Rural, Remote and Northern Women's Health:
Policy and Research Directions

Understanding Rural and Remote Women's Health in Canada

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Understanding Women's Health in Rural, Remote and Northern Canada

"I believe that…the success of our health care system as a whole will be judged not by the quality of service available in the best of urban facilities, but by the equality of service Canada can provide to its remote and Northern communities."

– Jose Amaujaq Kusugak, Inuit Tapiriit Kanatami,
Presentation to the Commission on the Future of Health Care in Canada, 2002

Introduction

This section offers a brief synopsis of the context for this national study. It outlines the features of rural Canada, what is known about rural health in Canada and more specifically rural women's health. Although far from comprehensive, it provides some background against which the findings of this study can be better seen and understood.

Rural Canada

Rural Canada occupies 9.5 million square kilometres, or more than 95 percent of Canada's territory. Health Canada defines rural and remote communities as those with populations of less than 10,000 and removed from many urban services and resources.

According to that definition, almost nine million Canadians–about 30 percent of Canada's population and 20% of its paid work force–live in rural and remote areas of the country.[1] Rural Canada is growing in population at a half percent annually, and this will accelerate as baby boomers retire to the country where many of them have their roots.[2] Furthermore in some regions the rural population of Aboriginal people is growing particularly quickly.[3]

Diversity is a characteristic of Canada, and it applies to smaller communities just as it does to the largest cities.

The distribution of rural populations varies from region to region: for example, 15% of the population in British Columbia and Ontario live in rural areas, compared with 46% in Atlantic Canada, nearly 50% in Saskatchewan and 59% in the territories. These percentages can be deceiving, however, because despite the proportion of rural residents being relatively low in a highly populated province such as Ontario, the actual number of people may be quite high.[4]

Diversity is a characteristic of Canada, and it applies to smaller communities just as it does to the largest cities. Rural Canada is a highly diverse economy and society, from its coastal regions to its agrarian heartland. Canada's rural natural resources provide employment, forest products, minerals, oil and gas, food, tax revenue and much of our foreign exchange. Rural Canada is also ethnically diverse, encompassing many Aboriginal cultures alongside those of European descent, as well as immigrants from around the world.

Rural Health in Canada

In rural Canada, as in urban Canada, good health is a major resource for social, economic, community and personal development. Yet low population density and isolation result in unique challenges in delivering health care to rural Canadians.[5] According to the Society of Rural Physicians of Canada, "Canada's vast land mass and the tendency of the majority of its peoples to settle in densely populated, highly industrialised, urban centres, huddled along the 49th parallel, has produced a culture of neglect of the needs of rural Canadians." The Canadian medical system, for example, is organized in a highly centralized manner, better suited to countries with dense populations and short distances. As a result, while 31 percent of Canadians live in rural areas, only about 17 percent of family physicians and about four percent of specialists practise there.[6]

Just as there are significant shortages of health personnel in rural places, so too is there a paucity of data on specific health assets and vulnerabilities of diverse rural populations in Canada. Information is incomplete and unsystematic, with vulnerable subgroups or social aspects of health being virtually ignored.[7] Growing literature indicates that rural communities have unique characteristics with respect to health determinants, including factors

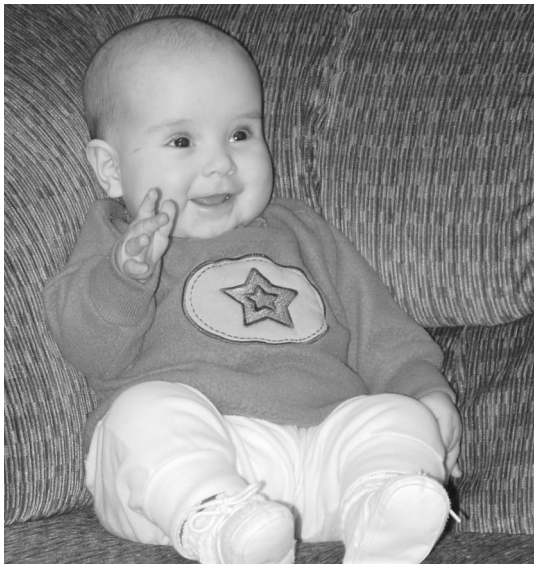
related to demographics, economics, social relationships and the physical environment. It is known that rural residents, compared to their urban counterparts, have a lower life expectancy, higher disability rate, and experience more accidents, poisoning and incidents of violence. There appears to be an inverse relationship between the size of a community and its health status, that is, the more remote or northern a community is, the poorer the health status of its residents is likely to be.[8]

As part of addressing this information gap, a multidisciplinary team of researchers is currently conducting a national research program entitled, "Canada's Rural Communities: Understanding Rural Health and its Determinants." Health status, health determinants and health services utilization among rural Canadians are being examined and compared with those living in urban settings. Undertaken by Health Canada, the Canadian Institutes for Health Information and the Centre for Rural and Northern Health Research, this program will lead to a number of more specialized studies, including rural women's health.

