Living in a Rural Community Is Good for Your Health … Or Is It? Young Women Talk About Rural Living and Their Emotional and Mental Health

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ABSTRACT

Relatively little is known about how rural living influences the health of women. We explored how young women (18–39 years) living in two rural communities in Nova Scotia, Canada, perceive the impact of the physical and social environments on their emotional and mental health. Qualitative interviews were conducted with 27 women. Our research indicates that specific characteristics of the physical and social environments promote feelings and experiences of "connectedness," thus contributing positively to emotional and mental health. However, other features of the environments operate as obstacles to connectedness (particularly to services and supports), and negatively impact the women's emotional and mental health.

Keywords: rural health, young women's health, emotional and mental health

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For many years, women's health has been the centre of a great deal of research because of the recognition of gendered health problems (Advisory Committee on Women's Health Surveillance, 1999; Doyal, 1995; Love, Jackson, Edwards, & Pederson, 1997; Phillips, 2008). Differences in men's and women's health have been linked to numerous social, economic, political, and cultural factors (Bird & Rieker, 1999; Courtenay, 2000; Denton, Prus, & Walters, 2004; Hardy, Kozek, & Stenning, 2008; Love et al. 1997; Reed, 2003; Thorndyke, 2005), including the fact that women often work in different paid positions, are paid (on average) less than men (MacDonald, Phipps, & Lethbridge, 2005), and spend many hours engaged in household tasks and unpaid caregiving. In spite of the extensive research in women's health, however, much of the literature centres on the health of women living in urban not rural areas. When women living in rural areas have been included, data are often presented for women in general without examining the lives of urban and rural women separately. This approach obscures potential differences related to where one lives, including how the specific characteristics of rural living may affect women's health.

The paucity of research on women living in rural areas is surprising given that rural communities are quite distinct from urban centres (Hartley, 2004; Masuda & Garvin, 2008). Indeed, research suggests that people living in rural areas have a better quality of life because they experience little worry related to time pressures, traffic congestion, and other urban lifestyle issues. In essence, living in a rural area is conceptualized as more relaxed, stress free, and "good" for one's health because "nothing much happens" (Bushnell, 1999; Struthers & Bokemeier, 2000; Swaffield & Fairweather, 1998). At the same time, the health of citizens living in rural areas is often identified as poorer than that of urbanites on a number of indicators including self-reported health (Kobetz, Daniel, & Earp, 2003; Mitura & Bollman, 2004). Rural, metro-adjacent regions have the lowest proportion of individuals with excellent self-rated health; a significantly lower percentage of women 12–17 years of age from rural and northern parts of Canada rate their health as excellent as compared to young women living in urban areas (Mitura & Bollman, 2004).

Although citizens living in rural areas may view their health more negatively than urbanites, we know relatively little about the conditions that might explain this view (Ames, Brosi, & Damiano-Teixeira, 2006; Hegney, Pearce, Rogers-Clark, Martin-McDonald, & Buikstra, 2005). We do know that rural living has unique challenges particularly given recent rural economic restructuring, the reduction in primary sector resource extraction (e.g., fishing, forestry, mining), high levels of out-migration, and fewer health care and other services in rural as compared to urban areas (Ames et al., 2006; Dolan et al., 2005; Gien, 2000; Jackson, Marshall, Tirone, Donovan, & Shepard, 2006; Leach & Winson, 1995; Marshall, 2001; Slack, Bourne, & Gertler, 2003). Nevertheless, the specific characteristics of rural living that are linked to perceptions of poor health are unclear.

Our research was carried out in this context of seemingly contradictory research findings on how rural living affects the health of rural citizens. We were specifically interested in exploring how young women perceive rural living as affecting their health, including the potential positive and negative impacts of living in a rural community. We focused on women's perceptions of rural living because men and women have a different relationship to their environment (Van Pragg, Bracke, Christiaens, Levecque, & Pattyn, 2009). In contrast to men, women's social roles are more embedded in the local area, women tend to spend more time in informal care relationships within the community, and women are more likely to work (either full or part time) within or close to their community (Van Pragg et al., 2009). For these reasons, living in a rural environment may be perceived by women very differently than it is by men.

