

Summary Report

Rural, Remote and Northern Women's Health



Policy and Research Directions



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

Annotated Bibliography of the Literature in French

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Table of Contents

Introduction	D3
Summary of the Literature in French	D4
Summary of Topics	D24
Topic 1: Health and Rural Specificity	D24
Topic 2: Women's Health	D26
Topic 3: Rural Women's Health	D28
Bibliography	D31



Annotated Bibliography of the Literature in French

Introduction

The first phase of this review of the literature in French on rural women's health was to do a reference search using the search engines of the Université Laval library system, the CEWH-CESAF website and Google.ca, with the French keywords for: "woman", "girl", "health", "rural", "country-side", "isolated", "rural environment", and "rurality"¹. The combination of the terms "rurality" and "woman" produced the greatest number of results related to the research topic. Generally speaking, the results of these initial searches were rather disappointing and pointed to the great need for research on this subject. However, a few good articles were used to locate new references. It was therefore by going through the bibliographies of these first articles that the

present literature review could be compiled. A second web search using the French keywords for "agriculture", "farming", "mine", "farm", "forest", and "fishing"² was conducted. The keywords "woman" and "agriculture" uncovered new articles on the topic. After the selected articles were photocopied, individual summaries of the texts and their relevant sections were prepared. Next, a synthesis of these summaries helped to identify the similarities and differences between the texts with respect to their treatment of the issue and the following three topics:

- Topic 1: Health and Rural Specificity
- Topic 2: Women's Health
- Topic 3: Rural Women's Health ³

In the opinion of Maria De Koninck (1994), the issues of women's status and social conditions must be addressed before action can be taken regarding their health. Health research must focus on identifying determining social factors for health and ways of acting on them. Moreover, Ms De Koninck feels that the most glaring need for research is in the area of occupational health.

Another area is that of women's contribution as stakeholders in the health field. Both elements are specifically dealt with in this literature review.

Research on rural women's health and work tends very often to be about farm women. Yolande Cohen (1982) points out that at the end of World War I, many [Quebec] women joined farm women's circles (*cercles de fermières*): "[TRANSLATION] From this tumultuous post-war period until the Great Depression of 1929-1931, rural women saw their way of life undergo radical changes. Farm women were keenly aware of the transformations that fast-paced industrialization introduced into the essentially rural French-Canadian society, and became involved in a process of adapting to these changes." What is the situation of rural women today? Do they still have the means to cope with change? Do they have access to the services needed to maintain a good quality of life?

There is also significant focus on the contribution of women in the health sector (both

paid and unpaid). The government is offloading more and more homecare responsibilities onto organizations operating essentially on the volunteer work of women. Several studies underscore the particularly harmful impact of this shift to ambulatory care on women.

The collection "Femmes et développement des régions" [women and regional development] is a series of published documents on the living conditions of women and regional and local development for all the Quebec regions. The following are summaries of a few of these documents, most of which begin with a statement about the existence of data on the status of women, but indicate that these data were not compiled for public release. For certain aspects, including the situation of women according to age group, women living alone or the characteristics of women in business or the community sector, the gendered data were piecemeal, scattered or non-existent. However, the Quebec government, in its *Programme d'action 2000-2003-L'égalité pour toutes les Québécoises* [Action Plan 2000-2003—Equality for All Women of Quebec], reiterated its commitment to implementing gender-based analysis in its practices by integrating mechanisms so that the specific realities of men and women are reflected in the analyses, policies, programs and legislation in all areas of government responsibility.

Summary of the Literature in French

1) Les conditions de vie des femmes et le développement local et régional dans l'Outaouais, Collection "Femmes et développement des régions".⁴ January 2000.

Issues raised related to the rural environment

- The region shows significant deficiencies with respect to perinatal care. Resources in the territory are rare and scattered, and are even more cause for concern in a

region where the road infrastructure is far from adequate (p.68).

- This is the only region where immigrant women are mentioned: There is very little documentation on the situation of these women, who require a mental health approach that is considerate of cultural references and the context of their particular ethnic background (p. 73). Aboriginal women are also mentioned (p. 80).
- Despite its high Cesarean rate, the region seems to be heading toward a shortage in practising obstetricians. The fact that little effort has gone into increasing the practice of midwifery only aggravates the problem (p. 74).
- Teen pregnancy rates are among the highest in Quebec. The region has few resources for pregnant teenagers or young mothers, and these services are concentrated in the Ottawa Urban Community (p. 74).
- The region's five shelters for abused women are scattered randomly throughout the territory and, with an ever-increasing number of cases, must turn away many woman seeking their assistance (e.g., women with alcohol or drug abuse problems) (p. 79).

The shift to ambulatory care

- p. 69 = postnatal follow-up and early release from hospital
- p. 73 = situation of elderly women and women caring for relatives, and the impact of this shift on their mental health

2) Les conditions de vie des femmes et le développement local et régional en Abitibi-Témiscamingue, Collection "Femmes et développement des régions"⁵ July 1999.

Issues raised related to the rural environment

- The very size of the Abitibi-Témiscamingue region brings to bear on the daily life of the population. Unfortunately, there are few data on the situation of rural women. Nevertheless, the accessibility of certain resources, particularly daycare and transportation services, must be taken into consideration, as this greatly affects women's access to the labour market or services. Furthermore, the region's daycare services are much less developed than in the rest of Quebec, and there is the need for another 2,433 spaces (p. 39).
- While it is difficult to know the exact distribution of urban or rural daycare services, the consensus is that most are located in urban areas and are better suited to the reality of this setting. On the other hand, they are often not very compatible with farm women's schedules, for example. Furthermore, the rules governing the opening of daycare centres, especially in schools, are sometimes hard to apply in small rural locations, and this hinders the development of such services (p. 40).
- Rural women, especially elderly ones, find it particularly hard to get around. The absence of public transportation, and the fact that fewer women have a vehicle or even a driver's licence for cultural and economic reasons, makes their day-to-day mobility more onerous. (p. 40).
- Teen pregnancies—It bears mentioning that most of the regions have no specialized school services for pregnant teens or young mothers, and abortion is less frequent (p. 43). It seems surprising that in a region with five hospitals and six facilities with a CLSC [local community service centre] mission, 13.9% women

travel to another region, mainly Montreal, for these services. Is this made necessary due to an absence of resources (elective abortion during the first trimester only), excessive delays or other reasons, such as the desire for confidentiality? (p. 43) (*see article on abortion*)

- Youth migration gives rise to population aging in small communities, and the elderly are migrating to urban centres to be closer to services that meet their needs. The elderly who remain require informal caregivers since there are fewer services available (pp. 47-48).

Decentralization

- The *Conseil du statut de la femme* [Quebec council on the status of women] suggests that the distribution of health and social services programs should be considered an important element in regionalization and decentralization plans, especially if accessibility of these services is to be guaranteed throughout the territory (p. 44).

The shift to ambulatory care

- Ambulatory shift = aging population = greater need for informal caregivers (p. 48)



3) Les conditions de vie des femmes et le développement local et régional en Chaudière-Appalaches, Collection "Femmes et développement des régions"⁶, December 2000.

Issues raised related to the rural environment

- Female students, much more than the males, are concentrated in a few areas of education. These options lead to traditionally female jobs that sometimes have

little to do with regional strategic directions, which exposes them to unemployment or prompts them to migrate out of the region. (p. 68)

- There is significant disparity in terms of income (p. 68) and access to services (p. 70) within the same region.
- The lack or insufficiency of certain services essential to professional or social participation greatly limits women's labour force activity, particularly in rural environments. The situation is aggravated when they live alone, are isolated or have family responsibilities to children or semi-autonomous relatives (p. 71).
- There are minimal urban and suburban public transportation services in the region (p. 72).
- Women must have freedom over their bodies and be able to exercise their maternity rights freely. This is why the

lack of evolution in abortion and family planning services in the region is so deplorable. In 1997, only four of the 867 area women who had an abortion did so in the Chaudière-Appalaches region, which is by far the

lowest retention rate in Quebec (p. 72) (*see article on abortion*).

- Demographics are shifting significantly, and include an aging population, youth migration, family breakdowns... As a result of these trends, there is an increase in the number of people living alone with more economic and socio-psychological problems than the rest of the population. These trends will also likely have a stronger impact in the rural context,

primarily in the devitalized and isolated areas. Furthermore, such demographic changes affect women in particular because 1) there are more women in the age 65+ category and among single-parent households, 2) they tend to live longer, are the biggest consumers of health care services, and will therefore feel health service cuts more keenly...

