

“Good heart: Conceptualising Aboriginal women’s understanding of what protects or puts at risk the heart”

Authors: Katharine McBride^{1,2}, Christine Franks², Natasha Howard^{2,3}, Susan Hillier¹, Stephen Nicholls^{2,4,5}, Catherine Paquet¹, Alex Brown^{2,3}, on behalf of the PhD Advisory Panel

1. University of South Australia
2. South Australian Health and Medical Research Institute
3. The University of Adelaide
4. Monash University
5. MonashHeart

Abstract

Introduction: Health services are best able to respond to client needs when centred on their worldviews. Aboriginal and Torres Strait Islander women experience significant cardiovascular disease burden, therefore services and systems to prevent and manage disease should be re-oriented to respond to women’s conceptualisation of cardiovascular protective and risk factors. We aimed to work with Aboriginal women in South and Central Australia to conceptualise what puts women at risk or protects them from cardiovascular disease.

Method: A six-stage adapted grounded theory method with co-conceptualisation, development and analysis with Aboriginal women was overseen by an advisory panel of Aboriginal women. Six constructs of conceptualisation of disease were explored with five women’s groups in yarning circles. First level analysis was undertaken by two researchers and member-checked, second level analysis and interpretation of results was undertaken by the advisory panel.

Results: A conceptual framework was developed in partnership with Aboriginal women. At its core is the understanding that a women’s heart is vital for spiritual and physical wellbeing, and a healthy heart is important. Women identify personal biopsychosocial factors that keep their heart strong or can make the heart sick, including identity, connectedness, stress, grief, a healthy body, an un/healthy lifestyle, health knowledge, relationships with health services and family history. Socio-ecological factors which substantially affect personal factors include family, community, accessible health services and supports, government policy and funding, racism, financial hardship and environment.

Conclusion: Aboriginal women have identified important biological, psychological, social and ecological factors which protect or put at risk the heart. The opportunity exists to embed this conceptual understanding into practice to enrich the Western biomedical model of cardiovascular risk, these results will drive recommendations for cardiovascular health promotion and assessment, and disease prevention and management.