims and objectives of the study should be clearly defined and should follow the findings of this pilot study.
- The design and planning of the study should include redesign of the questionnaire as a more adequate tool.
- Funding for a much needed survey on women's health should be allocated. The fieldwork of the survey should be commissioned to an appropriate agency.

5. REFERENCES

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6. APPENDIX 1

Dipartiment ghal-Promozzjoni tas-Sahha

Kwestjonarju fuq is-Sahha tal-Mara.

Sajf 1997

SERIAL NUMBER

1. Fejn toqghod (Belt jew raġal)

2. Eta'
 - 21 - 25
 - 26 - 30
 - 31 - 35
 - 36 - 40
 - 41 - 45
 - 46 - 50
 - 51 - 55

3. Status
 - xebba
 - mizzewġa
 - separata
 - armla
 - divorzjata
 - zwieġ annullat
 - nghixu flimkien

4. Ghandek tfal - iva - le

5. Jekk wegibt iva, kemm?
 - 1
 - 2
 - 3
 - ...

6. X'eta ghandhom it-tfal? (Immarka b'salib il-kaxxa ta' l-eta' u ghamel cirku hdejn in-numru ta' tfal f'dik il-kategorija).

<u>Eta'</u>		<u>Numru ta' tfal</u>			
0 - 5	x	1	2	3	4
6 - 10	x	1	2	3	4
11 - 15	x	1	2	3	4

16 - 20	x	1	2	3	4
21 - 25	x	1	2	3	4
26 - 30	x	1	2	3	4
31 - 35	x	1	2	3	4
36 - 40	x	1	2	3	4

7. Sa liema livell ta' skola wasalt?

ma mortx skola
 skola primarja
 skola sekondarja
 skola post-sekondarja
 skola vokazzjonali jew tahrig
 speċjalizzat
 universita'

8. Tahdem barra mid-dar?

- iva - le

9. Jekk iva, int tahdem

- full time
 - part-time (20 siegħa)
 - part-time (mhux regolari)
 - part-time (inqas minn 20 siegħa)

10. X'tip ta' xogħol tagħmel jew kont tagħmel?

- mara tad-dar
 - ġo fabbrika (fuq il-
 magni)
 - klerikali
 - volontarjat
 - professjonali
 -

11. Tixtri xi magazine li juwa speċifikat dwar is-saħħa?

- regolari - kultant - rari - qatt

12. Jekk ikun hemm programmi fuq it-television dwar is-saħħa, issib hin biex tarahom?

- dejjem - hafna drabi - kultant - le

22. Il-piż żejjed jinkwetani għaliex: (Immarka skond l-ordni ta' mportanza li taghti int, l-wiehed huwa l-aktar importanti, it-tnejn inqas eċċ.)

- ma nidhierx attrajenti
- hu ta' hsara
- ma nkunx niflaħ niċċaqlaq
- ma jinkwetaniex

23. X'inhu l-aktar importanti li tevita biex ma tehxien? (għażel waħda)

- proteini
- xaham u zjut
- melh
- karboidrati (hobz/ghagina)
- zokkor u helu
- ma nafx

24. L-edukazzjoni sesswali għandha tibda minn eta żghira (12 il-sena)?

- iva - le - ma nafx

25. Meta għamilt l-aħħar smear test?

- qatt
- din is-sena
- is-sena l-oħra
- snin ilu
- ma niftakarx

26. F'liema żmien partikulari il-mara jkollha bzonn tiehu l-halib u/jew il-prodotti tiegħu? (għażel waħda)

- meta tkun tqila
- dejjem
- meta tkun qed tredda lit-tarbija
- fis-sajf
- minn qabel u waqt il-menopawsa
- qatt

27. It-tipjip għandu effetti hżiena fuq s-saħħa. Fil-mara, liema organi jkunu effettwati partikularment? Immarka skond l-importanza li taghtihom.