The shift to ambulatory care

- and 3) in the context of the shift to ambulatory care, women make up the large majority of “natural” caregivers, for family and cultural reasons (p. 74).

4) Les conditions de vie des femmes et le développement local et régional dans le Bas-Saint-Laurent, Collection “Femmes et développement des régions”⁷ January 2002.

Issues raised related to the rural environment

- Current demographic changes must be addressed, given that some of the more rural municipalities have among the highest percentage of people ages 65 and over in Quebec (Basques, de La Mitis and Kamouraska). This trend threatens to reduce the numbers of available volunteers, weaken family support, and increase expectations of family caregivers with respect to the health and social services network. There are more women in the 75 + age group; they tend to live alone and in poverty, and are in poorer health (pp. 81-82).

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- More women need to get involved in community development, especially by entering the labour market. Women from the Bas-St-Laurent region have lower participation and employment rates and a higher unemployment rate. They are paid only 2/3 of the average regional male wage and have less education (many have not gone beyond the high school level), etc. On the other hand, the *Syndicat des agricultrices du Bas-Saint-Laurent* [Bas-Saint-Laurent farm women’s union] lists 693 female farm producers with shares in one of the 1900 farm businesses in the region, a percentage nearly twice that of Quebec. With respect to services, there is only one women’s group involved in labour market integration issues: *Ficelles pour l’accès des femmes au travail*, in Rimouski (pp. 86-87).

- There is a shortage of daycare spaces. Furthermore, the daycare services in

place must consider the demand from various areas of the territory, and assess the needs related to different work and study schedules, including those of farm women (p. 87).

- A broader understanding and more effective action are needed with respect to women’s health and in the struggle to eradicate violence against women. Twice as many women as men are underweight; they are dealing with more than one health problem; more have consulted a health care professional during the two weeks leading up to the survey; women take more medication and are affected more by affective and anxiety disorders and depression than men (p. 89).

- There is a need to increase external services and adapt shelters for abused women to the rural reality (p. 90).

5) Les conditions de vie des femmes et le développement local et régional en Gaspésie, Îles-de-la-Madeleine, Collection “Femmes et développement des régions”,⁸ March 2000.

Issues raised related to the rural environment

- Given that the three communities that comprise Quebec’s Micmac nation are located in this region, it is important to mention the significant deficiency of information on the reality of women from these communities (p. 45). The measures proposed on the following page indicate the importance of a deeper knowledge of the economic and social needs of the region’s Aboriginal women living in the various native communities or off the reserves.
- Women must enjoy the conditions necessary to enter the labour market and contribute to the diversification of the regional economy: the unemployment rate of regional women is twice as high as that of all women in Quebec. Most are in the service industry; their average income is 80% of the average of female workers in Quebec; they are over-represented on social assistance rolls; more than one-quarter have less than a Grade 9 education; their educational choices tend to lead to traditionally female occupations, etc. (pp. 56-57).
- The demographic shift is reflected in an aging population, and youth and family migration. Women are affected by current demographic changes because there are more of them among the elderly population, and because youth and family migration causes a breakdown in elderly women’s natural support network, for the most part comprising their children and grandchildren. These migrations mean that elderly women are no longer able to get around, since there is little organized public transportation (pp. 57 to 59).
- Age and poverty are linked, especially where women are concerned. Evidence now exists of a higher incidence of physical and mental health problems in the economically disadvantaged (p. 60).
- Sexual and reproductive health of women: the region is far from having all of the necessary medical resources. In April 1997, two of the municipalities had 46 general practitioners, while the identified need was for 61 (p. 64). More women in this region who wish to terminate a pregnancy use services located outside the region where they live. Only two hospitals in the region perform abortions, and only up to 11 and 12 weeks. There is also a confidentiality issue since it is difficult for women from the peninsula who do not have access to private transportation (teenagers) to get to Gaspé without anyone finding out (p. 65). The highest percentage of births in the 15-19 age group occurred in the municipality of Avignon, where the territory’s two Micmac reserves are located (p. 66).
- Finally, the issues of mental health and conjugal violence are discussed (as in the previous documents).

6) Les conditions de vie des femmes et le développement local et régional dans Lanaudière, Collection “Femmes et développement des régions”,⁹ June 2001.

Issues raised related to the rural environment

- Socio-professional integration and social participation: Very positive, unlike the

other regions... With a youth ratio (ages 0-14) that is well above the Quebec average, Lanaudière is among the "youngest" regions in Quebec (p. 87). In 1997, 34 up-and-coming farmers were women, or 12.8% of all new farmers for the region (the 674 female farm business owners identified for the Lanaudière region represent one-quarter of farm business owners, a larger percentage than for Quebec as a whole, p. 93). In 1998, young women, who account for most of the university registrations from the Lanaudière region, chose courses in administrative science, education and the humanities. The fertility index is higher here than in the rest of Quebec (p. 88).

- This report draws particular attention to women with disabilities and Aboriginal women, who are more affected by low education levels and unemployment (one of the only reports that addresses women with disabilities, see p. 93).

The shift to ambulatory care

- Not only has the shift to ambulatory care increased the burden of responsibilities for women, but the transformation of mental health services has affected access to the services of which they are frequent users (p. 99). Woman caregivers who live with their care recipients have a less favourable perception of their own health, are more likely to use tranquilizers, and suffer more constraints on their social lives than those who are not caregivers (p. 101).

N.B.: This region is 45-50 minutes away from Montreal, and could therefore be considered to be part of the Greater Montreal metropolitan region. Perhaps this explains why its situation is so positive...

7) Côté, J., Desmartis, M., Caron, M. and Ouellet, L. (1993). *Le point de vue des leaders d'opinion sur la maladie mentale et la réinsertion sociale en milieu rural*¹⁰.

Beauport: Centre de recherche Université Laval Robert-Giffard. Report prepared for the Ministère de la Santé et des Services Sociaux.

N.B.: This study was carried out in the municipality of L'Islet, in the Chaudière-Appalaches region. Half of the towns used for the survey have a population of less than 800 inhabitants and the numbers are dropping.

Perceptions of the living environment (pp. 38-39-40)

- The positive aspects mentioned are the physical environment (healthy, peaceful, etc.) and the solidarity and community caring that exist in "this rural environment where everyone knows each other and about each other."
- The negative aspects include:
 - 1) the isolation: "This is a closed region, far from the major centres. We are remote and to some extent inaccessible..."
 - 2) Economic problems, shortage of work, large numbers of welfare recipients: "It is terrible how little work there is here. I would say that one-third of the entire local population is on social assistance."
 - 3) Youth migration and its effect on the age pyramid: the population is not only decreasing, but it is aging as well.
 - 4) Alcohol and drug abuse, and violence (there are the young people who get an education and leave, and those who stay behind...)

Perceptions of the region's mental health resources and services (p. 42 and up)

- According to the people polled who live in St-Pamphile or the neighbouring communities, the CLSCs are the only available resources in this area.

Principal problems associated with institutional resources (p. 45)

- Some people perceive their region to be disadvantaged from a medical viewpoint, particularly given the lack of physicians and their inaccessibility at certain times during the day and week. This situation is seen as appalling, especially in emergency situations: "You are at a disadvantage, medically speaking. If you are in a serious accident, the nearest doctor is 30 minutes away. You can't get immediate assistance. But as far as other resources like the CLSCs go, we are used to them, and arrange to go when they are open."
- The fact that CLSCs are closed in the evenings and on weekends contributes to a sense of insecurity and isolation, particularly in the elderly or mothers with young children (p. 51).

Attitudes of the population regarding use of services—People still do not seem to know much about the services provided by CLSCs (p. 46)

Alternative and community resources (p. 47)

- The authors note that there seem to be some community resources in this region. Given the population size, the same people often head up these organizations. The authors mention volunteer committees and informal caregivers without indicating whether most of them are women.
- The authors cite the family as the most natural framework for social reintegration in their discussions on informal caregivers.

Problems related to social reintegration and desired improvements (p. 49)

- The people interviewed saw the main problem related to the treatment of mental illness as the transportation to the Montmagny psychiatric services. In fact,

people without a vehicle often waste an entire day just to see their psychiatrist for 15 minutes.

8) Bouchard, N., Gilbert, C. and Tremblay, M. (1999). Des femmes et de soins. L'expérience des aidantes naturelles au Saguenay. 11. Recherches féministes [feminist research],¹²(1): 63-81

Purpose of the study (p. 64)

The study seeks to better understand how caregiving affects the lives of women living with a dependent relative in the Saguenay region. Their experience, while shared by other women in Quebec, relates to a specific geographic and social context, that of a region marked by its isolation from Quebec's major urban centres. This local study therefore has particular relevance in the global appreciation of women caregivers in a Quebec context.

