

Executive Summary

Rural Women Survey 2018

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Remarks

"The rural area of Canada is the area that remains after the delineation of population centres using current census population data.

Within rural areas, population densities and living conditions can vary greatly. Included in rural areas are:

- small towns, villages and other populated places with less than 1,000 population according to the current census
- rural areas of census metropolitan areas and census agglomerations that may contain estate lots, as well as agricultural, undeveloped and non-developable lands
- agricultural lands
- remote and wilderness areas.

Source: Dictionary, Census of Population 2016- Rural area (RA). Consulted on February 2018 at: <http://www12.statcan.gc.ca/census-recensement/2016/ref/dict/geo042-eng.cfm>

Interesting comment on 2016 Census and rural areas:

Although most markets will continue to experience growth, an increasing part of rural and small urban Canada will need to plan for population declines and an aging population. Businesses will need to adjust their product offerings, and governments may face challenges in maintaining emergency services, health care and social services like libraries and schools. Can technology address these challenges through online doctor visits, streaming story time presentations at libraries, and blended classroom and online education at the grade school level? This initial wave of census data raises intriguing questions, as will the upcoming releases no doubt.

Source: Dr. Doug Norris (Feb 08, 2017) - First Data from the 2016 Census. Consulted on February 2018 at :

<http://www.environicsanalytics.ca/blog-details/ea-blog/2017/02/08/first-data-from-the-2016-census>

Introduction

The Rural Woman Survey was distributed to CFUW clubs across the country on December 6, 2017 and closed on January 15, 2018. Two hundred and forty three members responded to the survey about their experiences in the following categories: Transportation, Health Care, Education, Technology, Gender Based Violence, Equity, Challenges and Opportunities. These categories were chosen because of informal feedback that needed to be verified on a larger scale.

While the CFUW Rural Women survey had high participation, it is impressionistic rather than scientific because of the great diversity of communities in Canada and what is "rural" in one area - eg Saskatchewan is different in Ontario. For instance, some respondents considered rural areas to be small towns or even cities - less than 50,000! Whereas Canadian official census definitions cite less than 1000 population centres as rural. To further nuance interpretation, provinces vary tremendously in their definition of rural.

CFUW will be sending a delegation to attend the United Nations sixty-second session of the Commission on the Status of Women (UNCSW62) in March 2018. This year's priority theme: *"Challenges and opportunities in achieving gender equality and the empowerment of rural women and girls"* was the catalyst for the initiative to collect information from our members as is relevant to the topic.

In preparation for this conference, CFUW initiated the collection of data on members' experiences as Rural Women in Canada. In some cases, there is a blurred line between rural and the far north but nevertheless rural due to population density and distance from urban centres. An additional survey for community organizations was developed to harvest information for rural community service agencies and advocates. The responses from the second/sister survey will be reviewed and shared at another time.

The Rural Women survey results reveal patterns of opportunity and issues rural women in Canada face. This information will empower CFUW delegates to advocate for commitments from the United Nations Member states on achieving the sustainable development goals for rural women.

Transportation

In answer to "What are the barriers (if any) to achieving gender equality faced by women and girls in Rural Communities" 85% of those responding chose "Lack of Transportation". For the open-ended question "What are the 2 greatest challenges to life in rural communities?" 61% volunteered the answer "Lack of transportation".

Of those answering, "In your rural community how do you rate access to public transportation?" a majority of 60.15% rated public transportation as inaccessible, "with challenges to accessibility" 33.83%, "accessible" 4.51% and only two responders replied "very accessible". The two who rated it very accessible also noted they had no information on or did not know the accessibility to buses, trains, taxis, service organizations. They listed other as

private car. Those 6 who chose “accessible” qualified their response with these comments “*only if you have a car to get to them*”, “*one bus but do not know of other means of public transportation*”, “*taxis are too expensive to use*”, “*but it is easier to drive*” (2).

