

Northern Women's Health Outreach Project

BY KAREN O'GORMAN

L'éducation et la formation au VIH/sida adressées aux femmes des régions rurales sont déficientes. Cet article analyse un projet sur la situation dans le Nord-Ouest de l'Ontario (Northern Women's Health Outreach Project) qui a consisté en une série de six ateliers et groupes de discussion données dans deux régions du Nord-Ouest, sur l'usage et l'abus des drogues, le VIH, et les problèmes afférents.

In Ontario, the proportion of HIV positive diagnoses of women increased from 1.8 per cent in 1985 to 20.1 per cent in 1999 (Remis, Major, Wallace, Scheidel, and Whittingham). According to the Canadian AIDS Society,

Women are one of the fastest growing segments of the population to contract HIV. As of 1999, women accounted for 24 per cent of all new HIV infections in Canada. (5)

Heterosexual contact and injection drug use factors were the most frequent routes of exposure.

Women struggling with substance use issues and living in rural areas and smaller communities face significant barriers in accessing services. These barriers include: lack of services; distance to services; inclement weather; lack of childcare; and stigma (Ontario Substance Abuse Bureau). Furthermore, if a woman is HIV positive and using substances, she is twice damned in the eyes of these smaller community. This attitude is best summarized in an article by Lawless, Kippax and Crawford:

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imply failure in the expected traditional role for women as carers and moral guardians. This is compounded by the construction of the HIV body as polluted and this applies "particularly to women who are seen as potential sources of infection to the wider population and future generations." (1374)

A subcommittee of The Thunder Bay and District Addiction Services Committee had been meeting since 1999 to explore the issues facing women struggling with substance use and related issues in Northwestern Ontario. Subcommittee members consisted of: The HIV Program at The Centre for Addiction and Mental Health; Sister Margaret Smith Centre of St. Joseph's Care Group; and Family Services Thunder Bay. Although the literature was replete (see for example: Ontario Substance Abuse Bureau; Currie; Addiction Research Foundation) with what

women needed in gender-sensitive services, little information was available on how to effectively engage rural women struggling with substance use and/or HIV issues. It was decided that the best way to remedy this problem was to ask women living in the rural communities directly.

Funding was sought and secured from the Ontario Substance Abuse Bureau to conduct a three-part Women and Health Outreach Series in two rural areas in Northwestern Ontario. The purpose of the project was threefold: to provide women in smaller communities with information about substance use/abuse, HIV and related issues; to encourage dialogue amongst rural women about the issues; and to explore effective strategies for engaging and supporting women struggling with substance use/abuse and related issues such as HIV.

The project offered a series of three one-hour educational presentations on the following issues:

- Prescription Drug Use entitled: "Don't Worry be Happy!" This presentation looked at the stress women experience as a result of gender roles and alternatives to using prescription drugs to help cope with the stress.

- Family Roles and Relationships entitled: "What's Love Got To Do With It?" This presentation examined some of the roles women tend to adopt within families, the effect of substance use within the family, the negative effects, and some steps for change.

- HIV Risk Factors and Substance Use entitled: "Sex, Chocolate and HIV." This presentation offered women an evening of fun and an

opportunity to ask questions related to sexual activity, alcohol use, and risk of HIV infection. Each of these educational sessions was followed by a one hour facilitated focus-group discussion exploring effective strategies for offering support to rural women.

Based on the committee members' experience of working and living in rural areas we utilized three key strategies to develop and implement the project:

- We placed the potentially stigmatizing issues of HIV and substance use in a broader health context. For example, we looked at substance use as it related to such issues as gender roles, stress, and sexual activity, and the way in which each of these impact on women's health and general well being.

- We hired local women from each of the two communities to act as contacts and to advertise, arrange, and organize the sessions;

- We offered childcare, food (including chocolate!) and honoraria.

Insights and Observations:

Placing the issue of HIV and substance use into a broader context helps to "normalize" the issues, providing safety, decreasing the negative inferences and the labelling of those who do access services.

Women attending the sessions stated that stigma was a significant barrier to accessing services for issues such as HIV and/or substance use. They confirmed the usefulness of placing potentially stigmatizing issues into a broader context of health. Other ideas for offering support and information were:

- Holding a Women's Health Fair and inviting a broad, cross-spectrum of services, sessions, and booths covering issues such as: HIV, breast cancer, foot massage, substance use, etc. This would allow women to participate without any negative inferences.

