

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

A Literature Review and Thematic Bibliography

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Barbara Parker and Christine Dallaire, PhD¹**

February 2003

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Authors' Note: This document expands on two previous ones, an October 2002 English-language literature review compiled by P. Wakewich and B. Parker entitled *Rural and Remote Women's Health in Canada: A Literature Review and Research Inventory*³ and a French-language literature review by C. Dallaire, *Femme, Santé et Milieu Rural au Canada: Bibliographie commentée des écrits de langue française*⁴ (August 2002).



A Literature Review and Thematic Bibliography

Background

The Centres of Excellence for Women's Health (CEWH) are collaborating with the Women's Health Bureau of Health Canada to develop a Policy Framework and Research Agenda on Rural and Remote Women's Health, in order to complement and inform research directions for the Women's Health Contribution Program, the Centres of Excellence and their cross-centre initiatives, as well as research granting agencies such as the CIHR⁵. This literature review is the first of four phases of that project⁶. Regional focus groups have also been conducted in order allow key researchers, service providers and other women in rural and remote communities to highlight issues from their direct experience.

The literature review and focus group report will form the basis of a workshop manual to be used at a National Consultation scheduled for March 17-19 in Saskatoon, Saskatchewan, out of which will come the Policy Framework and Research Agenda. [held, March 2003]

This document begins with an explanation of the scope of the review, and a selected list of useful Canadian references on rural women's health. This is followed by a thematic summary of all of the literature located for this review and an analysis of that literature. The analysis takes into consideration the scope and sufficiency of the research, its accessibility, its choice of questions and its methodology. Gaps in the

current body of research are highlighted. Key messages relating to the effects of

rurality on women's health and research and policy directions are then summarized.

Scope of the Review

This document contains a *review of recent Canadian literature relating to the health of women in rural, remote and Northern areas*.⁷

The review is therefore limited to literature that discusses all three of the core interests, “health”, “women” and “rural”. Some exceptions have been made as follows:

- where two of the three core interests are thoroughly addressed and the third is implicit in the material. For example, within the theme entitled “Women’s Health (Rural Implicit)”, issues that have a clear rural relevance are addressed, such as access to women’s shelters or the insecurity of women’s work, despite rurality not being discussed explicitly;
- where rurality is not explicitly analyzed but the research has deliberately included rural participants, or has been conducted in an area that serves a predominantly rural population, such as Prince George, British Columbia or St. John’s, Newfoundland;
- where Aboriginal women’s health is addressed, without being explicit about whether those Aboriginal women are living in a rural context or not.

Despite being limited by the three core interests, those three terms were defined as broadly as was reasonably possible in the search strategies employed. (See Appendix E1 for full details of how the literature searches were conducted). For example, “health” is understood in terms of all of its social and biological determinants, so keywords such as ‘housing’, ‘well-being’ and ‘literacy’ were also searched. Similarly, “women” included searches of terms such as ‘gender’, ‘adolescent’ and ‘mother.’ “Rural” included such terms as ‘farm’, ‘northern’, ‘remote’ and ‘countryside’.⁸

This review reflects and values the existence of knowledge in many sectors by encompassing peer-reviewed academic publications in biomedical and social sciences, government documents, working papers, community-based research, conference presentations and any other relevant materials available. It therefore attempts to provide a balance often missing when only peer-reviewed materials are considered.

Although this document has been written in English, literature in both French and English has been incorporated in the review.⁹

Introduction to the Literature on Canadian Rural Women’s Health

Prior to beginning a thematic review of the full body of relevant literature, this section provides a suggested reading list of sources that offer a particularly useful and/or thorough treatment of general issues relating to rural women’s health in Canada. Although

not quite a “Top Ten List”, these articles provide a helpful introduction to the field for those looking for an overview of key issues. More specifically, they describe the determinants of health most relevant to women living in rural, remote and Northern environments.

- Dion Stout, M., Kipling, G., and Stout, R. (2001, May). *Aboriginal Women's Health Research: Synthesis Report*, Centres of Excellence for Women's Health. ISBN 0-9689285-0-1.
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Thematic Summary of the Literature

In this section, the Canadian literature on rural women's health is clustered into thematic groupings, organized alphabetically by topic. Analysis of the overall adequacy of the literature, the approaches to research reflected within it and its key messages are provided on page E40 in the section "Analysis of the Literature".

Aboriginal Women and Cancer

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- Roos, L., Traverse, D., and Turner, D. (1999, June). Delivering Prevention: The role of public programs in delivering care to high risk populations, *Medical Care*, 37(6 - Supplement).
- Woods, S. (2001, October 18-21). *Cervical Cancer Screening in Northern Saskatchewan First Nations*, presented at the Health Research in Rural and Remote Canada: Taking the Next Steps Conference, Saskatoon, Saskatchewan.
- Young, K. T., Kliwer, E., Blanchard, J., and Mayer, T. (2000). Monitoring Disease Burden and Preventative Behaviour with Data Linkage: Cervical Cancer among Aboriginal People in Manitoba, Canada, *American Journal of Public Health*, 90(9), pp. 1466-1468.