The Health of Rural Women in Canada

Over one in five Canadian women live in a rural area.[9] Research on their health is extremely limited. What little there is tends to focus on farm women, despite the largest category of rural women living off farm. Research that captures rural women's health experience, while not masking the diversity of that experience, is rare.[10]

Preliminary results from the study by Des Meules et al. (2003) mentioned above show clear disparities in health status between women living in rural and urban parts of the country. For example, rural women have appreciably lower labour force participation rates, higher fertility rates and a higher likelihood of being poor than their urban counterparts. Canadian women living in rural communities have a higher risk of dying from motor vehicle accidents, poisoning, suicide, diabetes and cancer. They are at a higher risk of violence, economic insecurity, primary industry



occupational hazards and a lack of confidentiality. Certain subgroups, including elderly, Aboriginal or disabled women, are particularly vulnerable.[11]

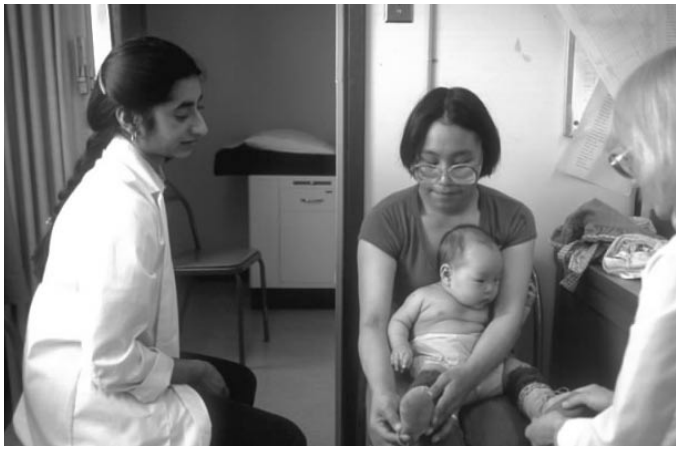
Rural research conducted outside of Canada suggests that rural women have greater family and community responsibilities, due to coming from larger families, starting their own family earlier, having more children and playing key roles in family businesses and in community affairs. These multiple roles are usually carried out in contexts of firm and conservative social expectations of women.[12]

Rural women are afforded few choices in terms of their health care.

Women in rural places have limited access to women-centred care. Many women have to travel much farther to obtain health services, often without easy access to transportation, and are therefore less likely to use them. Even when health services are available, they are frequently inappropriate in meeting the needs of rural women. Rural women are afforded few choices in terms of their health care.[13]

Summary

Much more could be said about rural women's health in Canada. More information and sources are provided in the literature reviews. For now, these early findings clearly support the need for further research and policy initiatives targeted at benefiting rural women in Canada.



Endnotes

1 Office of Rural Health, Health Canada 2003, www.hc-sc.gc.ca/ruralhealth/

2 Society of Rural Physicians of Canada www.srpc.ca

3 See for example, Martens, P. et al. (2002) The Health and Health Care Use of Registered First Nations People Living in Manitoba: A population-based study. Manitoba Centre for Health Policy. www.umanitoba.ca/centres/mchp/reports/reports_02

4 Romanow, R. J. (2002). Building on Values: The Future of Health Care in Canada - Final Report. Commission on the Future of Health Care in Canada Page 160.

5 Ibid.

6 Society of Rural Physicians of Canada www.sprc.ca (specifically the library and statistics sections).

7 Sutherns, R. (2001) Women's Experiences of Maternity Care in Rural Ontario: Do Doctors Matter? University of Guelph PhD Dissertation and; DesMeules, M., C. Lagace, R. Pitblado, R. Bollman and R. Pong. 2003. Assessing rural women's health as part of the national research program "Canada's Rural Communities: Understanding Rural Health and Its Determinants".

8 DesMeules et al. (2003).

9 Ibid.

10 Sutherns, R. (2001).

11 Ibid.

12 Ibid.

13 Ibid.