

Explaining the Effect of Cooperation and Collective Action on Women's Health

A. Baheiraei (PhD)¹, F. Bakouei (PhD)^{*2}, E. Mohammadi (PhD)³

1.Community Based Participatory Research Center, Reduction of High-Risk Behaviors Institute, Tehran University of Medical Sciences, Tehran, I.R.Iran

2.Department of Midwifery, Faculty of Medicine, Babol University of Medical Sciences, Babol, I.R.Iran

3.Faculty of Medical Sciences, Tarbiat Modares University, Tehran, I.R.Iran

J Babol Univ Med Sci; 18(9); Sep 2016; PP: 26-31

Received: Apr 25th 2016, Revised: Jun 1st 2016, Accepted: Jul 27th 2016.

ABSTRACT

BACKGROUND AND OBJECTIVE: Priority of women's health will help to achieve fourth and fifth Goals of Millennium Development programs. Social capital is a retain and social factor affecting health. This qualitative study aimed to explore experiences of women and to determine the relationship between cooperation and subscription activity (aspect of social capital) and health.

METHODS: This qualitative study was conducted with content analysis approach. Purposive sampling with maximum variation of 10 women of reproductive age with a score higher than 75% of the total score in the cooperation and subscription activity were conducted using Semi-structured interviews based on interview guide by using open-ended questions .At the same time of data collection, data analysis and management was performed with MAXQDA 10 software. Interviews with development patterns and original meaning was clear in interviews and subcategories, categories and themes were formed.

FINDINGS: Based on data analysis two themes: "health" and "spiritual evolution" were extracted. These themes and stories of "psychological feeling of vitality and freshness, a healthy sense of physical and spiritual satisfaction and finding a reliable and pro-know" how the ways of cooperation and joint activities focused on health.

CONCLUSION: The cooperation and subscription activity can be both directly and indirectly contribute to improving health care. In fact health theme directly and spiritual evolution theme indirectly impact on health.

KEY WORDS: *Collaboration and Collective Action, Women's Health, Qualitative Research.*

Please cite this article as follows:

Baheiraei A, Bakouei F, Mohammadi E. Explaining the Effect of Cooperation and Collective Action on Women's Health. J Babol Univ Med Sci. 2016;18(9):26-31.

* Corresponding author: F. Bakouei (PhD)

Address: Medical collage Babol University of Medical Sciences, Babol, I.R.Iran

Tel: +98 11 32365311

E-mail: bakouei2004@yahoo.com

Introduction

Women play an important role in shaping the cultural, family and community health promotion. In general, women's health is the public health basis (1). Retaining and promoting the women's health is not only a fundamental human right, but also is essential for the health of all people (2). Improving women's health is improving the world (3). Women's health in low- and middle-income countries due to the nature of demographic changes is more complicated. Although women live longer than men, but they are experiencing poorer health. Therefore, policies and programs should generally address the women's health and focus on the factors affecting it (4).

Priority of women's health will help to achieve fourth and fifth Goals of Millennium Development programs (5). In addition to genetic and biological variables which are associated with health, social structure is one of the factors related to health including income, education and employment, which in recent studies also pointed out the relationship between social capital and health status(6). Evidence suggests that the social environment plays an important role in shaping people's health. Researchers working in this field is mainly focused on the concept of social capital (7).

Social capital have been suggested as a social factor influencing the health (12-8). Social capital is usually defined as a combination of social participation and social cohesion patterns created by the participation (13). The World Bank announced some dimensions for social capital, in this study, the cooperation and active participation and its impact on women's health will be discussed. This dimension has been studied by the World Bank with following questions: "Do you have participated in social activities in the past year? If there is a problem in your neighborhood, for example, passages or waste disposal, how do you deal with it? In the event of a serious illness or a death in the community, how do you help them? (14).

Most of the quantitative studies conducted in American and European countries with finding of association between social capital and health outcomes, suggest further research to explain the related mechanisms of such relationship (17-15). Qualitative studies are appropriate in explanation of in-

depth and personal concepts such as health. These researches help to understand human phenomena with an emphasis on social context. Hence, to explain how cooperation and subscription activity are related to women's health from the perspective of women, qualitative research is needed.

The qualitative research with this aim is the first study in Iran and in other countries is very limited and its results can be required to develop their services and health interventions and to enable the efficient performance of health care system.

Methods

This qualitative study was done using content analysis approach aims to explore the experiences of women of reproductive age and to determine mechanism and relationship between cooperation and subscription activity with health in Tehran. This present study is the second phase of a consecutive combination study that its protocol has been published (18). The participants of this study are women of reproductive age who participated in the first phase, the phase of the quantitative composition.