Aboriginal Women and Culture

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Aboriginal Women and Mental Health and Healing

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Aboriginal Women and Sexual Abuse and Violence

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Analysis of the Literature

In this section, the strengths and weaknesses of the current Canadian literature on rural women's health will be discussed, in terms of the amount of material, the extent to

which it is readily available, and how it has been conducted. Key messages, debates and contradictions are summarized, and gaps in the literature are highlighted.

Scope and Sufficiency of the Literature

Consistent with the findings of Kimberley Gandy's 2001 study in rural Nova Scotia, rural women have largely been marginalized and invisible in the literature. Reasons for this include the frequent absence of gender analysis in health research, aggregation of rural and urban responses, and/or the exclusion of rural perspectives altogether.

Although the length of the thematic bibliography demonstrates that a considerable amount of work on the various facets of rural women's health in Canada has occurred, overall, the research is actually quite limited. Some themes relating to rural women's health in Canada have been researched more thoroughly than others, but even in the areas that have been relatively well addressed, much work remains to be done. The existence of several papers on a topic does not constitute a substantial literature. In many cases, existing research is limited to proposals, investigations in progress, or studies with very small sample sizes. Conclusions must therefore be considered preliminary and treated with some caution.

There is nevertheless a growing amount of research in the following areas:

- **Aboriginal women's health**
This category includes a number of well-researched topics, including diabetes; nutrition; cancer screening; violence, sexual abuse and substance abuse; mental health; childbirth and the importance of

cultural sensitivity in Aboriginal health research. This literature appears to be significantly stronger in English than in French.¹⁰ It does not always explicitly address the extent to which the Aboriginal women studied are living in rural or urban areas.

- **Abuse**

There is a growing literature on the unique challenges of abused women in rural communities, including the lack of anonymity, distance to services and scarcity of safe places for women experiencing violence. There are also several studies on addiction and substance abuse within rural populations.

- **Cancer**

Rates and promotion of breast and cervical cancer screening and experiences of dealing with breast cancer are well represented in the English literature, for Aboriginal and non-Aboriginal women. Other types of cancer are not explicitly addressed.

- **Caregiving**

Generally, research pays scant attention to home-based caregivers, yet this review includes several studies, in both French and English, which address the challenges, coping strategies and support needs of rural informal caregivers. Two reports explore the effects of health care reform on caregivers. Most English-

language research in this field has been commissioned by the Centres of Excellence for Women's Health across Canada.

- **Challenges of rural health care provision**

Although not always dealing explicitly with rural women's health, the relevant literature in this area addresses the difficulties in providing and accessing adequate health care in rural communities, particularly in the context of current health care reform. As the primary users of health care, scarcity of services affects women disproportionately. The scope of this review does not include all of the literature on recruitment and retention of rural health care professionals, but even in the rural women's health field, those topics are salient, particularly in terms of physicians and nurses.

The emphasis within this theme are on the perspectives of health care providers and on issues relating to accessibility of services. Although there is a growing trend toward letting women's voices shape research agendas, 'lay' perspectives are scarce in the research on formal health care provision in a rural context. Exceptions are studies on the importance of having female physicians in rural places (Ahmad et al., 2001 and Johnston 1998), and an investigation of women's perspectives on rural maternity care provision (Sutherns 2001).

- **Health care reform**

There are several recent studies on the process and the implications of health system reform on the lives of rural women in Canada, most of which have been commissioned by the Centres of Excellence for Women's Health. They

highlight the costs of reforms, particularly downloading and privatization, on rural women in various provinces, as well as the need to include rural women in decision-making structures.

- **Mental health**

Mental health concerns of rural women (Anglophone and Francophone, Aboriginal and non-Aboriginal) are well reflected in this literature, particularly when studies pertaining to violence are included. Specific areas of emphasis include the impacts of geographic and social isolation and employment insecurity on mental health, high incidences of stress and depression, and the need for more rural mental health services.

- **Occupational health**

Most of the Canadian occupational health and safety literature has concentrated on urban, industrial work environments and on the service sector. There is a growing literature on women's occupational health in Canada (see for example K. Messing (1998) *One-Eyed Science*, Temple University Press) and on women in non-traditional occupations. Within the rural women's health literature, the health concerns of farm women, particularly in terms of economic vulnerability and stress, are well represented, especially in French. There are also several studies that address women in the fishing industry. No studies were located that address women's health in other rural occupations such as mining and forestry, nor is there any literature on rural women in occupations not considered 'rural' themselves. There are some limited discussions, usually embedded within reports on other topics, of the adverse health effects of role strain experienced by rural women when juggling multiple responsibilities.

- **Older women**

Taken together, the number of studies on midlife women, aging and the elderly constitute a significant amount of rural health research. This is all the more striking when placed alongside the virtual absence of research on rural children and adolescents. Specific topics include breast cancer screening, caregiving, housing and the impacts of health reforms.

- **Reproductive health**

Reproductive health, including preg-

nancy, childbirth, obstetric care, midwifery and breastfeeding, is the theme containing the largest number of studies in this review. The challenges of rural obstetric care provision, particularly from the perspectives of physicians, are especially well documented in the Canadian Journal of Rural Medicine. Health experiences of younger women who do not have children are not addressed in current literature.

