

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

Pauktuutit Inuit Women's Association

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Pauktuutit Inuit Women's Association

Introduction

In October 2001 the Centres of Excellence hosted a Roundtable Discussion¹ on women's health in rural and remote Canada. Women in attendance were invited to comment on the proposal to undertake the national project.

The President of Pauktuutit Inuit Women's Association, Ms. Veronica Dewar, was a guest and participant in the Roundtable Discussion. Following the meeting Ms. Dewar advised the Centres of Excellence

that within a month Pauktuutit would be holding its Annual General Meeting in Nain, Nunatsiavut (Labrador). This would be an ideal opportunity to conduct a small focus group with women from across the high arctic, and to highlight the particular concerns of Inuit women. Women's Health Bureau, Health Canada, provided separate funding to Pauktuutit, to ensure the best possible representation to the Annual General Meeting.



Methods

With so little time to prepare before the Annual General Meeting, only a very crude set of questions could be developed for the focus group². The national research steering committee had not been struck, and so the national management committee devised the guide, in anticipation of the kinds of questions that would eventually be part of the formal focus group protocols.

Because neither the focus group guide, nor the manner of recording the responses matched the format of later focus groups

(which began in April 2002), the findings were not included in the coding or analyses of the other English or French language focus groups (Sections F and G). However, the findings from this first focus group are included in the discussions of research priorities (Section K) and policy recommendations (Section L).

The following is a summary of notes taken over the course of the Pauktuutit Inuit Women's Association Annual General Meeting in November 2001.

Responses

Fourteen participants gave input for each of the questions above. In some cases the questions had to be broken down into several questions and adjusted for clarity.

1. Describe what kind of health care there is available in your home community.

- a. Two out of 14 have a hospital in their community
- b. 12 out of 14 have a health centre
- c. Three out of 14 always have a doctor in the community
- d. each region has regional doctors (in the regional centre)
- e. all 14 communities have nurses

2. Can you get regular check-ups? Do you choose to? Why or why not? What care is there for emergencies?

- a. 10 out of 14 have regular check-ups
- b. all 14 want to have regular check-ups
- c. 4 out of 14 say that regular check-ups are sometimes not available; sometimes can't have a check-up when menstruating

- d. all 14 can go to the health centre anytime for an emergency
- e. all 14 communities provide medivacs for emergencies that cannot be handled in the community

3. Do you think you get good care?

Do you have good health care (for yourself)? eight out of 14 said 'no'; five said 'yes'; one abstained saying that health-care professionals don't explain things well to her; some people don't speak about their health problems.

4. Has health care become better or worse in your community over the last ten years?

Over the last ten years two out of 14 said that the health care was 'better'; seven said it was 'worse'; four abstained and one explained that she recently moved to another community and rarely goes to the health centre, but that care was good in the regional centre where she lived previously. Those abstaining said that nurses and doctors change often and some were better and some were worse.

5. What changes would you like for health care in your community?

Improvements desired include:

- medical exams occurring more often; implement regular annual check-ups with phone calls to the women to inform them of the appointment;
- specialists available more often because doctors do not train in all specific fields;
- standardize policies in the regions so that programs could be delivered consistently;
- doctors should provide more information especially concerning medications (e.g. a woman and her husband were given the same medication for different conditions);
- investigate terminal illnesses earlier rather than after they have gotten worse;
- make our health more important than the funding

“... the Government of Nunavut says there is a lack of funding—doctors and nurses just say we are ‘under the influence’, but we have to pay taxes—more funds should be allocated to health care...”

- improve oxygen equipment as the masks are sometimes not comfortable;
- provide thorough medical exams
“Since I had children all they ever examine is my womb”;
- show more respect for women’s ability to understand medical information
“They may think we don’t have enough education—we are being left behind”
- provide access to home-care services
“Women are always the caregivers looking after the dying—federal funding is always being cut even to other regions in Canada”;
- better services and health-care facilities for Inuit;
- increase public education—we’re so busy treating illnesses;

- provide cultural orientation for nurses and doctors coming in; screen for long-term commitments; provide information on the past health issues in the community they come to;
- show us courtesy by answering our questions—give us an answer later if they don’t have one at the time;
- improve diagnosis (i.e. there is a problem of misdiagnosis)

Solutions from the women:

- *“Our legislators are the ones cutting the funding—we need to strengthen our voice to the governments; we need to lobby the governments and legislators; the policies are in the way of our voices being heard...”*
- *“What are we doing in our own communities to reduce diabetes and stress and offer support for each other...”*
- *“What things can we do to support more Inuit training in medical fields as we don’t have enough Inuit in training? ...”*
- focus more on self-care and health promotion;
- provide a women’s health coordinator/specialist in each region.

6. What are your biggest worries about health for you or your family?

Greatest concerns include:

- not enough doctors and specialists;
- not enough care given (i.e. just given pain killers);
- sent away for births; women going to give birth without their spouses for up to a month or more—they should leave closer to the delivery time;
- need more medical exams for wombs and breasts;
- not made to feel welcome or equal when going to the health centre;
- Depo provera shots given to girls up to 15 without their parents’ consent;
- need bigger hospitals with surgical facilities closer to home;

- sending people by medivacs is sometimes upsetting;
- sometimes family members don't want to go to the hospital;
- aging women need to be able to retire due to health problems;
- menopause;
- hysterectomies are a concern;
- we are so far from anywhere else;
- pregnant women using tobacco and alcohol;
- long waiting periods for diagnosis and tests—can have an effect on a person's health (i.e. not having the information to know what to do to look after one's self);
- need to change the mammogram policy as it seems to be only for women 40-year old and up
- need more information given to patients and families about medical procedures done;
- need more research on breast cancer especially in the Qikitaalik (Baffin) Region;
- coughing from smoke—many elderly people get this and are constantly coughing and only receive cough medication—need more information released on this;
- young people are being more affected by tobacco—it will affect a person's health in the future;
- some elderly patients cannot tolerate the tranquilizers given while on medivacs;
- women need information about menstruation, body parts and functions—how these things can affect young women/adult women;
- patients need to be told beforehand what will be happening to them i.e. before hysterectomy, other surgical procedures—we need to know what we are signing when we sign consent forms and that we have the right to receive specific information before we are discharged from hospitals;
- concerns regarding the mental health and warnings signs of problems of family members; Alzheimers; how family caregivers are doing—their health and well-being;
- need long-term care supports for elders in their homes in all communities, not just in regional centres or the south;
- concerns about the long distances that must be travelled to access health care—must be improved.



Appendix

Questions Guide for Focus Group on Women and Health Inuit Women's Association

The Centres of Excellence for Women's Health have started a small project about the health of women who live in rural and remote parts of Canada. Part of this project includes speaking with small groups of women about their own health and their concerns about health care. We are very grateful for the chance to hear your thoughts on the subjects and we would like to include them in a report that will give direction for new research but also for changes in policy and how health care is provided to women in the North.

Please begin by providing some record of the communities women have traveled from.

These questions are provided as a guide for your discussions.

1. Describe what kind of health care there is available in your home community.
Can you get regular check-ups? Do you choose to? Why or why not?
What care is there for emergencies?
2. Do you think you get good care?
3. Has health care become better or worse in your community over the last ten years?
4. What changes would you like for health care in your community?
5. What are your biggest worries about health for you or your family?



Endnotes

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- 1 See Section C and Appendix A of this Final Report
 - 2 See the Appendix to this section.