

When Information is Disempowering: Women's Perceptions of Heart Health Messages

Tami Oliphant, Tanya R. Berry, & Colleen M. Norris

ASIST 10 November 2018



Background



- Heart disease is situated within a dynamic and complex information-intensive environment where information needs are often changing.
- Heart health messages, regardless of the source, shape perceptions of heart healthy behaviours and awareness about women and heart disease.



Women and Heart Health

French

Text Size: Normal / Medium / Large

 [Printer-friendly version](#)

Heart disease is the primary cause of death in men over the age of 45 and in women over the age of 55. Women are ten times more likely to die from heart disease than from any other disease.

[Home](#)

[Opinion](#)

[World](#)

[Canada](#)

[Politics](#)

[Business](#)

[Health](#)

[Entertainment](#)

[Technology & Science](#)

[Video](#)

[Canada](#)

[Ottawa](#)

Heart disease a silent killer of women in Canada

'When we talk about women's health, we should be talking about heart disease'

By Idil Mussa, CBC News | Posted: Apr 15, 2016 6:00 AM ET | Last Updated: Apr 15, 2016 10:18 AM ET

OTTAWA
CITIZEN

[NEWS](#)

[OPINION](#)

[BUSINESS](#)

[ARTS](#)

[SPORTS](#)

[LIFE](#)

[CAREERS](#)

[OBITS](#)

[CLASSIFIED](#)

[NEWS](#)

[LOCAL NEWS](#)

[CITY HALL BLOG](#)

[AROUND TOWN](#)

[DIPLOMATICA](#)

[FEATURED:](#)

[SENATORS EXTRA](#)

[CAN](#)

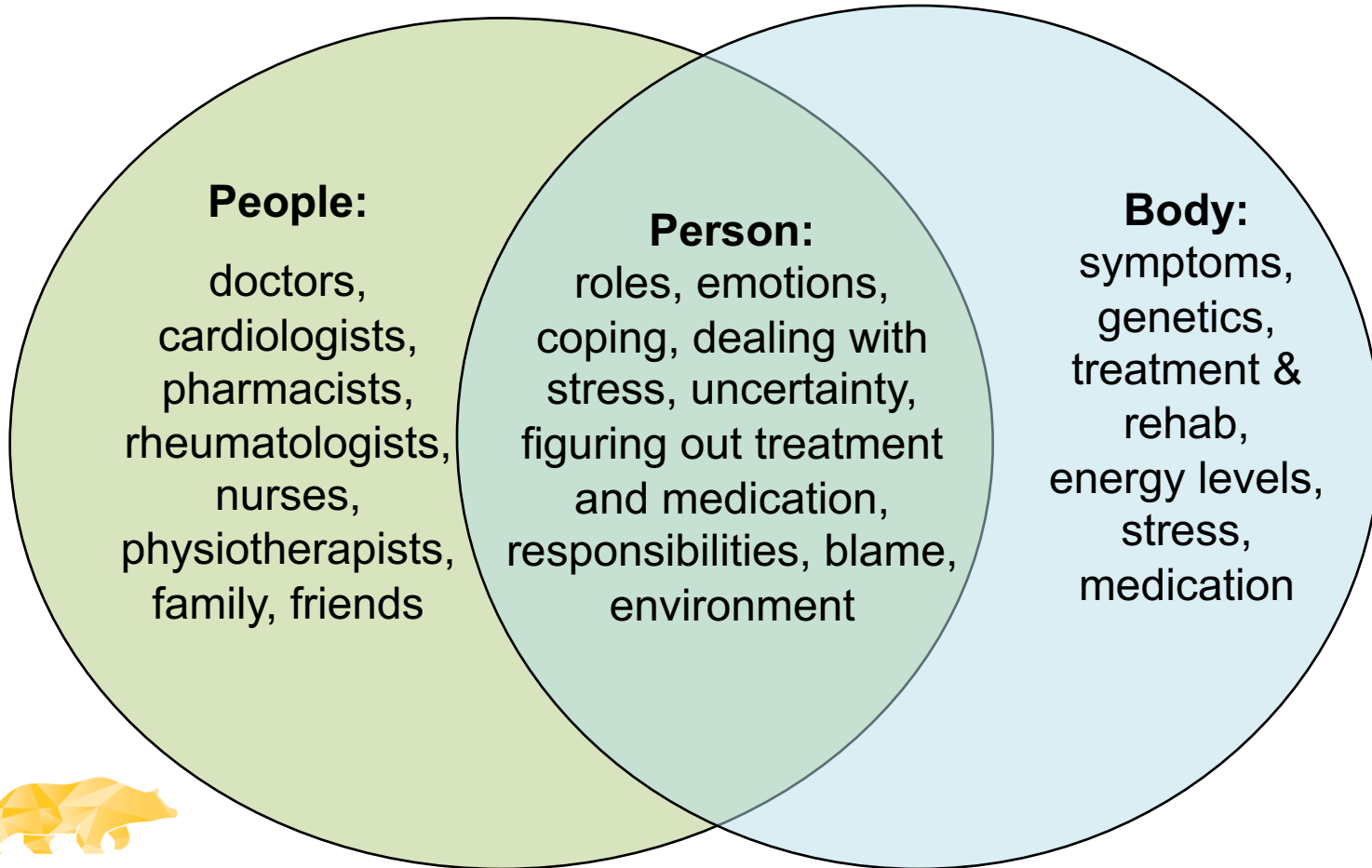
No treatment for leading cause of heart failure in women, summit hears