Accessibility of the Literature

As Colleen Fuller has pointed out, “If women hope to exert influence on the direction of health system reform—whether that influence is exerted at a governance,

provider or patient

level—we will need not

only information, but

guaranteed access to the data” (1999, p. 35).

Gathering the sources for this literature review has revealed strengths and weaknesses in terms of the accessibility of the data on rural women’s health in Canada. There is clearly work to be done in making the research more accessible

to a wider variety of audiences, particularly rural women themselves.

Accessibility of information requires finding out about information that exists, obtaining it, and being able to understand and use it.

In terms of being aware of what data exists, there are websites, clearinghouses and databases that endeavour to link people with Canadian information. Although none is

devoted to rural women’s health, many offer materials in related fields. Examples of such resources include the Canadian Women’s Health Network, the Centres of Excellence

for Women’s Health, the Ontario Women’s Health Network and other

provincial networks, and electronic journal indices such as Medline or the

Canadian Journal of Rural Medicine. One

strength of such varied resources is that they raise awareness of various types of information, from peer-reviewed academic studies to community reports to public lectures.

They cannot be exhaustive, however, and currently there is no single, clearly identified point of access to rural women’s health information, which inhibits both users and those seeking to disseminate information.

In terms of obtaining the information available, additional barriers exist. Electronic access may not be available, particularly for women in rural areas without Internet

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service provision. Not all relevant resources are available electronically for free, and the cost of obtaining them can be prohibitive. Many electronic databases even require a subscription, which is costly unless a user is affiliated with a post-secondary educational facility. In other cases, particularly with community-based reports, speeches or conference presentations, the means of contacting the authors is unclear. One exception to this may be government reports, which are usually available free of charge. Much of the French-language literature, for example, on rural women's health

has been produced or commissioned by the Quebec government and is therefore more readily available.

Finally, information is only accessible if it is easy to use. Too often, academic reports that are indexed and relatively readily available are not written in a style that allows for their insights to be easily understood and applied. Community-based reports, often written in a more widely accessible style, are harder to locate. They are also frequently based on smaller sample sizes or less rigorous methodology, making wide implementation of their conclusions more problematic.

Methodology

This section will review the methodologies within the Canadian literature on rural women's health in terms of who is conducting the research, how it has been being done, and the formats in which the results have been communicated. Answers to these questions not only give a fuller picture of the literature, but they also have a direct effect on the questions asked and the nature of the results generated.

The literature in this review comes largely out of the social science tradition.

Biomedical literature was included in the search, but very little relating explicitly to the health of rural women was located. Exceptions are studies addressing prevalence rates of particular medical conditions and procedures among rural populations, such as studies on diabetes, sexually transmitted diseases or cancer among Aboriginal Canadians (see Daniel and Gamble 1995; Harris 1997; Healey et al. 2001; Hegele et al. 2000a and 2000b; Hodgins et al. 2002), Brain's 1997 study on hysterectomy rates in Thunder Bay, or Sugamori's 1994 epidemiological study of pregnancy outcomes in

Sioux Lookout. Banks' 2001 report on Northern communities coping with Hepatitis C is an example of a sociological approach being taken to a biomedical issue.

In the English-language literature, many of the studies most directly related to rural women's health issues have come out of the Centres of Excellence for Women's Health, which have a demonstrated commitment to reaching marginalized women through applied research. (See Appendix B for a list of the reports relating to rural women's health commissioned or produced by the Centres of Excellence for Women's Health).

Unfortunately, the same cannot be said for literature in French, insofar as this review did not locate any research directly relevant to the concerns of rural women produced out of the Quebec-based Centre of Excellence. The majority of French-language studies have been produced or commissioned by the Quebec government.

Another significant source of rural women's health information is the *Canadian Journal of Rural Medicine*. Published by the Canadian

Medical Association, this journal provides physicians' perspectives on rural health care provision.

In terms of research methods, the vast majority of the reports in this review stem from 'one-off' studies that use interviews, focus groups and small surveys to collect data from a limited number of participants. The exceptions to this would be a longitudinal study (see Gillis and Perry 1991) or those relying on large datasets (see Manual et al. 2000; Parikha et al. 1996; Phimister et al. 2002, Sweet et al. 1997). This emphasis on small-scale, qualitative research allows the voices of women to be clearly heard and the details of their lives to be communicated (see for example Donner 2000; Macdougall 1992; Merritt-Gray and Wuest 1995; Roberts and Falk 2002; van Roosmalen 1998; Sutherns 2001; Willms 1992). This occurs, however, at the expense of generalizability. This tension is reflected in feminist research more broadly, in which methods have frequently been chosen in part in reaction against the dominant paradigm of positivist scientific research. Doing so yields results that are rich in texture, but often seen as less compelling because of the small sample size. Many of the studies are what Wakewich and Parker (2002) have described as "single-issue or problem-based, [in which] women's health is not studied in the fuller context of women's lives." Examples would include research on specific health concerns such as violence or diabetes or HIV/AIDS. Yet embedded within such single-issue studies, attention is frequently paid to the ramifications of that issue on other parts of women's lives. Moreover, this problem focus is being

gradually counteracted by research that is designed to allow women to tell their own stories of their own health, through which the interconnections between the various social determinants of health are made explicit.

