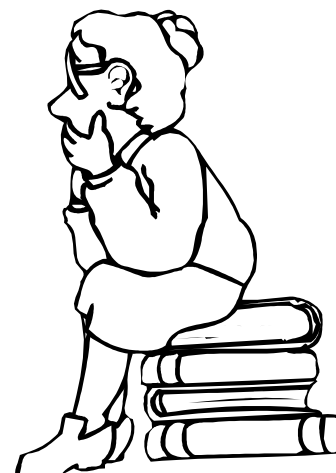


Pay Attention to Rural Women

Decision-makers need to acknowledge the importance of gender and place in their health policy decisions.

– from Rural, Remote and Northern Women's Health, Final Summary Report

As slightly more than half the population of Canada, women are far more than a special interest group. We are the majority of voters, health care providers and users, paid and unpaid caregivers. Yet health studies and policy regularly fail to take women into account.



GENDER AFFECTS HEALTH

Women experience health differently than men. Some health issues affect only women (e.g. pregnancy, gynaecological cancers), while others affect women more than men (e.g. osteoporosis, depression) and still others affect women differently than men (e.g. heart disease, HIV/AIDS). Socially, women's health is also determined by factors such as financial security and independence, access to social support, caregiving responsibilities, susceptibility to violence and education levels. These are important factors that have significant effects on a women's health. Gender does matter.

Policy makers and researchers need to make policy and conduct research from evidence that includes gender-based analysis (GBA) and data from and about women. GBA looks at the effects of policy or research on men and women separately, checking for differences in power, results or access to services. The goal is to identify and give priority to those areas where gender-sensitive interventions will lead to improved health.

RURAL WOMEN HAVE BEEN IGNORED

Women who live in rural Canada often experience a triple disadvantage due to gender, location, and the interaction between the two. Rural women in Canada have been largely invisible to researchers and policy makers, despite the fact that nearly one-third of Canada's population lives rurally and that rural Canada contributes significantly to Canada's prosperity. It is important for Canada that health issues are viewed through the eyes of women who live in rural and remote areas of Canada.

RURAL WOMEN HAVE INSIGHT

Rural women are a tremendously valuable resource in rural health. Rural women offer constructive knowledge, experience and insight for the development of effective health policy and programs in rural and remote Canada. Rural women can accurately assess the impact and effectiveness of policies and practices within their own community. They know what will work. Involving rural women in policy-making requires transparency so that women know the process by which decisions are being made, and women also need resources to make it possible for them to participate, but their insights make the cost worthwhile.

What you see depends on the lens you use.

A family planning clinic is being set up in rural Canada. Its location has been chosen as one within reasonable distance of the area's residents. Yet, it may not be effective. Why? Distance isn't the only issue for rural women.

A Gender Lens asks:

Have you considered the availability of childcare to women in the community various times of the day, week and year? Will there be child care at the clinic? Have you thought about who influences the choice to seek out family planning information? What forms of transportation are available to get to the clinic especially for women with lower incomes?

A Rural Lens asks:

Have you considered factors such as seasonality of work, road access and ways to ensure confidentiality in small communities?

“When policies are touted as place and gender neutral, decisions that are likely to favour urban, male stakeholders get made.”

WHO CARES ABOUT THIS?

- Decision-makers/Policy makers
- Civil servants
- Health planners and administrators (e.g. Regional Health Authorities and District Health Councils)
- Researchers and research funding bodies such as the Canadian Institutes for Health Research (CIHR)
- Local Women
- Women's organizations, researchers and policy analysts who recognize the importance of GBA and rural and remote concerns

WHY SHOULD THEY CARE?

- Elected officials want public support.
- Policy makers want policy to be effective in improving society.
- Decision-makers need to know if policies and programs are not helping people in a fair or equitable way.
- Policy makers are looking for good ideas and insights.
- Researchers and funding agencies want research to be targeted and applicable.

WHAT CHANGES COULD YOU ASK THEM TO MAKE?

- Ask the question, “What might a rural woman think of this decision?”
- Use rural and gender lenses in developing and evaluating decisions and policies
- Deliberately include rural women's voices in the decision making/policy input process
- Directly ask women to be involved in the process – go to where they are.
- Make it possible for them to participate by making the process transparent and understandable to outsiders, and by paying for their time, transportation and childcare.

