

Voices Project: Women living in Rural Areas Resource

Health Trends:

When compared to their urban counterparts, women who live in rural or isolated areas experience poorer overall health. The most conspicuous health trends among women living in isolated communities relate to issues of sexuality and reproduction. Specifically, the rising incidence of sexually transmitted infections, (including HIV), breast cancer and cervical cancer can be traced to reduced participation in screening programs. In addition, women living in rural communities tend to experience more prenatal complications and have lower birth weight infants than women living in urban areas.

Although domestic violence cuts across urban and rural boundaries, women living in isolated areas encounter unique obstacles to escaping abusive relationships. The unavailability of abuse crisis services as well as a rural culture that encourages self-sacrifice in women, represent formidable barriers to women who experience incest, spousal abuse or elder abuse.

Depression has been identified as a problem of epidemic proportion for women living in rural and other isolated communities. The precursors of depression among rural women include: limited transportation, inadequate child care facilities, under-employment and economic insecurity as well as a high turnover of friends and other support networks. While these circumstances may represent challenges to both rural and urban women, the

conservative rural values related to gender roles, create unique stressors for women. Specifically, rural women are socialized to be guardians of the family and to place family stability and health above their

geographic isolation experienced by rural women directly impacts their access to mental health services.

During the past two decades, smoking has emerged as a dominant coping strategy practiced by people living in disadvantaged conditions. Internationally, rural women represent a substantial portion of those living in conditions of poverty and, therefore, those who smoke. Unfortunately, the health consequences for women who engage in this particular coping strategy include increased incidence of heart disease, respiratory disease and cancer.

Health Determinants:

The health of women living in rural and isolated areas is influenced by a number of determinants, the most notable of which is poverty. Limited financial resources impact both directly and indirectly on rural women's ability to access primary care as well as to afford even the most basic preventive care. In addition, there are a number of other important determinants interwoven into the fabric of rural women's lives that influence their overall health and well-being.

Social and geographic isolation, coupled with a lack of transportation and limited health care facilities, act as powerful determinants of rural women's health. These conditions sever women's connection to health information as well as to prevention education and services that are crucial to the maintenance and improvement of physical, emotional and psychological health.

own well-being. In addition, a narrow range of occupational opportunities, predestines many rural women to become economically dependent on their

spouse as either a primary or secondary source of income.

The most conspicuous health consequence of the isolation faced by rural women is an increased rate of mortality from breast and cervical cancer. On average, these women participate less in screening programs than urban women and are, therefore, diagnosed with later stage cancer, resulting in less effective treatment and less chance of survival. Among older rural women, the non-financial determinants of participation in screening programs include education, mobility and access.

The high incidence of low birth weight infants and birth complications among rural women is frequently attributed to poor pre-natal nutrition and low weight gain during pregnancy. However, these pre-conditions are often a result of the social determinants that influence rural women's late entry into prenatal care and reduce the number of prenatal care visits.

Research:

Despite the large population of women living in rural and isolated areas worldwide, limited research exists concerning the health issues affecting rural women and relatively little information is available about the determinants of their health. International as well as domestic studies on rural women's health remain somewhat narrowly focused on issues related to sexuality and reproduction.

The second most extensive body of research concentrates on the barriers to and health consequences of rural women's participation in breast and cervical cancer screening programs. Aside from sexual and reproductive health, international research focuses mainly on rural/urban differences in various health indices as well as tobacco use and its related diseases.

The rate of HIV infection among rural women is rising. Yet, limited data exists concerning the impact

of HIV specific education and care on their lives. In addition, most research lacks a gender perspective in terms of the consequence of HIV and other sexually transmitted infections for people living in rural and isolated areas.

Unfortunately, when conducting studies on specific aspects of women's health, most mainstream researchers select samples of and gather information from urban women who are easier to access than rural women. Consequently, rural women are typically under-represented in descriptive research and over-represented in research that is comparative.

Although a few meaningful studies have been published outside the realm of medical and epidemiological literature, feminist researchers have focused surprisingly little attention on the health of rural women. As a result, few health care professionals recognize the distinct health needs of rural women and few policies address the implications of this dearth of information. Finally, the non-financial determinants of rural women's participation in cancer screening programs are under-researched and, subsequently, not well understood. Unfortunately, researchers frequently neglect to look beyond the most obvious mechanisms for understanding the differences in rural/urban breast and cervical cancer screening.