Similarly, although many of the relevant studies focus on specific stages of a woman's life, studies that adopt a life course approach to health are limited. For example, analyses of health problems at a particular phase of life do not assess how those problems may affect or be affected by other phases.

As for the formats chosen to communicate research results, most of the studies in this review have been published in peer-reviewed academic journals. Others, such as those commissioned by the Centres of Excellence for Women's Health, exist as reports and working papers. The same is true for studies distributed by community groups (see for example Davis 1982; Ontario Native Women's Association 1989; Quebec Native Women 1993; Purdon 2002). Still others have been published in magazines such as the Canadian Women's Health Network publication called *The Network* (see Benoit and Carroll 2001; Dion Stout, Kipling and Stout 2002; Hannis 2002; Pauktuutit Inuit Women's Association of Canada 2002; Poole 2001), while others are conference presentations, dissertations and speeches. There are also several research proposals (see Amaratunga 2000; Browne 1998; DesMeules 2001; McClure et al. 1997; Mitchell 1997; Wakewich 2002). See Section 5.2 for a brief discussion of the accessibility of these various formats.

Key Messages

Having assessed the scope, accessibility and approaches of the literature on rural women's health in Canada, attention will now turn to the content of that literature. This section offers a synthesis of what is known in this field, based on the Canadian literature that addresses rurality explicitly. It is followed by sections on tensions and gaps in the literature.

The literature on rural women's health in Canada exists at the intersection of research on rural health and women's health. From this literature, it is clear that living rurally and being a woman both affect health in a number of interrelated ways. Place is more than geographic and gender is more than biological—both are social concepts, and both matter to health.

Rurality is an important determinant of women's health. Its implications should be taken into account in any detailed analysis of women's health experiences and in policy development. Those implications may be positive or negative, or both simultaneously. In the literature, rurality is depicted as primarily a negative determinant of women's health. Seven specific ways in which women's health is affected by rurality are outlined here:

a) **Limited health care services**—The scarcity and geographic dispersion of rural health care services limit access to appropriate health care (see for example Hutten-Czapski 2002). Such overall scarcity affects women disproportionately as the main users of health care services and as the ones traditionally responsible for maintaining life at home if a family member needs to travel elsewhere for care. Women generally prefer to see female health care providers (Johnston

1998), and gender has been shown to play a role in sex-sensitive examinations such as breast and cervical cancer screening (Ahmad 2001), yet in rural contexts the choice of a female physician is rarely available. Services specifically benefiting women are also scarce, including shelters against violence and gynecological cancer screening and treatment.

Poor access to health services can directly affect health services utilization rates, quality of life and morbidity (see Gucciardi and Biernie-Lefcovithc 2002; Morton and Loos 1998). For example, Crump's 2001 article describes the difficulty family physicians experience in getting their rural patients to see specialists, largely due to the inconveniences of getting there. Gillis 2001 discusses how lack of access to facilities inhibits rural residents' physical activity. Breast and cervical cancer screening rates are lower in rural areas due to poor accessibility of services, and cervical cancer rates are higher, likely due to a lack of early detection (Bryant 1992; Clarke 1998; Deschamps et al. 1992; Hislop 1997; Maxwell et al. 1997; Woods 2001; Young et al. 2000). Deleeuw (1998) links higher rates of sexually transmitted diseases and teenage pregnancies to the inadequacy, poor availability, and poor accessibility of health services in rural and remote communities. Women frequently report lower satisfaction with their birth experiences when required to leave their communities to have their babies (see Webber 1993).

All of this points to the importance of health services being available as close to home as possible. In rural areas, that

means investing in mobile outreach programs (see for example Wilson et al. 1995). For instance, one interesting study, reported by Church et al. in 2000, has explored the use of audio teleconferencing to provide social support to women with breast cancer in the rural Maritimes.

- b) **Limited health information**—The lack of physicians in rural Canada means that women lack access not only to primary health care, but also to health information, since physicians are a key source of such information for Canadian women (Klassen 1996; Sutherns 2001). The same is true in other areas as well; when services such as midwifery, physiotherapy, anti-violence counselling or Alzheimer's support are unavailable, the scarcity affects more than the direct provision of care. It also limits women's access to information. (See for example Bowd and Loos 1996; Bruhm 1998; Forsdick Martz 2001; Martz and Saurerer 2000).

As with a lack of direct clinical care, a lack of information can lead to higher incidence of disease. For example, the high prevalence of diabetes among Aboriginal women is linked in part with a lack of information on prevention (Harris 1997; Hegele et al. 2000).

The Internet is an increasingly important source of health information. There is no literature specifically addressing women's use of the Internet to access health information in rural areas, but Internet technology is not available to all rural, remote or Northern communities across the country.

