The institution of Public Health and Caring Science

"Ugandan women's thoughts and experiences about their health"

Bachelor thesis

Authors: Elin Tärnström & Mariella Wallin

Supervisor: Clara Aarts, PhD, senior lecturer

Examiner: Rose Chalo Nabirye, PhD (Uganda)

Bachelor thesis in health science 15 c
Nursing program 180 c
2014
ABSTRACT

Various factors affect the health and some of them are impossible to prevent, among them are age, sex and constitutional conditions. Lifestyle factors are possible to influence but socioeconomic-, cultural- and environmental factors can be hard to prevent as an individual. Socioeconomic factors as income and education affect women's health to a large extent since they are more vulnerable compared to men, especially in low-income countries.

Purpose: The aim of the study was to explore how Ugandan women experience their health, the factors they think affects it, if they do anything to improve their health and if they have any worries about their health.

Method: The study was an explorative qualitative interview study. The interviews were semi-structured and 16 women were interviewed in Kampala, Uganda. The selection criteria's for the study were that the women should be 18 years and above and that they didn't suffer from severe illness or some disability that made it hard to understand and participate in the study.

Results: Four themes where identified during the analyse; "Experiences of health are individual", "Worrying affect your health in a bad way", "Health is determined by many different factors " and "Small actions can improve your health if you have time and money". The results showed that the women in the study experienced their health as generally good. Poor health was described because of problems of ageing, experience of domestic violence or lack of money for HIV-treatment. Different factors affected the women's health and most of them mentioned the lack of money as an important factor.

Conclusion: Ugandan women express their health as good in general. It occurred that the women expressed good health even if they were living with a severe disease, such as hypertension or HIV. This consists with WHO's definition about health and Benner and Wrubel's nursing theory, which both mentions that good health is not only about the absence of disease but also about the individual experience about health. The women were worried about their health. Lack of money was brought up as a factor that had a great impact on their health. The findings of this study also support that some health-factors are hard to influence as an individual, which makes it important for healthcare workers to have an holistic approach in the meeting with the patient.

Keywords: Uganda, health, women, public health
SAMMANFATTNING

Hälsan påverkas av många olika faktorer var av vissa inte är möjliga att påverka, där ibland ålder, kön och medfödda tillstånd. Livsstilsfaktorer är möjliga att påverka men socioekonomiska-, kulturella- och miljömässiga faktorer kan vara svåra att påverka som individ. Socioekonomiska faktorer som inkomst och utbildning påverkar kvinnors hälsa i större utsträckning då kvinnor är mer såbara jämfört med män, särskilt i låginkomstländer.

Syfte: Syftet med studien var att undersöka hur Ugandiska kvinnor upplevelse sin hälsa, vilka faktorer de tror påverkar den, om de gör något för att förbättra sin hälsa samt om de oroar sig över sin hälsa.

Metod: Studien var en explorerande kvalitativ intervjustudie. Intervjuerna var semistrukturerade och 16 kvinnor blev intervjuade i Kampala, Uganda. Inklusionskriterierna för att delta var att kvinnorna skulle vara 18 år eller äldre och att de inte led av någon allvarlig sjukdom eller begränsning som gjorde det svårt att förstå och delta i studien.

Resultat: Fyra teman identifierades under analysen; ”Upplevelsen av hälsa är individuell”; ”Att oroa sig påverkar hälsan negativt”; ”Hälsan påverkas av många olika faktorer” och ”Små handlingar kan förbättra hälsan om du har tid och pengar”. Kvinnorna i studien upplevde generellt god hälsa. Dålig hälsa beskrevs på grund av ålder, upplevelser av våld i nära relation samt brist på pengar för att kunna köpa HIV-medicin. Olika faktorer påverkade kvinnornas hälsa där majoriteten av kvinnorna nämnde bristen av pengar som en viktig faktor.


Nyckelord: Uganda, hälsa, kvinnor, folkhälsa
# TABLE OF CONTENTS

1  **BACKGROUND** ................................................................................................................................. 1  
   1.1 Health is determined by various factors ......................................................................................... 1  
   1.2 Health factors in low income countries ....................................................................................... 2  
   1.3 Uganda - a low income country in eastern Africa ........................................................................... 2  
   1.4 Pregnancy and childbirth .............................................................................................................. 3  
   1.5 Maternal mortality ......................................................................................................................... 3  
   1.6 Gender based violence .................................................................................................................. 3  
   1.7 Ugandan women's position in the society ..................................................................................... 3  

2  **THEORETICAL FRAMEWORK** ....................................................................................................... 4  
   2.1 Problem definition ......................................................................................................................... 5  
   2.2 The aim of the study ..................................................................................................................... 5  

3  **METHOD** ........................................................................................................................................... 5  
   3.1 Design ........................................................................................................................................... 5  
   3.2 Participants .................................................................................................................................... 5  
   3.3 Data collection .............................................................................................................................. 6  
   3.4 Procedure ....................................................................................................................................... 7  
   3.5 Data analysis .................................................................................................................................. 7  
   3.6 Ethical considerations ..................................................................................................................... 9  

4  **RESULTS** .......................................................................................................................................... 10  
   4.1 Experiences of health are individual ............................................................................................ 11  
      4.1.1 Expressing good health ......................................................................................................... 11  
      4.1.2 Health is poor ........................................................................................................................ 12  
      4.1.3 Health problems due to ageing ............................................................................................. 12  
   4.2 Worrying affects your health in a bad way .................................................................................... 13  
      4.2.1 You can't predict the future ................................................................................................. 13  
      4.2.2 Worrying doesn't make anything better ............................................................................. 13  
   4.3 Health is determined by many factors .......................................................................................... 14  
      4.3.1 Having enough money makes your life easier ....................................................................... 14  
      4.3.2 Stress and worries .................................................................................................................. 15  
      4.3.3 Family problems ..................................................................................................................... 16  
      4.3.4 What you believe in affect your health .................................................................................. 17  
      4.3.5 The environment and the surroundings where you live ......................................................... 17  
   4.4 Small actions can improve your health if you have time and money ............................................ 18  
      4.4.1 Treat yourself good .............................................................................................................. 19  

5  **DISCUSSION** .................................................................................................................................... 20  
   5.1 Result discussion ............................................................................................................................ 20  
      5.1.1 Factors affecting health .......................................................................................................... 20  
      5.1.2 Malnutrition and obesity ....................................................................................................... 20  
      5.1.3 Money affecting health ......................................................................................................... 21  
      5.1.4 Domestic violence .................................................................................................................. 23  
      5.1.5 Family planning ..................................................................................................................... 23  
      5.1.6 Relying on God ....................................................................................................................... 24  
      5.1.7 Improving health .................................................................................................................... 25  
      5.1.8 Nursing theory ....................................................................................................................... 25  
      5.1.9 Cultural differences in expressing health ............................................................................... 26  
   5.2 Method discussion .......................................................................................................................... 27  
      5.2.1 Trustworthiness ...................................................................................................................... 27  
      5.2.2 Clinical implication ............................................................................................................... 28  
   5.3 Conclusion ...................................................................................................................................... 28  

6  **REFERENCES** .................................................................................................................................... 30  

7  **APPENDIX 1: INTERVIEW GUIDE** .................................................................................................. 33  

1 BACKGROUND

1.1 Health is determined by various factors

World health organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World health organization, 1948). Health is determined by various factors such as genetics, gender, social status, education level, physical environment, personal behaviour, personal relationships, culture and the access of health services (WHO, 2014a). Age, sex and constitutional conditions are factors that are impossible to prevent. Lifestyle factors are possible to prevent but other factors that affect our health can be hard to influence as an individual, among them are socioeconomic-, cultural- and environmental factors (Dahlgren & Whitehead, 1991).