- Placing information or an outreach worker in the breast screening van. The van is a familiar sight in

many of the smaller rural communities and accessing the van is acceptable and encouraged within smaller communities. Once in the van, women would have an opportunity to anonymously access information and education.

- Utilizing existing rural newsletters and community newsletters to feature regular articles providing information about issues such as substance use and HIV was seen as having the potential to educate and build awareness. It was felt that such articles might also help to dispel some of the stigma attached to these issues—the "I read it in the paper" effect.

Hiring women living within the communities to act as a local contact was also important. These women were able to advertise, arrange, and provide services for the sessions which proved invaluable. It was the most effective and efficient way of using indigenous information networks (not readily visible to the outsider) and to get the word out about the session. For example, one woman worked at the local municipal dump and since the majority of the township residents access the dump on weekends, she used this as one of the venues to distribute flyers advertising the sessions to women coming to the dump.

Hiring local women also provided us with ideas about where best to hold the sessions within the community and timing of the sessions. The local contacts gave the project a familiar face to the other women in the community, in essence, providing a kind of legitimacy that a person from outside the community may not have had. After each session, they were also able to provide important information about the demographics of who had attended (i.e., single mothers, mothers who work outside the home, etc.). In one community, the local contacts were able to inform us that a large number of the women who had attended the session were women who rarely attended community sessions such as the one we offered. This information would not

have been available to us had we not worked in partnership with community women.

We also tried to be cognizant of a community's culture of giving and taking. Local women hired for the project spoke frankly of the concept of community culture. This concept is also explored in an article by Fuchs titled, "Self-help and Natural Helping Systems: Strategies for Effective Northern Practice." Community norms and values around providing and accessing supports and incentives vary depending on the community. It can be acceptable in one community to provide childcare while in others it can be considered both a norm-violation to offer childcare and for women to access the support. There may be an unwritten community rule that if a woman is going out, she must secure her own childcare. Similarly, while most women appreciated the honoraria, others were uncomfortable with the idea. The discomfort appeared to be due to a breach of community norms regarding when, and for what reason, monetary compensation is offered, to whom it is offered, and who is sanctioned to accept it.

Rural communities have seasonal cycles which need to be considered when offering services to rural women. Our project timelines were, in part, built around funding requirements but we also tried to avoid scheduling sessions in the summer when school is out and children are more likely to be home. This would have made it more difficult for women to attend. Nevertheless, in one community we ran into conflict with community's baseball tournaments and spring gardening.

It is important to make language accessible. We discovered that in the posters we used to advertise the sessions, the language was not clear about women receiving money for attending. Using language that was more accessible to the broadest number of women may have resulted in larger numbers of women attending the sessions.

Women who are HIV positive and use substances struggle with the stigma of deviance. Disclosure of one's status and/or acknowledgement of alcohol use or drug problems can have a negative effect on the woman, her family, and her children. This project allowed us, as service providers concerned about women's health issues, an opportunity to meet with women in rural communities to discuss the issues and explore strategies for change.

In summary, the key principles in providing services related to HIV and substance use that proved beneficial in this project were recognizing community culture and working with the women in the communities to plan, arrange, and offer the sessions in a timely and convenient manner.

In the focus group discussions there were a number of reoccurring themes. We were told, again and again, that women were neither aware of the services available in the community nor how to access them. The participants felt that more information about services and more community educational/information sessions about health-related issues would be beneficial.

It would seem, based on the feedback of the women who participated in the sessions and focus groups, that while some services were available either in a nearby urban setting or within their rural area, a significant number of women were not aware of what those services were nor how to access them. Clearly then, there is a need for more information about the services that are available to women in rural areas and smaller communities, as well as how they can access those services in a way provides for and ensures a level of anonymity.

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Dreamcatcher

she spits and kills a pigeon.

she dreams
the pigeon enters her
expands
its wing they fill
up her back and arms

she can feel
two sets of ribs
hers and those more fragile

death inside her

she spits feathers
and sells them
souvenirs to other
women.

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