- c) **Limited community services and infrastructure**—For rural women, a lack of year-round access to nutritious food, affordable transportation and housing, safe roads, job opportunities, support groups and child care services affects their health at least as much as a lack of physicians. These emerge as important issues within the literature, despite not having a specific body of research devoted to them. (See for example Everitt 1996; Graveline 1990; Gillis 1991; Haas 2002; Hornosty 1995; Kubik and Moore 2001; Meadows et al. 2001; Steele 2002; Sutherns 2001). It is therefore important to look beyond the explicit titles of the studies to the recurring themes that tie the

various topics together. The literature points clearly to the importance of non-medical social determinants such as financial insecurity, role strain and social support in shaping women's health experiences.

- d) **Lack of anonymity**—Rural places are small, so people tend to know one another through face-to-face relationships. The phenomenon of

'being known' in a small place can affect health positively, in terms of social support, and negatively, in terms of a reluctance to admit need or access services. Both sides particularly affect women, as the primary users of health care services and to the extent that they are at the heart of maintaining social relationships.

The darker side of being known is discussed most frequently in the literature on violence (Hornosty 1995; MacLeod 1989; Struthers 1994) and abortion (Eggertson 2001). Maintaining confidentiality, keeping up appearances, and

In small communities, privacy is especially difficult to maintain.

avoiding stigma are important motivators that affect anyone's willingness to access health care services. In small communities, privacy is especially difficult to maintain.

- e) **Occupational health effects**—Although the relevant literature is largely limited to farming and fisheries, rural occupations can present health benefits and risks to rural women. Exposure to nature and working outdoors are documented as positive working conditions, but these are offset by economic insecurity, separation from family, long hours, exposure to environmental toxins, workplace accidents and other occupational hazards of rural work.¹¹
- f) **Demand for culturally sensitive health care**—The rural women's health literature in Canada, in contrast to that coming out of the United States, does not often speak explicitly of a "rural culture." It does,

however, call for health services to be customized to suit the cultural context in which they are being delivered, particularly within the literature on Aboriginal women's health (see Benoit 2001; Black and Cuthbert Brandt 1999; Browne 2001; Browne et al. 1997; Farkas 1996; Hannis 2001/2002; Herbert 1997). Similar calls for greater sensitivity to diversity in rural contexts are found in the articles on lesbian health.

- g) **Invisibility**—Another recurring theme in the literature is the invisibility of rural women's health concerns, reflected in the scarcity of research and in the findings of existing studies. Rural women's interests are marginalized in health policy decision-making, largely because rural women themselves are rarely part of that process. (See for example Gandy 2001; Gerrard 2001; Graveline 1990; Heaman 2001; Kenchnie and Reitsma-Street 1996; Lellava 2000; Reutter 2000).

Tensions within the Literature

Although the research on rural women's health in Canada does include some clear messages about the importance of rurality's influence on health, it also contains numerous debates and contradictions. Further empirical research is needed to move forward in some of the areas described below:

- a) **What is rurality and does it matter?**—Despite the word 'rural' appearing in the title of articles, it often disappears in the analysis. Rural participants may have been included in a data set, but their responses are rarely disaggregated and analyzed separately. The significance of rurality, or lack of it, is left unaddressed. In many cases, rurality is not defined at

all. When definitions are offered, they are often inconsistent or inadequate, making comparability of results problematic.

- b) **Rurality matters, but how much?**—In many areas, as outlined above, living rurally interacts with other determinants of health to shape health experiences quite directly. In other cases, where it is analyzed at all, there may be no differences between rural and urban populations. (See for example Parikha et al. 1996 for a study on rural and urban mood disorder prevalence). Where differences do exist, rurality can act positively and negatively, often in contradictory ways, to affect health.

This tension is exacerbated by the lack of longitudinal and/or large-scale research projects which would increase confidence in the results of the existing research into rural women's health.

c) **Rural or rurals?–**

In stressing the importance of using a rural lens in women's health research, one risks implying that there is a single experience of rurality that affects every woman's health in similar and predictable ways. While the literature calls for rurality's influence to be recognized, that must occur alongside recognition of the enormous diversity within rural communities and among rural people. Rural experience in Nunavut will not be the same as that in Newfoundland. In both cases, rurality matters, but the specifics of how that occurs must emerge through analysis grounded in women's experiences in each place.

d) **Is there a rural culture?–**A similar tension emerges when rural places are generalized in the literature in terms of their culture. Characteristics such as self-reliance and conservatism likely play important roles in affecting women's health experiences and should not be ignored, yet applying those characteristics to all rural communities is problematic. In the Canadian literature, this tension has resulted in an overall reluctance to address culture, or in a tendency to do so based on poorly supported arguments.

e) **Is there a rural women's culture?–**Just as rural communities are described in

particular ways that tend to mask the diversity within them, so too are rural women. While there is some truth to the

description of rural women as traditional in their roles, there is little analysis of the structural constraints shaping those roles, or of the myriad ways in which women move beyond gender stereotypes.

f) **Are rural women healthier?–**The

amount of research data on rural women's health status is very limited. The research that does exist paints a contradictory picture of whether living rurally affects health outcomes positively or negatively.

g) **Invisible but not anonymous?–**The literature describes rural women as being largely invisible and many of their individual experiences include reports of being socially isolated, yet at a community level they complain of never being anonymous. This lack of privacy alongside a lack of attention in rural places has been described by Coakes and Kelly this way: "As a way of coping with being too close, individuals create emotional distance, in turn exacerbating any feelings of isolation. In effect, individuals are simultaneously too close and too distant."¹²

h) **What is reasonable to expect?–**Satisfaction with health care quality is directly related to expectations of that care. Implicit in the literature are tensions around what level of access to health care it is reasonable for people in rural, remote and Northern communities to expect. On one hand, there are those who would

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that care.*

suggest that deciding to live rurally is a decision to forego immediate access to health care; therefore rural residents should not expect similar health care access to urban dwellers. Yet The Canada Health Act guarantees accessible health

care to all citizens. On the other hand, the literature also suggests that rural residents have surprisingly low expectations of their health care, and are therefore not dissatisfied with care that might be deemed by others to be unsatisfactory.

