

# *Maritime Centre of Excellence for Women's Health*

## *Projects addressing diversity . . .*

- Ethnicity, Income and Access to Health Care in the Atlantic Region: A Synthesis of the Literature
- Affirming Immigrant Women's Health: Building Inclusive Health Policy
- An Exploration of the Stress Experience of Mi'kmaq Female Youth in Nova Scotia
- Including Black Women in Health and Social Policy and Development: Winning Over Addictions: Empowering Black Mothers with Addictions to Overcome Triple Jeopardy
- Equitable Access to Health Care, Health Promotion and Disease Prevention for Recent Immigrant Women Living in Nova Scotia
- Perceptions of Access to Ethnomedicine in the Environment: A Preliminary Case Study in the Mi'kmaq Community of Indian Brook, Nova Scotia

### **Ethnicity, Income and Access to Health Care in the Atlantic Region: A Synthesis of the Literature**

**Najma R. Sharif (Saint Mary's University), Atul A. Dar (Saint Mary's University), Carol Amaratunga (Maritime Centre of Excellence for Women's Health/Dalhousie University)**

The primary goal of this project was to scan the relevant academic and popular literature on the accessibility to health care of different income and/or ethnic groups in the Atlantic region; to present a synthesis of the results of the scan in the form of a document that will highlight the important dimensions of health care accessibility from the point of view of marginalized groups in the region; and to highlight gaps in knowledge that impede the fashioning of well-informed health policies by pointing to the critical areas that warrant ongoing and future investigation.

The literature scan involved a search across several domains – from public and university libraries, community-level institutions, research institutions, and the news media (print as well as visual), to government documents. The search for documents focused on works that provided various perspectives (academic or non-academic) on the relationships between socio-economic status, ethnicity and health care accessibility. The ethnic groups, which were the focus of this study, included Blacks, Aboriginals and Acadians, as well as various immigrant groups whose cultural beliefs and practices differ from those of the dominant culture.

The synthesis contained in this report finds that there is a shortage of research-based literature on the role of ethnicity and low-income status as they relate to health care accessibility in the Atlantic region. As a result, that which exists is thinly spread out. This is in contrast to work being done in other parts of Canada. There is, therefore, a need to make a long-term commitment to such research in the region. On a more specific level, we need more systematic quantitative and qualitative work on the determinants of health care accessibility across the broad spectrum of health care services, and to disentangle more definitively the links between income status, ethnicity, short and long term immigration experiences, and health care usage. As part of this broader research effort, we need documentation on the varying health problems and needs of ethnic minorities, both established and new communities. As noted in the report, the fact that minorities constitute a small proportion of the provincial population is precisely why they can become marginalized, especially those who belong to low-income groups. If health care policy is not informed about these sub-populations, they will continue to be marginalized from mainstream Canadian society.

There is a clear lack of information on the gender aspects of health care accessibility. Much of the existing literature relates only to women. A gender perspective is especially important for understanding the health care access of both groups, and especially ethnic groups whose cultural values differ from those of the dominant cultures.

To build a critical mass of research-based literature on the subject of ethnicity and socio-economic status, as it relates to health care accessibility in the Atlantic provinces, requires a strategic investment in health-related research. There is, otherwise, the danger that Atlantic Canada will continue to lag behind in the creation of such a body of research. It is also important to note that Atlantic Canada does not benefit from a Metropolis Centre of Excellence on immigration research.

## **Affirming Immigrant Women's Health: Building Inclusive Health Policy**

**Marian MacKinnon (University of Prince Edward Island & InterCultural Health Assembly of PEI), Laura Lee Howard (PEI Association for Newcomers to Canada)**

The purpose of this qualitative study was to explore the experiences and perceptions of immigrant women in relation to the factors that influence their health, health maintenance behaviours and the health services they use. How the women view health, the factors influencing their health, health maintenance patterns and experiences using health services in Prince Edward Island, Canada, are described. Taped interviews were conducted with 22 immigrant women aged 20 to 70 years who had been in Canada for up to 20 years. A semi-structured interview guide with open-ended questions and probes to gain greater depth, was used for data collection. The women involved in the study were a convenience sample of immigrant women in Prince Edward Island (PEI).

