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Doctors' Views on Women's Awareness of Health Problems and Women's Behaviors towards Doctors

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Abstract:

This study investigates women's awareness of health problems in Çankırı province of Turkey based on their education levels, and determines their behaviors towards doctors. The study was conducted with ten doctors working at a family health center and a private hospital in Çankırı in 2019. Semi-structured interview technique was used to collect data. Gynecologists, dieticians, ophthalmologists, and emergency medicine specialists were interviewed. Views of the doctors about women's behaviors supported the impression that they differed based on their education levels.

Keywords: Education, women, health

1. Introduction

Women have had important roles and responsibilities in the development of societies from the past up to date. Distribution of these roles and expansion of their responsibilities have carried women's education status to a very critical point. The aim in educating women is not only that they can invest in themselves but also they can raise their children who will be next generation in the best way and train new individuals to support the development of their country.

This study investigates women's awareness of health problems based on their education levels, and determines their behaviors towards doctors. The reason is that knowledge and education of women about health can make their spouses and children more conscious about community health. Statistical information was provided about women and health system in Turkey, and the data obtained from the doctors during the semi-structured interview were reflected.

Women need to be healthy to realize their vital targets and take in their responsibilities. Because they are key individuals feeding children, teaching hygiene rules, and taking care of their sick children. Education is always a source of self-confidence for women; thus, it is a ready tool for making right decisions, a quick analysis and applying appropriate and regular treatment methods within family. For example, women with higher education levels receive more test and measurement services (weight, height, blood pressure, blood and urine analyses, ultrasound, and examination) that are included in prenatal care than women with lower education background (Elmacı, 2019).

2. Statistics about Women in Turkey

In 2016, 88.8% of Turkish people, aged 25 years old or above, completed at least one level of education, and this rate was 95.1% in males and 82.8% in females. If gender equality index value which states the greatness of schooling gross number of girls compared to that of boys equals 1, it shows an equality between boys and girls. Gender equality index value lower than 1 shows the inequality for boys, and greater than 1 shows the inequality for girls. The primary school students' gender equality index value was 1.009, secondary school gender equality index value was 0.943, and higher education gender equality index value was 0.964 in 2016 according to Turkish Statistical Institute (TIS, 2018).

	Total (%)	Male (%)	Female (%)
Illiterate population (25 years of age and above)	5.1	1.6	8.5
Graduation from a higher school and above (25 years of age and above)	16.5	18.8	14.2

Table 1: Education in Turkey Based on Sex (2016)

Reference: TIS, 2018

Table 1 shows illiteracy in men aged 25 years old and above in Turkey in 2016 was 1.6%, and 8.5% in women. Of people at the same age and who graduated from a higher school and above was 18.8% in men, and 14.2% in women. Inclusion of women in the work force in Turkey is less likely than men. More efforts should be made to include women in

the work force. Table 2 shows the basic indicators of the work force of those at the age 15 and above in Turkey under the seasonal effect.

	Total (in thousands)	Male (in thousands)	Female (in thousands)
Population	60,896	30,101	30,795
Work force	32,295	21,793	10,502
Employment	28,314	19,354	8,960
Agricultural employment	5,023	2,845	2,178
Non-farm employment	23,290	16,509	6,782
Unemployed	3,981	2,439	1,542
Not in work force	28,601	8,308	20,293
	Total (%)	Male (%)	Female (%)
Work force participation rate	53.0	72.4	34.1
Employment rate	46.5	64.3	29.1
Unemployment rate	12.3	11.2	14.7
Non-farm unemployment rate	14.3	12.5	18.4

Table 2: Basic Indicators of the Work Force of Those at the Age 15 and Above in Not Seasonally Adjusted Turkey (November, 2018)
Reference: TIS, 2019

Table 2 shows that the work force participation rate was 72.4% in males, and 34.1% in females. Employment rate was 64.3% in males, and 29.1% in females. Of the population having 25 years of age and above, 30 million were males, and 30 million were females. Although they are equal in numbers, there is a significant difference in employment rates between men and women.

3. Health Statistics of Turkey

This section of the study mentions the health statistics of Çankırı province and Turkey. There is statistical information about the number of hospitals and beds, hospital applications, and the number of doctors according to their titles.