Lantz, Lynch, House, Lepkowski, Mero & Musick (2001) says that one factor that often is found affecting women’s health is socioeconomic status (referred to in Hinze, Lin, Tanett & Andersson, 2012). The level of education has a big influence on health and Hinze and co-workers (2012) result shows that black women (afro American’s and Latino’s) with a low education had a higher prevalence of smoking, obesity, depression and were less physical active. The women with a low education-level also had more chronic diseases than the other groups. Being a lone mother is also a factor that affects the health of women, where lone mothers reported higher odds of poor health, than mothers with a partner (Witvliet, Arah, Stronks & Kunst, 2013).
1.2 Health factors in low income countries

In low-income countries do the environmental factors such as pollution, malaria and the lack of clean water cause diseases and death (WHO, 2014b). Malnutrition and infectious diseases are a big problem in low-income countries and those two factors together can cause a vicious cycle. A lot of infectious diseases cause malnutrition and increasing evidence in the literature shows that malnourished people are more receptive to infectious diseases (Ambrus & Ambrus, 2004). Kaufman, Durazo-Arvizo, Rotimi, McGee & Cooper (1996) express that even though malnutrition is a severe health issue in the sub-Saharan countries is over-nutrition an increasing issue in the society, mainly in the parts that are more urbanized and westernized ( in Van der Sand et al., 2001). Van der Sande and co-workers (2001) found that 4 % of the participants were obese and among urban women over the age of 35 was the prevalence as high as 32,6 %. This could be difficult to handle since in sub-Saharan countries obesity and physical inactivity are signs of prosperity.

1.3 Uganda - a low income country in eastern Africa

Uganda is a low income country in eastern Africa where access to healthcare, such as hospitals and health-care facilities, is mainly located in the cities. There is a lack of health workers in the country and the access to health care is lower on the countryside. In case of disease or illness it is most common that the family and relatives is the ones who give the elementary care needed. (Landguiden, 2014).

It is known that about 6,5 % of the Ugandan population are now infected with HIV, but that is rather low compared to about 20 years ago when the number was about 20 % of the grown up population. This decreasing numbers are a product of Uganda’s successful work to impede the epidemic (Landguiden, 2014). HIV-related stigma and discrimination is well known and previous research shows that this phenomenon might affect the access to healthcare and treatment. In the same study that was made in four sub-Saharan countries they did find that women were more likely to experience interpersonal discrimination than men (Neuman & Obermeyer, 2013). Beside the infection itself, HIV is also correlated with psychological symptoms. A study made by Klis, Velding, Gidron & Peterson (2011) shows that among 44 HIV-infected adults living in the Gambia, 52,3% of them suffered from psychiatric symptoms such as depression and/or post-traumatic stress syndrome (PTSD). According to Antelman and co-workers (2007) and Leserman (2008) are these problems important to identify since findings have shown that it can accelerate the process of the disease (referred to in Klis et al., 2011).
1.4 Pregnancy and childbirth
In the sub-Saharan countries it's very important for both women and men to have children (Sawyer, Ayers, Smith, Sidibeh, Nyan & Dale, 2011). Being pregnant and to give birth to a child is also an important aspect of the process of a girl becoming a woman and it is also a big honour for the woman. Pregnancy and childbirth is not only a time of joy while it's associated with a risk of life not only for the child but also for the mother (Sawyer et al., 2011). Ayiasi, Criel, Orach, Nabiwemba and Kolsteren (2014) mentions that according to the Ministry of health (2010) there is a neonatal mortality rate at 29 per 1000 live births in Uganda. Lawn, Cousens & Zupan (2005) & World health organization (2005) submits that the main causes of perinatal mortality are birth asphyxia, still birth, infections, preterm birth and small- for- gestational- age birth (referred to in Nakimuli, Chazara, Byamugisha, Elliott, Kaleebu, Mirembe & Moffett (2013)

1.5 Maternal mortality
According to Uganda Bureau of Statistics (UBOS) (2011) are the maternal mortality rates in Mulago Hospital in Kampala, Uganda about 438 per 100 000 live births, even though the attendance of skilled health care workers (56 %) and the attendance rate at antenatal clinics has increased (95 %) according to Khan, Wojdyla, Say, Gulmezoglu & Van Look (2006) (referred to in Nakimuli et al, 2013). Khan et al. (2006) compares the maternity mortality ratios with high-income countries such as Sweden, the United Kingdom and the United states where the numbers are 4, 12 and 21 per 100 000 (referred to in Nakimuli et al., 2013).

1.6 Gender based violence
A study based on The 2011 Uganda Demographic and Health Survey (UDHS) (2011) showed that Uganda have high levels of sexual and gender-based violence. 27 % of the participating women had experienced physical violence and 16 % had experienced sexual violence in the past 12 months. According to a study made by Kwagala, Stephen, Wandera, Ndugga & Kabagenyi (2013) physical violence was justified when the woman went out without permission of her partner (41 %), if she neglected her children (48 %), argued with her partner (31 %), refused sex (24 %) and burnt food (15 %). Around 52 % of the women had experience violence between their parents during their childhood.

1.7 Ugandan women's position in the society
The women in Uganda have a relative good position in the society compared to their neighbour countries. For example many of the women do have high positions in the politics where 35% of the members in the parliament are women (Landguiden, 2014). The last few years there has also shown
an increase of female students in the schools. Since a statement claims that women stands for 80% of the country's food production, the feminists in Uganda do claim that women should have more to say, considering their contribute to the country’s production. According to a study by Buyana (2009), the men still makes the decisions in the household. The men who were interviewed in the study about family planning said that the women can’t make decisions about the household without seeking their consent. According to the participants in the study a woman are free to stop having children when she has given birth to at least six to eight children (Buyana, 2009).

Mac Kian (2007) write’s about women's health in Uganda and submits that the health of women is a key priority for the Ugandan Ministry of Health. This due to the fact that healthy women lead to a healthy childhood and therefor contributes to the country's development and social and economic welfare.

2 THEORETICAL FRAMEWORK

The central idea in Benner and Wrubel’s (1989) nursing theory is that you can’t have notions about the human as an isolated unit, without taking regards to the surroundings around the human and the various factors that can affect a human’s life. The human become who she is and learn how to live in the world, based on historical, social and cultural factors that forms the human’s physical and psychological surroundings. The theory is based on four central concepts; caring, embodied intelligence, background meaning and concerns.

Benner and Wrubel (1989) see health and well-being as a whole, something that involves the whole human including body, mind and soul. Benner and Wrubel (1989) separates health and well-being by defining health as a normal value of physical and psychological health, while well-being is a subjective feeling which is based on a person’s own experience of her state of health. With this approach, health is not dependent by what objectively is defined as sickness. Furthermore disease and illness is also something that Bennet and Wrubel (1989) separates, where disease is something seen objectively and illness is a subjective experience. Experiencing illness doesn’t need to include presence of physical or psychological disease.

Benner and Wrubel (1989) don’t focus much on the need of caring, but more on the patient’s own experience of their health-situation and the loss of a function as a consequence of that. As a nurse it is important to separate these to phenomenon to give an optimal care. In times of illness and loss of functions, a person experience different levels of stress, therefore the nurse has to have a holistic approach in the meeting with the patient. When a nurse practice caring the care must involve an
understanding of the patients own experience of the situation and the loss of functions. This understanding will also give the nurse the possibility to represent the patient in contact with doctors and close related. The nurse can in this way help the patient to cope and take control over the situation (Benner & Rubel, 1989).

2.1 Problem definition
As previously mentioned health is depending on many different factors that includes both body, mind and soul. It is not only the absence of physical conditions that states our health, but also factors like the right to an education, work possibilities and freedom, all according to the human rights (United Nations, 1948) The women in Uganda and in developing countries over all are in many ways vulnerable, especially if compared to men. Earlier studies have been made in Uganda focusing on specific conditions that can affect women's health such as HIV, breast cancer, physical and sexual violence in intimate relations and problems during pregnancy and birth. However there are no specific studies to be found regarding the Ugandan women’s own thoughts and experiences of their health in general.

