

Cultivate your mind

Last August at the "ROSES are Blooming" Forum we had the pleasure of having Dr. Beverly D. Leipert speak to the attending delegates regarding research that she is conducting on rural women's health in Canada. Dr. Leipert holds the Ontario Women's Health Council Chair in Rural Women's Health at The University of Western Ontario. Dr. Leipert is an elected Canadian Representative to the International Federation of Rural and Remote Nurses and the International Member at Large for the Association of Community Health Nursing Educators. She is also a member of the Canadian Research Institute for the Advancement of Women and the Space Nursing Society, and is an invited member of the Rural and Northern Strategic Initiative of the Canadian Institutes for Health Research.



Thank you for this opportunity to share some of my thoughts and research about rural women's health in Canada. My comments are based

on my experiences growing up on a cattle and grain farm in Saskatchewan, my 10 year practice as a public health nurse in rural Saskatchewan, my research and teaching at the University of Northern BC, and on my work as the Chair in Rural Women's Health Research at the University of Western Ontario. My comments also include information from a 2004 report on rural Canadian women's health entitled Summary Report: Rural, Remote, and Northern Women's Health: Policy and Research Directions (available online at: www.pwhce.ca).

Currently, over 1 in 5 Canadian women live in a rural area. Studies show that rural women have:

- lower labour force participation rates, higher fertility rates, and a higher likelihood of being poor than urban women

- a higher risk of dying from vehicle accidents, poisoning, suicide, diabetes, and cancer
- a higher risk of violence, economic insecurity, occupational hazards
- higher infant mortality rates (up to 30% higher), shorter life expectancies (1-16 years difference), and higher death rates (9% higher than the national average)
- greater family and community responsibilities due to coming from larger families, living in societies with more traditional gender roles, starting their families earlier, having more children, and playing key roles in family businesses and community affairs.
- at least a triple disadvantage due to gender, location, and interaction between the two, as well as barriers related to racism, poverty, lack of education, marginalization, and vulnerability.

Rural and remote Canada remains under-serviced in terms of primary (acute/illness and injury), secondary (health promotion and illness and disease prevention), and tertiary (rehabilitation) care. Due to distance, weather, confidentiality issues, and limited access to woman-centered care, rural women are likely to not be able to access services and resources, postpone access, or forego access. As a consequence, rural women may:

- experience a greater number and more severe health issues
- live with health care issues longer
- have less ability to maintain their health and to recover from health issues

Women comprise slightly more than half of the population of Canada and of rural and remote Canada. Thus, women are more than a "special interest

group". They are the majority of voters, health care providers, and caregivers (paid and unpaid). Because women are underrepresented among elected politicians and other decision makers, their political value and their needs and expertise are often ignored.

Practice and Policy Recommendations

As a result of rural women's needs and present health care practice, the following practice and policy recommendations are made:

1. Factor gender, place, and culture into all health practice and policy
2. Define rural health practice and policy as more than health care services
3. Improve rural women's access to health promotion and illness and disease prevention services and rehabilitation/home care services care as well as to acute illness and injury care
4. Improve rural women's health by improving access to respectful, diverse resources such as public health nurses, nurse practitioners, midwives, alternative health care providers, and more female physicians.
5. Improve rural women's health by improving access to power. Access to power is enhanced when women can achieve suitable education, income, and respect in society.

The Women's Institutes are important avenues for the advancement of rural women's health. I welcome your perspectives and look forward to meeting with your WI group.

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