From participants of the quantitative phase of the study, women were selected that their score was higher than 75% of the total score in the cooperation and subscription activity so that they can determine their experience and understanding from the relationship between cooperation and subscription activity with health in life. In this study, sampling was done with maximum diversity (table 1) until data saturation and semi-structured interviews were conducted with a total of 10 women.

The researcher before the interview obtained informed consent from targeted samples by explaining the purpose of the study and interviews were recorded with their permission. According to interview guide, women were asked to express understand and experiences about cooperation and subscription activity. Exploring questions such as "What do you mean" or "if you please explain further" was used during the interview to check-out understanding of researchers from the statements of participants to explain for participants and describing most of the issues that was taking shape. Duration of the interview was depended on the participants' position, their

willingness to continue the interview and the full array of experiences ranged from 30 to 45 minutes and all interviews were conducted in one session. Data collection in real and natural areas began with interviews of participants and data collection and data analysis continued concurrently.

According to this, the researcher first implemented the recorded interviews to software MAXQDA 10 and also the initial coding was done. In the initial coding, line by line prescription or typed data, as units of analysis were studied and relevant meaning units were determined and then the code was given to them. Re-study of manuscripts and notes helped to distinguish the initial relationships between the extracted concepts from statements of women. In subsequent interviews, codes of each interview and other codes of earlier interview were compared with each other to determine their similarities and differences. Notes and codes helped to shape the themes and the themes and classes were formed based on similarity codes and with the progress of interviews and clarify the relationship between themes, pattern recognition and original meaning of the interviews was possible. Finally, the research team were agree with the meaning of data, themes and categories, content, and their names. Credibility of the data using review of handwritten by the participants was conducted by the research team and reviewing observers.

As well as other actions including prolonged exposure to phenomena and ongoing review to enhance the reliability and also stability of results and maximum variance sampling (cover the wide range of participants in terms of age, occupation, and education) for reliability and data transfer capability was done.

Results

This qualitative study is expressed women's experiences about relationship between cooperation and subscription activities with women's health in two themes: "health" and "spiritual evolution". Themes, classes and codes are shown in table 2.

Health improvement theme : All women believed that cooperation and subscription activity directly impact on the healthy feeling with a sense of vitality and freshness and healthy sense of psychological and

physical. Two floors were in the form of health improvement theme.

Category of psychological feeling of vitality and freshness: Below quoted statements of participants shows the effect of contribution and participation in solving people problems on psychological feeling of vitality and freshness. They told their help experiences not only solve a problem but also led to mental health which they expressed them with different terms, relax, happiness, positive energy taking, sensation of flying, being the top, dilution of the spirit, a sense of usefulness and pleasure. "We were a group that went to the hospital to visit and now, a donations, was very well their look, some of the patients were so sick, having a nervous disorder, but when you look at happiness in their faces, it was very enjoyable. "(Participant 9)". Helping is wonderful, you can feel usefulness, that's very good, feel relaxed."(Participant 10).

Category of physically healthy sense: This category suggests that participants felt greater physical health regarding with cooperation and subscription activity in terms of expressed experiences, mechanism of this effect is by creating more mental freshness of it. "Physical health, well, for example, my body is very lively when I am happy and my activity is much." (Participant 1). "I saw that I can do help, it was very good mentally, I never got tired and did my works better." (Participant 3). "As if the whole being filled with peace and also in my body. As if your body is tired, for example you took a shower after exercise and your body becomes light." (Participant 6).

Theme of spiritual evolution: Due to the importance of religious views and beliefs of Iranian society in all aspects of life, understanding and experience of the study participants was found on the theme of spiritual evolution after cooperation and subscription activity which consisted of two categories of spiritual satisfaction and finding a reliable and pro-confident. Given the broad definition of health which should also include spiritual dimension, participants refers to the importance of this dimension which is resulted from cooperation and help.

Category of spiritual satisfaction: Spiritual satisfaction is one of the characteristics of spiritual evolution that suggests participants serve others with love and kindness and a sense of acceptance and of being loved by God is necessary. One of the

components of spiritual satisfaction is service delivery without expectation that participants with the following words knew helping to people as a service without expectation:

"I help without expectation, when I do something I do not expect that she/he do something to me once, I will be very happy." (Participant 3). "Because people forget less than one year. Never think to thank, and if I do some things just for the sake of God, not important for me to know or not." (Participant 4). Another element of spiritual satisfaction was called deal with God; because participants in their own words indicated that the others to pray in our right, God is happy with us, God gives us the result of our work. Participants said that this pray and God satisfaction, give them a positive energy and good feeling. Their experiences are as follows: "After that the person is praying. I also feel good knowing that God is in fact happy, because I do this. Now not important its impact to be in this world (Participant 1). "Now that I can help one, the person prays, the pray gives me a positive energy," (Participant 3)