Method and context (pp. 65-66)

The authors chose to use a bibliographic method and semi-structured interviews. The sample was built on the basis of the type of relationship between caregiver and care recipient: mother, spouse, sister, daughter. The other sample criterion was the demographic context of the caregiving experience. The authors excluded cases that were part of the ambulatory shift, so the study does not address perinatal or day surgery situations. The sample includes women involved in a CLSC "client follow-up" approach.

The women were asked to share their caregiver experiences by addressing four main themes: 1) a description of the caregiving approach that provides factual data on the persons involved as well as a history of the helper-helpee relationship; 2) a description of the type of care required by the recip-

ient's situation, as well as the caregiver's perception of this type of relationship; 3) the impact of caregiving on the various aspects of the caregiver's life, with a particular focus on her motivation to continue; and 4) a look at the support obtained from social and health system institutions and civil society organizations.

The Saguenay region has a distinct profile marked by its remoteness from the major urban centres. Because it borders on urban as well as semi-rural and rural areas, access to health services can vary significantly from one place to the next.

For statistics that show women are the primary homecare providers, see p. 67

Issues raised related to the rural environment

- Women with a less stable socio-economic situation tend to have a negative perception of accessibility or existence of the various services offered by health facilities. This puts a unique slant on the experience of women caregivers in a region like the Saguenay where the socio-economic status of women is lower than that of the men in the same region and Quebec women overall (this caregiver profile would affect their possibilities of asking for and getting institutional support, p. 71).
- Some unique aspects of public health in the Saguenay region may also intensify the caregiving potential. In fact, recent

studies have shown an overall excess mortality of 8% in the Saguenay-Lac-Saint-Jean region compared with Quebec over the past 15 years. This situation requires a considerable investment from the community-based system, and particularly women, who will be the front-line caregivers for family members affected by these difficult conditions (p. 71).

- The authors note that one might expect that the social networks for caregivers would be more present in the Saguenay region than in the major urban centres. The region's reputation for solidarity might lead to the assumption that its informal, community-based systems are easily engaged. The experience of some of the female respondents is otherwise (the authors give an example using a quote from one caregiver who receives no support).
- Living in a small community can sometimes be an additional source of stress that stems from the shame or embarrassment from the marginality caused by a health condition or by a child who is "different". (The authors give two examples, including a quote from a woman caring for her mother, daughter and husband!, p. 73)

The authors' conclusion does not identify anything specific to the rural environment. Rather, they address the significant

***...the government is increasingly
offloading homecare responsibilities
onto organizations operating
essentially on the volunteer work
of women...***

upheavals brought on by caring for someone, and indicate that this can often change the relationships in a couple or family. In some situations involving obvious overload and burn-out, these women caregivers had a negative perception of their own health and felt that the support available for informal caregivers was of a temporary and limited nature (p. 75).

The authors end with a discussion of the role of government (pp. 76-77). Among other things, they mention that the government is increasingly offloading homecare responsibilities onto organizations operating essentially on the volunteer work of women... By targeting the free and invisible work of women to preserve its social coverage, the government can cut costs considerably. The reduction in the share of care provided by the government does not in any way lessen the need for this care: rather, women are compensating this shift by mobilising their personal time and resources.

N.B.: These authors wrote a document (a project brief of sorts) prior to this one, the reference for which is:

Tremblay, M., Bouchard, N. and Gilbert, C. (1997-1998). *Les aidantes naturelles et la prise en charge de personnes en perte d'autonomie: santé des femmes et défi des solidarités familiales et sociales*.¹² Montreal: Centre of Excellence for Women's Health—Université de Montréal Consortium.

9) Bouchard, N., Gilbert, C. and Tremblay, M. (1996). *Les solidarités fragiles: Les femmes et la prise en charge de personnes en perte d'autonomie*. Under the direction of Camil Ménard and Florent Villeneuve. *Projet de société et lectures chrétiennes*.¹³ 1996 conference

proceedings of the Société canadienne de théologie Quebec: Éditions Fides, 171-186.

This is the same type of research on the experience of women caregivers. The authors compiled the life stories of four women ages 35 to 45, one of whom is from the Saguenay region (however, it is not known whether she was still living there at the time of the interview). The place of residence is not important in this article and no connection is made with the rural setting. The authors highlight some of the ramifications for caregivers: increased burden of tasks that requires reorganizing of schedules; changes in employment or the forced withdrawal from the labour market; strains on marital and family life; less vacation time and respite; stress and burnout, etc.

10) Fontaine, S., Laplante, É. and Rinfret, M. (1988). *La question de l'avortement au Québec*¹⁴. Document adopted by Quebec's Conseil du statut de la femme.

Highlights (p. 7)

- 65 % of abortions are performed in the Montreal region.
- There are significantly more “later” abortions (after week 16) among young women, with 30% of such abortions among teenagers ages 19 and under, and 53% among women ages 20 to 29.

Accessibility: the major issue... (pp. 9-10)

- Accessibility of abortion services continues to vary greatly from one region to another. The data show that nearly seven out of ten abortions are performed in the Greater Montreal region. Furthermore, only two regions of 11 have resources that offer a full range of abortion services—l'Estrie and Montreal—where abortions are available up to week

20 or 22 of gestation. Montreal is the only place where abortions are available to women from other regions after 18 weeks, since the *Centre hospitalier de Sherbrooke* will not take women from outside the region at this stage in the pregnancy.

- Some regions and subregions have no abortion services, including the Témiscamingue, Lanaudière, Nouveau-Québec, Bois-Francs and Beauce regions.

11) Busque, G. (1987). Les besoins et les ressources des femmes dans l'agriculture.¹⁵ In: *Growing Strong: Women in Agriculture*. Document prepared for the Advisory Council on the Status of Women, Ottawa.

This article was written in follow-up to telephone interviews conducted by the author with farm women or women connected to the farming world from Newfoundland to British Columbia. She indicates that it is impossible to present an accurate portrayal of the situation using the documentation available, and that further research is critical (p. 13). The purpose of this article was to reach farm women themselves in their struggle to preserve the quality of farming life. This quality of life is rooted in very concrete elements: daycare, health services, eradicating violence against women, and access to training—all areas of interest to farm women. Furthermore, access to credit and ownership, for example, is at the heart of the economic situation of farm women, which is in turn at the heart of the recognition they are due (p. 14). The author addresses several elements that impact on the health of farm women:

1) Daycare services

Children's security is an increasingly important issue. More and more farm women are

taking employment off the farm, and they are working more hours (financial support necessary for full-time farm work). They continue to have slightly more children than urban women, although the gap is rapidly closing. According to a study in Ontario, 53% of mothers with children under 12 have to bring them along to the fields while they do their farm work. Access to daycare services that reflect these realities is therefore crucial (pp. 16-17). To support this, the author provides the preliminary results of a survey conducted in Quebec by the *Bureau de la répondante à la condition féminine* [office of the status of women coordinator] of the *Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec* [Quebec's department of agriculture, fisheries and food], by way of the *La Terre de Chez-Nous* magazine, showing that 100% of women with children ages 0 to 17 months said they required daycare services (p. 18). It is therefore important that irregular schedules, peak periods, a high percentage of geographic isolation, lack of public transportation, etc. be taken into consideration when seeking to identify daycare solutions. Daycare services could, for example, be provided in the family home. This solution, while less popular in urban areas, is something that farm women seem to favour more (p. 20). Furthermore, cost becomes an issue, since families are all too often financially strapped, and there is little or no money left for daycare services (p. 24).

N.B.: The *La Terre de Chez-Nous* [our land] magazine is put out by the *Cercles des fermières*.

2) Farm health and safety

Farm work has its own class of health disorders and problems. Maintaining quality of life in this environment is closely linked to health promotion. Interest for health and

social services available in rural areas is therefore of utmost importance. Women who live in remote regions suffer from geographical isolation that forces them to travel long distances: the problem becomes a pressing one when specialist services are required, either on an emergency or regular basis. There is a lack of specialized services. There are fewer physicians per person and fewer hospital spaces available than in the urban centres (pp. 25-26).

The absence of gynecologists, pediatricians, services for children with disabilities and the elderly is frequently a source of concern

for women. In some regions, no family planning information service is available (even less so for abortion). According to the author, one thing is certain: rural women base their appreciation of health services on their ability to travel the distances that separate them from the centres where they can find such services (p. 26).

