WORKING FOR YOURSELF: MICROENTERPRISE AND WOMEN’S HEALTH

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Background

Social Determinants of Health

• Social conditions that affect health and create health disparities.
• Precarious employment.
  (implies lack of job security/benefits)

Microenterprise

• International focus.
• Muhammad Yunus.
• Peer-lending models.
• Gender and employment.
• United States focus.
• Individual-lending models.

HEALTH LINK

SOCIAL ECOLOGY THEORY
Precarious Employment and Women’s Health within the Context of Microenterprise (2010)

- **Purpose:** to explore precarious employment and women’s health within the context of microenterprise.

- **Specific aim:** to identify the health concerns of low-income women who utilized either funds or development training from Women’s Economic Self-sufficiency Team (WESST), a non-profit organization in the state of New Mexico, USA.
Methods

- Six focus groups \((n=14)\).
- Recruited women affiliated with WESST.
- First group served as a beta site.
- PI as moderator.
- Conversational guide.
- Note-taker; audio-tapes; flip charts.
- Session times: 1 ½ to 2 hours.

WESST Regional Sites (5) + Espanola
# Descriptive Statistics \((n=14)\)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>10 (71%)</td>
</tr>
<tr>
<td>Hispanic-Latino</td>
<td>2 (14%)</td>
</tr>
<tr>
<td>African American-Hispanic</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>Asian-White</td>
<td>1(7%)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Less than or equal to 12 years</td>
<td>2 (14%)</td>
</tr>
<tr>
<td>Trade or business school</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>Some college</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>College/postgraduate</td>
<td>10 (71%)</td>
</tr>
<tr>
<td><strong>Feeling of job security with microenterprise</strong></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>4 (29%)</td>
</tr>
<tr>
<td>Neither agree or disagree</td>
<td>5 (36%)</td>
</tr>
<tr>
<td>Agree</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>4 (29%)</td>
</tr>
<tr>
<td><strong>Self-rated Health</strong></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>3 (21%)</td>
</tr>
<tr>
<td>Good</td>
<td>9 (64%)</td>
</tr>
<tr>
<td>Fair</td>
<td>2 (14%)</td>
</tr>
<tr>
<td><strong>Health Insurance</strong></td>
<td>7 (50%)</td>
</tr>
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</table>
Coding

- Two independent coders.
- Five transcripts coded.
- Codebook development.
- Regular meetings.
- Revisions.

1. Mark Relevant Parts of Text & Assign Words/Codes
2. Return Document(s) to PI
3. Consensus on Codes?
   - No: Discuss-revise
   - Yes: Build Codebook
4. Code Remaining Text
5. Define Categories-Themes
Analysis

• Content analysis.
• Thematic.
• Analyzed each focus group individually then collectively.
• Four criteria to ensure trustworthiness (Lincoln & Guba, 1985).
  • Credibility (Utilized multiple rural/urban WESST sites in NM to provide demographic variation. Direct participant quotes were used).
  • Transferability (A descriptive vignette for each site/session was written. One focus group conversational guide and one note-taker used in all sessions).
  • Confirmability (Before closing each session, the content of the focus group discussion was verified with participants and any inconsistencies addressed. An inter-rater was recruited to code and analyze the data).
  • Dependability (A detailed diary was maintained by the PI which chronicled the research process and lessons learned).
## Inter-rater Reliability

<table>
<thead>
<tr>
<th>Transcript#</th>
<th>Percentage Agreement</th>
<th>Kappa</th>
<th>Prevalence Index</th>
<th>Bias Index</th>
<th>PABAK</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>0.85</td>
<td>0.02</td>
<td>0.84</td>
<td>0.06</td>
<td>0.70</td>
</tr>
<tr>
<td>T2</td>
<td>0.78</td>
<td>0.08</td>
<td>0.72</td>
<td>-0.04</td>
<td>0.56</td>
</tr>
<tr>
<td>T3</td>
<td>0.87</td>
<td>0.17</td>
<td>0.83</td>
<td>-0.01</td>
<td>0.74</td>
</tr>
<tr>
<td>T4</td>
<td>0.80</td>
<td>-0.05</td>
<td>0.79</td>
<td>0.02</td>
<td>0.60</td>
</tr>
<tr>
<td>T5</td>
<td>0.80</td>
<td>-0.10</td>
<td>0.80</td>
<td>-0.05</td>
<td>0.60</td>
</tr>
<tr>
<td>T1-5 (Merged)</td>
<td>0.82</td>
<td>0.04</td>
<td>0.80</td>
<td>0.01</td>
<td>0.64</td>
</tr>
</tbody>
</table>
Results

Adapted from Saldaña (2009)
Theme 1: Working for Yourself

Benefits of working in microenterprise
- Being in control.
- Having a purpose in life.
- Appreciation for the flexibility of self-employment.

Barriers of working in microenterprise
- Time constraints.
- Politics around small business (large business competition).
- Dealing with social isolation & depression.

Concerns
- Health maintenance.
- Stress-related illness.
- Lack of money.
Theme 2: Strategies

**Stress**
- Catalyst (positive [motivating]; negative [consuming]).
- Taking time off.
- Things take time.

**Self-care**
- Well informed about healthy behaviors.
- Creating a balanced life challenging.
- Health is everything.

**Business**
- Networking.
- Necessity of self-promotion/marketing.
- Working in today’s economy.
- Utilizing resources/mentors.
Limitations

- Small sample size.
- Difficult to generalize findings.
- Focus groups and moderator bias.
- Challenges of community work.
Recommendations

• Starting a small business in today’s fragile U. S. economy can be risky.

• To date, there is minimal research that explores the relationship between precarious employment and health within the context of U. S. microenterprise.

• Women are one of the strongest links to family health and low-income women represent the majority of the population who start microenterprises.

• Investing in interventions that focus on women’s health needs/concerns may decrease disparities and improve population health.

• Kappa statistics is one of the most common measures of inter-rater reliability, but can be misleading when utilized exclusively. To enhance the interpretation of inter-rater reliability, additional indices need to be applied (e.g., PABAK).
QUESTIONS