RESOURCES

<www.cewh-cesf.ca>

Centres of Excellence for Women's Health, 1-888-818-9172. Easy links to the various regional Centres of Excellence, as well as to the Canadian Women's Health Network

<www.swc-cfc.gc.ca>

Status of Women Canada, 613-995-7835. Includes a gender-based analysis directory

(continued on next page)

<www.hc-sc.gc.ca/english/women>

Women's Health Bureau of Health Canada

<www.acdi-cida.gc.ca>

Canadian International Development Agency

Includes gender-based analysis tools and links

<www.ainc-inac.gc.ca/pr/pub/egl/index_e.html>

Indian and Northern Affairs Canada

Women's Issues and Gender Equality Directorate

<www.un.org/womenwatch/daw/cedaw>

UN Convention on the Elimination of All Forms of
Discrimination Against Women

Up-to-date women's health information:

<www.cwhn.ca>

Canadian Women's Health Network

<www.womenshealthmatters.ca>

Women's Health Matters

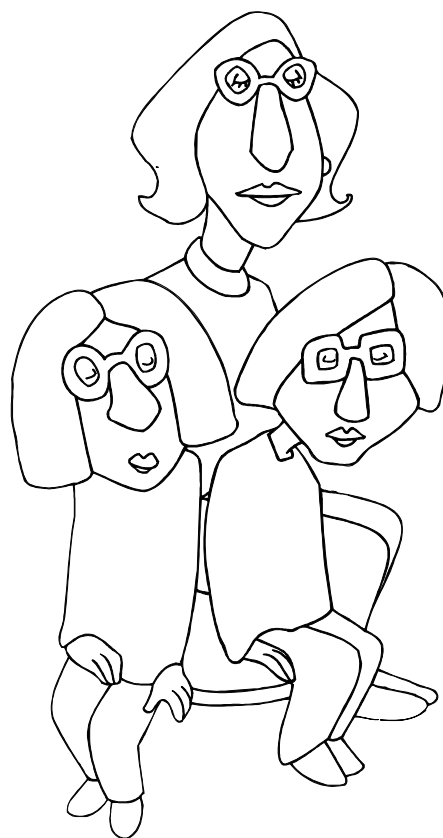
Provincial Advisory Councils on the Status of
Women

Links regarding childcare, education, employment,
health, rural outreach programs, resource centres,
research programs, fact sheets, etc.

Links to other governmental and non-governmen-
tal provincial women's organizations and agencies

***Summary Report – Rural, Remote and North-
ern Women's Health: Policy and Research
Directions***

Sections F & G (focus group results) provide more
background for this key message.



Rural Living Affects Women's Health



Health Canada has identified a number of factors that affect our health – these health determinants are widely recognized in Canada:

Health Determinants

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture

Rural living affects all of those factors, and there are both good things and problems about being a rural resident. Because rural Canada is diverse – from coastal towns to the high arctic and the Prairie farm – each area has unique challenges for health. Women are especially affected, as the main users of rural health care services on behalf of families as well as themselves. Since rural Canada is home to 30% of Canada's population, it is important to understand how rural living affects health, particularly for women. The following are some significant ways that health is affected:

WEATHER

Canadian winters make it impossible to reach some services for parts of the year, while warm weather can make ice roads too soft and dangerous for some northern and remote communities. Storms also affect travel by air and water. Seasonal workers may avoid seeking health care during peak seasons. Weather has obvious effects on the health of people who spend time outdoors, and because of the effort and cost to protect oneself and family from the elements.

FOOD

Nutritious food may be difficult to get in rural, remote or northern communities. In the north, good foods can be too expensive to buy. It may not be possible to depend on traditional foods anymore.

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TRANSPORTATION

Women can find it very difficult to get health care if there is no affordable public transportation. Many women do not have the use of a car, especially during the day. It can be inconvenient or impossible to get to an appointment with a specialist, or to regular screenings or checkups.



DISTANCE

“I don’t think people in the city have any comprehension that ... you’re not just popping into a specialist. You’re taking a whole day. You’re spending overnight... I had to take a whole day off work just to go to the dentist.” In fact, many women do not bother to seek health care until they are very sick, just to avoid the hassle. Appointments for preventive measures are rarely made. Greater distances can be critical in an emergency: “The farther away from Highway 2 you live, the less chance you have of surviving a serious incident.”

ISOLATION

In remote areas, there is a sense of social isolation from the rest of the country and limited access to information and to health promoting activities. Support groups may not be available locally. Many women cannot easily use the internet, since phone lines may be poor or computers are only in central locations.