The forty-five respondents who chose “with several challenges” gave a range of reasons for their choice, the main one for buses and trains being the distance from the access required a car to get there. One commented on lack of accessibility for the disabled making the bus or train inaccessible. Other answers for buses and trains were that they were too infrequent, or with erratic schedules or their destinations were not what was required. Where taxis were available, they were too expensive because they were too far away.

In response to number of volunteer service organizations’ ride programs, the largest number of responses, was Not sure or Don’t know. Comments included 4 who mentioned the challenge of booking in advance from 48 hours to 1 to 2 weeks, while one commented the volunteer rides were expensive.

The overwhelming response to other means of transportation was a private car, many noting it being essential. In order of frequency after private car, rural women call on friends, family and neighbours for other methods of transportation. One mentioned a car share, others were a van to Pearson airport, renting a school bus, hiking or walking. Three respondents listed hitch-hiking.

Health Care

This section of the survey investigates how participants would rate access to health services using 4 categories of an ordinal scale: very accessible, accessible, with several challenges in accessibility and inaccessible. After categorizing data under themes associated with health dimensions set by the survey questions, we checked for co-occurrences and performed a qualitative analysis by ordinal categories and by themes.

The respondents rated the level of accessibility as follows: very accessible 20.13%, accessible 38.26%, with several challenges in accessibility 38.93%, inaccessible 2.68%.

In general, accessibility was directly proportional with the distance required to travel and the availability of health professionals to provide services. Thus, transportation, travel time and waiting time are factors that negatively impact accessibility to health services in rural regions, and this, regardless of the health dimension under investigation. Having a car, being able to drive and owning private insurance were reported as factors that could facilitate access to health services. Those who considered health services: «inaccessible» reported that they had to «go to adjacent city» to access these services that were after all «inadequate and deplorable».

Very Accessible health services were those offered mainly by family physicians, practicing in local community/medical/health clinics. These services were associated with non-emergency and routine care and often required driving for up to 20 km. Services were also offered,

although to a much lesser extent, by public health nurses, nurse practitioners, midwife, or by a *douhla*.

Accessible health services were those offered mainly by family physicians in local clinics with limited hours. They also include: surgery, emergency or specialized care provided by health professionals in city hospitals. There were reports of Tele-health used for online consultation and the scant contribution of «visiting professionals». Access to these services required driving over 70 km and came with many challenges.

Challenges in accessibility encompass several factors related to resources, care delivery and infrastructures. First, several local clinics have limited opening hours and some family physicians have stopped taking new patients. Since the family physician is on first line of the health care delivery system and is the one providing referrals for specialist care, if one does not have a family physician, one is at risk for traveling longer distances and waiting longer before having consultation with a specialist. This undoubtedly explains the trend in using emergency services as an alternative to access health care and health services: *«Lack of family doctors, so many orphaned families, access through the emergency department at small local hospital»*.

Second, travel is required to get access to health services and specialized care. Public transportation is scarce if not absent and several respondents claimed that a car is required to access health services. Pregnant women may have a *«2-3 hour journey to deliver at hospital unless fetal distress»*. Because of road condition and lack of resources and infrastructure, pregnant women *«would go into the city during late pregnancy to wait for delivery and give birth away from family support»*. Mental health professionals are 45 minutes away in city hospital, social workers are 25 minutes away and cancer patients must travel 70 km to access treatment *«I must travel 30 minutes to 3 hours to get services and care. Specialist care not available locally»*.

Third, there is limited number of long term care, thus, aging and sick parents stay home with minimal support, increasing financial and psychological burden on the primary caregiver. There is a lack of social support, services like Day-centre to promote an active lifestyle and break isolation *«Socialization services, like senior centres, ensure seniors carry on with exercise, friends, can do fun activities and transport like buses not available in rural areas»*. These challenges in accessing health services were present regardless of the health dimension under study.