Like their husbands, farm women sometimes experience adverse health effects further to the use of insecticides and various chemical products: birth defects, miscarriages, still-born or premature babies, irregular menstrual period, other production types are rapidly absorbed and carried in the bloodstream and sometimes attack the nervous system, allergies, respiratory problems (particularly "farmer's lung" caused by inhaling mouldy spores released when handling hay or wet grain), back pain and hearing loss (due to operating farm equip-

ment) (pp. 26-28). The author indicates that it is still nearly impossible to provide a broad perspective on these issues and therefore limits her discussion to facts that have already been documented (p. 26).

3) *Stress*

The author focuses on the importance of factors related to the financial situation of

farmers, both men and women: money problems that induce women to look for work off the farm, and long work weeks of up to 100 hours (pp. 28-29).

4) *Safety*

Farm-related fatalities make farm work one of the

most dangerous types of business activity. New technologies are just as affected by increased accident rates (p. 29). Many farm women bring their children along when they work in the field. In its September 1985 issue, Farm Women's News suggested that its readers try using child seats in their tractor cabs (p. 30).

5) *Solutions*

Here are a few solutions proposed by the author: That health care decentralization objectives be pursued so that services can be accessed in all regions. In Quebec, the government tried to discourage physicians from setting up their practices in Montreal or Quebec City by reducing the basic fee they are usually paid, and by increasing by up to 120% the fees for physicians who move to centres where there is a shortage of medical services (p. 30). There is a general need for better information, research and further action. For example, information on



family planning must be made accessible. Quebec's *Cercles de fermières* recommended that midwifery be a legally recognized and self-governed profession, and that the required training be available at university (p. 31). The provinces, and particularly Ontario, have adopted safety measures or are developing related initiatives. In Quebec, the regional farm women's committee in Saguenay-Lac-St-Jean requested financial assistance from an insurance company in order to offer a prevention course to children in the 4 to 7, 8 to 11, and 12 to 15 age groups (p. 34).

6) Needs for abused women

According to the author, conjugal violence in farming communities is influenced by the same factors as in other communities (no difference between the rural and urban environments). However, the fact that it is so difficult in rural areas to maintain anonymity makes any call for help that much harder. Furthermore, in rural locations, the means for dealing with this problem are more scattered and fragile. The absence of shelters and transition houses, the lack of appropriate social services, and even occasional adverse weather conditions intensify the isolation by varying degrees and make it more difficult to cope with a situation that already requires a great deal of courage (p. 37). The safe house solution seems to be gaining popularity in Canada, but the author stresses that a rural safe house is rarely anonymous and therefore does not protect women from a determined spouse (pp. 38-39).

7) Training needs

The author summarizes the findings of the study done by Suzanne Dion which identified the training needs of farm women based on the analysis of their situation and the results of a questionnaire distributed to 52,000 Quebec farm women. Farm women

are most interested in receiving training in the two professional areas of: status of women in agriculture (49%) and agricultural economics (48%). Next come self-improvement courses, like handicraft techniques (32 %), couple psychology (32.3 %), assertiveness training (21.8 %), etc. (pp. 40 to 42).

A few initiatives have emerged in recent years with respect to training needs. In Quebec, even if there are adult farm training programs, women's participation is more limited, for a number of reasons. Farm women who take on the most responsibilities and those who are more financially involved in the farm seem to be more motivated. The others cite a lack of time, distance, their spouse's participation which is more important than their own, and sometimes the fact that because of their status, they do not have the same right to register for certain programs (pp. 42-43). Also in Quebec, the *Ministère de l'Agriculture, des Pêcheries et de l'Alimentation*, through the *Bureau de la répondante à la condition féminine*, launched a three-year action plan in 1986 entitled *Du partage des tâches au partage des pouvoirs* [from sharing tasks to sharing power]. Generally speaking, the purpose of this plan is to develop the programs needed to ensure farm women a complete and visible role in farming in Quebec (p. 45).

8) Interesting references

Bureau de la répondante à la condition féminine (1986). *Du partage des tâches au partage des pouvoirs : Plan d'action triennal*. Quebec: Ministère de l'Agriculture, des Pêcheries et de l'Alimentation.

Dion, S. (1985). *Les besoins de la formation professionnelle des agricultrices*. Mémoire de maîtrise, Université de Montréal. [professional training needs of farm women. Master's thesis]

Direction générale de l'éducation des adultes [continuing education directorate] (1984). *Femmes en agriculture*. [women in agriculture] Quebec: Ministère de l'Éducation.

12) Masson, D. (1994). **S'organiser pour s'autodévelopper: Organisations de femmes et développement au Saguenay-Lac-St-Jean.** In: Marie France Labrecque (Dir.) *L'égalité devant soi : Sexes, rapports sociaux et développement international*.¹⁶ Ottawa: International Development Research Centre.

Purpose: This article is intended to shed light on certain dimensions of the actual role played by women's organizations as the starting point for another kind of development, by and for women, in the outlying regions of a developed country. The author notes that due to the shortage of empirical data on today's women's movement organizations in Quebec, particularly regional ones, she limits herself to a description of what these women's organizations are and what they do (p. 65).

Characteristics of the region: Low population density (less than 30,000) and relatively isolated. Many "traditionally male" jobs, well-paid and unionized. On the other hand, women find few jobs, other than in the service industry, which itself is not greatly diversified. Female unemployment is higher than in the other regions and the number of part-time jobs is also higher here (p. 66).

At the end of the 1980s, the directory of women's groups published by the *Conseil du statut de la femme* identified 815 women's organizations in Quebec, not counting the 870 local *Cercles de fermières du Québec* and the 600 circles of the *Association féminine d'éducation et d'action sociale* (AFEAS) [Quebec women's association for education and social

action]. In the Saguenay-Lac-St-Jean region alone, there are 150 organizations with ties of varying degrees to the women's movement (p. 66).

What they are: There are four main types of women's organizations in the territory of interest to us: 1) the so-called traditional organizations, i.e. the *Cercles de fermières* farm women's circles and AFEAS circles; 2) service groups (women's shelters, perinatal assistance groups, etc.); 3) identity-based organizations (businesswomen); and 4) regional groups (free choice coalition) (see descriptions and explanations, pp. 67 to 73).

What they do (pp. 74 to 77): These organizations are involved on two levels: 1) with women themselves (young mothers, female rape victims, etc.); and 2) in society and the social environment in general (farming communities, business world, etc.). The two main areas of focus in the activities of regional women's groups are: 1) women's access to the labour market as entrepreneurs and paid workers, and 2) violence against women. Women's physical and mental health, their financial self-sufficiency, and motherhood could also be included, although the author does not address them in the article. Work is considered to be an essential requirement for women's autonomy, and itself ensures to a large extent their access to personal independence (particularly in a region where women's participation rate is 10% below that of all of Quebec, the average wages are lower, and there is little diversity in women's employment). See p. 76 for information on what each circle or association is doing with respect to employment issues. There is a higher incidence of violence in this region (one in five versus one in seven women for all of Quebec). The author details action taken by women's groups in regard to this issue on p. 77.

Finally, the author speculates as to the meaning of the “collective interest of women” advocated by regional women’s movement organizations. Furthermore, she stresses that, in addition to immediate interests, many special interests are also represented. As an example, she cites the distance and non-communication between the movement—white, francophone—and the Association des femmes montagnaises [Montagnais women’s association] of the region to illustrate how the gender and ethnical divide come into play (p. 81).

13) Dion, S. (1991). Les agricultrices québécoises depuis 1981. Under the direction of Black, N., Cuthbert Brandt, G., Rouyer, M.-C. and Guillaume, P. Femmes et vie rurale au Québec et en Aquitaine¹⁷. Centre d’études canadiennes [European centre for Canadian studies].

N.B.: This article was written in 1991, but refers to a survey conducted in the spring of 1981, the highlights of which are as follows...

1) Women’s contribution to agriculture (pp. 24-27)

- In exchange for their investments (long work hours, multi-tasking, etc.), farm women received little financial compensation and few had property rights.
- These women indicated they like farming because a) of the quality of life it offers and b) it allows them to reconcile their roles as mothers, wives and farmers.
- The primary reasons why women did not attend union meetings were work overload and the fact that they stayed home to allow their husbands to go (husbands only speak for part of women’s interests). The author indicates (p. 26) that the determining factor explaining absenteeism at union meetings for women over 40 is that

they had a very poor self image: they did not feel they were competent and preferred to stay and do what needed to be done at home so that their husbands, whom they felt were more competent, could go to the meetings.

- The author notes (p. 25) that while these were the interests of farm women ten years ago, they are similar to their interests today (what is she basing this on?).
- Many women were able to identify what they wanted: better working conditions, increased financial security and self-sufficiency, the possibility of making choices and having an impact on the future of farming, and training.