CONFIDENTIALITY

Small population size in rural areas often means “everyone knows each other”. This can be both good and bad for health. Rural women often report a strong and caring social network of support from neighbours, but also a lack of privacy and anonymity. “Everyone knows your business whether it’s health care or your financial situation or what your kids did last night... But then on the other hand, living in this community, everybody raises your children.”

LANGUAGES

Services may not be available in Aboriginal languages, languages spoken by new Canadians or in both official languages. The latter is especially a difficulty for Francophones living outside Quebec. Deaf and hard of hearing people often do not have easy access to confidential sign language interpretation.

ECONOMIC OPPORTUNITIES

Many rural, remote and northern communities depend on farming, fishing, logging, mining or tourism that tend to have unstable incomes and employment opportunities. This means there can be extra stress and less money in many households.

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OCCUPATIONAL HEALTH AND SAFETY

Women's daily work and jobs can have occupational health and safety issues that are specific to rural industries.

LIMITED HEALTH SERVICES

Although nearly one third of Canadian residents live outside the main cities and towns, only 17% of doctors and 4% of specialists practise rurally. There are very few female doctors and other care providers and a lack of services specifically benefiting women, such as shelters or cervical and uterine cancer screening and treatment. There is also limited access to information and to health promoting activities.

OTHER SUPPORTS

For example affordable childcare may not be available in rural areas. The weather and other factors such as community wealth may affect how easy it is to find and use recreational facilities. Safe, affordable housing may be difficult to find or afford.

Rural women describe living rurally

POSITIVES:

- peaceful,
- healthy environment,
- solidarity and community caring,
- simple life,
- own home,
- freedom,
- fresh air,
- open space,
- raise kids without urban problems,
- farms,
- better diet,
- better exercise,
- more beauty,
- better air quality,
- more caring community,
- time to spend with family,
- less stress,
- crime-free,
- less congestion

NEGATIVES:

- isolation,
- economic problems,
- work shortages,
- high numbers on welfare,
- youth migration,
- alcohol/drug abuse,
- violence,
- lack of privacy,
- less services,
- need to take care of yourself,
- have to travel everywhere



WHO CARES ABOUT THIS?

- Anyone interested in rural health and/or women
 - Planners and policy makers
 - Bureaucrats and politicians
 - Health care practitioners
 - Local women

WHY SHOULD THEY CARE?

- If the first message is to pay attention to rural women, this message helps to explain exactly why rural living matters to health.
- This message shows how complicated it can be to meet rural women's health needs. Decision-makers must ask better questions and consider a broader range of possible policy responses.
- Policy makers value equity of access to care.

WHAT CHANGES COULD YOU ASK THEM TO MAKE?

- Consider the full range of possible impacts their work could have, because many different interventions can improve rural women's health, and that kind of multi-faceted approach is needed. For instance:
 - Confidential services
 - Improved childcare, public transportation, recreational facilities, shelters
 - Affordable housing
 - Services that are provided locally rather than regionally

RESOURCES

<www.cewh-cesf.ca>

Centres of Excellence for Women's Health, 1-888-818-9172

Easy links to the various regional Centres of Excellence, as well as to the Canadian Women's Health Network. Specific links within the Centres to rural and remote women's health issues and research

<www.rural.gc.ca>

Rural Secretariat, 1-888-757-8725

Includes a Rural Lens Checklist, as well as links to rural women's health information services

<www.statscan.ca>

Statistics Canada, 1-800-263-1136

Link to Rural and Small Town Analysis Bulletin, as well as to other rural health information

<www.lakeheadu.ca/~cranhr/home.html>

Centre for Rural and Northern Health Research at Lakehead University

<www.hc-sc.gc.ca/english/index.html>

Canadian National Forum on Health

42 studies on health, examining determinants, priorities for action and research

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

Sections D and E contain literature reviews and describe the importance of addressing rural living as a determinant of health. Sections F and G contain focus group results that provide women's stories that support the literature.

Improving Health Means Alleviating Poverty

Health is determined by far more than health care. Studies since the early 1970s have shown that health is a product of social, economic, personal and political factors. The recent National Consultation with rural women and researchers confirmed what lots of research shows: **poverty is the single greatest factor in determining health for rural women.** Women and their families cannot maintain their health in the absence of financial security. If you want to improve rural women's health, alleviate poverty.

