

Qualitative

Adolescents managed their asthma or diabetes in gendered ways with the aim of projecting different gendered identities

Williams C. *Doing health, doing gender: teenagers, diabetes and asthma. Soc Sci Med* 2000 Feb;50:387–96.

QUESTION: How do social constructions of femininities and masculinities affect how adolescents live with and manage asthma or diabetes?

Design

Qualitative research design using indepth interviews held in the participant's home.

Setting

Hospitals and general practitioners' offices in south west London, UK.

Participants

40 adolescents between 15 and 18 years of age, 20 with moderate to severe asthma (10 girls and 10 boys) and 20 with type 1 diabetes (10 girls and 10 boys). Mothers (and one father) of the adolescents also participated.

Methods

Qualitative interviews were conducted as flexible, semistructured guided conversations. The interview consisted of a series of prompts relating to topics of treatment, stigma, and illness management. The interviews were taped and fully transcribed. Transcripts were coded using the system of open coding described by Strauss and Corbin. A grounded theory approach was taken, which allowed themes and concepts to emerge from the data.

Main findings

Girls incorporated asthma or diabetes into their social and personal identities and were prepared to inform others and treat themselves in public settings. Girls showed greater adaptability to living with asthma or diabetes. This incorporation of their illness into their social and personal identities, however, sometimes led to lowered expectations for themselves in participating fully in sports or in managing a healthy diet. The incorporation of the illness into their personal identity resulted in their feeling that they had less personal control.

Boys with diabetes or asthma made their illnesses as invisible or as small a part of their lives as possible, particularly in public. The condition was not seen as an integral part of their social and personal identities and was potentially stigmatising. The majority attempted to maintain gender specific roles by wanting to be in control of their body and condition. A small minority of boys who were unable to maintain an outward appearance of control had difficulties in incorporating their illness into their personal and social identity.

Conclusions

Gender was associated with the ways adolescents managed chronic illnesses. Girls tended to incorporate living with asthma or diabetes and the associated treatment regimens into their social and personal identities. They showed greater adaptability in living with their illness but with the potential of having detrimental effects in personal control. Adolescent boys tended not to incorporate their illness into their social and personal identities but maintained a valued identity by feeling in control of their body and their condition.

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COMMENTARY

Psychologists and sociologists have shown that, as they mature, boys and girls go through different socialisation processes leading to different social constructions of life events. This can result in differing perceptions and behaviour about their health.

According to the findings of this study by Williams, most girls were open and sensible about their illness and felt quite at ease treating themselves in public. They worried, however, about the non-regulation of their illness, their lack of exercise, and their poor diet. In contrast, Williams found that boys had a more cavalier attitude to their illness and felt ill at ease with treating themselves in public. It was as if the boys in the study were going through the denial and anger stages of a grief reaction without (as yet) reaching the acceptance stage.

Williams used a qualitative grounded theory approach.¹ The end product of such an approach is the generation of a "mid range" theory, the function of which is to guide practice.² In the article, however, Williams does not fully explore the developed theory. Sparse information is given on how many girls and boys perceived their illness in the manner described. To provide the actual number would have been helpful because such small samples are being discussed.

Because of the worrisome nature of these chronic conditions, adolescent girls may require support and counselling from general practitioners, school psychologists, and school nurses. Furthermore, it may be necessary for community dietitians and physical education teachers to become involved in helping these girls with diet and exercise. Boys may also require help from these professionals, but of a different nature. It may be necessary for healthcare staff to challenge the boys' cavalier attitude towards their illness and to educate them to accept that they do not have total control. Also, it may be appropriate for school health professionals to become involved and have regular group work with adolescents who have chronic illnesses. This may provide much needed support. In addition, it may be important to have health education programmes in schools that encourage a peer understanding of these illnesses and their treatment manifestations. Before implementing any of these procedures, however, the interventions would have to be evaluated in properly designed studies. In the meantime, healthcare providers who deal with adolescents with chronic illnesses should be aware that girls and boys handle the situation differently.

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1 Strauss AL, Corbin J. *Basics of qualitative research. Grounded theory procedures and techniques*. London: Sage, 1990.

2 Merton RK. *Social theory and social structure*. New York: Free Press, 1968.