- l-qalb
- l-istonku
- l-ghonq ta' l-utru

- l-pulmun
- ghanqud tal-bajd
- ma nafx

28. Il-Kontroll tat-twelid huwa importanti għas-saħħa tal-mara.
- iva
 - le
 - ma nafx
29. Qatt għamilt jew ippruvajt tagħmel dieta stretta (crash)?
- iva
 - le
 - ma nafx
30. Xi tobba jghidu li fit inbid b'moderazzjoni ma jagħmilx hsara. Inti taqbel ma dan?
- iva
 - le għax tista issir alkoholika
31. Qatt hadt sehem f'xi kors dwar il-kontroll tat-twelid?
- iva
 - le
32. Jekk iva, fejn?
33. Jekk il-piz tiegħek ikun inqas milli suppost, tahseb li dan huwa ta' vantaġġ għal saħħtek?
- iva
 - le
 - le ma nafx
34. Kieku kellek tuża xi metodu ta' kontraċezzjoni, liema tagħżel?
- l-condom (i)
 - Safe period (ii)
 - diaphragm (iii)
 - pillola kontraċettiva (iv)
 - il-coil jew IUCD (v)
 - tagħmlu bil-ħażin (vi)
 -
35. Minn din il-lista li semmiejna, liema minnhom ma kontx taf dwarhom?
- (i) (ii) (iii) (iv) (v) (vi)

36. Ghand min tippreferi li tmur taghmel l-ezami tas-sider?
- it-tabib tal-familja
 - ghand hadd, naghmlu jien
 - nurse
 - speċjalista tan-nisa
 - ma nafx
37. Int kellek taghlim formali fuq il-kontroll tat-twelid?
- iva
 - le
38. X'mard jigik f'mohhok meta nghidu mard trasmess minn attivita sesswali?
-
-
39. Il-hafna problemi ta' sahha li tiltaqa magghom il-mara fil-menopawsa (change of life) jittaffew bl-HRT, hormone replacement therapy, (dawk il-pilloli li jaghti t-tabib sabiex ma jiqafx il-period)?
- veru
 - mhux veru
 - ma nafx
40. X'tippreferi tabib ragel jew mara meta jkollok xi problema konnessa mas-sistema ta' riproduzzjoni?
- ragel
 - mara
 - xorta wahda
41. Ghaliex?
-
-
42. Kif jittiehed l-HIV (il-virus li jista jwassal ghall-AIDS)?
- tghati d-demmm
 - sess ma persuna nfettata
 - titwieled minn omm nfettata
 - titkellem ma persuna nfettata
 - tbus lil persuna
 - tuza labar u/jew siringi uzati
 - tghannaq lil xi hadd
 - tiehu d-demmm
 -

43. Xi tfisser ghalik il-kelma depression? (Immarka l-aktar waħda li hi qrib x'tahseb int)
- dwejjaq
 - nkwiet
 - ma tistax torqod
 - l-anqas tkun trid toħroġ
44. Qatt hadt medicini li jkun issuggerielek xi gadd li jkun hass l-istess ugħigh jew sintomi bhalek?
- iva
 - le
45. Tfejla jew mara li tkun qeda kuljum fl-istess pożizzjoni u tagħmel l-istess xogħol kuljum fuq xi magna ġol-fabbrika ma tigix affettwata saħħitha.
- veru
 - mhux veru
 - ma nafx
46. Ghaliex?
-
-
47. Il-mard tal-qalb huwa problema biss għall-irġiel. Taqbel ma dan?
- iva
 - le
 - ma nafx
48. X'inhu l-aħjar li tagħmel biex tevita li tgħollilek il-pressjoni? Immarka dawk kollha li taqbel magħhom.
- eżercizzju
 - tnaqqas il-melħ
 - Iżżid iz-zokkor
 - tiehu l-pilloli
 - tistrieħ kemm tista
 - tiekol ikel tal-priserv
 - tnaqqas il-laħam aħmar
 - Iżżid aktar haxix u frott fid-dieta
 - tixrob tazza nbid kuljum
49. F'din l-aħħar sena, mort tagħmel check-up għand it-tabib?
- iva
 - le
 - ma nafx
50. Jekk IVA, xi tlabtu jiċċekjalek / jaralek?
-
-

51. Jekk ikollok xi uġigh u tisma li xi hadd kellu bħalu u għaddielha, lesta li tiehu l-mediċini li tkun hadet hi mingħajr ir-riċetta tat-tabib?