Poor rural women face a double jeopardy with the combination of location and economics. Many women, who are often out of the full-time paid work force to care for their families, are dependent on male breadwinners who may or may not be present and reliable. This means women are more vulnerable to poverty, and rural women even more so. Certain subgroups such as Aboriginal women, the elderly and single mothers are particularly disadvantaged. As one writer has said, "Poverty is a trap no matter where you live, but the location determines the environment in which a woman must negotiate her family's survival. It determines the availability of resources and opportunities, and defines the logistics necessary to find what is needed."¹ A National Consultation participant from Saskatchewan agreed: "We've got to recognize that there are some very poverty stricken people who don't even have health facilities or the ability or knowledge base to get to them."

POVERTY AND RURAL WOMEN'S HEALTH

While the economic playing field should be levelled by Canada's publicly funded health care system, health care has many indirect or hidden costs that really make it difficult for impoverished women and their families to maintain good health and well-being:

- Women are often out of the paid workforce, caring for children and other family members.
- With few well-paying jobs and many vulnerable industries in rural regions, women often work in low-paying, part-time, and seasonal jobs, or have no job at all.
- Women's education levels in rural regions may be lower than average.
- Uncertain income creates stress, resulting in poorer mental and physical health
- Lower income makes people less able to get health-enhancing resources such as nutritious food, recreation facilities or playgroups.
- Lack of affordable transportation is a barrier to getting jobs, health and support services,
- Childcare is often so expensive that it is not financially worthwhile for women with small children to work for pay. As well, mothers may not want to leave their young children.
- Many medical expenses, such as drugs, dental and optical costs, are not covered by the health care system.
- Substandard housing as a result of poverty can contribute to poor health.
- Other forms of poverty, caused by social isolation or a lack of information, often accompany economic poverty in rural areas.

¹ Richardson H. The Health Plight of Rural Women. *Women and Health* 1988;12(3/4):41-54.

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IMPROVING RURAL WOMEN'S HEALTH BY ALLEVIATING POVERTY

Poverty has far-reaching effects on women's health. If we want to do one thing to improve the health of women, we need to address poverty and its implications. One very helpful way to do this is to provide health services locally, so that getting to them does not cost women more. But most of the investments required do not fall under traditional health budgets. Jobs, childcare, transportation, housing – improvements in these areas will have the most lasting effects on rural women's health.

Good prenatal care is important for maintaining the health of a woman and her unborn child. It is a provincially-funded service, but it may not really be available to accessed by rural women. Why not?

If a woman cannot afford the time off work, parking, gas and childcare to get to a distant town for an appointment, she may not get any prenatal care, other than in an absolute emergency.

"Employment would be one of the things that would contribute a lot to health and welfare here."
Newfoundland/Labrador

"What about the people who go without eye care because they can't afford to get an eye exam?"
Manitoba

WHO CARES ABOUT THIS?

- Anyone who can make a difference; and that means anyone!

WHY SHOULD THEY CARE?

- Out of a sense of compassion and empathy for the basic needs of other human beings.
- Out of a commitment to equity of access to health care
- Because there are lots of varied opportunities to respond and help, so anyone can make a difference

WHAT CHANGES COULD YOU ASK THEM TO MAKE?

- Look beyond
 - The Ministry of Health for health solutions
 - Hiring doctors or lamenting their scarcity when much more can be done to make a difference
- Ensure local access to services
 - Regional access to services may not be good enough for rural residents — if you can't afford to get there, it doesn't matter if the service is 20 minutes or 10 hours away
- There are many ways to make a difference
 - e.g. childcare co-ops, job training programs, community kitchens

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RESOURCES

Rural Women Speak About the Face of Poverty (Rural Women and Poverty Action Committee) Purdon, C. (2002). Grey Bruce and Huron Counties, Ontario: Status of Women Canada. (available at <www.hurontel.on.ca/~women/research.html>)

Single Parent Women's Experiences Performing the Required Tasks of Health Provider for Their Families.

Gandy, K. (2001). 00/01-ST1, Funded by the Maritime Centre of Excellence for Women's Health.

<www.canadiansocialresearch.net>

Numerous links to Canadian social research sites, including ones on poverty and gender, as well as to media and government sites

The Face of Poverty in Canada (2003) National Anti-Poverty Organization, available at <<http://www.napo-onap.ca/en/issues/face%20of%20poverty.pdf>>

Hunger in Rural Canada (2003) The Canadian Association of Food Banks, available at <www.cafb-acba.ca/pdfs/other_documents/RuralHunger_word.pdf>