14) Cuthbert Brandt, G. (1991). Les origines et le développement des cercles de fermières au Québec et des groupements féminins en Gironde.¹⁸ Under the direction of Black, N., Cuthbert Brandt, G., Rouyer, M.-C. and Guillaume, P. Femmes et vie rurale au Québec et en Aquitaine Centre d’études canadiennes.

N.B.: The author notes, in the first line of the introduction, that there are still very few studies on rural women. She goes on to say that analysts tend to treat farm women like first-rate conservatives in their social and political views. They come to this conclusion because farm women agree with current explanations regarding behavioural differences between men and women in public life (p. 35).

- For a history of the Cercles de fermières (and the role of the Church in founding this type of organization), see pages 36-37-38-39.

Two important elements

- 1) *Cercle* members are increasingly older (average age is 51 and rising). What

remains consistent is rural women's main motivation for joining such circles.

According to the author's analysis, 2/3 of the women who joined in the past 10 years did so primarily to make contacts with other rural women. This same interest in sociability and solidarity with other women is the main reason given by those who have been members for more than 20 years (p. 39).

- 2) The most relevant concerns for farmers' wives are still: what is the status of 'Farmer's Wife'? How can she continue to make an economic contribution to the new production methods introduced by modern technology? How can the transfer of the family farm to the next generation be guaranteed? (p. 43).

15) **Black, N. and Cuthbert Brandt, G. (1999). *Feminist Politics on the Farm: Rural Catholic Women in Southern Quebec and Southwestern France*. Montreal and Kingston: McGill-Queen's University Press.**

Chapter 3 describes rural women and compares farms in France and Quebec. The authors have chosen to describe four 'exemplars' of rural women, two living in Quebec—Andrée and Brigitte—and two in France. Andrée is a member of the *Cercle de fermières*; she is 59, got as far as high school but never finished, is Catholic and has eight children. Brigitte is not a member of any organization or club; she is 29, also got as far as high school and has three children. These two fictitious characters represent a synopsis of the answers obtained from the questionnaires completed by 196 women in Quebec, working on the farms of 16 different communities south of Montreal near Salaberry de Valleyfield. They provide a

depiction of these farm women in terms of their work environment, age, education, religious practices, legal relationships, on- and off-farm work, and degree of satisfaction.

- 1) Work environment (p. 52) : Farm size differs in France and Quebec. The average size of French farms is 15 hectares, versus 90 hectares in Quebec. The type of farm operation is important. In Quebec, dairy, beef and cash crop farms require a great deal of land. Farms in France are used for wine production, and land is very expensive.

- 2) Age (pp. 53-54): Cercle members are the oldest of the respondents. The average age is 53, compared with 38 for non-members in Quebec. Farm women indicated that their organizations are worried about the absence of younger members (under 40). Some of the newer groups, like the *Association féminine d'éducation et d'action sociale (AFEAS)* identify themselves as more activist and possibly more appealing for the younger generations of Quebec farm women than the *Cercles*. The authors found no evidence to support this.

- 3) Education (p. 55): In Quebec, 18% of non-members only have an elementary school level of education, compared with 38% of *Cercle* members: these variations are a reflection of the different ages in each of these groups (*Cercle* members are older).

- 4) Religious practices (pp. 57 to 59): The *Cercle* members clearly stood apart: virtually 3/4 of respondents attend church once a week, compared with less than half for the Quebec non-members. Again, the age difference between *Cercle* members and non-members explains this discrepancy.

5) Legal relationship (pp. 61 to 63): French women are more likely to invest their own funds in the farm than Quebec women. Sixty-eight percent (68%) of *Groupe ment féminin* [French women's organization] members and 58% of non-members invested their own money in farms, compared with slightly less than one-third of all the Quebec farm women. There is also the issue of the family farm, where farm and marital property are intertwined; the issue of marriage and inheritance has always been an important one for rural women activists. The authors note that such businesses (farms) can be particularly unfavourable for women, since all of the profits go to the farm operator—almost always the owner/husband. On page 62, the authors explain how the partnership of acquests works with private property and acquests, as well as separation as to property. I will come back to these legal notions with the following article by Michelle Boivin.

But in farming, the work week is much longer: the average for women is 73 1/2 hours: 43 1/2 hours of household duties plus 30 hours of farm work.

6) Farmwork (pp. 64 to 69): In Quebec, women's work is especially linked to work in the fields, animal care, milking the cows, and livestock management. Duties related to secretarial and management work should also be included. The scope of these activities demonstrates women's high level of involvement in the farm business, as do the many hours put in working on the farm. In Canada, a 40-hour work week is considered to be full-time employment. But in farming, the work week is much longer: the average

for women is 73 1/2 hours: 43 1/2 hours of household duties plus 30 hours of farm work. The major difference between France and Quebec is the fluctuation in work hours depending on the season (Quebec winters are very long...).

7) Off-farm work (pp. 72-73): The authors indicate that in Canada, 36% of farm women had jobs off the farm in 1990. However, the percentage of women with off-farm jobs is considerably lower in Quebec and France—22% and 18% respectively.

8) Satisfaction: Most respondents seemed satisfied with their lives, including their farm work and their status as farm women. None of the women indicates she is totally dissatisfied or unhappy.

However, the women in France are less satisfied on the whole than Quebec farm women. French women were twice as likely to report money troubles or shortages. The

level of satisfaction was extremely high, particularly those women who indicated they were "very happy", and the percentage for Quebec women was nearly double the percentage for Canadian women in 1981-82.

16) Boivin, M. (1987). *Les agricultrices: Un travail à reconnaître sur les plans juridique et économique*.¹⁹ In: *Growing Strong: Women in Agriculture*. Document prepared for the Advisory Council on the Status of Women, Ottawa, 54-71.

Who are farm women?

The issues

- Farm women are the legal or de facto spouses of farmers, and are generally in charge of the household duties and child care. Recognition of domestic work is a crucial issue for all women.
- The recognition of the work done by farm women, as joint farm operators, is part of the larger struggle of women working in family businesses.
- Women with their own farming business have to deal with the most persistent biases in our society: “A woman can’t operate a farm by herself. It’s too difficult!”
- The Murdoch case sensitized Canada to the dilemma of farm women. Ms. Murdoch claimed that she was entitled to part of the property that had been used for a mixed farming operation, and the Supreme Court of Canada refused to award her this share because her actions were “just about what the ordinary rancher’s wife does.” (p. 57).

Hence the continued relevance of certain claims aimed at ensuring women farmers—and indeed all women working in family businesses—financial self-sufficiency and rights to the farm operation.

The facts

- On a social and political level, the naming of a status of women coordinator in Quebec’s Ministère de l’Agriculture in 1984, and the creation of a status of women office in 1986 also mark an important step toward the recognition of women in agriculture in Quebec (p. 59).
- In Quebec, as in Canada, only 20% of women in agriculture are paid a salary. A 1984 survey conducted in Quebec by the

Association des femmes collaboratrices du Québec [Quebec association of wives in family businesses] shows that farm women’s weekly wages were less than \$100 in 1.7% of cases; 14.8% of them received between \$101 and \$200; and only 1.7% were paid from \$201 to \$300 and up (p. 61).

- Matrimonial regimes (pp. 68 to 71): The *partnership of acquests* governs all couples married on and after July 1st, 1970, unless otherwise provided in a marriage contract. Under this regime, the property of each spouse is divided into two types: private property and acquests. Private property is that owned by each spouse before the marriage, property acquired during the marriage by succession or gifts, and property acquired during the marriage to replace private property (i.e. personal effects). Acquests include all other property, such as the fruits and income of all the property, both private and acquests. The other more familiar matrimonial regimes are the *community of property* and the *separation as to property* regimes (for more information, see page 69). In the most common, the separation as to property regime, each spouse remains the exclusive owner of his or her property. According to the author, some matrimonial regimes, especially that of separation as to property, lead to an unfair distribution of property. And yet, in 1982, 42% of couples chose the separation as to property regime. For farm women, the situation is even more abysmal, since 56.8% of respondents ages 20 to 24 in 1981 were married under the separation as to property regime (p. 70).

17) Couillard, M.-A. and Côté, G. (1997). *Les groupes de femmes de la région de Québec et l'implantation de la région régionale de la santé et des services sociaux*²⁰. Research report presented to the CQRS²¹. Sainte-Foy: Université Laval, centre de recherche sur les services communautaires [community service research centre].

Given that several articles refer to the impact of the shift to ambulatory care on women's health, I selected two texts on the health system. The first text, dealt with here, describes the health and social services system reform with respect to community organizations and women's groups. The second has been commissioned from the women's health bureau and deals with the ambulatory shift in detail.