Category of finding a reliable supportive: This category was created with participants' experience as a result of cooperation and subscription activity that they in the problems of life especially when they cannot do nothing, they rely on god and stated that they have seen the miracle and grace of god in their life and

consider that as a result of help to others. A component of finding a Reliance and supportive sure is trust in God in trouble. With this feature, participants discussed their experiences such that when they are frustrated everywhere, only God is their protector and they trust in God: "I'll do anything I can do. I do. I trust in God in my problems. I pray." (Participant 6).

"I help wherever I feel I can help. On the other hand, in the case of my daughter, I tell, my God, I delivered my daughter by imams to you." (Participant 8). Another element of finding a reliance and sure supportive is the help of god in life that participants pointed out as God grace, love of God, the miracles of God. "Well when I help one, I am feeling that these are somewhere, somewhere registered. God helped me many places, I always say that I felt the love of God, help of god. I saw the hand of god in my life." (Participant 3). "I touched the love of God, I was never in the bottleneck, sometimes I was under pressure, but it was solved." (Participant 5). The above described set of participants indicated that all women consider spiritual achievements as a results of cooperation and subscription activity and this spiritual achievements affecting their health and even their families. In other words, most of the women had experienced as a result of helping others concerned about their own life and that kind of assistance will be recorded in the sight of God.

Table 1. The demographic characteristics of participants in qualitative phase

Participant	Age (year)	Educational Status	Marital Status	Number of Children	Job	Residential Area
1	27	MSc student in economics	Single	-	housewife	18
2	40	MSc in sport management	Married	2	Employed (tuition)	8
3	37	High school diploma (babysitting Health)	Married	2	housewife	1
4	44	Middle School	Married	2	housewife	15
5	38	Economic diplomat	Married	2	housewife	9
6	45	Middle School	Married	3	housewife	9
7	48	BA in Arabic Literature	Married	-	Employed (executive management of school)	8
8	34	MSc student in political science	Married	2	Employed (employee of selection core office)	12
9	42	Middle School	Married	3	The servant of Hazrat Abdul Azim shrine	20
10	37	BSc in Quranic sciences	Married	2	housewife	4

Table 2. Concepts extracted from the data, code, classes, and themes.

Theme	Classes	A selection of basic concepts (codes)
Health Improvement	Psychological feeling of vitality and freshness	feeling of flying and being on the top
		Enjoyable
		Creating peace of mind
		Feeling of usefulness
		Lively with peace of mind
	sense of physical health and freshness	Doing my work with Happy mood
		The impact of mind peace and reduction of stress on physical health
		The impact of energy on physical health
		Help without expectation
		Not expected to thank
Spiritual perfection	Spiritual satisfaction	Pray for others
		For the sake of God
		Believed to derive from God
		Rely on God in psychological stress
		Having peace in life
	Finding Reliance and sure supporter	See God's love in life
		See the miracle of God in the life

Discussion

The first theme of this study entitled "Improving Health" shows that cooperation and subscription activity directly impact on health. In this study, the participants had experienced the more physical health in relationship with cooperation and subscription activity and stated getting this feeling by making more mental freshness. The results of our study about physical health following a more mental freshness feel is in line with the possibility of a direct physical and psychological pathway between cooperation and subscription activity with health, whereby, cooperation and subscription activity moderates the effects of chronic stress and prevent from onset of physical diseases affected by it (19).

Other studies have also found that social capital by reducing stress perceived by individuals (8) and create happiness leads to mental health (20). Other aspects experienced by participants in relationship between cooperation and subscription activity with health were "spiritual satisfaction" and "Find reliance and sure supporter" that it became apparent within the spiritual evolution. Due to the importance of religious beliefs in all aspects of life in Iranian society, this theme was only found during this study and in a few studies that

had been done to explain the mechanisms of social capital and health and in the literatures have not been reported. Spiritual health can be the recognition of god, loving him and trying to be close to him. It can include other areas such as feelings, love and be loved, help to others, pleasure experience, having an essential purpose in life and experience of perfection and harmony of life (21). Social-psychological point of view have been suggested to justify the relationship between religion and mental health (22). The findings of qualitative study in explanation of the mechanism and how cooperation and subscription activity are related with health of women in reproductive age revealed that cooperation and subscription activity both directly and indirectly could be used to promote health. Health improvement theme in a direct path and spiritual evolution theme in fact in the indirect path impact on health.

