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Health promotion needs of women living in rural areas: an exploratory study

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Objectives: To describe the types of health-promoting activities currently engaged in by women who live in rural communities, to explore perceived barriers and facilitators to staying healthy in rural communities, and to examine how these factors may differ for women throughout their adult life.
Design: Qualitative pilot study.
Participants and setting: Women aged 18 years and older living in a small rural community in Saskatchewan.
Method: Eight focus groups were conducted with a total of 44 participants who had been stratified into 3 age groups. Content analysis of the focus group transcripts was undertaken.
Main findings: Older women were more likely to report that they engage in a balance of activities to promote their physical and mental health. Middle and younger aged women, however, were more likely to engage in activities to promote their physical health, with less emphasis on their mental health. Among the 3 age groups, exercise and nutrition-related activities were most commonly reported. Social support and the "rural way of life" were the most commonly reported community supports available to these women. Younger women were more likely to discuss family commitments as a barrier to maintaining physical fitness,and older women discussed the impact that loneliness and lack of appropriate exercise options had on healthy living in their community.
Conclusion: The interviews provided a chance for a group of rural women to paint their own picture of promoting and maintaining their health in their own community. The activities engaged in by women to maintain their health, and the barriers and facilitators to staying healthy were different for women of different ages. It is useful for health planners to understand how women's health promotion needs vary across their adult life span.

Objectifs : Décrire le type d'activités de promotion de la santé des femmes vivant en communauté rurale afin d'analyser les facteurs qui facilitent et entravent le maintien d'une bonne santé dans ces communautés et déterminer comment ces facteurs peuvent changer pour les femmes au cours de leur vie adulte.
Conception : Étude pilote qualitative.
Participantes et contexte : Femmes de 18 ans et plus vivant dans une petite communauté rurale en Saskatchewan.
Méthode : On a organisé 8 groupes de discussion qui ont réuni au total 44 participantes stratifiées en 3 groupes d'âge. On a analysé le contenu des comptes rendus des groupes de discussion.
Principales constatations : Les femmes plus âgées étaient plus susceptibles d'indiquer qu'elles font un ensemble équilibré d'activités pour promouvoir leur santé physique et mentale. Les femmes d'âge mûr et plus jeunes étaient plus susceptibles de choisir des activités de promotion de la santé physique et d'attacher moins d'importance à la santé mentale. Parmi les trois groupes d'âge, les participantes ont signalé le plus souvent l'exercice et les activités reliées à la nutrition. L'aide de la société et le «mode de vie rural» ont été les appuis communautaires disponibles pour ces femmes qu'elles ont signalés le plus souvent. Les femmes plus jeunes étaient plus susceptibles de considérer

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les engagements familiaux comme un obstacle au maintien d'une bonne condition physique et les femmes plus âgées ont parlé de l'impact de la solitude et du manque d'options appropriées pour faire de l'exercice sur les habitudes de vie saines dans leur communauté.

Conclusion : Les entrevues ont permis à un groupe de femmes rurales de brosser leur propre tableau de la promotion et du maintien de leur santé dans leur communauté. Les activités qu'adoptent les femmes pour demeurer en bonne santé et les facteurs qui facilitent ou entravent le maintien de la bonne santé étaient différents pour des femmes d'âges différents. Il est utile pour les planificateurs du secteur de la santé de comprendre l'évolution des besoins des femmes en matière de promotion de la santé pendant leur vie adulte.

Introduction

Deaths due to cardiovascular disease, certain cancers and unintentional accidents have fallen dramatically over the last decade. However they remain the leading cause of potential years of life lost (PYLL), morbidity and health care utilization in Canadian women[1] and for Saskatchewan residents.[2] The preventable nature of the above conditions reinforces the need for system-wide disease prevention and health promotion strategies. However, in terms of rural communities, little research has been published examining the availability of health-promoting and disease-preventing supports or services. In addition, although gender is a determinant of population health, it is rarely considered within the context of health planning and community needs assessment. Health needs of women living in rural communities are typically not considered separately from those of men,[3] and, if these women are considered, it is most frequently in the context of their role as "mother" or on their children's health needs.[3]

Our research hypothesizes that the changing face of rural life, coupled with the organizational restructuring of the health care system, has left many people in rural communities, particularly women, at a disadvantage in terms of accessing programs and activities that promote health or prevent disease.