2.2 The aim of the study
The aim with the study was to explore how Ugandan women experience their health, the factors that they believe can affect their health, if they do anything to improve their health and if they have any worries concerning their health.

3 METHOD

3.1 Design
The approach chosen was an explorative qualitative interview study. This approach was chosen because of the possibility to let the respondents express their feelings and experiences regarding their health in a free way, which consisted with the purpose of the study (Polit & Beck, 2008).

3.2 Participants
The respondents of the study were 16 women who lived in Kampala, Uganda which were recruited through a mixture of convenience sampling and snowball sampling, (Polit & Beck, 2008). The number of respondents depended on when saturation was reached and no new information appeared. Some of the respondents were recruited by established personal contacts in Uganda and some of them were recommended by other respondents. These types of samplings were the easiest and most economical ways to find women who were willing to participate. The inclusion-criteria was women over 18 years old and the exclusions-criteria was if the person suffered from severe
illness or some disability that made it hard to understand and participate in the study. To get the background variables of the respondents, basic questions were asked. A wide range of the variables was desirable because it gave the opportunity to get a deeper understanding how age and different social status might affect women's health.

Table 1. Background variables of the respondents

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Civil status</th>
<th>Level of Education</th>
<th>Employed</th>
<th>Number of children</th>
<th>Chronical diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>W1</td>
<td>35</td>
<td>Separated</td>
<td>Senior 4</td>
<td>Yes</td>
<td>4</td>
<td>No</td>
</tr>
<tr>
<td>W2</td>
<td>63</td>
<td>Single</td>
<td>Diploma-holder</td>
<td>Self-employed</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>W3</td>
<td>30</td>
<td>Married</td>
<td>Bachelor</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>W4</td>
<td>33</td>
<td>Single</td>
<td>Senior 1</td>
<td>Yes</td>
<td>2</td>
<td>HIV</td>
</tr>
<tr>
<td>W5</td>
<td>30</td>
<td>Married</td>
<td>Degree</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>W6</td>
<td>26</td>
<td>Married</td>
<td>Senior 4</td>
<td>No</td>
<td>3</td>
<td>Ulcer</td>
</tr>
<tr>
<td>W7</td>
<td>26</td>
<td>Married</td>
<td>Senior 2</td>
<td>No</td>
<td>3</td>
<td>Hypertension</td>
</tr>
<tr>
<td>W8</td>
<td>32</td>
<td>Married</td>
<td>Bachelor-degree</td>
<td>Yes</td>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>W9</td>
<td>49</td>
<td>Widow</td>
<td>Diploma in Nursing</td>
<td>Yes</td>
<td>4</td>
<td>Hypertension</td>
</tr>
<tr>
<td>W10</td>
<td>25</td>
<td>Relationship</td>
<td>University-student</td>
<td>No</td>
<td>0</td>
<td>Ulcer</td>
</tr>
<tr>
<td>W11</td>
<td>21</td>
<td>Single</td>
<td>University-student</td>
<td>No</td>
<td>0</td>
<td>Asthma</td>
</tr>
<tr>
<td>W12</td>
<td>45</td>
<td>Divorced</td>
<td>Senior 4</td>
<td>Self-employed</td>
<td>3</td>
<td>Hypertension</td>
</tr>
<tr>
<td>W13</td>
<td>21</td>
<td>Married</td>
<td>Senior 4</td>
<td>No</td>
<td>1</td>
<td>HIV</td>
</tr>
<tr>
<td>W14</td>
<td>69</td>
<td>Married</td>
<td>Bachelor in Nursing</td>
<td>Self-employed</td>
<td>11</td>
<td>Hypertension</td>
</tr>
<tr>
<td>W15</td>
<td>79</td>
<td>Widow</td>
<td>Primary 5</td>
<td>Retired</td>
<td>5</td>
<td>Hypertension</td>
</tr>
<tr>
<td>W16</td>
<td>21</td>
<td>Engaged</td>
<td>Bachelor</td>
<td>No</td>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

3.3 Data collection
The data was collected through semi structured interviews which gave the respondents the freedom to answer in their own way and illustrate their personal experience (Polit & Beck, 2008). The interviews started with some basic background questions (see, table 1) and the following six questions (see interview guide, appendix 1) were open and general in nature and were designed by the authors themselves. The questions were regarding how the women were experiencing their health, if they did anything to improve their health, if they were worried about their health, what factors they thought could affect their health, if it was anything they could change to improve their health, and if they have had any diseases the past year. Depending on the respondent's answers and
the quality of the information shared, follow-up questions were spontaneously asked. With this way of collecting data it was possible to obtain more depth in the interviews (Polit & Beck, 2008). After several interviews were made three more questions were added about mental health, happiness and the women's thoughts about differences in health between Ugandan men and women. The questions about mental health and happiness were added because similar questions came up as follow-up questions during the past interviews. Since mental health also is a central part of health and well-being was it necessary to compliment the interview guide with questions of that kind. Some spontaneously asked follow-up questions that appeared in previous interviews were asked in the following interviews to see if there were any similarities or differences in the women's experiences.

3.4 Procedure
The interviews were conducted in Uganda, Kampala (Kamwokya, Lunguija and Mengo). Ethical approval was applied through Makerere University, College of Health Sciences. The project plan was approved by the School of Biomedical Sciences Higher Degrees Research and Ethics Committee. All interviews were voice recorded and conducted face to face with the authors and the respondent present. An interpreter was present during three of the interviews because some of the women couldn't speak good enough English. The locations of the interviews were in places convenient for the respondents, such as their home and working place. 16 interviews were conducted where the time range was between 7 and 29 minutes.

3.5 Data analysis
The interviews were analysed with a qualitative content analysis (Graneheim & Lundman, 2008). The interviews were recorded and transcribed by the authors themselves directly after the interview and thereafter read several times before analysed. Units of meaning were sorted out of the data and then condensed without losing any important data and after that coded with an appropriate label. All codes were then sorted into themes, categories and subcategories. With this analyse method it was possible to explore how women experienced their health. The results were compiled out of the themes, categories and subcategories. The analysing process is shown in Table 1.
<table>
<thead>
<tr>
<th>Unit of meaning</th>
<th>Condensed unit of meaning</th>
<th>Code</th>
<th>Subcategorie</th>
<th>Categorie</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;My health is okay. I feel very fine, i don't feel anything at all. Im very normal. (laughs) Im very, very normal. ”</td>
<td>My health is okay. I feel very fine. I don't feel anything at all</td>
<td>I feel very very fine, I don't feel anything at all</td>
<td>Health is okay</td>
<td>Expressing good health</td>
<td>Experiences of health are individual</td>
</tr>
<tr>
<td>&quot;Well, I can say I'm okay. Yeah, and generally im not doing so, that bad healthwise. Cause even during my pregnancy im very ok, im strong, not until that time, actually, normally i leave at work and go to give birth.</td>
<td>I'm okay, generally I'm not doing so bad health wise, I'm strong.</td>
<td>Generally okay health wise and feeling strong</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Healthwise, I'm good. Only that once in a while, if the mosquitos are so much, sometimes i get like malaria. But its treated, but its not on a daily basis, its like once in a blue moon, something like that.”</td>
<td>Healthwise I'm good. But sometimes when it is a lot of mosquitos I get malaria, but it's treatable</td>
<td>Feeling good healthwise, except when getting malaria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;...Noo, I'm feeling bad...mm...becau se I don't have much money to buy that medicine...”</td>
<td>I'm feeling bad because I don't have money to buy my medicine</td>
<td>Not feeling good because lack of money for medicine</td>
<td>Not feeling good</td>
<td>Health is poor</td>
<td></td>
</tr>
</tbody>
</table>
**3.6 Ethical considerations**

Verbal and written information (See appendix 1) about the study was given to the women who thereafter had the opportunity to decide if they wanted to participate. Information regarding anonymity, voluntarism and the purpose with the study was included in the consent form that each of the respondents was obligated to read and then sign if they agreed to participate. The consent form was written according to Codex (2013) guidelines and information regarding confidentiality and the purpose of the study was also explained in the information letter. The interviews were recorded and then deleted when the study ended. All personal data was handled in accordance with the Swedish law, personuppgiftslagen (SFS 1998:204) §10.