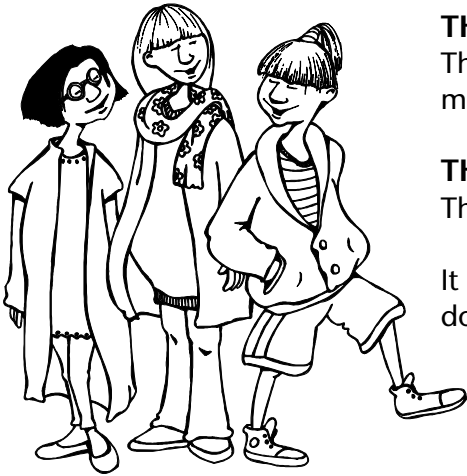
<www.povnet.org>

A Canadian site on poverty, with a solid page of links related to poverty and women in Canada

Tea you could trot a mouse on. Ideas for community-based economic development, available from <www.womenscednetwork.org> under the publications section



There are Creative Solutions to Rural Women's Health Challenges



THE BAD NEWS?

The challenges of rural women's health are more complex than we might think.

THE GOOD NEWS?

There are many creative solutions.

It is easy to blame the problems in rural health on a shortage of doctors or nurses and to try harder to recruit more of them. Yet there are many other things that can be done to improve rural women's health. Health is not separate from the other parts of our lives. To improve health, childcare, transportation, community and social services and jobs must improve. The study *Rural, Remote and Northern Women's Health* asked rural women for practical, cost-effective, appropriate solutions to the issues they had identified, here's what they came up with:

HIRE ENOUGH APPROPRIATE PROFESSIONALS

- Rural Canada does need more medical professionals, but not just doctors. Women spoke of the value of nurse practitioners, public health nurses, social workers, midwives, lactation consultants and counsellors, physiotherapists, among others.
- Doctors, nurses and others can be encouraged to have rural practices if residency opportunities and relocation incentives in rural Canada are offered.
- Take away unnecessary barriers for recognizing the qualifications of foreign-trained health professionals.
- Improve the opportunities for new midwives to get the education they need. Midwives are a good example of providers who live in small communities.

DELIVER HEALTH CARE IN WAYS THAT FIT RURAL CIRCUMSTANCES

- Keep it local. Rural women are often unable to travel far for medical services. Mobile services and portable technology create ways that services can come to the women in rural areas.
- Share the load. Encourage models where providers collaborate to provide effective service – for instance an obstetrician, a midwife and a family physician developing shared consultation and on-call schedules
- Develop community health centres based on innovative examples across the country.

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CREATE A RESOURCEFUL STRUCTURE

Counteract the challenges of rural living, particularly poverty, through programs that address the specific needs of women:

- Playgroups so that mothers and young children can enjoy and learn from each other.
- Community kitchens to provide healthy, affordable food and social interaction.
- Childcare co-ops to address the need for affordable childcare adapted to rural and remote situations.
- Training and employment opportunities for women to improve income security.
- Clear, coordinated information points to help women keep up to date on current health information and services.

It's time for health policy to reflect health research: economic and social investments are themselves investments in the health of Canadians.



Women's lives are not sorted into discrete compartments that can be dealt with independently by different government departments.

They need to know that our health needs as women are just as important as the women in the cities. We're not any different as rural women. We need the same facilities. We need the same type of people available. We need the same education. And it has to be available. We have to have it here for us ...it's a lot easier to bring one or two people to a hundred than it is to send the hundred to two people.

WHO CARES ABOUT THIS?

- Anyone interested in health care
- Planners (provincial, regional, local)
- Governments
- Health care practitioners
- Media interested in new ideas
- Local committees interested in health improvement
- Local women who can contribute creative solutions



WHY SHOULD THEY CARE?

Everyone is interested in ideas that are cost-effective, practical and appropriate, particularly if they help get beyond the struggle to hire doctors.

WHAT CHANGES SHOULD YOU ASK THEM TO MAKE?

Any of the specific ideas mentioned in this message.

RESOURCES

<www.cewh-cesf.ca>

Centres of Excellence for Women's Health, 1-888-818-9172

Easy links to the various regional Centres of Excellence, as well as to the Canadian Women's Health Network

<<http://ctb.ku.edu/>> - Community Tool Box for community health and development

<www.srpc.ca> - Society of Rural Physicians of Canada

“Women's Experiences of Rural Maternity Care: Do Doctors Matter?” Sutherns, Rebecca (2001) Ph.D. Dissertation, University of Guelph. Available from the National Library of Canada, or by contacting the author at rebecca.sutherns@sympatico.ca

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

Sections F, G and I contain the focus group results and national consultation summary that give the details that support the various ideas offered here.