Literature review

A small body of literature suggests that women in rural areas may have different needs than men in terms of both physical and mental health promotion.[4] Emotional problems, stress, exercise and quitting smoking are among the top concerns for rural women, especially those on farms, in regard to health and well-being.[5,6] Women living in rural areas have limited access to programs and facilities that promote physical and mental health[7] and, as such, report more difficulty motivating themselves to engage in health-promoting behaviours such as exercise, healthy eating and regular physical check-ups.[7] Due to the lack of availability and choice, they are also more likely to eat fried and fatty foods and less likely to eat the recommended 5–10 servings of fruits and vegetables per day than city dwellers.[5] In addition, the health promotion concerns and behaviours have been found to differ with age in rural women. Although taking responsibility for one's health tends to increase with age, interpersonal support and exercise have been found to decline.[8]

The purpose of this exploratory study is to describe the types of health-promoting activities currently engaged in by women who live in rural communities, explore perceived barriers and facilitators to staying healthy in rural communities, and examine how these factors may differ for women throughout their adult life.

The long-term goal of this study was to develop a process whereby women residing in rural communities are consulted about the health promotion needs that are specific to their community.

Methods

A series of exploratory focus group interviews were planned for a rural community within the Regina Qu'Appelle Health Region. Volunteers were recruited through posters placed within the community and by publishing a description of the project in the local newspaper. Ethical approval for the study was obtained from the Regina Qu'Appelle Health Region Research Ethics Board.

Eight focus groups with 3 to 10 participants in each group were held in February 2004. Forty-four women participated; they were divided into 3 groups: aged 18–44 years (16 women), aged 45–64 (16) and ≥65 years (12). All participants provided their written consent to participate in the focus groups.

The interview guide, structured according to guidelines suggested by Krueger,[9] consisted of an introduction, transition questions, key questions, confirming critical issue questions and a closure section. Summarizing the discussion for participants and asking for their feedback at the end of the interviews served to validate content. The investigators, experienced in focus group techniques, moderated the 1.0–1.5-hour sessions. Discussions were audio taped and then transcribed verbatim.

Content analysis was performed on the transcribed interview data.[10] Focus group transcripts were independently analyzed by 3 of the investigators to identify preliminary codes. Data were then sorted and coded according to these themes. The data were reviewed several times, as new themes developed and others changed. The research team met to compare analyses so that differences in coding could be resolved by discussion. Verbatim quotes of participants are included here so that the investigators' interpretations can be assessed.

Community description

Statistics Canada Census data from 2001 reveal that the community had a population of approximately 1000 residents (53% female) with a median family yearly income of $42 152. The median age of women was 53.3 (40% over the age of 65). The labour force participation rate for women over the age of 15 is 47%. Women report the following participation rates for unpaid work: 88% for housework, 31% for child care and 24% for care of senior family members.

Younger women in the community have a lower level of education, with only 56% of the 20–34 year olds having a high school diploma or above, compared with 84% of the 35–44 year olds and 65% of those aged 55–64. (Data for those over 65 years of age were not available.)

Findings

The following section presents the findings of the study according to 4 main sections: Current health promotion behaviours of women in the community; Available supports for maintaining health in the community; Barriers to staying healthy in the community, and Community needs for the future.

1. Current health promotion behaviours of women in the community

Participants discussed more than 70 different self-practices or activities that they engaged in to maintain or improve their health. These behaviours represented 2 themes: activities to improve one's physical health (e.g., exercise and nutrition) and psychosocial activities to improve or maintain a healthy mind or well-being (e.g., stress reduction, social support and intellectual stimulation).