Gaps in Current Research

Based on the foregoing analysis, the following gaps in the current English and French Canadian literature on rural women's health are evident:

- a) Most **health research tends to ignore women, or rural realities, or both**. As a result, the amount of research addressing the specific health concerns of rural women is limited.
- b) Where it is addressed in the literature, **rurality is either not defined or it is defined inconsistently**. The terms “rural”, “remote” and “northern” are used to mean different things. This lack of clarity of terminology jeopardizes the comparability of research studies, necessary for the building of a substantial body of literature.
- c) Rurality is frequently treated as a homogeneous, straightforward, usually negative influence on health. There is a **lack of attention to the diversity inherent in rurality, and an undervaluing of the specific positive and negatives influences of place on health**.
- d) There is a **considerable lack of statistical and/or epidemiological data on rural women's health in Canada, as well as longitudinal data**. Larger data sets may have included rural women in their sample, but extracting those data while still retaining their meaning is problematic. Smaller, short-term studies make comparability and generalizability difficult, which may be seen by some decision makers as compromising the validity of the research results.
- e) The **cumulative impact of and interplay between various social determinants of health remains under-represented** in current research. Single-issue studies, those which fragment the female body, or that fail to embed women's health experiences in the fuller context of their lives do not reflect the ways in which women perceive and experience their health. More specifically, there is a virtual absence of research on environmental determinants of women's health.
- f) Some **specific populations are under-represented in current research**. These include Inuit and Métis women, immigrant women, rural children and adolescents; health professionals beyond physicians and nurses; women from the Territories and Prince Edward Island, coastal women, and Francophone women living outside of Quebec. Similarly, there is an absence of rural occupational health literature beyond farming and fishing.
- g) There is a **failure to consider the importance of cultural values in shaping ideas and experiences of health**. Although culture is usually taken into consideration in reference to

Aboriginal or immigrant populations, distinctive cultures of ‘white’ rural, remote and Northern populations are rarely acknowledged. There is little Canadian research into how cultural values such as stoicism, self-sufficiency and independence, for instance, influence rural

women’s willingness to acknowledge stress or to accept assistance (Wakewich and Parker, 2002). Analyzing rural culture can and should be done in ways that do not homogenize the diversity within rural populations and rural experiences.

Research and Policy Directions

The literature on Canadian rural women’s health, as well as the gaps therein, contain numerous suggestions for researchers and policy makers, as summarized below:

1. **Use a gender lens**—A focus on rural health is not enough to ensure that the needs of rural women are adequately addressed. Research and policy must engage in gender analysis.
2. **Use a rural lens**—As demonstrated in the previous section, rurality matters to women’s health, so its influence should be taken into consideration, explicitly and deliberately.
3. **There is more than one ‘rural’**—When taking rurality into account, do not assume that everyone’s experience of living rurally is the same. Rurality exerts an influence on women’s health, but that influence is not straightforward or predictable, nor is it the same for all women. Be sensitive to difference, and incorporate it intentionally in research and policy designs.
4. **One size does not fit all**—Policies designed with an urban environment in mind should not be assumed to be suitable for rural contexts.
5. **Health care means more than doctors**—Accessible health care services require more than attention to the recruitment and retention of physicians. Other health care professionals are equally important to women’s choices, as are informal care providers and the infrastructural investments that make it possible for women to act on the choices they have.
6. **Economic and social services are investments in health**—Because health is socially determined, and social determinants are interactive and cumulative, any investment in improving the social and economic situation of rural women will yield beneficial returns in terms of health.
7. **Adopt multidisciplinary approaches**—Qualitative and quantitative, large and small scale studies from throughout the country are needed to ensure that the body of Canadian research on rural women reflects the diversity and richness of Canadian rural women themselves.

Conclusion

The literature on the health of rural, remote and Northern women in Canada is limited but growing. It highlights problems of access, marginalization and invisibility faced by rural women, in the literature and in

their lives. The research, largely based on women’s lived experiences, offers direction to researchers and policy makers as to how to address the concerns of rural women more effectively in their work.

Appendix E1

Methodology: Where We Searched and What We Searched For

Pamela Wakewich and Barbara Parker conducted the initial literature search between July and October 2001¹³. In December 2002, their search was updated by Rebecca Sutherns, Miki Ackermann, Karima Hashmani and Christine Oldfield to include research completed in 2001 and 2002. It was also expanded to include additional databases.