We centred on women 18–39 years of age because this age grouping is inclusive of women engaged in caregiving for children of different ages. Research suggests that recent changes in rural communities, including health-care restructuring, may have a particularly significant impact on young adult women given their multiple caregiving roles for children and others, and their volunteer and/or paid work (Bourgeault, Sutherns, Haworth-Brockman, Dallaire, & Neis, 2007). A number of researchers examining the health of young adult women have also used this age grouping (Blanchard-Fields, Stein, & Watson, 2004; Griffiths et al., 2007; Kestila et al., 2005). It is important to note, however, that there is no agreement within the research literature on the ages that are inclusive of young adult women. Different age categorizations reflect, in part, the socially constructed nature of the concept "young," and the historical and cultural influences on meanings of young. For example, some researchers have redefined the 18–25 age range as an emerging adult grouping due to extended periods of time in post-secondary education and a longer transition period from adolescence to adulthood (Nelson & Barry, 2005). For our research, we included women in the 18–39 age grouping because we wanted to speak with women who had just recently moved into young adulthood as well as women who had experienced this stage of life for a period of time.

CONCEPTUAL FRAMEWORK

In 1986 the Ottawa Charter for Health Promotion drew Canadians' attention to the role of the social and physical environments on individuals' health (Ottawa Charter for Health Promotion, 1986). The Charter resulted in extensive discussions about the possible mechanisms through which social and physical environments might affect the health of different populations (Commission on the Social Determinants of Health, 2008), and the focus on environments parallels the growing interest in "place and health" in the health geography literature (Bernard et al., 2007). In both fields, where one lives, works, and plays is conceptualized as critical to one's health. As Bernard et al. (2007) point out, place is "associated with health above and beyond the individual level risk factors" (p. 1839). The dynamic interrelationship between individuals and places makes it difficult to disentangle the exact contribution of "place" to individuals' health; nevertheless, researchers are seeking to understand some of the key characteristics of place that influence health, and how people living in the same type of place (e.g., a rural place) may experience that place differently.

Our research informs this literature on place and health by exploring how women living in two different (but geographically close) rural communities perceive where they live as influencing their health. Following others, we conceptualize place as more than a geographical locality as it includes a system of social relationships and "a way of life" (Elder, King, & Conger, 1996; Goudy, 1990; Heald, 2008; O'Brien, Hassinger, & Dershem, 1994; Wiborg, 2004). A place or community incorporates "the social and economic processes, which comprise the interactions of the individuals who inhabit the space" (Kobetz et al., 2003, p. 268). Although individuals and groups may occupy a geographical space, this space becomes a "place" only when individuals actually experience it and give it meaning or value (Stedman, 2003; Wiborg, 2004).

The goal of our research was not to determine specific health problems or types of health-related behaviours that might be linked to living in a rural place. Rather, we were interested in perceptions of "place" among young women living in rural areas, and their views of how the physical and social environments affect their health. We conceptualized health as a multifaceted concept that "spans a range of disciplines" and has a variety of meanings across cultures and societies (Bendelow, 2009, p. 1). Health is not simply the

"absence of disease" but has physical, social, emotional, mental, and spiritual elements (Bendelow, 2009; WHOQOL Group, 1995). Following Donatelle, Munroe, Munroe, and Thompson (2007), we conceptualized each element of health broadly. In this paper we focus specifically on women's discussion of how the physical and social environments affect their emotional and mental health. Within the category of emotional health, we include feelings (e.g., trust, self-confidence) and the ability to have appropriate emotional reactions; mental health includes such elements as the ability to think clearly and analyze critically (Donatelle et al., 2007). However, participants were asked to talk about emotional and mental health in their own terms, and as understood by them.

THE SITES FOR OUR RESEARCH: TWO RURAL COMMUNITIES

There is no consensus on how to define "rural" (Rural Communities Impacting Policy Project, 2003). Some argue that population size determines rurality, yet others contend that centres may grow in population but retain their rural culture and way of living (Rural Communities Impacting Policy Project, 2003). Recognizing this definitional conundrum, we chose for our research a sparsely populated geographic area in Nova Scotia, Canada, that is also considered rural by key informants living in the area. Research participants were recruited from two small rural communities within this geographical area.

One of the two rural communities, Portview (pseudonym), is a series of small villages that were once reliant on the fishing industry. The villages in this community are located close to the ocean. The second community, Old Gary (pseudonym), is inland and has a history of agriculture and forestry development. The forestry sector has become highly industrialized in recent years, and a large car plant is now a major local employer. These two communities are separated by a major highway but share a growing service centre with stores, banks, a small community college, a movie theatre, and other social and health services. There was a significant decline in population in the two communities over the 1996–2006 period (Nova Scotia Government, 2006) with decreases in the 20–34 age range more than the Nova Scotian provincial average (see Table 1). Both communities have a wide disparity in average annual income (2006 data) between men and women with $36,403 for men and $22,506 for women in Portview, and $29,444 for men and $18,294 for women in Old Gary (Nova Scotia Government, 2006).