	Number Of Hospitals	Number of Beds	Number of Beds for 10,000 Patients
Çankırı	9	465	25.0
Turkey	1,518	225,863	27.9

Table 3: Number of Hospitals and Beds in Turkey and Çankırı (2017)
Reference: T.R. Ministry of Health, 2018: 147-148

Table 3 shows that there were 1,518 hospitals and 225,863 beds in Turkey in 2017. Besides, the number of beds for 10,000 patients was 27.9. Table 4 shows the number of applications made to the hospitals in Turkey in 2017.

	2017
The Ministry of Health	353,703,814
University Hospitals	38,963,933
Private Hospitals	72,208,615
Total	464,876,362

Table 4: Number of Applications to Hospitals in Turkey Based on Sectors (2017)
Reference: T.R. Ministry of Health, 2018: 161

Table 4 shows that 464,876,372 applications were made to hospitals in 2017. The number of doctors becomes important as the number of applications increases. Table 5 shows the distribution of doctors in Turkey according to their titles and sectors.

	The Ministry of Health	University Hospital	Private Sector	Total
Specialist Doctor	42,726	14,415	23,810	80,951
Practitioner	38,721	240	5,688	44,649
Assistant Doctor	8,817	15,580	-	24,397
Total Doctor	90,264	30,235	29,498	149,997

Table 5: Distribution of Doctors in Turkey According to Their Titles and Sectors (2017)
Reference: T.R. Ministry of Health, 2018: 217

Table 5 shows that out of the 149,997 doctors working in Turkey in 2017, 80,951 were specialists, 44,649 were practitioners, and 24,397 were assistant doctors. Table 6 gives the distribution of the doctors in Çankırı according to their titles.

	Specialist Doctor	Practitioner	Assistant Doctor	Total Doctor
Çankırı	110	150	0	260

Table 6: Distribution of the Doctors in Çankırı According to Their Titles
Reference: T.R. Ministry of Health, 2018: 240

Table 6 shows that 260 doctors worked in Çankırı, of which 110 were specialists, and 150 were practitioners

4. Designing and Conducting of Study

The study was conducted with ten doctors working at a family health center and a private hospital in Çankırı in 2019. Semi-structured interview technique was used to collect the data. Interviews conducted with the doctors tried to answer the following questions; Based on education level of women, who does accompany them to the doctor? Who do women mostly see a doctor for themselves or their children? Do women with child or without child visit doctors more frequently? Based on education level of women, what is the frequency of seeing a doctor and how do they approach doctors? Are there any differences in asking questions to the doctors purposefully based on education level and age of women? Is there any difference in showing respect to doctors based on education level and age of women? Does personal hygiene differ based on education level of women?

Interviews were made with ten doctors working in hospitals in Çankırı to answer the above mentioned questions. Women's behavioral differences based on their education levels were found consulting to doctors' views.

Qualitative research method which includes the use of data collection methods such as observation, interview and literature review and allows events to be indicated in real and holistic way was used in this study (Yıldırım & Şimşek, 2005). The scope of the study included investigation of several dimensions of daily life and management of the methods used in the analysis by the researchers (Miller & Dingwall, 1997). The aim of using the qualitative method is to allow a researcher to systematically investigate the senses emerging from the experiences of individuals who are investigated, participants to get sensitive to natural environment, researchers to have a role as a participant and to determine perceptions, a study design to have flexibility and an inductive analysis (Akıncı & Sönmez, 2015: 102).

5. Doctors' Views about Women Patients

Interviews conducted with the doctors tried to answer the following questions; Based on education level of women, who does accompany them to the doctor? Who do women mostly see a doctor for themselves or their children? Do women with child or without child visit doctors more frequently? Based on education level of women, what is the frequency of seeing a doctor and how do they approach doctors? Are there any differences in asking questions purposefully to the doctors based on education level and age of women? Is there any difference in showing respect to doctors based on education level and age of women? Does personal hygiene differ based on education level of women?

5.1. Individuals Accompanying Women to the Hospital Based on Their Education Levels

The views of all health professionals in the study conducted on the individuals accompanying women to the hospital based on their education levels. Thus, women with lower education levels go to a doctor with one of their relative fellows in general, and women with higher education levels either go alone or are accompanied by their husbands. For example, a doctor responded as;

"Women with lower education background come with their mothers, sisters or sisters-in-law, while women with higher education background come alone or with their husbands." regarding a question. Responses of other doctors are similar.