1) The Rochon report

The report of the commission of inquiry on health and social services was tabled in 1988. The mandate of this commission was to examine the objectives, operations, funding and development of the health and social services system. Among the shortcomings identified, we note the discontinuity in services that are also unequal and incomplete depending on the group or region; poor management of unmotivated human resources; the fact that the population's

needs get buried under the priorities advanced by specific interest groups, etc. (pp. 60-61).

The report also highlights regional disparities and notes that the decentralization of government activities provides momentum and breathes new life into the regions by fostering economic activity (p. 62). Among other things, the report recommends further decentralization and recognition of the community sector so that it can take over from a drained government system. Community groups, including women's groups, were very involved in the Rochon Commission consultations, and presented 37.5% of the briefs (p. 63).

2) The Côté reform

The recommendations of the Rochon Report were put down in a reform plan entitled *Pour améliorer la santé et le bien-être au Québec : orientations*, [Improving Health and Well-being in Quebec: Orientations] published in 1989 by then Health Minister Lavoie-Roux. This document supports decentralization of services through the creation of regional boards, calling on partnerships with community organizations, an enhanced role for local community service centres (CLSCs), and introducing restrictions to the universality principle (p. 64). In December 1990, the new Liberal Minister of



Health and Social Services, Marc-Yvan Côté, tabled his white paper entitled *Une réforme axée sur le citoyen* [citizen-focussed reform] in which he details the reform objectives and introduces the notions of “*citoyen consommateur, décideur et payeur*” [citizens as consumers, decision-makers and payers]. In keeping with this project, regionalization must reflect regional dynamics, seen as being fuelled by a variable sense of belonging, regional disparities, and the impoverishment of the outlying areas. The Minister’s proposal was presented in Bill 120, which was subsequently translated into a health and well-being policy entitled *La politique de santé et de bien-être* (p. 65).

3) Health policy

The policy outlines 19 objectives to be achieved with respect to specific health and well-being issues and their respective action priorities. The problems targeted were organized into five major areas: social adaptation, physical health, public health, mental health and social integration (pp. 69-70). The section *Voies d’action prioritaires* [priority areas for action] details how the policy intends to recognize community action, including women’s groups (see p. 71 for examples). An analysis of the reform documents reveals that restructuring keeps technocratic functions focused within the ministry, whereas priority and resource operationalization and management are vested to regionally-based boards. In this context, the recognition of community organizations becomes more meaningful (p. 71), and it is therefore as community groups that women’s groups are called to work together with the government in exchange for funding (p. 72).

4) Policy statement on the status of women (1993)

In 1993, the Quebec government’s *Secrétariat à la condition féminine* [status of women secretariat] drafted a new status of women policy, a document that is first and foremost descriptive in nature (p. 72). In fact, it is a brief summary based on a compilation of data that show that Quebec women continue to be subject to numerous social and economic constraints, nine of which are:

1) dead-end educational choices, 2) integration in occupational categories with poorer pay and less advancement potential, 3) unsatisfactory working conditions, 4) the fact that they continue to be largely responsible for child care and household work in spite of their increased professional obligations 5) feminization of poverty, 6) worse physical and psychological health than men, 7) the daily occurrence of violence against women, 8) lack of recognition of their contribution, and 9) limited access to areas of power (p. 73). **N.B.: I find these nine points are often raised in documents in the “Femmes et développement des régions” collection.**

Finally, the policy proposes four main directions in keeping with what the document previously identified as problem areas:

1) economic self-sufficiency (diversified educational choices, easier access to the labour market, etc.), 2) respect for women’s physical and psychological dignity (medication use, sexual and reproductive health), 3) eradicating violence against women and 4) recognition and valorization of their collective contribution to society (female entrepreneurship) (pp. 74-75).

18) (1992). *L'agricultrice, une partenaire professionnelle*. Quebec: Direction des services aux agricultrices²².

- This pamphlet was created in follow-up to a far-reaching consultation process launched in January 1991. The *Direction des services aux agricultrices* [farm women services branch] organized round tables and in total met with nearly 70 people from the financial, media and university fields, as well as members from the farm women's movements and Quebec's *Ministère de l'Agriculture, des Pêcheries et de l'Alimentation*. A telephone survey was also conducted to get personal opinions from 300 farm women. All of this contributed to defining the three-year departmental approaches on the status of women in agriculture for 1992-1995 that reflected farming environment realities in the context of the 90s (p. 3).
- After long being considered as invisible work, the profession of farm woman is now coming into its own. When they marry a farmer, women are often choosing a career as well. In a context where professional and emotional ties overlap, the work women do every day contributes to the growth of the business (p.11)
- The issues: If farm women now have an occupation, they still have to find a sustainable place in managing the business. Over a six-year period, many farm women became landowners (there is an evolution in articles written in 1985 to those from 1992, when farm women were more widely recognized). However, more farm women need to be in positions of power and decision-making. It is still rare for family farms to be left to the female heirs (daughters). Feminization of human resources is therefore required. Along

these lines, the regions that are working on action strategies to foster regional development must seek equitable inclusion of farm women as partners (pp. 13-14).

- The four orientations of the *Ministère de l'Agriculture* are: 1) To ensure recognition of the professional work done by farm women (women's work often goes unpaid, see pp. 15-16), 2) to promote young women in agriculture (in Quebec, it is still rare for daughters to inherit the family farm and the farm woman profession is not widely recognized; see pp. 17-18), 3) to appreciate the value of the "human" side of farm business management (pp. 19-20), and 4) to encourage farm women's participation in rural life (in particular, foster their integration in regional consultative and decision-making bodies, pp. 21-22).
- N.B.: on page 21: While farming is not the only rural activity, it is difficult to imagine the countryside without the presence of farm men and women whose work is essential to all of society. History clearly shows that the creation of rural associations by women is nothing new. From within their groups, women have made a social and economic contribution to church life, as well as education and social services.

19) Bureau de la répondante à la condition féminine (1985) *Plan d'action triennal*.²³ Quebec: Ministère de l'agriculture, des pêcheries et de l'alimentation

- The mechanization of agriculture has lightened women's field and barn chores. This allows them to spend more time at home where new duties have been

created: accounting, researching information, negotiating farm input purchases, planning and management, etc. (p. 1)

- The effect of the economic crisis is strongly emphasized in articles written in the 1980s, such as this one, which points out that the crisis threatened the very survival of many businesses, and made it

necessary for women to work on and off the farm (p. 1).

- Six (6) objectives are listed on page 3, and include promoting women's membership in groups and associations, access, continued training, etc. It should be noted that the status of women coordinator position no longer exists in this department.

Summary of Topics

Topic 1: Health and Rural Specificity

The rural environment has several unique elements related to its remoteness, isolation, and the scarcity of some services. Indeed, the size of the territory brings to bear on the daily life of residents, especially women. Unfortunately, there are few data on the situation of rural women. The first thing that is clear in articles on the topic is the fact that the scarcity and dispersion of rural resources are even more cause for concern in most of the regions where the road infrastructure is often far from adequate. Accessibility of certain resources, particularly daycare and transportation, must be taken into consideration, as this greatly affects women's access to the labour market or services. Furthermore, rural daycare services are often less developed than in larger urban centres. While it is difficult to know the exact distribution of urban or rural daycare services, the consensus is that most are located in urban areas and are better suited to this setting. On the other hand, they are often not very compatible with farm women's schedules, for example. Furthermore, the rules governing the opening of daycare centres, particularly in schools, are sometimes hard to apply in small rural locations, and this hinders the development of such services. Rural women, especially elderly ones, find it particularly hard to get around. The absence of public

transportation, and the fact that fewer have a vehicle or even a driver's licence for cultural and economic reasons, makes their day-to-day mobility more onerous.

Second, teen pregnancies are even more of a problem in rural areas. It bears mentioning that most of the regions have no specialized school services for pregnant teens or young mothers, and abortion is less frequent.

Furthermore, only two regions of 11 have resources that offer a full range of abortion services—l'Estrie and Montreal—where abortions are available up to week 20 or 22 of gestation. Montreal is the only place where abortion is available to women from other regions after 18 weeks, since the Centre hospitalier de Sherbrooke will not take women from outside the region at this stage in the pregnancy. Some regions and subregions have no abortion service, including the Témiscamingue, Lanaudière, Nouveau-Québec, Bois-Francs and Beauce regions. There are few regional resources for pregnant teens or young mothers. The fact that little effort has gone into increasing the practice of midwifery only aggravates the problem.