Table 1
Total Population by Selected Age Groups, Community, and Province (1996 and 2006)

	Portview			Old Gary			Nova Scotia		
	1996	2006	% Change	1996	2006	% Change	1996	2006	% Change
20–34	875	589	-32.7	304	226	-25.7	199,555	162,000	-18.8
35–54	1,572	1,483	-5.7	569	559	-1.8	268,955	285,570	6.2
55–64	473	765	61.7	177	255	44.1	79,540	119,805	50.6

Source. Nova Scotia Government (2006).

METHODS

Recruitment and Eligibility

Women were recruited to this study via posters displayed in various shops and schools, advertisements on the local cable network, through the snowball technique (i.e., women talking to other women about the study), and via another research study that was taking place at this time in the same general geographic area. Women were eligible to participate if they were 18–39 years of age, and had lived in one of the two communities for at least 4 years. The 4-year time period was selected to ensure that the women were sufficiently familiar with rural living to be able to speak to how it affects their health. The research proposal was reviewed and approved by the Institutional Ethics Research Board at the hospital that was the main location of the research (IWK Health Centre, Halifax, Nova Scotia).

Interviews

Face-to-face interviews were used because they facilitate an open and in-depth discussion of issues (Pini, 2002). All interviews were conducted by one female interviewer trained by the first author, and were audiotaped. At the end of the interview, sociodemographic information was collected. Participants were interviewed either in their home (n = 17) or in a private space in a community location within their community (n = 10). Interviewing in the community was aimed at reducing the perceived power imbalances between the researchers and the researched (Pini, 2002) given that the researchers live in urban areas. Two of the researchers frequent one of the communities on a semi-regular basis for leisure purposes, and are well-acquainted with the physical location.

Prior to the interview, a written consent form was reviewed verbally, each woman was given a small honorarium, and travelling expenses were reimbursed. After each interview, the woman was provided with a written list of community resources, including contact information for local mental health services.

Interviews were conversational, with questions aimed at understanding how the women perceive their community (e.g., Can you tell me the best things about living in your community? Challenges of living in your community?). We also asked how they perceived living in the community as impacting their health (e.g., Can you tell me how your community affects your health—both positively and negatively?). Probes were used as appropriate (e.g., Existing services? Outmigration?). We did not define the various dimensions of health for the women but did ask them to speak to different aspects of health as they saw applicable (i.e., physical, social, emotional, mental, and spiritual). In this paper we focus specifically on the women's discussions of health issues that would broadly fall under emotional and mental health.

To ensure that the research questions and processes were appropriate, an Advisory Committee was established at the onset of the study. This six-member committee was composed of women from both communities (but not interview participants), and included women from a wide age range, inclusive of the 18–39 age group. The Advisory Committee provided a voice for the research in the communities, and gave advice about recruitment. The committee also reviewed a draft of the interview guide for clarity and comprehensiveness, and the research team revised the draft based on this feedback. The preliminary results of the study were discussed with Advisory Committee members. In addition, focus groups were organized to discuss

preliminary results with participants. Three participants took part in a focus group, and one participant spoke about the findings to the first author on the telephone.

Sample

A convenience sample of 27 women was interviewed (12 from Portview and 15 from Old Gary). Table 2 summarizes participants' sociodemographic information and highlights the diversity of the sample in terms of family composition. Most of the women (18/27) had a partner, and approximately 50% (14/27) had one or more children. Sixteen of the 27 women had completed college or a university undergraduate degree, and 2 of the 16 had taken some graduate-level courses or had completed a graduate program. Only 4 had high school education or less, thus indicating a fairly well-educated sample. Eight women reported not working in the paid labour force, and the remaining women worked either full or part time. All 27 women reported that they were Caucasian, which points to the ethnic homogeneity of the sample and reflects to some extent census data on ethnic origin for this area. In the 2006 census, for example, just over 75% of the population of Portview reported that they were of British origin, 0% were of African origin, and 0.2% were East Indian (Nova Scotia Government, 2006).