Child health was provided mainly by driving to family doctors at local community and health clinics, or at school by a nurse. Travelling to emergency rooms in city hospitals was often used to deal with acute cases: *«there were no doctors within 40 miles, and emergencies were handled by family members driving fast into the big city hospital»*.

Maternal health was reported mainly as the pregnancy period, where future mothers drive 20-30 minutes to access health services provided by family physicians, public health nurses, nurse practitioners, midwife and douhla. Complicated delivery and specialized care were provided in city hospital during hazardous driving conditions: *«birthing centres in two regional hospitals 45 minutes away, not public transportation, and roads frequently closed in the winter»*.

Mental health services were delivered locally by community organizations, assisted living for mentally challenged adults, clergy, tele health and visiting professionals. Otherwise, patients needed to travel in city or nearby community clinics to consult with family physicians who will then refer them to a psychiatrist, if needed. However, there are *«very few psychiatrists, waiting time is long and it might take 1 year before getting an appointment»*.

Chronic and geriatric health services delivery was similar to previous health domains in terms of delivery of health services. Home care delivered through community health services was minimal, insufficient and often delivered by unqualified professionals. Transportation remained a barrier to access specialist care and services: *«transportation is a problem if you do not know how to drive and have no one to drive you»*.

Access to Higher Education and the Internet

In response to this question, 47.33% found community college and university college programs to be accessible or very accessible; however, 44.8% said they had only accessed programs with several challenges such as limited offerings at satellite campuses or the need to commute long distances requiring additional expenses for transportation and lodging. On-line courses played a role for 88.08% of respondents, but the need for an up-to-date computer, internet access, and the requirement for periodic travel to the physical campus were cited as challenges. Internet access was available to all respondents with 93.6% having WIFI, the rest had dial up. Even with WIFI, 34.8% said it was not very fast which would make on-line course work difficult.

Gender Based Violence

Five questions on the survey (#21-25) dealt with gender-based violence. These concerned safety issues such as feeling safe when walking alone, the presence of local crime watch initiatives and the availability of women's shelters. Other topics concerned awareness of gender-based violence in the community and the amount of support available for women experiencing gender-based violence.

On most questions between one fifth and one quarter of the respondents left the question unanswered. In the question concerning the crime watch program, less than half of the respondents answered.

Women in rural Canada generally feel safe in their communities although they are aware that there is some gender-based violence present. A little over half of the respondents feel that there is not enough support and information available for women experiencing such violence. Women's shelters are becoming increasingly available although there is a need for more.

Gender Equity

Question #26 of the survey asked respondents to choose from a possible list of barriers in the achievement of gender equality for women in rural communities. The results below are not really surprising for in a more dispersed population one would expect to find more strategically placed services.

The lack of transportation was seen as the greatest barrier for women living in rural communities, followed by the lack of care services for children and seniors. Of lesser, but still of fairly significant concern, were lack of access to health/mental health services and lack of access to training and educational services. Between 45 and 55 % of the respondents noted that the reinforcement of traditional gender roles, lack of access to community services (employment office, social services etc.), and lack of access to information were fairly significant barriers to the achievement of equity. The culture of self-reliance and lack of access to technology were not seen as significant barriers.

Challenges and Opportunities

The last two questions on the survey were open-ended.

Question # 27 asked: What are the two greatest challenges to life in rural communities?

There were 171 responses to this question out of 243 - 70% response rate. Some respondents gave more than two challenges.

By far the most frequently mentioned challenge involved transportation issues (65 direct mentions). These included the long distances to drive for services, time spent in travel, the lack of public transportation, and the difficulty of getting around if a car was not owned especially for youth, the unemployed and the elderly. The second highest mentioned challenge might also be related to the transportation issue - physical isolation and loneliness (40 mentions).