The questions that were asked were general, open and the respondents were free to tell as much as they felt comfortable with. No ethical considerations appeared while planning this study and no ethical considerations where existing during the interviews besides one question about the nature of the marital status. One option was if the marriage was polygamous, but since that could be a sensitive question due to the fact that the women rarely know about it or like it, the question wasn't asked.
4 RESULTS

Four main themes were found during the analysis (see, Table 2) of the data: "Experiences of health are individual", "Worrying affect your health in a bad way", "Health is determined by many different factors" and "Small actions can improve your health if you have time and money". The themes resulted in different categories and subcategories.

Table 2. Themes, categories and subcategories

<table>
<thead>
<tr>
<th>Subcategories</th>
<th>Categories</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health is okay</td>
<td>Expressing good health</td>
<td>Experiences of health are individual</td>
</tr>
<tr>
<td>Good health doesn't depend only on the absence of sickness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not feeling good</td>
<td>Expressing poor health</td>
<td></td>
</tr>
<tr>
<td>Health problems limits her life</td>
<td>Health problems due to aging</td>
<td></td>
</tr>
<tr>
<td>Fearing sickness</td>
<td>You can't predict the future</td>
<td></td>
</tr>
<tr>
<td>Fear of leaving children behind</td>
<td>Worrying doesn’t make anything better</td>
<td></td>
</tr>
<tr>
<td>There is no need for worries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money for food</td>
<td>Having enough money makes your life easier</td>
<td></td>
</tr>
<tr>
<td>Money for healthcare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money for education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money doesn't affect the health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too much to do</td>
<td>Stress and worries</td>
<td></td>
</tr>
<tr>
<td>You can't rely your life on the man</td>
<td>Family problems</td>
<td></td>
</tr>
<tr>
<td>Family planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worries about family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your own thoughts affect your health</td>
<td>What you believe in affect your health</td>
<td></td>
</tr>
<tr>
<td>Health depends on Gods will</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The environment can threaten your health</td>
<td>The environment and the surroundings</td>
<td></td>
</tr>
</tbody>
</table>
It is important to be surrounded by family where you live
More money can change your life
Everything is about money
Small actions can improve your health if you have time and money

| Work and education | | |
| Exercise and wellness | Treat yourself good |
| Thinking about what you eat | |
| Can't afford to think about what you eat | |

4.1 Experiences of health are individual

4.1.1 Expressing good health

Health is okay
Most of the women expressed their health as good or okay in general. They didn't have much to complain about and experienced their health as good even if they had minor problems such as with their teeth or with lack of sleep. It was expressed that you could feel strong and healthy. One woman experienced her health as very good and didn't feel any sickness at all.

"My health is okay. I feel very fine, I don't feel anything at all. I'm very normal. (laughs) I'm very, very normal." (W16)

Good health doesn't depend only on the absence of sickness
A common theme was that the women expressed their health as good even though they were feeling sick from time to time. Most of the health issues were described as minor or manageable. Some of them suffered from chronicle diseases like hypertension and asthma. Even if you were living with a not treatable disease like HIV, you could experience your health as okay, if the medicine was taken as prescripted by the doctor, which made it possible to control the disease. One respondent expressed her health as very good except for the hypertension that could bother her sometimes. Even though she suffered from hypertension she felt that she couldn't be beaten down by any disease.

"......... like as you know, when you get annoyed pressure comes like that, but I'm okay. I have no, for me I don't have any disease which can get me down. Only pressure is the problem, sometimes it can disturb me, ---- but after some time it goes..." (W12)
4.1.2 Health is poor

Not feeling good
Living with HIV could be expressed as having a bad health, mainly because it was hard to afford the medicine. Even if the medicine was supposed to be free for all HIV-patients wasn't that always the case and that combined with the costs for the transportation to the hospital affected the health in a bad way. Side effects from the medicine, like feeling exhausted and having disturbing skin rashes did also affect how you experienced your health.

"Noo, I'm feeling bad......mm...because I don't have much money to buy that medicine” (W13)

Living in a bad marriage with a husband that beat you and always complain about you, were mentioned as reasons for experiencing bad health. The fights were mainly about money and other important needs. The violence was expressed as frequent and it did also contain sexual violence, as the husband forced the wife to have sex when she was declining him. Meanwhile having severe problems in the marriage you could suffer from diseases like hypertension, pre-diabetes and heavy headaches.

Interpreter: ”........he doesn't give her enough space, eh? He always complain about her.............like about food, if she wants some money from him, he doesn't give the money, he has to quallo first and then he gives like that. Sometimes he doesn't give,...plus beating.” (W7)

4.1.3 Health problems due to ageing

Health problems limits her life
Health problems like difficulties in walking and problems with the eyes could cause poor health. The oldest woman experienced that the eyes were the biggest problem but even the problems with walking made her daily life difficult, especially because she was taking care of many of her grandchildren.

Interpreter: "She can't walk like for short course and long course very well...it's difficult, She is always using some taps, then her eyes is the biggest problem she has. So she's always on medication for the eyes and the other problem” (W15)
4.2 Worrying affects your health in a bad way

4.2.1 You can’t predict the future

Fearing sickness

Some women were worrying about getting sick and cancer was one factor that caused worries. Reading about cancer in the newspapers and that many relatives in the family had died from cancer were mentioned as reasons for worrying about it. One woman was worried about gynaecological cancer and the fact that she hadn't done the screening test for cervical cancer yet stressed her.

"Well, yeah at times, you can worry like as women, this gyn-cancer, cause I, I fear that there are even a few tests that I have to do. That I've not done yet. Like the cervical-cancer-screening..........You don't know what happens...” (W8)

Another factor that made women worry about their health was when they were experiencing some sickness but didn't know what was wrong with them. Undiagnosed strong pain in the stomach and heavy headaches was mentioned by the women and it was common that they couldn't afford to go and see the doctor to get diagnosed. Some women had already seen the doctor but the doctor told them that they were fine and were sending them home still worrying about where the pain comes from.

"Yeah I always worry about, like I told you that I always get headache, I don't know why.................because I don't have enough money to go for check-up, but my body is okay, it's only the headache thats my worry” (W1)

Fear of leaving children behind

To live with a not treatable disease and to die to early was brought up as another reason for worrying about your health. One woman feared to leave her child before he had grown up and mentioned that she kept going and took her medicine because of her son. She couldn't leave him behind because she knew that he needed her.

“I worry....because I'm thinking I'm gonna die..when the time is not reached, when my child is not grown up...that's why I fear...” (W13)

4.2.2 Worrying doesn’t make anything better

There is no need for worries

Some women didn't worry about their health because they knew that it could affect their health in a
bad way and even increase their conditions. Not being able to control if you were getting sick or not was also a reason for not worrying. Worrying about getting sick was mentioned as pointless because it wouldn't keep you from getting sick. Another reason for not worrying was because you felt good and experienced good health.

“Ahaah (shakes her head) I don't worry about that, cause I'm not sick, and my health I think it is good. “  (W12)

"Sometimes I don't, because sometimes I don't know if I'm gonna get sick or not, but it just happens anyway............(W5)

4.3 Health is determined by many factors

4.3.1 Having enough money makes your life easier

Money for food
Worrying about money was a general issue among the women. One of the biggest concerns was how to get enough money for food. Worrying about getting food for yourself and your children and to live with thoughts about survival were mentioned as factors that caused a lot of stress among the women.