Table 2
Participants' Sociodemographic Information by Community

		Portview (n = 12)	Old Gary (n = 15)	Total (N = 27)
Age (years)	18–29	4	8	12
	30–39	8	7	15
Partner	Yes	9	9	18
	No	3	6	9
Number of Children*	0	4	8	12
	1	3	2	5
	2	3	4	7
	3	1	1	2
Education	Less than high school	0	1	1
	Completed high school	2	1	3
	Some college/university	1	6	7
	Completed college diploma	2	5	7
	Completed university undergraduate degree	5	2	7
	Some graduate or completed university graduate/professional degree	2	0	2
Hours/week of paid work*	0	4	4	8
	< 10	2	1	3
	11–20	1	3	4
	21–30	3	3	6
	31–40	1	1	2
	+ 41	1	2	3

Note. *Missing data (n = 1).

Data Analysis

A grounded theory analysis was undertaken as per the process outlined by Strauss and Corbin (1998). The analysis procedures involved an iterative process from "what we heard" to the level of the abstract, and then back to the level of the data. Strauss and Corbin argue that "theory building" is not the goal of every research project that utilizes a grounded theory approach, nor should it be because knowledge and understandings take many different forms. Their techniques can be used for descriptive analysis, conceptual ordering, or theory building. Our approach is consistent with conceptual ordering because in order to develop a theory, more research data would be needed from different rural communities to provide a full and comprehensive understanding of young rural women's relationships to a diversity of rural physical and social environments, and the perceived impacts on their health. Nevertheless, our conceptual ordering does provide a rich, detailed understanding of key characteristics of rural living that are perceived by the women within the two communities as affecting their emotional and mental health.

All audiotapes of the interviews were transcribed verbatim by a professional transcriber, and a research assistant (not the interviewer) reviewed each transcript against the audiotape for accuracy. Each of the 27 transcribed interviews was read and re-read by the first author and the research assistant. Through this process of reading and re-reading, key concepts were identified and labelled with words/phrases used by the participants (e.g., beauty of place, gossip). These initial codes were further developed through an iterative process of re-reading the transcripts and rethinking the codes. As we discussed and thought about the codes, we grouped them according to different categories. For example, items such as "beauty of place" and "glorious place" were grouped together under physical environment. This process continued until all data were included within one or more codes and categories. The transcripts were coded by the research assistant using Atlas.ti (a qualitative software program) to facilitate data management and analysis.

The coded data were read and re-read for emerging themes and were compared and contrasted across the two communities. Memos were developed for emerging themes and subthemes, and various themes were articulated, rethought, and discussed again by the research team and members of the Advisory Committee. Disconfirming evidence was constantly sought, which led to the development of new themes and subthemes. This process continued until a conceptual integration of the concepts developed within the two overarching themes of "feelings and experiences of connectedness" and "obstacles to connectedness."

RESULTS

The women in both communities spoke of feeling "connected" to both the physical and social environments. They presented these experiences of connectedness as having positive implications for their emotional and mental health, because they were linked to feelings of joy, freedom, safety, and security. At the same time, there were characteristics of both environments that created challenges or obstacles to connectedness. These obstacles, and the attempts to overcome the obstacles, caused much stress, worry, loneliness, and loss. We present below our analysis of the themes of "connectedness" and "obstacles and challenges to connectedness." Verbatim quotations are provided to illustrate key concepts, and each quotation is identified by the community (pseudonym), interview number, and age of the participant. When applicable, other information about the participant is provided, such as her child-caring responsibilities, in order to provide more contextual background.

Theme A – Feelings and Experiences of Connectedness to the Physical and Social Environments

The beauty, wonder, and joy of the physical environment. The women interviewed all described the physical environment in glowing terms, and indicated that feelings and experiences of being connected to the physical environment had a positive influence on their emotional and mental health. Feeling connected to the beauty and expansiveness of the physical landscape was described as comforting, and as providing a sense of freedom and enjoyment. Regardless of which community the woman lived in, how old she was, or her family composition, connectedness to the physical environment was discussed in very positive terms. Participants indicated that connectedness was facilitated by living "in" the natural environment. The natural environment was readily available, and so one could play or engage in leisure activities in nature at any time. Often the women directly compared living in a rural community to living in an urban centre.

