

METHODS

Qualitative interviews were used to collect data. Specifically, fifteen women and fifteen men obtained from a snowball sampling technique were recruited (total N = 30). The unit of analysis was adult individuals. Interviews were conducted over a two-month time frame. Areas of inquiry included frequency of preventive health care check-ups, motivation to seek preventative health care, overall importance placed on healthy lifestyles, and positive and negative role models. Other areas of inquiry included self-efficacy in complying with health directives, perceived benefits of taking action in one's health care and perceived consequences of failing to take action in health care maintenance. Interview transcripts are attached in Appendix A.

The IUPUI Institutional Review Board approved the research proposal and voluntary consent of the participants was obtained. Participants included equal numbers of males and females. The interviewees ranged in age from 21 to 82 with an average age of 45. Participants were asked to provide demographic information such as gender and age that have been shown to greatly impact the procurement of regular health care (Jenks, 2001).

Participants were interviewed individually to assure confidential disclosure. Sessions were between 25-40 minutes in length and designed to gain information about current health care practices. Participants were given the opportunity to answer open-ended survey questions related to their personal experience. Interviews were audio taped and/or transcribed by the researcher upon gaining permission from the interviewee. When audiotaping was declined, the researcher recorded detailed notes and transcriptions. Specific names mentioned by the participants or references to

relationships (i.e. “My husband, Paul”) were deleted. After transcription, auditory records were deleted. Throughout the interview process, confidentiality was strictly protected.

Thematic coding of the data, following Flick’s (2002) directives for comparative studies was utilized. The data was collected, sorted, and organized to determine emergent themes. Thematic coding helped to determine similarities and differences across the sample by gender. As a result, four major themes emerged from data; gender and preventative health, outside influences, gender and role models, and role model recall.

Theorists such as Watkins & Whaley (2000) suggest that a person’s perception of health is influenced by gender. In addition, Bandura (1986) asserts that socially constructed learning is based in the use of symbolic models. The data collected was used to determine whether positive or negative role models effects the procurement of regular health check-ups by gender.