Demographics are shifting significantly, and include an aging population, youth migration, family breakdowns, and elderly migration to urban centres to be closer to

services that meet their needs. As a result of these trends, there is an increase in the number of people living alone with more economic and socio-psychological problems than the rest of the population. This trend will also likely have a stronger impact in the rural context, primarily in the devitalized and isolated areas. Furthermore, these demographic changes affect women in particular because 1) there are more women in the age 65+ category and among single-parent households, 2) they tend to live longer, are the biggest consumers of health care services, and will therefore feel health service cuts more keenly, and 3) the elderly who remain require informal caregivers since there are fewer services available.

Female students, much more than the males, are concentrated in a few areas of education. These options lead to traditionally female jobs that sometimes have little to do with regional strategic directions, which exposes them to unemployment or prompts them to migrate out of the region. If they are not unemployed or on social assistance, they have part-time employment in the service industry or low-paying jobs. It has furthermore been shown that the prevalence of physical and mental health problems is higher in people who are economically disadvantaged. As a result, girls in a rural environment need more diversified education to access non-traditional careers that give them better recognition and a higher socio-economic status.

When rural residents are asked how they perceive their living environment, the positive aspects they mention include the physical environment (healthy, peaceful etc.) and the solidarity and community caring that exist in *"this rural setting where everyone knows each other and about each other."* The negative aspects include isolation, economic

problems, work shortages, the high numbers of welfare recipients, youth migration which affects the age pyramid (the population is decreasing and aging), alcohol and drug abuse, and violence.

Interest for health and social services available in rural areas is therefore of utmost importance. Women who live in remote regions suffer from geographic isolation that forces them to travel long distances: the problem becomes a pressing one when specialist services are required, either on an emergency or regular basis. There is a lack of specialized services. There are fewer physicians per person and fewer hospital spaces available than in the urban centres. The absence of gynecologists, pediatricians, services for children with disabilities and the elderly is often a source of concern for women. In some regions, no family planning information service is available (even less so for abortion). Very often, the only regional resources available are the CLSCs. Some people perceive their region to be disadvantaged from a medical viewpoint, particularly given the lack of physicians and their inaccessibility at certain times during the day and week. This situation is considered unacceptable, especially in emergency situations: *"You are at a disadvantage, medically speaking. If you are in a serious accident, the nearest doctor is 30 minutes away. You can't get immediate assistance. But as far as other resources, like the CLSCs, go, we are used to them, and try to go when they are open."* The fact that the CLSCs are closed in the evenings and on weekends contributes to a sense of insecurity and isolation, particularly in the elderly or mothers with young children.

In rural areas, there is a need for increased out-patient services and services that are adapted to the rural reality with respect to shelters for abused women. However, the

fact that it is so difficult in rural areas to maintain anonymity makes any call for help that much harder. Furthermore, in rural areas, the means for dealing with this problem are more scattered and fragile. The absence of shelters and transition houses, the lack of appropriate social services, and even occasional adverse weather conditions intensify the isolation by varying degrees and make it more difficult to cope with a situation that already requires a great deal of courage. The safe house solution seems to be gaining popularity in Canada, but it is important to remember that a rural safe house is rarely anonymous and therefore does not protect women from a determined spouse.

Living in a small community can sometimes be a source of incredible support, since the social networks are often more present in rural areas than in urban ones (everyone knows and helps each other). On the other hand, it can be an additional source of stress that stems, for example, from the shame or embarrassment from the marginality caused by a health condition or by a child who is “different”. On a social and political level, the naming of a status of women coordinator in Quebec’s *Ministère de l’Agriculture* in 1984, and the creation of a status of women office in 1986 also mark an important step toward the recognition of farm women in Quebec. The *Conseil du statut de la femme* suggests that the distribution of health and social services programs should be considered an important element in regionalization and decentralization plans, especially if accessibility of these services is to be guaranteed throughout the territory. The 1988 Rochon report highlights the regional disparities and notes that the decentralization of government activities provides momentum and breathes new life into the regions by fostering economic activity. Among other

things, the report recommends further decentralization and recognition of the community sector so that it can take over from a drained government system.

Community groups, including women’s groups, were very involved in the Rochon Commission consultations, and presented 37.5% of the briefs.

The recommendations of the Rochon Report were put down in a reform plan entitled *Pour améliorer la santé et le bien-être au Québec: orientations*, [Improving Health and Well-being in Quebec: Orientations] published in 1989 by then Health Minister Lavoie-Roux. This document supports decentralization of services through the creation of regional boards, calling on partnerships with community organizations, an enhanced role for CLSCs, and introducing restrictions to the universality principle.

Topic 2: Women’s Health

In 1993, the Quebec government’s *Secrétariat à la condition féminine* drafted a new status of women policy, a document that is first and foremost descriptive in nature (p. 72). In fact, it is a brief summary based on a compilation of data that show that Quebec women continue to be subject to numerous social and economic constraints. The new policy proposes four main policy directions in keeping with what the document previously identified as problem areas: 1) economic self-sufficiency (diversified educational choices, easier access to the labour market, etc.), 2) respect for women’s physical and psychological dignity (medication use, sexual and reproductive health), 3) eradicating violence against women and 4) recognition and valorization of their collective contribution to society (female entrepreneurship).

The *Plan d'action 1997-2000: santé, bien-être et conditions de vie des femmes* [Action Plan 1997-2000: Women's Health, Well-being and Living Conditions] details the actions to which Quebec's *Ministère de la Santé et des Services sociaux*—MSSS [department of health and social services] commits over these three years, and are organized into three main themes: the struggle against poverty and social inequalities (social economy, food security and recourse to perinatal services), health and well-being (network transformation, midwife services, smoking, adolescent girls' health, well-being and living conditions, other issues), and the struggle against violence. The other health and well-being issues include women's mental health and psychological distress, breast cancer, cervical cancer, family planning, assisted procreation, and HIV/AIDS. The above represent all of the major and crucial issues affecting women's health.

For example, with respect to the transformation of the

network, the document indicates that even if there is consensus to transform and adapt the system, make it more effective and in particular a closer reflection of people's needs and their living environment, this reorganization raises many questions and concerns within the population. In a restrictive budget environment that affects all government functions at the very time this transformation is taking place, Quebec women wonder about the ramifications of the move toward ambulatory care. They fear they will have to bear the burden as workers, users or people

living in close proximity with someone ill (pp. 39-40).

The third part of this plan is devoted to the role of women in regional development. It emphasizes in particular addressing women's interests and realities locally and regionally (p. 89). Despite significant enhancements to their living conditions, Quebec women still have social, economic and cultural experiences that are different from those of men. In fact, on average they live longer than men, but with more disabilities; they are more often part of the disadvantaged class; they have less favourable working conditions; they continue to assume, despite their increased professional obligations, the larger share of family responsibilities and care. Local and regional structures are in the best position to determine, with women's groups, the interests and realities of women in each

This document supports decentralization of services through the creation of regional boards, calling on partnerships with community organizations...

of the Quebec regions, and to come up with appropriate solutions for that population.

The following references may be helpful in getting an accurate

picture of the global issues of women and health:

Colloque régional sur la santé des femmes. (1996). *Virage ambulatoire "Santé-vous concernées!"*, Proceedings of the regional women's health conference in Lévis on October 4, 1996. [on the ambulatory shift]

Bélanger, H, Charbonneau, L. (1994). *La santé des femmes*. Maloine, Fédération des médecins omnipraticiens du Québec [Quebec federation of general practitioners], Édisem inc, 1142 p. [on women's health]

Guyon, L. (1990). *Quand les femmes parlent de leur santé*, Québec: Les Publications du Québec, 185 p. [women on women's health]

Guyon, L. (1996). *Derrière les apparences—Santé et conditions de vie des femmes*, Québec: Les Publications du Québec, 384 p. [women's health and living conditions]

Topic 3: Rural Women's Health

The health profile of women living in rural areas is often less positive than that of women living in the interior regions or near the larger urban centres. When we talk of rural women, we are not talking about a single group; rather this includes girls, elderly women, single-parent mothers, informal caregivers, women's groups, farm women, female entrepreneurs, immigrant women, Aboriginal women, etc. First, information on the reality of **Aboriginal** women in remote regions is glaringly deficient. It is therefore important to have a better understanding of the economic and social needs of Aboriginal women in rural areas, residents of the various Aboriginal communities or living off the reserve. There is also very little documentation on the situation of **immigrant women**, who require a mental health approach that is considerate of cultural references and the context of their particular ethnic background.