> Being in the city, there's more traffic, more pavement, more big buildings. And being home is more nature-oriented … being outside, playing in the woods, driving the four-wheeler, playing sports outside. (Old Gary #10, 24 years)

Safety, security, and supports within the social environment. Just as close connections to the physical environment were presented as "good" for one's emotional and mental health, social connections within the community were likewise viewed in very positive terms. Many women commented that they did not worry much about crime, violence, and other urban issues because people living in rural areas are socially close and connected. It was argued, for example, that residents know "what is going on" so they can stop social problems quickly if they arise.

> Well, I also like that I feel safe in my community. I don't have to worry about crime as much as I would if I were in the big city. Also, that people sort of know each other. When my son gets older, if he is sort of running with the wrong crowd, I'll be able to see it and do something about it so it won't get out of hand. (Portview #8, 36 years)

One woman spoke of how she allows her young child to play outside on her own because "a lot of people know each other and everyone knows who she is and where she comes from" (Portview #1, 38 years). The importance of living in a safe community so that one's children are safe was emphasized by the women with children, most of whom were in their late twenties and thirties. (Only one woman in her early twenties had a child.) Regardless of their specific age, however, women commented on their personal safety especially relative to how they would feel if they lived in an urban setting. As one 19-year-old woman commented,

> Because I think if you live somewhere like a city, like you don't have that. You know, you have to be scared because there's people out there that you can't trust. I mean here, you know the people that are here, and you know that you are safe, and that you can walk back on the road in the dark and be okay. (Old Gary #13, 19 years)

Some participants noted that even if one does not personally know everyone in the community, there are connections that tie members together, and contribute not only to the sense of safety but also to the respect and friendliness among community members.

> I like the fact that, you know, when you go to the grocery store you know people; and everybody treats everybody with respect because if you don't know them directly, you know their brothers, mothers, sisters,

> cousins, uncles. You know if you are cranky to somebody, the teller at the grocery store, if you are cranky, that is going to get around. You know? So people are very friendly to each other. Those are the main things that I like about the community. (Portview #3, 37 years)

Social connectedness was presented not only as an important part of everyday life, but as critical in times of need because "if you are in crisis or something, people help you. Or if you have a baby, people are always here with food and gifts and to help" (Old Gary #9, 23 years). According to one woman, if you have car problems while driving in the community you can go to anyone's home to telephone for help, and "even if they are not home, it's just known that you can go in and use their phone" (Old Gary #1, 38 years).

Knowing that you can rely on community members at virtually any time or any place was directly associated with positive emotional and mental health because it reduces the stress of being on your own: "If you need help, you can call the neighbour up and they will be like, 'Oh, come over'" (Old Gary #11, 18 years).

Although feelings of being socially connected were expressed by women of all ages, a number of women in their late teens and early twenties indicated that some of their key experiences of social connectedness within the community were among people they met while attending high school or college. Given that these young women are either currently in school or have recently graduated, it is not surprising that a number of people to whom they feel socially connected are people they met within the school setting.

Theme B – The Physical Environment and Obstacles to Connecting With Services and Supports

Distance: The great divide. The physical environment was perceived by participants as having a definite positive impact on their emotional and mental health, but the women were equally adamant that the physical environment caused emotional and mental strains, stress, and hardship. In particular, the physical distances between their home and formal and informal services and supports were a key problem because of the extra time and effort required to carry out simple daily chores such as grocery shopping or visiting a friend. This "travel work" was perceived as specific to living in a rural place as opposed to an urban centre, and as a key part of life for women living in rural places.

> So if I want to go hang out with friends, it is always like a big deal because I need to have a car, and I have to drive all that way and then drive home. So it is not as easy say as like living in the city where you are going to have friends just a block away that you can just walk over and visit.... And I would say most of my friends live about in the range of 15 to 45 minutes away. (Old Gary #7, 20 years)

Travel was discussed as a constant feature of life especially for the women with children because of the need to travel to multiple structured and unstructured recreational and other activities. Only one woman in the 18–26 age group had a child, and so this stress was especially noticeable among the group of women in their late twenties and thirties. Even having an older child who is able to drive does not reduce the stress level related to travel, as noted by a 34-year-old woman.