Content analysis and the constant comparative method were used for data analysis. The findings suggest that the women perceive their health as a resource and they try to engage in behaviours to protect it. The thesis that immigrant women have different health care needs was not upheld. The women were found to have similar health needs and health maintenance practices to Canadian-born women, but their resources are greatly reduced. The findings also indicate that the health care they receive is often culturally insensitive. Three health issues identified by Meleis, Lipsom, Muecke, and Smith (1998) provide the framework for presentation of the findings. Five determinants of health represent the themes that emerged during analysis of the data.

This research may raise awareness of the need for health care providers to include the determinants of health in their assessment of immigrant and refugee women. Factors interfering with the ability of these women to maintain their health and to access the health care they need are described and recommendations are outlined for practice and policy.

## **An Exploration of the Stress Experience of Mi'kmaq Female Youth in Nova Scotia**

**Frederic Wien (Dalhousie University), Lynn McIntyre (Dalhousie University), Sharon Rudderham (Union of Nova Scotia Status Indians), Carla Moore (The Atlantic Policy Congress)**

In the fall of 1996, the President of Dalhousie University and representatives of the Union of Nova Scotia Indians (UNSI) and the Confederacy of Mainland Micmacs (CMM) signed an agreement of cooperation in health matters. The first project initiated under the agreement undertook a study of the health status, and the determinants of health, of the on-reserve Mi'kmaq population in the Province. In June of 1997, the research group successfully completed interviews in each of the 13 reserve communities, based on a carefully drawn random sample. A total of 723 interviews were completed of Mi'kmaq children, youth and adults.

Many of the research results were as expected, documenting in some detail the sharp inequalities in health status that exist in First Nation communities when compared to data for Nova Scotians and Canadians. However, the data clearly revealed a pattern of troubled and stressed female youth living on reserve, a pattern that is evident not so much in terms of physical health symptoms but rather in terms of mental health and emotional well-being. Female youth on reserve are much more likely than male youth to have a negative self-image, to feel quite a bit or extremely stressed, and to have felt sad or depressed every day for two or more weeks in a row in the past year. Perhaps not surprisingly, a higher proportion of female than male youth also report using alcohol and other drugs.

With this descriptive data, the research group designed this project to deepen understanding of what lies behind the stress experience described by Mi'kmaq female youth with an eye to policy and program intervention. The project has three goals:

- (1) to improve understanding of the stress experience described by female youth on reserve by exploring the meaning and responses of such experiences for them
- (2) to determine what policy and program interventions female youth and their interested stakeholders believe would be effective in reducing negative stress experiences
- (3) to continue the process of developing research experience and expertise in First Nation organizations and communities

The project will utilize qualitative research methods involving more open-ended, in depth, interviews with female youth aged 12–18 years (the study age cohort). A small number of male youth interviews will also be conducted to gain comparative insights. The research team will undertake small group discussions with female and male youth using a focus group or talking circle format and conduct interviews with key stakeholders such as teachers, elected and traditional leaders, health staff and youth group leaders to provide additional perspective on the challenges facing female youth.

Applying a gender equity analysis to the published literature on the components of the stress experience (physical, mental and emotional) encountered by First Nation female youth will form the basis for a theoretical framework of the determinants of stress in this group.

At the conclusion of the research, an invitational workshop at which the majority of attendees will be female youth will be organized to discuss the results of the research and to recommend policy and program change.

## **Black Women's Health Research: Policy Implications**

### **IWK Grace**

This small project development initiative hired a consultant from the black women's community to address the lack of research on the health care of Black Nova Scotian women. The objective of the project was to identify health care needs of black women for policy and program changes in the IWK Grace Health Centre's Women's Health Program (Halifax, NS).

## **The Black Women's Health Program**

### **Fraser**

This research support will enable the Black Women's Health Project to recruit a black women's health researcher or research consultant to undertake a preparatory feasibility study to build on the research conducted to date and to enhance and expand upon, where possible, the existing bibliography development and analysis of secondary data on black women's health. The researcher will compile and collate information, and will prepare a detailed workplan in preparation for the design and development of a black women's health survey project.