"...what things in my life...stress I think. Stress comes when there is no money around. You have to eat, kids have to eat. You also have to eat and you have to survive. Only that.”  (W16)

Money for healthcare
Not being able to afford healthcare for yourself or your family was brought up as an important factor. Seeking healthcare for simple health issues was mentioned as affordable but surgeries and some examinations and treatments were in many cases too expensive. It occurred that even the healthcare for easily treated diseases were too expensive.

Interpreter “Problem at home, problems at home, food, sometimes people are sick and there is no money. Actually general issues all about money........”  (W15)

"...eelah...the poverty...I think...the poverty we have...not have enough money to look after our self...because you can get a disease which you can treat quickly and we don't because the hospitals...eelah...the clinics are a bit expensive... ” (W2)
Money for education
Worries about school fees were mentioned as a factor that caused a lot of stress which affected the women’s health in a bad way. Their worries were concerning the university fee or for the tuition for the children's education, since most of the children were going to private schools.

".........If I don’t have money to feed them (pointing at her children) and school fees, by that time I can get headaches. ” (W1)

Money doesn’t affect the health
Money didn’t affect the health particularly if you had a steady income and enough money to buy the things you needed and wanted. The husband could also help out and you could share the costs in the marriage when needed too.

"..Money? I wouldn’t say that no, because that not so bad. At least you can get what you want, when you need money you can afford. At least I can afford it I'm talking about, if I dont know if all women, you know? We can't be all the same........." (W8)

4.3.2 Stress and worries
Too much to do
Taking care of your family and household while being a working mom was brought up as a factor that made the women struggle. Coping with work and family matters could decrease the health and make the blood pressure rise. One of woman felt tired and stressed because of the lack of sleep she experienced as a working mother. Coping with those factors made her feel that she needed a break.

"Most, the all I think is that you have late nights, early mornings, and all that, like coping, getting used, that is why I always have red eye, cause of the stress, but otherwise, health; mostly the babies. ” (W3)
4.3.3 Family problems

You can't relay your life on the man

Ugandan men were described as not trustworthy, not respectful and that they didn't care about the women. It was brought up as desirable and easier to live without a man if you could support yourself. An income could create the possibility to take care of yourself, your children and rent a place of your own without any disagreements from your husband. One woman experienced that Ugandan men only were cheating and bringing diseases in to the house.

"Because the Ugandan men's they... doesn't respect women's..and if you told them give me money and I go to the hospital...someone tells you, oh I don't have money...even if he has money...."

(W13)

Family planning

Worrying about getting pregnant and different family planning methods was mentioned as a factor that had a great impact on a woman's life. Being satisfied with the amount of children and not wanting any more was mentioned. One woman mentioned that she had never tried any contraceptive methods except for the with-draw method and didn't like to use a condom. This made her worry about not getting her period in time. The reasons of why she hadn't tried any other contraceptive methods were because she had heard about people getting a lot of side effects from using it.

".....eah, then maybe about the family planning methods, maybe that's that also give me some hard time you know.........because it's like I want to stop with the three kids I have, yeah? ...but now whenever I thinking of family planning-methods, they tell you this side effects this, you know?"

(W8)

Worrying about family

It was common that the women worried about their families and how to support their children. The worries about their family were mentioned as a factor that could affect their health in a bad way. When the children got sick the mother could get sick as well due to the worries of the children. The oldest woman worried a lot about her grandchildren, especially one of them who had some mental problems and was using drugs. The worries made her blood pressure rise.

"When even they become sick I always also like, I always also becomes sick because of my worry,
eh? Mhmm, yeah, but mostly it always, god always helping us to........" (W1)

4.3.4 What you believe in affect your health

Your own thoughts affect your health

To have a positive mind was a strategy for keeping yourself healthy. Thinking about sickness and getting sick could make you sick. Having a positive spirit was a way to cope with problems in your life. When facing stressful challenges in life could it be comforting to think positive and to know that your family members were okay.

"In my life, not as such, I'm having some problems as a human being. Having some problems with money as usual. Oh, but. I'm happy. Struggle to face them" (W10)

Health depends on Gods will

To find comfort and strength in God was common. God was mentioned as the only factor that could affect and improve health by some of the women. If you believed in him and prayed to him he could keep you healthy in the future. It was also mentioned that you should be grateful and thank God for keeping you healthy. The women's faith in God could also give them consolation and comfort. One woman said that the only thing she could do was to put her hope in God's hands.

"What I can tell you that in the Lord has kept me good. Mhmm. " (W12)

4.3.5 The environment and the surroundings where you live

The environment can threaten your health

When asking the women about what factors they thought could affect their health some of them mentioned the environment. The women were concerned about all the dust in the environment and believed that it could cause sickness, like the flue. Fumes from outside was also considered as dangerous and that it could make them sick.

“Dust. It does. Dust does soo much. That's why we get flue, a lot of things, worms, things like that” (W5)

To hug and greet a lot and to be surrounded by a lot of people was mentioned as something that could threaten your health. The environment in rural areas was described as not being very clean with a lot of garbage around which caused bad hygiene and could spread diseases. Having a good hygiene and keeping yourself clean was also described as a way to avoid sickness.
It's important to be surrounded by family
To be surrounded by family, having children and someone to love, were common reasons for experiencing happiness. Even though some of the women were struggling and facing problems in their lives they could still find happiness because of their families.

"I'm happy (laughs) I'm happy with him (the husband) and my two kids. And the coming one. (laughs) I'm happy." (W16)

4.4 Small actions can improve your health if you have time and money
Everything is about money
More money can change your life
The majority of the women expressed that life would be better and easier if they had more money. A lot of their problems in life could be solved if they had more money and that would make them worry less. Most of the women thought that their health would improve if they had more money, because factors as the way you live, how you can treat yourself, how you can eat and how you live depends on your income.

“........Because I think my health will be better when I have money, hm..Because when you have money, you can eat something, you can eat, buy this, and buy this, buy this, eh? So you feel nothing lacking” (W12)

“Very! Cause I could go and see the doctor, private hospital, and clear my problems so, I think money is the only problem. But if you have money everything can be fine. Uganda is, that way...mhm..” (W10)

Work and education
It was expressed that it was very difficult to get a job in Uganda, especially if you dropped out of school early. The chance to get a job without education was described as very small. Many women wanted to get a better job or go back to school or to the university. They thought that a job or a better job could decrease their stress and make them worry less about money.

"Because I'm not working, I need a job. And in Uganda to get a job, according to my education, its' not easy. Yeah. That is it.” (W7)
4.4.1 Treat yourself good

Exercise and wellness

Going more often to gym and doing more exercise was desirable, but hard due to lack of time and money. Some of the women tried to exercise by jogging or using walking as a daily mean of transportation. Working a lot at home was considered as a kind of exercise, such as mopping the floors and washing the clothes. Going to steam baths and stretching the limbs regularly was a way of keeping the body in shape for one of the respondents. To walk and work hard helped some of the participants to keep the body moving and to maintain a good health.

Thinking about what you eat

Some of the women tried to think about what they ate to stay healthy. It was common that they tried to avoid fried foods; too much oil, sugar and that they tried to eat more fresh vegetables and fruits.

"......... I eat...I don't eat posho and beans..I eat matoke and then boiled things not fried ones. Then I continue with my daily exercises, slowly by slowly. Not overweight to become obesity..mm” (W9)

Can't afford to think about what you eat

The food that was eaten by the women was mainly the local food such as matoke, beans, pocho, sweet potato and rice and if you wanted to add something else then it depended on how much money you had. Some of the women didn't have the opportunity to think about healthy food because they had to eat whatever they could afford.

"Eatings? Eh! For us we eat everything (laughs), for us you have to, what you eat you have to eat it. We eat everything i think. Mhm” (W12)
5 DISCUSSION

The aim with the study was to explore how Ugandan women experience their health, the factors that they believe can affect their health, if they do anything to improve their health and if they have any worries concerning their health. Our findings showed that the Ugandan women, who participated in our study, experienced their health as generally good. It occurred that the women experienced good health even if they were living with a severe disease, such as hypertension or HIV. Poor health was described because of problems of aging, experiencing domestic violence or lack of money for HIV-treatment. Different factors affected the women's health and the lack of money was mentioned as an important factor.