> [Older son] has his driver's license, and that is going to give me a whole different ulcer.… I think when you are stressed out, it affects everything. You know, when you are worried about things and you are stressed, it affects everything. Your immunity goes down, you end up getting sick more. It affects all of it. You know, when you can't cope and you are not sleeping, oh my God, that adds one hundred fold to your problems. And when you are stressed, you don't sleep…. It just goes on and on. (Old Gary #12, 34 years)

The women not only spoke of the stressors associated with travel *to* access different services, but of the worry associated with emergency services accessing their homes. A number of women indicated that they were constantly thinking about whether or not firefighting services or an ambulance would be able to get to their home in a timely manner, if needed. Households located on smaller dirt roads were often without signs and not easily identifiable. Winter added yet more emotional stress and worry. As one woman noted, "In a snowstorm, how is the ambulance going to get to your house if there is 6 feet of snow? That is a big worry. You try not to think about it" (Old Gary #1, 38 years).

Transportation challenges, gender, and economics. Given that travel to access services is an important part of daily life for women living in rural communities, access to a vehicle is critical. A number of the participants who lived in a household with only one family vehicle (but multiple drivers) spoke at length of the challenges to gaining access to the family car. To illustrate, one woman discussed the details of how she negotiates with her husband to use the family vehicle. She has to drive her husband to work early in the morning, and her children have to travel with them as the children are too young to be left at home alone. This early morning "work" causes stress not only for the woman but for the whole family.

> It would be great just to be able to have a vehicle and not to go through the stress, because it can be stressful. "Okay, come on, come on [speaking to her kids]. We've got to go, we've got to go. Daddy has to be on time." It can be hard, and with the distances. It is not like if you were in the city where you can walk. (Portview #2, 39 years)

Gaining access to transportation was perhaps most frustrating for one unpartnered mom who did not own a vehicle. This woman has to borrow a car or obtain a ride with a friend or neighbour. She indicated that she "would kill for a car" (Old Gary #14, 38 years), signifying the stress associated with having to rely on others for access to transportation. Travelling to access medical services in an emergency was especially challenging for this woman.

> There's been a few instances, when I put the axe to my thumb, that I had to get a ride and go quickly. And that requires calling around. But most times, if it's for an emergency like that, someone will do it. It's not a problem. There's a gentleman up the road that is how he totally gets around, is by drives. So I mean it can be done, it just takes a lot of work. (Old Gary #14, 38 years)

At times, this participant's children could not attend various recreational activities because of the lack of transportation, which resulted in the woman feeling a great deal of remorse.

One woman who was often without transportation for extended periods of time indicated that she felt isolated in her home with her children. This 39-year-old woman with two children commented, "But for me, I know being a stay-at-home mom, I don't see my friends. The community empties out and I am out here alone. Everyone goes to work. I am here, and it's tough. It's hard" (Portview #2, 39 years).

Although many women did have access to a vehicle, there were still emotional stressors associated with the economic costs of owning a vehicle and having to travel extensively. A woman with a special needs child discussed the ongoing challenges of engaging in constant travel for specialized health care.

> And with my son having [health issue], every day I had off [from work] was trips to [city] to the [hospital]. And it became so stressful that it was affecting me.… I was gaining weight because I was eating emotionally,

> and it just affected me terribly. And then of course that has an impact as well for economics for us as a household with one income. That has a lot of effect. (Portview #2, 39 years)

Theme C – Obstacles to Positive Social Connections

Just as physical distance created challenges to connecting with needed services and supports, community gossip and rumours were discussed as key obstacles to having fully positive social connections. Regardless of the woman's age, the community gossip and rumours were identified as a critical stressor. Even if the woman was not the direct target of gossip, it had a negative impact on her emotional health.

> It bothers me when it's [gossip] about the people I know and it's bad rumours. That is more stressful to me than I think when it is about me. Like I think it bothers me if it is people that I know and care about, and you know it's a terrible rumour, and you know it's going around. And then you just can't stop it. I mean it's out there. So it bothers me more. (Portview #10, 36 years)

> In the community, everyone is close but people backstab. Like everyone is close. Like I could be your best friend in the community but I could also go next door to so and so's house and say all this stuff about you. Like you really have to watch what you say.… The majority of the people are just wonderful but you really need to know who you are talking to and what you are saying in front of certain people. (Old Gary #11, 18 years)

Divisions between different groups were also evident in both communities, and were spoken of as yet another obstacle to social connectedness. A few women from Portview commented on the rift between long-time community residents and more recent residents. Newer residents, who were not "born in the community," felt some social exclusion.