## **Including Black Women in Health and Social Policy and Development: Winning Over Addictions: Empowering Black Mothers with Addictions to Overcome Triple Jeopardy**

### **Wanda Thomas Bernard (Dalhousie University)**

This was a participatory action pilot research designed to begin a process of inquiry into a critical social issue that is quickly becoming a social phenomena that is out of control. The social issue is drug use, more specifically crack cocaine addiction and abuse in the African Nova Scotian community. Whilst the increase in use of crack cocaine in the African Nova Scotian community has received little public attention, it is a major concern within the community itself.

Of particular concern, me as a social work educator and practitioner, was the affect of this drug on the stability of families and children. For example, a social worker with a local child welfare agency stated that approximately one third of their caseload was made up of Black mothers, who are addicted to drugs, and therefore, are neglecting and/or abusing their children. Furthermore, individual efforts to address this problem are met with disparaging degrees of success. Many of these women are not able or willing to access current services, and there are no culturally relevant services available to them. Agencies are frustrated by their inability to effectively reunite these women and their children. These mothers are also

frustrated by the lack of services to meet their specific needs, and tend to give up in despair, plunging them even further into their addiction and subsequent behaviours.

The purpose of this study was two-fold: 1) to better understand how the policies of health and social agencies impact on the experiences of African Nova Scotian women who are recovering from drug addiction and may have had involvement with a child welfare agency; 2) to engage those most affected in a participatory action research project to deal with the identified problem(s).

#### Findings:

All of the women who participated in this research were addicted to crack cocaine. In addition, the women struggled with other addictions, such as alcohol, marijuana, hash and /or cigarettes. Each of the women involved had at least two addictions, most commonly crack and hash.

The women were mothers, and all were involved with a child welfare agency because of the addiction. The majority of them were living with their children during this research, although they had all been separated from their children due to an apprehension or temporary care and custody order.

A thematic analysis was used to interpret the data and the following themes emerged:

- stigma and shame from the community: Women with addictions are more actively discriminated against, and have fewer supports. However, these women are not only dealing with prejudice based on their gender and addiction, but have the added burden of race and class as well. They are less likely capable of concealing their addiction, and more likely to have other agencies involved in their lives, such as child welfare and income assistance.
- Other problems underpin the addiction: For each woman who participated in this research her involvement with substance abuse was rooted in some other critical issue. For many it was a family history of alcohol addiction, a personal history of abuse survival, either as a child or an adult, an experience of abandonment, and/or an experience of failure.
- threats from child welfare don't help: The loss of their children represented failure and contributed to the damaged self-esteem and shameful existence. As we discussed the role of child welfare in their lives, the women repeatedly stated that the threats did not help. There is a clear understanding that child welfare workers must do what is in the best interest of their children, but they question why there are no real services in place to help them meet their children's needs.
- lack of gender specific and culturally appropriate services: There is only one gender specific addiction treatment service in Halifax and no culturally appropriate addiction treatment services in Nova Scotia. There is a need for culturally appropriate and culturally specific programs. These women want services without the expectation and added burden of having to explain their unique cultural experiences. There is also the issue of racism within programs. Agencies need to ensure that issues of racism amongst staff and other participants are addressed in an appropriate manner. Participants from the African community will not utilize a service if they anticipate problems around race and racism.
- lack of supports from extended family and the wider Black community: One of the issues of great concern to the participants was the stigma they felt in their own families and in the wider Black community. For many, the disconnection from family and community gave them a further sense of hopelessness. To feel unloved and unworthy by one's family would cause them to feel unlovable. To be pushed out of your community would make you feel that you don't belong. The drug culture and community becomes much more important and significant for these women. The lack of connection to family and community is a very real barrier for these women.
- There is a link between the addiction and crime which leads to other problems: A number of the women had been in conflict with the law due to their addiction problems. They had either been involved with theft or working in prostitution to support their habit. There were mixed blessings about being incarcerated, as it allowed them time to 'get clean', but forced a separation from their children. In addition their conflict with the law gave them another form of stigma, adding to the jeopardy they already experienced. Involvement in addictions and criminal activities also put these women at risk for a host of other problems as well.
- Agencies are aware that they are not reaching this segment of the population: It was clearly articulated at the community consultation that agencies are not meeting the needs of this target group. There are real and perceived structural barriers for Black women that limit their access to these services. There was also an expressed wish to engage in a discussion of alternatives and a process to address this problem.