Purpose

- This research explored perceptions women with and without heart disease have regarding the causes of heart disease and preventive behaviours including diet and physical activity.
- What are women's perceptions of heart disease-related information and health promotion messages?



Information Environment



Methods

- Focus groups were conducted with women (50 – 90 years) with heart disease (N = 3; N = 6) and without heart disease (N = 8; N = 6; N = 7).
- Data were analyzed using open coding to develop themes exploring participant's experiences with messages about heart disease targeted at women, and perceptions of information about primary, secondary and tertiary prevention.



Experiential Knowledge

“You get a lot of information from people that say ‘You should’ve maybe did this’ or ‘you should do that.’ Uh uh. It’s my body. I know what I need to do and what I don’t need to do.”

Personal Expertise

“Even the information that I’ve gotten from my doctors is nothing that I haven’t heard before.

Credibility

“My physician may give me some information but then I do research to find consistency.”

Information as Disempowering

Self-blame

I was embarrassed. I still haven't told people. . .
I didn't want anyone to know. I feel like gee,
it's my lifestyle. I'm too fat, I eat wrong, I
don't exercise enough, and so I feel, I think,
guilty that I think I caused it.

Blame placed by others

the literature makes it feel like it's a lifestyle
disease and the things they say you should do,
I'm already doing all of that!

Counterproductive messages could lead to a sense of fatalism

Others contested the idea of self-blame by suggesting that one was “fated” to suffer heart disease because of “genes” and therefore that what one did in terms of prevention was of little consequence

“That is what bugs me. ... the warning in the information is not enough because every person is different. A friend of ours was only 34-years-old playing tennis and died right there of a massive heart attack. And he’s a doctor...and he didn’t know.”



Information can be disempowering

information could be a source of frustration when it was difficult to act on the information given such as suggestions to “worry less” or “avoid stress.”



Photo by [Nathan Dumlao](#) on [Unsplash](#)

Conclusions

Heart disease can be portrayed as being under a woman's control, self-inflicted, and indicative of a woman's moral failing for not maintaining a healthy body.

Participants countered disempowering information and messages by mediating blame and shame and by demonstrating the ways in which they have taken responsibility for their health.



Conclusions

If women are expected to make lifestyle changes, be proactive about treatment, and develop their knowledge about heart disease, they must have information “presented to them in ways that are appropriate and understandable” (Gambling, 20013) and according to our findings, *actionable*.



Questions?



Funding

This research has been funded by generous supporters of the Lois Hole Hospital for Women through the Women and Children's Health Research Institute.



**Tanya R Berry is supported by the Canada Research Chairs Program.
Colleen M Norris is supported by the Heart Health and Stroke
Strategic Clinical Network-AHS.**