> We still don't fit in because we weren't born here and our families aren't from here. So we are going to be here for 100 years, and we are still going to be outcast, and we know that. We are not in on the intricate workings of things but everybody treats us well and we are included. (Portview #5, 33 years)

Social distance between newer and long-term residents in Portview was also based on the nature of residents' relationship to the physical landscape. At the time of this study, Portview was experiencing an increase in tourism, and many people new to the community who were considered by some as "outsiders" were renovating houses or building new homes. These changes altered the physical landscape in ways that were not acceptable to many long-time residents. "Outsiders" were perceived as developing a relationship with the physical place that lacked consideration for the history and beauty of the area. The privatization of historically public spaces was, in particular, viewed as problematic, causing feelings of resentment and anger that challenged the sense of connectedness within the community.

> That has been a fight for years now. The new people come in and put up gates, and the older people take them down. And they come back the next summer and put up more gates. And that has been, with the older people of the community, that is a big issue with them because they are used to being able to go for a walk on any beach they want to. You used to come down over the hill, and there was nothing but beaches. There was nothing but dunes. And now there is the houses and the telephone poles going right across the beaches. So it is quite different. It is a big difference for the 15 years in our community. (Portview #1, 38 years)

In both communities, women also discussed the problem of some youth using drugs or engaging in violence or gang-like activities. For a number of women across our age range, these activities caused much distress and anguish because they disrupted the sense of safety. One woman was fearful of confronting youth

involved with drugs because her child might become the target of retaliation. She felt some shame for not getting involved because it was antithetical to the culture of connectedness that was viewed as critical to keeping her community safe, yet she remained uninvolved. "I can't believe I am saying this but you have to be scared of getting involved when you do see it [drug use] because then your daughter gets … People would come down on her if I reported.… Shame on me for saying that" (Old Gary #1, 38 years).

DISCUSSION

Much of the literature on rural living that speaks to its positive aspects points to the absence of such urban stressors as traffic congestion, air pollution, and a hurried lifestyle. The women whom we interviewed also juxtaposed living in a rural space to life in urban centres, but they spoke in terms of their *connections to the physical environment* and emphasized that the connections have positive implications for their emotional and mental health. Specific characteristics of the physical environment that were associated with connectedness include the beauty, expansiveness, and the wonder of nature. The women suggested that unlike urbanites, they live "in" the positive elements of the physical environment on a daily basis, and this promotes their emotional and mental health.

Feeling and experiencing *social connectedness* within their rural communities was also positively associated with emotional and mental health. The women spoke specifically about how a community web of connectedness allows them to feel safe and secure, ensures that social supports are always available, and can be counted on in times of need and crisis. There is always someone in the community who can provide a helping hand, and so there is no need to worry about being alone in times of need.

Within the general health literature, community belonging and support have been associated with positive emotional and mental health outcomes (Shields, 2008), including the ability to cope with stressors (Hinton & Earnest, 2010) and to work with others to solve problems (Petrucka & Smith, 2008). Therefore, it is not surprising that women in our study linked social connectedness to positive emotional and mental health. The rural health literature also points to attachments to place, or strong connections to where one lives, as important for emotional well-being (Goudy, 1990; Jackson, Tirone, Donovan, & Hood, 2007), and in our study participants' discussions of connectedness to the physical environment parallels this literature. However, within the general health literature as well as the rural health literature, there is little discussion of how the physical and social environments can at one and the same time enhance health *and* create serious obstacles to health. The *co-occurrence* of characteristics of rural living that have both positive and negative impacts on emotional and mental health has not been adequately highlighted or researched. Our research suggests that recognizing these dual aspects of the environment is critical if we want to truly understand the health of women living in rural places.

Our research clearly demonstrates that rural living is both "good" and "not so good" for the emotional and mental health of young women. For participants in our study, feelings and experiences of connectedness were positively linked to emotional and mental health but co-existed with discussions of the obstacles to such connections and the negative health impacts of attempting to overcome these obstacles. A key challenge to connecting with services and supports was the physical distance that had to be travelled, and the "travel work" that was necessary to overcome this challenge was associated with such emotional health issues as

constant worry and stress. Likewise, gossip and rumours, and social divisions within the communities affected feelings and experiences of social connectedness and generated unhappiness, stress, and fear.

Our research indicates that although feeling connected to the physical and social environments is experienced by women across the 18–39 age grouping, there are some differences in the *source* of the connections depending upon the woman's life stage, which corresponds to some extent with age. For example, many of the women in their late teens and early twenties indicated that some of their key social connections were among individuals they had met while attending school or college. Given their age, it is not surprising that key connections would originate within a school setting.