5.1 Result discussion

5.1.1 Factors affecting health

As mentioned by World Health Organization (WHO, 2014a) is health affected by various factors combined together, such as environment, income, level of education and family relations. There are some things in life that you can change to influence your health while some of them are difficult to prevent as an individual, among them environmental factors (WHO, 2014b). The findings from our study support that the environment and pollution can have a great impact on your health and it can be hard to prevent sickness due to that. The dust and pollution in Uganda was brought up as a reason for getting sick. One woman pointed at the fact that the lack of hygiene in the rural areas could spread diseases and that better personal hygiene could prevent sickness. This might be hard to accomplish for some individuals as the access to clean water isn't always present, especially in the rural areas. The environment where you live you can be very hard to influence as an individual if you don't have money. More money might give the individual the possibility to move to another area with better surroundings.

5.1.2 Malnutrition and obesity

According to Ambrus and Ambrus (2004) is malnutrition a problem in low-income countries. That fact could consist with the findings from our study. The food that most of the women ate was local food containing mainly carbohydrates, like matoke (food banana), rice, different kind of potatoes and posho (pudding made of mais flour) and beans. This might depend on the fact that this kind of food is cheap, while food containing a lot of proteins like meat and eggs are more expensive. The women in the interviews expressed that they worried a lot about food and how to afford to feed their
families. It seemed like most of them had access to food and didn't starve but they couldn’t always afford to get nutritious food which is needed for avoiding malnutrition. Malnutrition and this type of high-carb and low-protein diet were also described as a health problem by Van der Sande and co-workers (2001) in their study about undernutrition in The Gambia.

Some of the women thought about what they ate because they wanted to maintain healthy and wanted to avoid getting fat or become obese. They tried to avoid fried food, too much oil and fat and tried to eat a lot of fresh vegetables and fruits. Kaufman and co-workers means that over-nutrition is an increasing health issue even in low-income countries especially in urban and westernized surroundings (in Van der Sand et al., 2001). The increasing number of obesity could be a problem in sub-Saharan countries where overweight is a sign of prosperity (Van der Sand, 2001.) The findings of our study partly consist with the result from Van der Sand's (2001) study. Our findings showed that overweight and obesity existed in the society but it seemed like the women didn't look at it as a sign of prosperity, as they were trying to avoid it. Despite to that is it important to mention that the body ideal in Uganda is different from western countries skinny ideal resulting in that they might have different perspective of overweight and obesity.

5.1.3 Money affecting health
In accordance of what WHO says about the income being a factor that affects health (WHO, 2014a), did lack of money recur as a factor that affected the respondents health in many ways. That socioeconomic status is a common health factor is also mentioned by Lantz and co-workers (2001). They found that money was important both for the possibility to seek healthcare but also for the possibility to maintain a good health. According to WHO isn't the access to health care one of the most important factors that affect women's health (WHO, 2014a), but the access to health care was although something that was brought up by the respondents in our study. Seeking healthcare when needed, wasn't always possible, because they couldn’t afford it, since the health care in Uganda has a lack of resources or is often privatized and expensive. The healthcare is supposed to be free in the hospitals run by the government but it isn't in many cases, due to the lack of resources, the number of patients seeking help or to the lack of drugs. Even if you could afford to go and see the doctor for less acute conditions was it common that you couldn't afford surgery and some examinations. One respondent couldn't afford the transportation to the hospital to collect her HIV-medicine and even treatments for easily-treated diseases were hard to afford for the women.

Being sick and not being able to see the doctor to get diagnosed was causing a lot of worries among
the women. The lack of money did also cause a lot of worrying and stress regarding paying the
children's school fees and the rent. Some of the respondents said that many things would be better if
they had more money and one way of getting it was to get a job, something that is hard in Uganda.
To get a job without an education was expressed as being very difficult, and many of the
respondents wished to go back to school to receive an education. Hinze and co-workers (2012)
found that women with a low education had a higher prevalence of smoking, obesity, depression,
being less physically active and that they suffered from more chronicle diseases (in Witvliet et al.,
2013). Most of the women that were lone-mothers, divorced or had a low education in our study,
suffered from some chronicle or non-treatable disease but the women that were married and had
higher education did also suffer from some disease like hypertension, which can be considered to be
a welfare disease. Due to that and that the sample group of this study was too small and that the
study wasn't statistically made makes it impossible to generalise the findings.

Two of the women who were interviewed were HIV-positive. One of them expressed poor health
and mentioned that she worried about dying and leaving her son behind. When she talked about her
life and her health did she express feelings of no hope. Klis and co-workers (2011) found that 52,3
% of people infected with HIV in Gambia were suffering from psychiatric symptoms such as
depression and/or PTSD. According to Antelman and co-workers (2007) and Leserman (2008) is it
important to identify those patients because psychiatric symptoms could accelerate the process of
the disease (referred to in Klis et al., 2011). Neuman & Obermeyer (2013) found that it is common
with HIV-related stigma and discrimination that this even could affect the access to healthcare. The
woman that experienced poor health did also worry a lot about money for her medication and how
to get a job. The fact that she was low-educated together with possible HIV-stigma and
discrimination could be reasons of why she was struggling to get a job. The other woman that lived
with HIV experienced her health as good in general, mainly because she was able to get her
treatment and take her medicine as she should. The women's different experiences show that the
experience of health also could depend on how well a disease is treated. The differences between
the two participant's situations could depend on the access to treatment due to money and distance
to the hospital, since one woman struggled to afford the transportation to the hospital where she
could collect her medicine. It is very important for the government in Uganda to work on the access
to medicine for all HIV-patients since it can make such a big difference in the patient’s life. The
medicine is supposed to be free but that isn't always the case. It should also be easy for all patients
to collect their medicine from a healthcare center nearby their home. HIV-patients in western
countries can live an almost normal life since they have access to good healthcare and medication.
Access to healthcare is also an important matter when it comes to information about the disease and spreading of the infection, which should be an important matter for the government to work with.

5.1.4 Domestic violence

According to Kwagala and co-workers (2013) are the prevalence of sexual violence and gender-based violence high in Uganda. The physical violence was justified by different reasons such as arguing with the partner and refusing sex (Kwagala et al., 2013). It occurred that the husband of one woman in our study hit her when they were discussing about things and mainly when they were arguing about money. He did also force himself on her sexually if she refused sex with him. The woman did also mention that her husband was often complaining about her wanted her to stay at home most of the time. Other respondents did also describe the men as disrespectful and not trustworthy. The 2011 Uganda Demographic and Health Survey (2011) showed that 27% of the participating women had experienced physical violence and 16% had experienced sexual violence in the past 12 months. Kwagala and co-workers (2013) also mention that 52% of the women that had experienced domestic violence had experienced violence in their childhood. These results show how important it is to work with questions regarding domestic violence, but also that it is important to focus on protecting the children during their childhood. It can also be assumed that the domestically violent man in many cases has experienced violence in his childhood. Working for a safe childhood for both boys and girls might decrease the prevalence of domestic violence.

5.1.5 Family planning

In accordance of World Bank (2005) many Ugandan women have more children than they want. In the result of the 2000-2001 Demographic and Health Survey showed that Ugandan women have two more children than they want in average and as much as 38% of all the births were unplanned (in Singh, Prada, Mirembe & Kiggundu, 2005).