Acknowledgments

Hereby, we would like to thank the Department of Science and Technology of Tehran University of Medical Sciences for financial support of this research and also all women participated in this study.

References

1. Barooti E, Sadeghi N, Karimi-Zarchi M, Soltani HR. New results regarding trends in Iranian women's health and a comparison with WHO data. *Clin Exp Obstet Gynecol* 2011; 38(4): 390-3.
2. Hosseinpour AR, Stewart Williams J, Amin A, et al. Social Determinants of Self-Reported Health in Women and Men: Understanding the Role of Gender in Population Health. *PLoS One* 2012; 7(4):e34799. Epub 2012 Apr 13.
3. World Health Organization (WHO). Health and Women: Today's Evidence Tomorrow's Agenda. 2009. Available from: http://www.who.int/gender/women_health_report/full_report_20091104_en.pdf.
4. Bustreo F, Knaul FM, Bhadelia A, Beard J, de Carvalho IA. Women's health beyond reproduction: meeting the challenges. *Bull World Health Organ* 2012; 90:478-478A.
5. World Bank. The Millennium Development Goals; Chapter IV: Gender Equity, and Women's Empowerment, 2012.
6. Denton M, Prus S, Walters V. Gender differences in health: a Canadian study of the psychosocial, structural and behavioural determinants of health. *Soc Sci Med* 2004; 58(12): 2585-600.
7. Poortinga W. Do health behaviors mediate the association between social capital and health? *Prev Med* 2006; 43(6): 488-93.
8. Lindstrom M. Marital status, social capital, material conditions and self-rated health: a population-based study. *Health Policy* 2009; 93(2-3): 172-9.
9. Baheiraei A, Bakouei F, Mohammadi E, Majdzadeh R, Hosseini M. Association between social capital and health in women of reproductive age: a population-based study. *Glob Health Promot* 2015; May 26. pii: 1757975915572382. [Epub ahead of print].
10. Pattussi MP, Olinto MT, Canuto R, da Silva Garcez A, Paniz VM, Kawachi I. Workplace social capital, mental health and health behaviors among Brazilian female workers. *Soc Psychiatry Psychiatr Epidemiol* 2016; May 7. [Epub ahead of print].
11. Murayama H, Fujiwara Y, Kawachi I. Social capital and health: a review of prospective multilevel studies. *J Epidemiol* 2012; 22(3): 179-87.
12. Jo HS, Moon JY, Kim BG, Nam EW. Analysis of Socio-demographics, Self-rated Health, Social Capital, and Happiness in a Medium-Sized Healthy City, Republic of Korea. *J Lifestyle Med* 2015; 5(2):68-75.
13. Putnam RD. *Bowling alone: The collapse and revival of American community*. New York: Simon & Schuster. 2000.
14. Grootaert C, Narayan D, Jones VN, Woolcock M. *Measuring social capital: An integrated questionnaire*. Washington, DC: World Bank. 2004.
15. Aminzadeh K, Denny S, Utter J, Milfont TL, Ameratunga S, Teevale T, Clark T. Neighbourhood social capital and adolescent self-reported wellbeing in New Zealand: A multilevel analysis. *Soc Sci Med* 2013; 84: 13-21.
16. Giordano GN, Lindstrom M. The impact of changes in different aspects of social capital and material conditions on self-rated health over time: a longitudinal cohort studies. *Social Science & Medicine* 2010; 70(5): 700-10.
17. McPherson K, Kerr S, McGee E, Cheater F, Morgan A. The Role and Impact of Social Capital on the Health and Wellbeing of Children and Adolescents: a systematic review. 2013; Available from: http://www.gcph.co.uk/assets/0000/3647/Social_capital_final_2013.pdf.
18. Baheiraei A, Bakouei F, Mohammadi E, Hosseini M. Social capital in association with health status of women in reproductive age: study protocol for a sequential explanatory mixed methods study. *Reprod Health* 2014; 11:35.
19. Riumallo-Herl CJ, Kawachi I, Avendano M. Social capital, mental health and biomarkers in Chile: assessing the effects of social capital in a middle-income country. *Soc Sci Med* 2014; 105:47-58.
20. Sundquist K, Yang M. Linking social capital and self-rated health: a multilevel analysis of 11,175 men and women in Sweden. *Health Place* 2007; 13(2):324-34.
21. Omidvari S. Spiritual health, concepts and challenges. *Interdisciplinary research Quran* 1387; 1(1): 17-58.
22. Faghihi AN, Rafiei Moghadam F. Study religious teachings affecting spiritual health wives. *Marefat* 1390; 20(163): 67-80.