There were also some differences in the meaning of social connectedness based on whether or not the woman was a mother, and this was also strongly linked to the woman's age. Most of the women with children were in their late twenties or thirties, and a number of the mothers indicated that their feelings of personal safety as well as the safety of their children was, to a large extent, a product of the strong social connections within the community. Not having to worry as much about their children's safety as they might if they were living in an urban centre was clearly important to the women's emotional and mental health. At the same time, the stressors associated with travel work appear to be greater for these women because of the need to transport their children to numerous events, or in the case of women with older children, because of the worry associated with having a teenage driver in the family.

A number of researchers have argued that the characteristics associated with where one lives can be challenging even as they are enjoyed (Ames et al., 2006; Hegney et al., 2005; Jamieson, 2000; Stedman, 2003; Wiborg, 2004), and a cautionary note has been raised against conceptualizing rural places as either "good" or "bad" for one's health (Wiborg, 2004). Our work underlines this point because at any particular moment in time, the health-enhancing characteristics and the health-damaging elements may co-exist. It is therefore important that programs and policies address both aspects. Programs and policies might emphasize, for example, the importance of making time to sustain and nurture connectedness to the social and physical environments (thus augmenting the health-enhancing aspects of one's environment) and, at the same time, address the key obstacles and challenges to connectedness.

One key obstacle to sustaining social connections is transportation. In the communities where we undertook this research, there is no public transportation; consequently, transportation is a private responsibility, and it is especially difficult for women on limited incomes (Struthers & Bokemeier, 2000). A lack of transportation can keep women from connecting with needed formal and informal services. Regardless of one's economic standing, however, travel work is a key stressor for young women living in rural areas. In rural Atlantic Canada, many local services such as stores and community centres are closing due to economic costs and outmigration (Jackson et al., 2006), and this is increasing the amount of travel work and stress-related problems. The constant travel is an invisible part of women's daily lives and their unpaid work, and it has potentially serious long-term implications given that it is a chronic stressor. A report on commuting in Canada documents the extensive commuting that currently takes place on a daily basis across Canada including in Nova Scotia (Green & Meyer, 1997; Schaefer, 2005), but much of the discussion about commuting within rural areas centres on challenges with access to health care services, such as specialized services (Arcury, Preisser, Gesler, & Powers, 2005; Bourgeault et al., 2007; Caldwell & Arthur, 2006; Goins, Williams, Carter, Spencer, & Solovieva, 2005). Women in our study indicated that the stressors of travel and distance extend

well beyond those associated with access to health care, and include access to everyday activities, services, and supports. Providing public transportation in rural areas would, therefore, be one step forward in helping to reduce this daily stressor, and may be especially important for young adult women who often carry the greatest burden for household chores such as shopping, as well as women who carry responsibilities for transporting their children to school and recreational activities.

Support for strategies that help to reduce social divisions might also increase social connectedness, thus improving women's emotional and mental health. The specific type of social division will differ across communities, thus requiring different interventions, but addressing such issues is critically important. In Portview a key division centred on newcomers' transformation of the physical landscape through private developments. One response to this challenge might be to involve community members in developing local policies to help ensure respect not only for newcomers and their interest in land development but also for long-time residents and their desire to maintain public access to certain lands and retain the beauty of the landscape. Such a process of local negotiation might help to cement the social connections that bind community members and help to improve the emotional and mental health of all. Ultimately, ensuring the emotional and mental health of young adult women will be important for the women, as well as for their families, and the communities of which they are a part.

RÉSUMÉ

Cette étude qualitative explore comment de jeunes femmes (18-39 ans), vivant dans deux communautés rurales en Nouvelle-Écosse (Canada), perçoivent les impacts de leurs environnements physiques et sociaux sur leur santé émotionnelle et mentale. Vingt-sept entrevues semi-structurées furent menées. Cette recherche souligne que ces environnements possèdent des caractéristiques spécifiques qui incitent des sentiments et des expériences de « connexité », qui a un effet positif sur la santé émotionnelle et mentale de ces femmes. Cependant, certains traits de ces environnements posent des obstacles à la connexité (en particulier pour les services et soutien) et ont des impacts négatifs sur leur santé émotionnelle et mentale.

Mots clés : santé en milieu rural, santé des jeunes femmes, santé émotionnelle et santé mentale

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