Worrying about getting pregnant and not wanting any more children was described as very stressful. One woman in our study worried a lot about getting pregnant and was sceptical to contraceptive methods because of the side effects she heard of. She and her husband didn't like to use a condom and because of the fear of the side effects did they use the natural method which made her worry about not getting her period in time. The woman wanted to start with some contraceptive method but felt that the information about it was confusing. She didn't know if she should listen to the doctor or to her friends experiences and did also believe that different methods could affect different women differently. Despite to the worries about getting pregnant had the woman agreed with her husband on not having more children. Buyana (2009) found that in cases when the man and the
woman doesn't agree on the number of the children they want to have, is it still common that the man is the one that makes the decision about that. The men that were interviewed in Buyana (2009) believed that the women were free to stop having children when they had given birth to six to eight children.

World Bank (2005) mentions that even if the number of married women using safe contraceptive methods are increasing are the numbers still very low. As much as 51% of the married women didn't want a child at the moment or didn't want any more children at all, but despite that didn't they use any safe contraceptive methods. The unmarried women that were asked were more likely to use modern contraceptive methods than the women that were married but numbers were still low (in Singh et al., 2005). The lack of using contraceptive methods might lead to unwanted pregnancy that could end up in an illegal abortion, according to the law in Uganda. According to Kinoti and co-workers (1995) is induced abortion only permitted when it is a danger for the mother’s life and legal abortion is very rare in Uganda, (in Singh et al., 2005). World Bank (2005) pointed at the fact that maternal health and health issues due to illegal abortion are a big health problem by women in Uganda (in Singh et al., 2005). Department of Obstetrics and Gynaecology (1999) mentioned that unsafe abortion stood for 50% of the admissions in the gynaecological ward in a hospital in Kampala (in Singh et al., 2005).

It seems like there is a need of more information and easier access to contraceptive methods according to the result in this study and previous research. If unwanted pregnancies could be prevented more easily would the numbers of unsafe abortions decrease which would affect the women's health in a good way and decrease the admissions and the pressure on the gynaecological ward. An important assignment for the government and the feminist's in Uganda should be to work for women's rights in Uganda. It should be given that the women should have the opportunity to decide over their own bodies and how many children they want to give birth to. According to McKian (2007) is women's health an key priority to the Ministry of health in Uganda, due to the fact that healthy women leads to healthy childhood which will contribute to development and the well-fare of the country.

5.1.6 Relying on God
Many of the respondents were religious and found comfort in God. They put their health in the hands of God and believed that God had kept them healthy. It is possible that if the study was done in a country like Sweden God wouldn't have been brought up as a big factor, since it may be more
common to not practice any religion than to be religious in Sweden. One respondent imagined that her thoughts had a great impact on her health and believed that positive thinking could keep you healthy. She believed that if you think about getting sick then you will become sick. To stay positive even if you were struggling in life was also described as a way of coping with challenges. This way of thinking support that personal behaviour is a factor that affects health all according to WHO, (2014a). It seems like it is more common to be religious in countries where people are poor and facing big challenges in life. Many Ugandan women struggle in in many ways and their belief in God and their positive minds might be the reason of why they can cope with those challenges and still find hope in life. Tix & Fraser (1998) mentions this as “Religious coping”, which they describe as a cognitive and behavioural strategy that arise from a person's belief or spirituality when facing difficulties in life (in Thuné-Boylea, Stygalla, Keshtgarc & Newmana, 2006). Hixson, Gruchow & Morgan (1997), Tix & Fraser (1998) and Oxman, Freeman & Manheimer (1955) also found a connection between positive health outcomes and religious beliefs (in Nairn & Merluzzi, 2003).

5.1.7 Improving health
Most of the women were aware of what they could do to improve their health, but they didn't always have time or money to do so. It was described as difficult to improve your health through changes of your diet because the food they ate depended on their income. Going to the gym was desirable, but expensive and time demanding. Walking instead of taking “Boda-boda” (motorcycle-taxi), “Matatu” (taxi-bus) or car was mentioned as a way of being physically active. Most of the women believed that money could improve their health and that the lack of money for better food, going to the gym and money to see the doctor were mentioned as factors that made it difficult for the women to improve their health. Even if the possibility of doing exercise doesn't depend on the access to a gym is it possible that the fact the women were doing most of the work in the household and took care of the children, while some of them were working to made it hard for them to find time for exercise, especially if your were a lone-mother or divorced. The Ugandan women are often working very hard in the household, doing all laundry by hand and cleaning the floors with a rug and because of the dust in the environment do most of the women clean their floors every day. This keeps them physically active but might also cause some injuries and pain in their bodies which could impair their health. The lack of money did also cause a lot of worries for the women and if the women had more money their health could improve through fewer worries.

5.1.8 Nursing theory
According to Benner and Wrubel's (1989) nursing theory it is wrong to see the human as an isolated unit without taking regards to the surroundings and the various factors that can affect a human's life.
WHO (2014a) suggests that it is inappropriate to blame people about having a bad health since the context of their lives plays a very big role in it. Benner and Wrubel (1989) see health and well-being as a whole unit including body, mind and soul. Experiencing good health isn't just about being physically healthy, as how you feel mentally and how you experience your own health also are important factors. Living with a disease doesn't mean that you have to feel sick or experience bad health. Benner and Wrubel (1989) separate health and well-being where health is determined by physical and psychological factors but well-being is determined by a subjective feeling of how you experience your own health. The theory consists with our findings as some of the women expressed good health even if they were living with a chronic or non-treatable disease. Being able to control your disease was mentioned as a way of coping with your disease. One woman did even feel strong and that she couldn’t be beaten down by any disease even if she suffered from hypertension. Our findings did also show how various factors affect women's health and that environmental factors and the surroundings where you live can be very hard to influence as an individual. The fact that the individual's health also is determined by the environment and the context where they live, is also mentioned by Benner and Wrubel (1989) and WHO (2014a). These findings shows how important it is for the health-care workers to have an holistic and not judgemental approach in the meeting with the patient. Benner and Wrubel (1989) mean that the nurse must have an holistic approach and involve the patients own experience and the loss of his or her functions in the care, which might give the patient tools to cope with the situation.

5.1.9 Cultural differences in expressing health

Another aspect of how you express your health might be cultural as it is common in Uganda to always greet people that you are meeting, even in the supermarket and to ask the obligatory question “How are you?”. The answer is often expressed as “I'm good” even if that isn't the case. It seems that the cultural tradition is to keep your problems for yourself and the people that are closest to you. That might be a cultural difference if compared to a western country as Sweden where we experience that it is less common to greet unknown people and more common to complain and share if you are sick or are experiencing some problems. When asking the respondents regarding their health most of them said they felt fine, but later in the interview did they mention sickness or that they experienced stress and worrying.
5.2 Method discussion

5.2.1 Trustworthiness
The dependability of the findings were considered as good since we had been reading the interviews several times and been analysing parts of the interviews together while discussing the interpretations. The fact that we didn't have previous knowledge about content analysis and that the description in the literature was very poor, might have affected the outcome of the analysis.

The credibility of the study was considered as partly reached since the data collected wasn't completely satisfied. The reasons of why the data was partly satisfied might be because of the design of the interview guide, being a stressful situation for the respondent, the settings where some of the interviews were conducted and mainly the language barrier. Some of the interviews were short and that might have been because of the stressful situation of being interviewed by two unknown persons, especially persons from a western country. Some Ugandans have never met and talked to a white person and it seems like some of them admire people from the west which could have put them in a vulnerable situation.

If the respondents were asked earlier, they might have been more prepared for the interview, but the fact that most of the interviews were spontaneously conducted might have given more honest and spontaneous answers. If the interviews were planned in advance the setting of the interview could have been more adapted in some cases. Some of the interviews were conducted in non-desirable places, like in a living room with children making noise outside or in a garden with disturbing traffic.

The language barrier did also cause some difficulties during the interviews and during the transcription of the interviews. When asking the women about participation some of them gave an expression of knowing better English than they did, which also might have affected the amount of data given in the interview. In cases using an interpreter data could have been added by the interpreter and that problem did most likely occur since the interpreter in both cases was a friend to the respondent who had a perception of the woman.