- iva

- le

52. Liema taħseb li huma l-aktar affarijiet perikolużi fid-dar?

Għall-kbar

.....
.....

Għat-tfal

.....
.....

53. Liema minn dawn li ġejjin huma l-aktar ta' hsara għas-saħħa? (Immarka r-risposta tiegħek b'numri mill-wieħed (1) sas-seba (7). In-numru wieħed (1) huwa l-aktar importanti u n-numru seba (7) l-anqas.)

- stress u ansjeta

- tipjip

- piż zejjed

- alkohol

- l-ikel li tiekol

- eżerċizzju zejjed

- eżerċizzju nieqes

54. L-istress hija problema tad-dinja tal-lum. Kif tista persuna tnaqqas mill-istress f'hajjitha? (immarka waħda)

- sigaretti

- kalmanti

- alkohol

- eżerċizzju

- ma tistax

- tnaqqas mir-ritmu tax-xogħol

- ikel

55. L-eżerċizzju regolari huwa mportanti għas-saħħa. Liema huwa l-aħjar?

- xi tip ta' eżerċizzju għal nofs siegħa tlett darbiet

fil-ġimgħa

- siegħa u nofs eżerċizzju darba fil-ġimgħa

- nofs ta' nhar fix-xahar eżerċizzju qawwi

- ma nafx

56. Qatt baghtejt mid-depression?
- iva - le
57. Jekk iva, kellek bżonn tiehu xi pilloli?
- iva - le
58. Jghidu li n-nisa jbgħatu aktar mill-irġiel bid-depression. Taqbel?
- iva - le - ma nafx
59. F'dawn l-aħħar tlett xhur, baghtejt minn xi anzjeta qawwija?
- iva - le
60. Jekk iva, x'kienet il-kawża?
.....
.....
61. Xi jżid ir-riskju tal-kanċer fil-mara? Immarka fl-ordni ta' mportanza li inti tagħti lil dawn il-fatturi differenti. Ibda bin-numru wiehed (1) bhala l-aktar mportanti
- tipjip
 - piż zejjed
 - alkohol
 - esposta għax-xemx mingħajr protezzjoni
 - ikel għoli fix-xaħam
 - nuqqas ta' frott u ħaxix fid-dieta
 - il-pillola kontraċettiva
 - nuqqas ta' eżerċizzju
62. Ix-xogħol barra mid-dar jista jwassal sabiex il-mara jkollha aktar problemi!
- veru - mhux veru - ma nafx
63. Jekk veru, għaliex?
.....
.....
64. Qatt baghtejt b'ugħigh ta' dahar fit-tul?
- iva, hafna - iva, ftit - le

65. Semmi l-vantaġġi li dgawdi l-omm meta tredda lit-tarbija tagħha.

.....
.....

66. Fil-familja tiegħek, hemm xi hadd li jbati minn xi wahda jew aktar minn dawn il-kundizzjonijiet?

- dijabete
- thalassaemia (marda fid-demem ereditarja)
- pressjoni għolja
- haemophilia (demem idum biex jgħaqad)
- mard tal-moħħ
- tewmin
- mard tal-qalb
- xi haġa oħra.....

67. Tahseb li hemm xi mard fil-familja li min ikun ser jiżzewweġ għandhu jkun jaf bih?

- iva
- le

68. Jekk iva, liema?

.....
.....

69. X'inhuma l-vantaġġi li tarbija tingħata l-halib ta' l-omm?

.....
.....

70. Meta l-omm tiddeċiedi li tredda lit-tarbija tagħha din għandha tagħti halib biss,

- fl-ewwel tlett xhur
- fl-ewwel sitt xhur
- fl-ewwel sena

71. Meta tkun tixtieq taf xi haġa relatata dirett mas-saħħa, lil min tistaqsi?

- lit-tabib
- lill-ispizjar
- nurse
- lil tal-familja
- lil hbieb
- hadd
-

72. Tagħmel eżercizzju regolari?

- iva

- le

73. Jekk iva, x'tagħmel?

.....

.....

GRAZZI HAFNA TAL-KOOPERAZZJONI