In general, women in the oldest age group were engaged in a balance of activities that supported their physical and mental health. Women in the middle and youngest groups, however, were often more focused on activities designed to improve or maintain their physical health. Within the activities that support the women's physical health, the most commonly reported activities for all 3 age groups pertained to exercise and nutrition.

> Watching what you eat ... is extremely important. And learning, when you are young … what you are putting in your body.

Disease prevention strategies such as medical screening (e.g., annual physical exam, PAP or breast cancer screening) or strategies that minimized potential health risks, such as quitting smoking or drinking in moderation, were only reported by women in the middle and oldest groups.

Activities that maintained a "healthy mind" were behaviours women practised to maintain emotional, spiritual or psychological balance in their lives. These behaviours included ensuring there was social support in their lives by visiting with family and friends, setting personal priorities for themselves, keeping an active mind through hobbies and crafts, and other miscellaneous activities such as volunteering, travelling and attending church.

> Being self-focused and selfish … you really miss out on an opportunity ... other people's lives enrich yours so much and if you're just focused on yourself, oh poor me, that's not just a youth problem.

> You have to go beyond yourself. Keep interested in others.

Younger women more commonly spoke of the importance of "setting priorities" in maintaining their health, and older women were unique in their focus on keeping an "active mind."

2. Available supports for maintaining health in the community

In general, younger and middle-aged women spoke more frequently about the supports available in their community for maintaining their physical

health, and women in the oldest group were more likely to speak of the community-based supports for maintaining a healthy mind.

Exercise-related activities to support one's physical health included the availability of a year-round walking club, curling, baseball and golf. Having flexible grocers and a variety of food choices at local restaurants were also reported as being supportive of their efforts to maintain good nutrition.

Women in the oldest group were more likely to refer to "medical support" (e.g., availability of quality doctors, nurses and pharmacists) in their community as a critical component in maintaining their health.

If you have questions about something, our doctor is fairly accessible, or the health nurse, or the people that work in the various departments in our wellness centre. So if you have a question about mental health or something, you know who [to ask] ... Most of these people are our neighbours, so we feel more comfortable in asking them questions.

Family and friends were the women's primary supports for maintaining a healthy mind. Older women were more likely to report that the "rural way of life," including taking pride in managing without outside help, community friendliness and willingness to help, were instrumental in helping them maintain a healthy mind.

What I like about a small town is you can walk down the street and everybody is your friend.

3. Barriers to staying healthy in the community

Women in all 3 age groups agreed that achieving or maintaining physical fitness was hampered due to a lack of facilities and a lack of resources (i.e., financial and trained personnel) to maintain the currently available activities.

Winter sports involve a lot of money. Like if you want to ski or if you want to ski-doo and all those kinds of things, oh gosh, you've got to spend.

Lack of facilities. ... I have friends in the city that just decide — well, I'm going to an exercise class tonight — and they'll just find one and go.

You have to be more motivated in a small town, because you have to make yourself do things more. Because we don't have gyms that we can go to, or field houses, or big parks like [the cities do]. We have to make do with what we have and encourage each other.

They spoke about the discontinuation of previously offered programs and services, and the dying interest in formed groups that made it difficult to maintain a routine.

That's the problem. They get this thing going and then somehow it just fizzles. I don't know if it loses interest or what. But yeah, it goes down…

Younger women were more likely to perceive family commitments as a barrier to staying healthy.

I want my kids to be involved in everything, because I never had that chance when I was a kid ... but then you don't have time to do your own thing.

Being at home … [with children], sometimes the walls get really close. It just depends if you can get your breaks from them, either a nap or bedtime at night ... so ... you can actually feel like you're essentially human.

With my family, they are into hockey. Because they're not little, you're not chasing them but you are chasing them in different ways. So you are following them to the rinks, different towns. Eating lots of rink food.

Cold weather and the travel distance to attend community activities were also considered barriers to exercise in the community.

Who's going to drive an hour and a half to [the city] to go [to an exercise class]?

In a smaller town you don't always get large numbers out. Especially during Saskatchewan winters when it's cold.