The following databases were searched :

- Agricola Plus Text
- Canadian Business and Current Affairs
- Canadian Research Index
- CHID Online
- CINAHL (Nursing and Allied Health Literature)
- Family and Society Studies Worldwide
- First Nations Periodical Index
- Humanities and Social Sciences FG (Wilson Web)
- Medline (National Library of Medicine)
- PAIS
- Popmed
- PsychInfo (Psychological Abstracts)
- Psychology Journals
- Social Work Abstracts 1977-2002
- Sociofile (Sociological Abstracts 1986-2002)
- Women's Resources International

The following keywords were used to search the databases:

women, woman, rural, remote, northern, health, Canada.

These words were then combined with:

well-being, country, gender, determinants, perceptions, lifestyle, quality of life, farm, agriculture, fishing, fishery, coastal, mining, forestry, single resource, single industry, occupational health and safety, education, literacy, illiteracy, environment, housing, place and health, smoking, social support, poverty/income, employment, violence/abuse, addictions, substance abuse, alcoholism, suicide, transportation, isolation, screening, prevention, diagnosis, health promotion, disabilities, race, culture, visible minority, abortion, contraception, Aboriginal, Native, Inuit, First Nations, Métis, elderly, mid-life, mother, adolescent, child, life course, lesbian, home care, care giver, care giving, eating disorders, body image, nutrition, exercise, physical activity, genetics, sexuality, HIV, AIDS, pregnancy, childbirth, reproduction, mental health, depression, nurses, health professionals, doctors, physicians, chiropractors, diabetes, osteoporosis, breast cancer, cervical cancer, cancer.

The following websites were searched for all research and publications during late December, 2002 and early January, 2003:

- Agriculture and Agri-Food Canada
www.agr.ca/cris/directories/women_e.html
- The Atlantic Centre of Excellence for Women's Health
www.medicine.dal.ca/mcewh
- The British Columbia Centre of Excellence for Women's Health
www.bccewh.bc.ca
- Canadian Women's Health Network
www.cwhn.ca
- The Centre for Rural and Northern Health Research (CRANHR—
Lakehead and Laurentian sites)
www.flash.lakeheadu.ca/cranhr
www.laurentian.ca/www/cranhr/index.html
- The Centre of Excellence for Women's Health—
Consortium Université de Montréal
www.cesaf.umontreal.ca
- CRIAW
www.criaw-icref.ca/index-e.thm
- Federated Women's Institutes of Canada
www.nald.ca/fwic.htm
- Government of Canada, Rural Information Services
www.rural.gc.ca/cris/directories/women_e.phtml
- Health Canada
www.hc-sc.gc.ca
- Ministries of Health and Social Services websites for all provinces and territories
- National Action Committee on the Status of Women
www.nac-cca.ca
- The National Network on Environments and Women's Health
www.yorku.ca/nnewh
- Native Web
www.nativeweb.org
- Ontario Farm Women's Network
www.ofwn.org
- The Ontario Women's Health Council
www.ontariowomenshealthcouncil.com/E/index.html
- Ontario Women's Health Network
www.owhn.on.ca
- Paukuutit Inuit Women's Association
www.paukuutit.on.ca
- Planned Parenthood Federation of Canada:
The How to Rural Tool Kit for Sexual Health Programs and Services
www.ppfca.ca/toolkit/english/five/rural.htm
- The Prairie Women's Health Centre of Excellence
www.pwhce.ca



- Rural Womyn Zone
www.ruralwomyn.net
- Statistics Canada
www.statcan.ca
- Status of Women Canada
www.cfc.gc.ca/direct.html
- University of Guelph, Rural Studies Programs
www.uoguelph.ca
- University of Northern British Columbia, Rural and Remote Health Research
www.unbc.ca/ruralhealth/
- Women Space
www.womenspace.ca
- Women's Health Matters
www.womenshealthmatters.ca

A general web search using the Google search engine was conducted in January 2003, using women, rural, remote, health, Canada as key words.

Specific journals were explored for relevant articles (using the keywords: women, rural, health, Canada-if applicable):

- *Canadian Journal of Rural Medicine*
- *Canadian Journal of Sociology*
- *Canadian Woman Studies*
- *Health and Place*
- *Journal of Rural Nursing and Health Care*
- *Journal of Rural Studies*
- *Rural Health*
- *The Canadian Geographer*



Books were located through the University of Guelph library catalogue, on-line at Amazon.com and with the following publishers (using the keywords: women, rural, health, Canada):

- Brill Publishing
- National Academy Press
- Oxford University Press
- Cambridge University Press
- Palgrave MacMillan Press
- University of Toronto Press

All relevant sources were then read and summarized, with the bibliographic details, keywords and an abstract being entered into *Citation* bibliographic software. Abstracts, whenever possible, include the topic area, population, location, methodology, time frame, key findings and recommendations, as well as how diversity, health and rurality were addressed. The literature is now available in a searchable electronic database format, through NNEWH at York University in Toronto (416-736-5941). NNEWH also holds hard copies of many of the sources listed in this review.