5.2. Do Women See A Doctor for Themselves or Their Children?

Almost all doctors provided the same response, which is they see a doctor for their children. That is, women go to a doctor more frequently for their children. Women with no child can separate time to see a doctor for themselves compared to those with a child. Elder women with many children can only separate time to see a doctor for themselves when their children reach a certain age.

5.3. The Frequency of Women to See a Doctor Based on Their Education Levels

The doctors expressed their ideas about this question as follows; women with higher education levels see a doctor more. The main reason is that women with higher education levels do not need to get permission of and ask money from their husbands as they gain their own money. They can act on their own as they do not have economic issues. However, unfortunately, they show less respect to doctors as their education levels increase. The reason for that is they question the methods that the doctors follow, obtaining false information from internet randomly misusing technological tools and internet. Educated women are more tended to question the therapies and object in case of any misfortune although there is no verbal violence.

5.4. Asking Questions to the Doctors Purposefully Based on Education Level and Age of Women

All the doctors provided the same response to this question. A health specialist responded as;

"We can say that distrust, mistrust and skepticism increase with the rate of asking questions purposefully as education level increases. However, educated or not, all women make research on internet regarding their diseases and so they ask nonsense questions in general, also they come with an anxiety or concern and hardly they give in."

5.5. Is There Any Difference in Showing Respect to Doctors Based on Education Level and Age of Women?

The doctors had a common idea on this question and stated that respect towards them increased directly proportional to increase in age. Furthermore, they stated that an individual's circle independently from age factor, parental discipline, and social environment are determinant of an attitude towards doctors.

5.6. Does Personal Hygiene Differ Based on Education Level of Women?

The doctors had again a common idea on this question and stated that women with higher education levels care their personal hygiene more.

6. Conclusion

Qualitative method was used in the study. The study was conducted with ten doctors working at a family health center and a private hospital in Çankırı in 2019. Semi-structured interview technique was used to collect the data. Gynecologists, dieticians, ophthalmologists, and emergency medicine specialists were interviewed.

The study indicated that women with lower education levels came to the doctor with their fellows. Conversely, women with higher education levels had enough self-confidence to come to the doctor alone.

Regardless of education level, all women with a child gave priority to their children regarding health problems, and they dealt with their own health problems later on. On the other hand, women with no children could deal with their own health problems significantly more than women with a child. Women with higher education levels went to the doctor more frequently, but had more negative behaviors than women with lower education levels. Regardless of education level, all women made investigations as possibly as they could and went to the doctor; and as a result, they did not ask questions purposefully to the doctors.

Respect towards doctors was not related with academic training, but environmental, social and parental education was important. Moreover, women's respect towards doctors increased by age.

Finally, women's awareness of the personal hygiene increases as their education levels increase. The present study is a preliminary study to indicate how education levels of women affect their tendency to personal hygiene and their attitudes towards health care staff. This study investigates how much academic and social education can affect the differences of opinions and behaviors of women and at what periods these differences occur.

7. References

- i. Akıncı, Z., Sönmez, N. (2015). Engelli Bireylerin Erişilebilir Turizm Beklentilerinin Değerlendirilmesine Yönelik Nitel Bir Araştırma. *Anatolia: Turizm Araştırmaları Dergisi*. 26(1), 97-113.
- ii. Elmacı N. (2019). Kadın Sağlığına Genel Bakış. <https://www.dicle.edu.tr/Contents/53481ef6-5b3b-4599-8113-2252176289b8.pdf>
- iii. Miller, G., Dingwall, R. (1997). *Con-text and method in qualitative research*. USA: Sage Publications, Inc.
- iv. T.C. Sağlık Bakanlığı (2018). Sağlık İstatistikleri Yıllığı 2017. <https://dosyasb.saglik.gov.tr/Eklenti/28709,210119saglik-istatistikleri-yilligipdf.pdf?0>
- v. TÜİK (2019). İşgücü İstatistikleri, Kasım 2018. http://www.tuik.gov.tr/PreTabloArama.do?metod=search&araType=hb_x
- vi. TÜİK (2018). İstatistiklerle Kadın, 2017 Haber Bülteni. <http://www.tuik.gov.tr/PreHaberBultenleri.do?id=27594>
- vii. Yıldırım, A., Şimşek, H., (2005). *Sosyal Bilimlerde Nitel Araştırma Yöntemleri*. Ankara: Seçkin Yayıncılık.