Barriers to good nutrition were described by women of all ages, but significantly more frequently by those in the middle age group. Concerns often pertained to the lack of variety at the grocery stores or selection choices at restaurants.

I like to eat avocado, so when I ask about that, they bring in a whole bunch of avocados, and I can't eat 50 avocados. I'll buy 5 or 6 and then they'll say "Well they don't sell so we can't bring them in."

Sometimes when you go to a restaurant, it's hard to pick something that isn't cooked with grease or something like that.

The grocery stores in town do very well, but there are some days you go and there's just not fresh produce. It's an unfortunate part of being in [a rural area].

It's like a kid at a carnival when you go into the city to the markets and you see all this fresh stuff, and you think "oh my god."

Older women spoke about the impact that loneliness or social isolation had on their efforts to stay healthy.

Often a lot of pressures or problems that come up for us are related to loss and being alone.

4. Community needs for the future

Participants were asked what, if anything, they would they like to see in their community that could better support their attempts to stay healthy. The women provided interviewers with 43 different "wishes" for their community, a few of which are mentioned here.

Exercise facilities

Activities, programs and services that could support the maintenance of a healthy body were most commonly requested by all 3 groups (e.g., an indoor pool, more funding for programs, improved accessibility of buildings, gymnasium, trained personnel).

Seniors and young families

Additional supports to assist seniors and young families were next most commonly mentioned.

Seniors

A greater variety of accommodation options and travel assistance to the city were the most frequently mentioned supports for seniors, but the need for a counsellor with experience in bereavement and grieving was also expressed. Interestingly, the majority of discussion pertaining to support for seniors came from women in the middle age group. Some of this reflected their acknowledgement of their future, and some reflected the struggles they currently faced by caring for an older family member.

> My husband and I are getting older and you look around the community — there will be some day when you cannot look after your house. I would like to see an apartment complex.

> What will happen if the two of us, together, live to get pretty old. Where will I go? The [nursing] home cannot take couples, which I think is terrible, because what if you both need really a lot of care?

> If you want to travel to [the city], you have to travel at a certain time of day and make accommodations. Like, for us, the bus goes in the evening to [the city], and then the train is in Melville and the plane is in [the city], so you know, if you don't drive, you're very handicapped.

Support for young families

Suggestions for improving support for families included access to activities providing on-site child care, or activities that include mothers and children.

> Having a Moms and Tots group or something in town. I know they used to have one a few years ago.

Discussion

These interviews provided an opportunity for a group of rural women to paint their own picture of promoting and maintaining health in their community. Over the past decade, health care has become increasingly regionalized. This has resulted in the development of health regions that encompass both large urban centres and rural communities. Senior health care decision-makers are often located in the urban centres and are more knowledgeable about and more aware of the needs of the urban centres. Moreover, the proportion of the rural population is smaller, resulting in less representation in decision-making. Consequently, rural health care needs may not be addressed in ways that are seen as most appropriate by the rural community members.

Limitations

A limitation of this study was the selective nature of the sample and its small size. Although the sample provided a rich description of rural women's experiences, other women from their community or women from other rural communities may have different opinions.

Conclusions

Using this type of community level focus group format to identify concerns and needs of these communities may be particularly useful for providing planning information for decision-makers as new primary health care initiatives are developed in rural areas.

A representative cross-section of the community demographic characteristics must be included in this process. For example, the health-promoting activities currently engaged in by the women, and the barriers and facilitators to staying healthy were found to differ for women of different ages. It is useful for health planners to understand that women's health promotion needs vary across their life span. The information from these interviews can be compared with information obtained from women living in urban centres to further examine how the health-promoting behaviours and needs of rural and urban women differ. Exploration of health-promoting activities for men using an age-stratified approach should also be undertaken to obtain a comprehen-

sive picture of communities' health promotion needs.

This pilot study provides a good basis for further research into developing the role of community participation in health promotion planning, and for how to better support women in rural and remote communities to improve or maintain their physical and mental well-being.

Competing interests: None declared.

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