Appendix E2

Reports on Rural Women's Health

by the Centres of Excellence for Women's Health

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- Browne, A., Fiske, J.-A., and Thomas, G. (1997). *Northern First Nations Women's Interactions with the Mainstream Health System*, WCC97-3, funded by the British Columbia Centre of Excellence for Women's Health.
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- Deiter, C., and Otway, L. (2001). *Sharing Our Stories on Promoting Health and Community Healing: An Aboriginal Women's Health Project*, Prairie Women's Health Centre of Excellence.
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- Fuller, C. (1999). *Reformed or Rerouted? Women and Change in the Health Care System*, Vancouver, British Columbia: British Columbia Centre of Excellence for Women's Health.
- Gandy, K. (2001). *Single Parent Women's Experiences Performing the Required Tasks of Health Provider for Their Families*, 00/01-ST1, funded by the Maritime Centre of Excellence for Women's Health.
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- Jaffe, J., and Blakely, B. (1999). *Coping as a Rural Caregiver: The impact of health care reforms on rural women informal caregivers*, Prairie Women's Health Centre of Excellence.
- Jordan, P. (Funded in 1997). *Decisions, Decisions: Experiences of Women Who Have Undergone Elective Hysterectomies in the Northern Interior Health Region of B.C.*, British Columbia Centre of Excellence for Women's Health.
- Kosny, A. *The Social Determinants of Health and Equity Across the Life Span*, Maritime Centre of Excellence for Women's Health.
- Kosny, A. (2000). *Trying to Work It Out: Newfoundland Women's Experiences in Small Workplaces*, National Network on Environments and Women's Health (www.yorku.ca/nnewh).
- Lord, S. *Social and Economic Stress and Women's Health in Fishing Communities*, Maritime Centre of Excellence in Women's Health.
- Luce, J. (1998). *Assessing Assisted Reproduction: Experiences of Lesbian and Bisexual Women Living in Northern Communities*, WCC98-8, funded by the British Columbia Centre of Excellence for Women's Health.
- MacLeod, M., and Zimmer, L. (Work in Progress). *Perinatal Services: Assessing the Needs of Special Populations*, University of B.C.
- Martz, D., and Sarauer, D. *Domestic Violence and the Experiences of Rural Women in East Central Saskatchewan*, Prairie Centre of Excellence in Women's Health.
- McClure, L., Heinonen, T., and Tudiver, S. (1997). *Women Survivors of Childhood Sexual Abuse: Knowledge and Preparation of Health Care Providers to Meet Client Needs*, Prairie Women's Health Centre of Excellence.
- Morrow, M., and Chappell, M. (1999). *Hearing Women's Voices: Mental Health Care for Women*, Vancouver: British Columbia Centre of Excellence for Women's Health.
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- Scott, C., Horne, T., and Thurston, W. (2000). *The Differential Impact of Health Care Privatization on Women in Alberta*, Prairie Women's Health Centre of Excellence.

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- Wakewich, P. (2002). *Mapping Research on Women and Health in Northwestern Ontario*, National Network on Environments and Women's Health.
- Willson, K., and Howard, J. (2000). *Missing Links: The Effects of Health Care Privatization on Women in Manitoba and Saskatchewan*, Prairie Women's Health Centre of Excellence.



Endnotes

- 1 With assistance by Miki Ackermann, Karima Hashmani, and Christine Oldfield.
- 2 Rebecca Sutherns can be contacted at 519-833-0952 or rebecca.sutherns@sympatico.ca
- 3 Unpublished report.
- 4 Project # 2 of the National Project. Included in the Final Summary Report.
- 5 Rural and Remote Women's Health: Policy and Research Directions. Centres of Excellence for Women's Health.
- 6 The Centres are indebted to Pamela Wakewich and Barbara Parker for their October 2002 piece entitled, "Rural and Remote Women's Health in Canada: A Literature Review and Research Inventory," (unpublished) which provided many of the research sources listed here and served as the starting point for this analysis.
- 7 To enhance the readability of the document, "rural women's health" is employed in place of "rural, remote and Northern women's health," except in cases where a distinction between rural, remote and northern is being explicitly made.
- 8 The term "rural" was defined broadly in the search strategy so that the literature review would be as comprehensive as possible. For a discussion of how rurality is defined in the literature itself, see pg. E47.
- 9 For an annotated bibliography of French language literature on Canadian rural, remote and Northern women's health, see Dallaire, Christine and Martin, Véronique, (August 2002) *Femme, Santé et Milieu Rural au Canada*, Section D of Rural and Remote Women's Health: Policy and Research Directions. Centres of Excellence for Women's Health.
- 10 The parameters of the French-language search strategy excluded articles directly related to Aboriginal women's health. Such articles would, however, have been captured in the database searches for the English-language search since the language was not used as a limiting factor, yet none was found.
- 11 See bibliography for references in this area, under the headings "Occupational health and safety" and "Work"
- 12 Coakes, S. J., and Kelly, G. J. (1997). Community Competence and Empowerment: Strategies for Rural Change in Women's Health Service Planning and Delivery. *Australian Journal of Rural Health*, 5, p. 27.
- 13 Complete details of that search strategy are available in Wakewich and Parker (2002) "Rural and Remote Women's Health in Canada: A Literature Review and Research Inventory," (unpublished).