The case of **girls, elderly women** and **single-parent mothers** is often mentioned in terms of statistics related to pregnancy and education, isolation and poverty, daycare shortages, and unemployment. First, rural teen pregnancy rates are often higher than in the urban centres. Female students, much more than the males, are concentrated in a few areas of education. These options lead to traditionally female jobs that sometimes have little to do with regional strategic

directions, which exposes them to unemployment or prompts them to migrate out of the region. Second, the rural elderly, especially women, find it particularly hard to get around. The absence of public transportation, and the fact that fewer women have a vehicle or even a driver's licence for cultural and economic reasons, make day-to-day mobility more onerous. There are more women in the 75 and over age group; they tend to live alone and in poverty; and are in poorer health. Third, women are more often the heads of single-parent families, and in most of the regions there is a shortage of daycare spaces. The daycare services in place must reflect the demand from various areas of the territory, and ensure that these services meet the needs related to the different work and study schedules of teenage mothers, single-parent mothers, and farm women.

In the context of the shift to ambulatory care, it becomes important to raise the issue of the role of **informal caregivers**—women who too often have to offset the devolving of government responsibility by assuming care for an ailing spouse or relative. Not only has the shift to ambulatory care increased the burden of responsibilities for women, but the transformation of mental health services has affected access to the services of which they are frequent users. In regional areas where the population is sometimes isolated, it is important to identify professional acts, which must not be entrusted to informal caregivers, and respect the extent to which people are able to take over public services. For informal caregivers, there are significant upheavals brought on by caring for someone else. Often, this changes the relationships in a couple or family. In some situations involving obvious overload and burn-out, these women have a negative perception about their health. Woman caregivers who

live with their care recipients have a less favourable perception of their own health, are more likely to use tranquilizers, and suffer more constraints on their social lives than those who are not caregivers.

Caregivers have an increased burden of tasks that requires reorganizing of schedules, changes in employment or the forced withdrawal from the labour market; strains on marital and family life; less vacation time and respite, stress and burnout, etc.

At the end of the 1980s, the directory of **women's groups**, put out by the Quebec *Conseil du statut de la femme*, identified 815 women's organizations in Quebec, not counting the 870 local *Cercles de fermières du Québec* and the 600 circles of the *Association féminine d'éducation et d'action sociale (AFEAS)*. In the Saguenay-Lac-St-Jean region alone, there are 150 organizations with ties of varying degrees to the women's movement. We know that these women's groups are very involved on a regional level, particularly with respect to occupational health, violence against women, perinatal services, and training that leads to enhanced recognition and status. Violence against women continues to be a priority that seeks fostering of a broader understanding and more effec-

tive action with respect to women's health and in the struggle against this violence.

Twice as many women as men are underweight; they are dealing with more than one health problem; more have consulted a health care professionals; they take more medication and are affected more by affective and anxiety disorders and depression than men. The main issues of rural violence against women include a lack of accessible services (shelters, transition houses, etc) and anonymity.

Farm work has its own class of health disorders and problems. Maintaining quality of life in this environment is closely linked to health promotion. First, in exchange for these investments (long work hours, multitasking, etc.), **farm women** receive little financial compensation and few have property rights. Many women can identify what they want: better working conditions, increased financial security and self-sufficiency, the possibility of making choices and having an impact on the future of farming, and training.

In Quebec, women's work is especially linked to work in the fields, animal care, milking the cows, and livestock



management. Duties related to secretarial and management work should also be included. The scope of these activities demonstrates women's high level of involvement in the farm business, as do the many hours put in working on the farm. In Canada, a 40-hour work week is considered to be full-time employment. But in farming, the work week is much longer: the average for women is 73 1/2 hours: 43 1/2 hours of household duties plus 30 hours of farm work. What is more, many farm women have off-farm employment to make ends meet.

As a general rule, farm women lack recognition: they become farm women by getting married and the husband remains the landowner. Some matrimonial regimes, particularly separation as to property, lead to an unfair distribution of property.

However, in 1982, 42% of couples chose the separation as to property regime. For farm women, the situation is even more abysmal, since 56.8% of the respondents ages 20 to 24 in 1981 were married under the separation as to property regime.

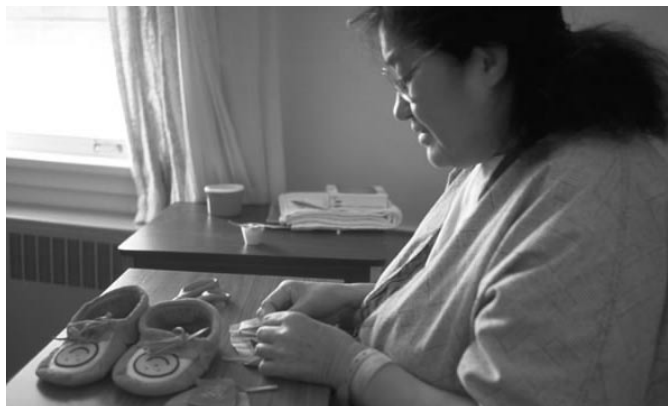
Like their husbands, farm women sometimes experience adverse health effects further to the use of insecticides and various chemical products: birth defects, miscarriages, stillborn or premature babies, irregular menstrual period, other production types are rapidly absorbed and carried by the bloodstream and sometimes attack the nervous system, allergies, respiratory problems (particularly "farmer's lung" caused by inhaling mouldy spores released when handling hay or wet grain), back pain and hearing loss (due to operating farm equipment).



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Endnotes

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- 1 French terms used in initial search: femme, fille, santé, rural, campagne, isolé, milieu rural, ruralité.
 - 2 French terms used in subsequent search: agriculture, agricole, mine, ferme, forêt, pêche.
 - 3 [Translator's note]: The topic titles listed here are based on the actual topic headings used later in the document (see pages 25-29 herein). There is some discrepancy in the wording of the original French.
 - 4 [Translator's note]: Available in French only. Suggested English: Living conditions of women and local and regional development in the Outaouais region of Quebec. Women and regional development collection.
 - 5 [Translator's note]: Available in French only. Suggested English: Living conditions of women and local and regional development in the Abitibi-Témiscamingue region of Quebec. Women and regional development collection.
 - 6 [Translator's note]: Available in French only. Suggested English: Living conditions of women and local and regional development in the Chaudière-Appalaches region of Quebec. Women and regional development collection.
 - 7 [Translator's note]: Available in French only. Suggested English: Living conditions of women and local and regional development in the Bas-Saint-Laurent region of Quebec. Women and regional development collection.
 - 8 [Translator's note]: Available in French only. Suggested English: Living conditions of women and local and regional development in the Gaspésie and Îles-de-la-Madeleine region of Quebec. Women and regional development collection.
 - 9 [Translator's note]: Available in French only. Suggested English: Living conditions of women and local and regional development in the Lanaudière region of Quebec. Women and regional development collection.
 - 10 [Translator's note]: Available in French only. Suggested English: Viewpoints of opinion leaders on mental illness and social reintegration in rural areas.
 - 11 [Translator's note]: Available in French only. Suggested English: Women and care. The experience of women informal caregivers in the Saguenay region.
 - 12 [Translator's note]: Available in French only. Suggested English: Women who care for semi-autonomous persons: women's' health and the challenge of family and social solidarity.
 - 13 [Translator's note]: Available in French only. Suggested English: Fragile solidarities: Women who care for semi-autonomous persons. [...] Society project and Christian readings.
 - 14 [Translator's note]: Available in French only. Suggested English: The abortion issue in Quebec.
 - 15 [Translator's note]: Article available in French only. Suggested English: Farm women's needs and resources.
 - 16 [Translator's note]: Article available in French only. Suggested English: Getting ready to grow: Women's organizations and development in the Saguenay-Lac-St-Jean region. [...] The path to equality: issues relating to gender, social relations and international development.

- 17 [Translator's note]: Article available in French only. Suggested English: Quebec farm women since 1981.[...] Women and rural life in Quebec and the Aquitaine region.
- 18 [Translator's note]: Article available in French only. Suggested English: Origins and development of farm women's circles in Quebec and women's groups in Gironde [...].
- 19 [Translator's note]: Article available in French only. Suggested English: Farm women: work deserving of legal and economic recognition.
- 20 [Translator's note]: Article available in French only. Suggested English: Women's groups in the Quebec region and the establishment of the regional health and social services board.
- 21 CQRS = Conseil québécois de la recherche sociale [Quebec council of social research]
- 22 [Translator's note]: Article available in French only. Suggested English: Farm women: professional partners. Quebec farm women services branch.
- 23 [Translator's note]: Article available in French only. Suggested English: Three-year action plan.
- 24 [Translator's note]: Most of these titles exist only in French. Suggested renderings in English have been made in footnotes throughout the body of this document.