The fact that we are nursing students and are educated in the determinants of health, could have brought some perceptions into the interview guide and the analysing process. It is also possible that some perceptions about Ugandan women existed from the review of previous research. Since it was
the first time we made an interview guide is it also possible that some of the questions could have been easier to understand if they were designed in a different way.

It would have been desirable to ask the women about their income to be able to see the differences or similarities regarding how the income affects the health. Questions about factors that mostly regard women's health like domestic violence, pregnancy, giving birth and gynaecological factors were missing in the interview guide and that might have been interesting to ask since that could affect a woman's health. The reason of not including direct questions about that from the beginning was because of the instruction to not enter the area of midwifery. The data analysis resulted in appropriate themes and categories even though longer answers and more depth in the interviews were desirable.

The findings can't be generalised but it could have a transferability on similar groups in a similar setting since the answers from the women were similar in many ways and that the sample group had a wide range of age and other background variables. Even if all respondents are individuals and have individual thoughts and experiences, it is likely assume that women all over the world have similar concerns like worrying about health, children and money which affects their health. Further research should include questions about domestic violence, maternity, family planning, gynaecological health and income since those factors have a great impact on women's health.

5.2.2 Clinical implication
The findings of this study can be relevant for organizations and health care workers working to improve women’s health in Uganda and in low income countries in general. The findings might also give a better insight in how women from Uganda and other low-income countries experience their health, which could be useful for nurses and other health-care workers in the meeting with immigrants living in Sweden and other western countries.

5.3 Conclusion
Ugandan women expressed their health as good in general. Some of them were living with a severe disease, such as hypertension or HIV, but did still express good health. This consists with WHO's definition about health and Benner and Wrubel's nursing theory, which both mentions that good health is not only about the absence of disease but also about the individual experience about health. The women were mostly worried about their health and money issues was mentioned as a factor that caused a lot of worries. Lack of money was also brought up as a factor that could affect the women's health. Time and money were mentioned as important if you wanted to improve your
health which could be done through better diet, more exercise or being able to afford to see the doctor when needed to. The findings from this study also support how hard it can be to influence some of the factors that affect our health, such as the environment and the surroundings where you live, especially if you don't have money. It is important for health-care workers to have that in mind and to have an holistic approach in the meetings with patients.
6 REFERENCE


7 APPENDIX 1: INTERVIEW GUIDE

Background variables:

Age:
Number of children:

Marital status:
- Married
- Single
- Divorce/seperated
- Polygamisk marriage

Level of education?
- None
- Basic
- Tertiary
- Other

Employed:
- Yes
- No

Do you have any chronical diseases?

Question 1: Tell me about your health?
Follow up : How do you feel today?

Question 2: What do you do to improve your health?
Follow up: Do you think about what you eat? Do you preform any physical activity? Do you smoke? Do you drink any alcohol?

Question 3: Do you worry about your health?
Follow up: What makes you worry about your health?

Question 4: What factors in your life do you think affect your health?
Follow up: In what way?

Question 5: Do you think there is anything in your life you could change to improve your health?
Follow up: How do you think that would effect your health?

Question 6: Have you had any diseases the past year?
Follow up: What kind of disease? Tell me about it.
Follow up: Did you consult with any kind of healthcare?
APPENDIX 2: CONSENT FORM

MAKERERE UNIVERSITY BIOMEDICAL SCIENCES RESEARCH & ETHICS COMMITTEE
INFORMED CONSENT TEMPLATE FOR INTENDING RESEARCHERS

Title of the proposed study:
Ugandan women’s thoughts and experiences about their health.

Investigators:
Mariella Wallin, Uppsala University.
Email: mariella.wallin@gmail.com, Phone: +256794801963
Elin Tärnström, Uppsala University.
Email: elintarnstrom@msn.com, Phone: +256794801964

Background and rationale for the study:
Health is determined by various factors such as genetics, gender, social status, education level, culture and the access of health services. Some factor that often is found affecting women's health is socioeconomic status, education and being a lone mother. Lone mothers have higher odds of poor health, than mothers with a partner. Some of the factors that affect our health are not possible to prevent or affect as an individual, among them are age and the physical environment where you live. In low-income countries do the environmental factors such as pollution, malaria and the lack of clean water cause diseases and death. Malnutrition and infectious diseases are a big problem and those two factors together can cause a vicious cycle.

Uganda is a country where access to healthcare, such as hospitals and health-care facilities, is mainly located in the cities. There is a lack of health workers in the country. The women in Uganda have a relative good position in the society compared to their neighbour countries. Feminists in Uganda claim, that women should have more to say, considering their contribution to the country’s production. Still the men are usually the ones who make the decisions in the household and the women should seek the men’s consent. Women's health is a key priority for the Ugandan Ministry of Health. This due to the fact that healthy women lead to a healthy childhood and therefor contributes to the country's development and social and economic welfare.

The women in Uganda and in developing countries over all are in many ways vulnerable, especially if compared to men. However there are no specific studies to be found regarding the Ugandan women’s own thoughts and experiences of their health in general and that's where the interest appeared from.

Purpose:
The aim with this study is to explore Ugandan women’s state of health and to hear the women’s own thoughts about their health, the factors that they think can affect and improve their health, and if they have any worries concerning their health. Data will be collected through face-to-face interviews with Ugandan women within Kampala and its surroundings.
Procedures:
The study will be based on face-to-face interviews. Each participant will be asked to participate in one interview.

Who will participate in the study?
The subjects of the interviews are women that live in Uganda and who will be recruited through convenience sampling. The interviews will be semi-structured which means that the participants get structured questions but get the freedom to answer in their own way and illustrate their personal experience. The study will include 8-12 women and the interviews will approximately take 45 minutes.

Risks/Discomforts:
The participants will not be put in any risk during the interviews, accordingly to us. If you, at any time experience discomfort during the interviews, you can withdraw without giving an explanation.

Benefits:
The benefits for the participants of this study might be that it could show the need for further research that might improve the healthcare and indirectly affect the women in Uganda and other low-income countries.

Alternatives:
Your participation in the study is not mandatory, although your experiences and thoughts are highly valuable for us.

Cost:
There will be no costs for you as a participant in this study.

Compensation for participation in the study:
The participants will not receive any compensation.

Reimbursement:
To minimize the travel costs for you as a participant the interviews will be held in a convenient location for you.

Questions:
If you have any study related questions please don’t hesitate to contact us. You’ll find our e-mails and phone numbers at the first page of this document.

Questions about participants rights:
If you have any further questions about your rights as a research participant, please don’t hesitate to contact us. You’ll find our e-mails and phone numbers at the first page of this document.

Statement of voluntariness:
Participation in the study is voluntary and participants may join on their own free will. The participants have the right to withdraw from the study at any time without any further considerations.
Confidentiality:
The results of this study will be kept strictly confidential, and used only for research purposes. My identity will be concealed in as far as the law allows. My name will not appear anywhere on the coded forms with the information and the interviews will be deleted when the study is finished.

The interviewer has discussed this information with me and offered to answer my questions. For any further questions, I may contact Rose Chalo Tel: +256738743572 or the Chairperson IRB School of Biomedical Sciences Dr. Lynette TumwineTel:+256772494119 Email:irbbiomedicalsciences@gmail.com or Uganda National Council for Science and Technology Tel:+256414705500

STATEMENT OF CONSENT/ASSENT

Mariella Wallin and Elin Tärnström have described to me what this study is regarding. They have also informed me about the risks, benefits and my rights regarding this study. I am aware that I can withdraw my participation from the study at any time without further considerations. I am also aware of that my identity will be concealed, and that the data from the interviews will be deleted after the study has ended. I understand that by signing this form I do not abnegate from my legal rights, but agree to participate in this study voluntarily and that I have understood this information.

Name.................................................. Signature of participants.........................................

Age.................................................. Date.................................................................

Name.................................................. Signature of interviewer........................................

Date..................................................