#### Recommendations:

- Develop policies which meet the unique needs of African Nova Scotian women
- Develop residential treatment programs which allow women to keep their children with them

- Make existing programs and services more culturally relevant
- Treat this issue as a matter of some urgency, especially considering the long term impact on children, families and communities
- Create more awareness in the African Nova Scotian community about the real experiences of women who are struggling to win over addiction
- Do more research which explores the links between race and other forms of oppression and the impact on women's health.

## **Equitable Access to Health Care, Health Promotion and Disease Prevention for Recent Immigrant Women Living in Nova Scotia**

**Swarna Weerasinghe (Dalhousie University)**

This project focuses on exploratory research with recent immigrant women in Nova Scotia and their experience with, and access to, healthcare. The research team conducted focus groups with 23 female immigrants from 11 different countries. Focus groups seem to be an appropriate method for data collection while providing a venue for participant empowerment. The informed participation of immigrant community organizations, participants and family members is key to the success of ethnocultural research. Several other findings emerged from this research: dissatisfaction with diagnosis and prescriptions; health care provider and consumer communication problems; clashes between ethnocultural beliefs and the Western health care system; and the link between unemployment or underemployment and physical and emotional health. This research-based knowledge revealed the need for further research leading to policy changes in health care.

## **Off Reserve Aboriginal Women's Health Assessment**

**Doyle Bedwell**

The current federal policy of devolution of responsibility to the provinces will concurrently occur in Aboriginal communities as self-government and transfer of health jurisdiction becomes a reality in the next few years. The lack of national standards with respect to health, through the CHST, also needs closer examination. If the provinces become responsible for health care for urban Aboriginal women, there is a strong possibility that Aboriginal women will be left behind as current health care policy does not reflect the input of Aboriginal women.

## **Perceptions of Access to Ethnomedicine in the Environment: A Preliminary Case Study in the Mi'kmaq Community of Indian Brook, Nova Scotia**

**Joanne Pereira (Dalhousie University)**

Mi'kmaq identity is intrinsically linked to the land and is central for the well-being and existence of an indigenous community such as the Mi'kmaq of Nova Scotia. Their culture, traditions and language are all interwoven in relation to land and exemplify their holistic approach to life. Women in the Mi'kmaq community are considered to be the caretakers of children and the future; their perception of their own well being can affect their family unit and consequently their community. This graduate thesis examines perceptions of access to ethnomedicines and the perceived well-being of individuals by members of the Indian Brook, Shubenacadie, Nova Scotia, Mi'kmaq community.

A sixteen-month case study in Indian Brook, Shubenacadie was conducted to explore the significance of traditional land by surveying perceptions surrounding access to traditional medicine. Five other reserve communities were also visited to gain a broader perspective on accessibility and availability of traditional medicines for the Mi'kmaq community-at-large. As a result of occupation and habitation in Mi'kma'ki, a unique and special bond has formed; thus traditional lands are central to Mi'kmaw culture and spiritual beliefs. Legal cases and treaties support Mi'kmaw tenure, but conflict has arisen and access to traditional Mi'kmaw medicines are perceived as limited.

Using semi-structured interviews, transect walks, oral histories, mapping exercises, personal observation, and a review of literature, an understanding of the Mi'kmaq history, culture and belief system was established. Data collected suggest that pollution and private land ownership as well as Government

and Catholic prohibitions contribute to restricting access of traditional medicines for Mi'kmaw. Although individual perceptions varied, findings indicated that traditional medicines are an important part of the Mi'kmaq culture.

The majority of respondents practice traditional medicine although procurement procedures vary. Perceptions indicated that post-colonial issues, such as the denial of land, influence Mi'kmaw perceptions of accessibility of traditional medicine. Despite these problems, traditional medicines are generally available to Indian Brook community members. Field study findings also suggest a connection between previous family traditional medicine practices and current individual practice. Furthermore, the study identified a range of opinions that exist regarding the role of men and women in the practice of traditional medicine.