Lack of services and supports was mentioned generally about 20 times, but more specifically mentioned were lack of access to medical and health services (24 mentions) including shortage of physicians and specialists and lack of mental health services; lack of education and training opportunities (19 mentions), lack of employment opportunities (18 times), lack of child care (11 times), lack of access to internet technologies was mentioned 5 times. Perhaps the two issues of transportation and lack of services can be summed up by the person who listed the challenges as "Drive everywhere" and "poor infrastructure".

Various other challenges were socio-cultural: several people mentioned poverty, the increasing expense of rural life, lack of competition for essential goods and services, finding honest trades' people, an increase in crime and break down of rural life, traditional often patriarchal attitudes along with sexism. Some mentioned the harsh winter conditions that affected snow removal and road conditions. Government funding to ensure survival of small towns and for education to instill an understanding and respect for rural life in children was mentioned. Just

the personal daily challenges of life to stay alive prevent other undertakings according to one person.

Question # 28 asked: What are the opportunities in living in a rural community?

There were 166 responses to this question out of 243 - 68% response rate. Most respondents mentioned more than one opportunity.

The most often mentioned item (72 mentions) related to a sense of community - adjectives and phrases such as caring, supportive, friendly neighbours, close-knit, helpful, opportunity to impact were commonly mentioned along with an emphasis on closeness of family and closer relationships with people. A close runner-up, with 62 mentions, were comments about the closeness to nature and outdoor activities with several respondents mentioning contact with animals. Fresh, clean or unpolluted air was mentioned 21 times, while a healthy or beautiful environment was mentioned 18 times. In terms of quality of life, 17 mentions were made of a peaceful life-style, and 15 mentions were made of a slower or more relaxed way of life. A quieter and safer life were also mentioned 14 times with reference to raising children in such an environment, and lower crime rates received a couple of mentions. Several respondents mentioned learning new and practical skills with the development of self-reliance, and food security in terms of producing one's own food was mentioned 15 times. In terms of economic life, 12 respondents mentioned lower cost of living and or reasonably priced housing. There were two mentions of having home-businesses and one person mentioned telework. A couple of respondents mentioned the loss of farmland, but one or two others mentioned opportunities in agriculture. A couple of persons offered other comments such as - [rural living] provided good community support, better sustainability, and a lower carbon footprint. Another person said that one's financial means was a determinant - level of income determined one's lifestyle, and one thought that opportunities in the rural areas were not too different from urban areas.

Conclusion

This year's priority theme for the United Nations Commission on the Status of Women, "Challenges and opportunities in achieving gender equality and the empowerment of rural women and girls" simply added urgency to the initiative of seeking to understand the experiences of rural women within the CFUW family and thus spearheaded the survey.

After careful analysis of the information collected, while it is difficult to rate one challenge higher than the other, what is clear is the intersectionality of all the issues. Transportation has meaningful impact on the lives of women in rural areas. Access to health services seems to be an outcome of poor transport infrastructure along with a deficit in health service organization. Economic empowerment is dependent on level of education and access to technology. Transportation doubles back to affect access to education and gender-based services. Gender based violence often goes unnoticed due to isolation created by geographic location and lack of access to shelters and addiction treatment centres.

The opportunities for rural women on the other hand all relate to quality of life, fresh air, a heightened sense of community and a sense of peace attributed to the connection to nature. It

is our hope that the positive benefits of rural life can be enhanced by government policies that prioritize transportation needs, access to education and technology, child care, elder care, mental health care and medical care in a community sensitive model.

Finally, the International Relations Committee; Cheryl Hayles, Valerie Hume, Audrey Thomas, Nancy Mayberry Ph.D., Gillian Brown and Dr. Saode Savary thanks the national office for their support in administering the survey and presenting the data. Most importantly, appreciation goes to the respondents of the survey. This is just the beginning of a long-awaited dialogue on the issues rural women and girls face in Canada. We can no longer believe that verdant hills, meandering rivers and shifting snow banks, picturesque as they are, represent the rural experience in totality.
