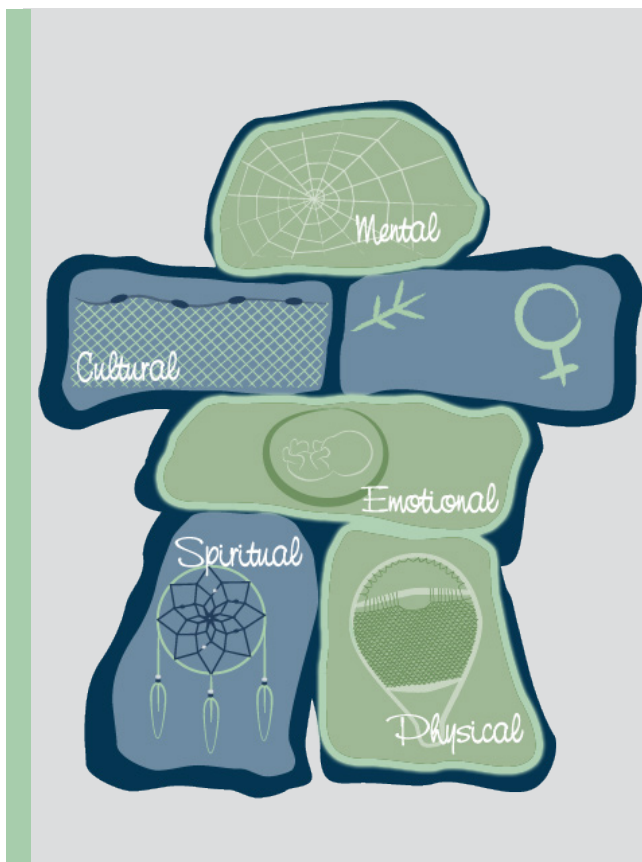


# Social Supports and Women's Wellbeing

## Background

Resource extraction projects in northern present-day Canada have a history of failing to consider community wellbeing and input from community members, including women.<sup>1</sup> In 2012, given the changes anticipated from the multibillion-dollar hydroelectric dam being built on the Lower Churchill River, a group of diverse women-identifying people in Happy Valley-Goose Bay (HV-GB), Labrador, came together to talk about women's wellbeing in the community. They described and depicted<sup>2</sup> women's wellbeing as follows:



*“The wellbeing of women in the north depends on having the opportunity to enjoy and develop a healthy and sustainable relationship with the environment. Having the ability to value yourself – both where you have come from and where you are going – is also important. Wellbeing requires having a sense of safety and security, and having access to appropriate food, housing, resources, finances, and support services. Having a social support network, and being free from violent relationships, are critical factors that affect wellbeing for all women. Food security; having or being able to learn coping mechanisms; being able to make choices about what’s best for you and your family; having access to information and resources; and social acceptance of diverse social identities are also critically important. Having a space to meet to share and learn with other women is also important. Overall wellbeing is made up of: (1) physical; (2) emotional; (3) mental/intellectual; (4) spiritual; and (5) cultural wellbeing.”*

In 2018, after several rounds of testing, the group conducted a survey they created to better understand the wellbeing of women in and around HV-GB. **This report focuses on survey results about access to and quality of social supports.** Social supports include mental and physical healthcare services, housing services, and interpersonal relationships. Social support resources in the community are related mostly to the physical, emotional, and mental/intellectual aspects of wellbeing.

<sup>1</sup> Leah Levac and Jacqueline Gillis “Northern Women’s Conceptualizations of Well-Being: Engaging in the “Right” Policy Conversations,” In *Creating Spaces of Engagement: Policy Justice and the Practical Craft of Deliberative Democracy*, ed. Leah Levac and Sarah Wiebe (Toronto: University of Toronto Press, 2020), 94-116. Toronto: University of Toronto Press. <https://doi.org/10.3138/9781487519889-006>.

<sup>2</sup> The Inuksuk wellbeing framework was created by community researchers in Happy Valley-Goose Bay and digitized by graphic designer Monica Peach.

## About the Survey Participants

- 127 women over the age of 13 in or near Happy Valley-Goose Bay completed the survey
- 55% (n=70) identified as Inuit, Southern Inuit, and/or Métis\*
- 35% (n=44) had children living with them
- 11% (n=14) identified as having a disability
- 22% (n=28) identified as 2S GBTQIA+
- 57% (n=75) have lived in HV-GB for more than 5 years

*\*At the time of the survey, community collaborators suggested using the terms 'Southern Inuit and/or Métis' to capture the experiences of some Inuit living in southern and central Labrador. This terminology is more contested today. We therefore use the term 'Indigenous' throughout this report to refer to people who identified as 'Inuit' and/or 'Southern Inuit and/or Métis' in the survey. The term is not intended to suggest a universalized experience, nor to imply broad application to all Indigenous Peoples. For instance, Innu women did not respond to the survey.*

## Key Takeaways

- 47% (n=60) of respondents needed general healthcare services and could not access them at least once in the previous year; this was more than any other social or healthcare service.
- Women aged 65 or over were less familiar than younger women with how to access health services.
- Women who were facing housing challenges cited affordability as the biggest issue.
- Three quarters of respondents provide care or assistance to family members (children, older family members, family members with a disability, etc).
- Most women received the emotional support they wanted from family and friends.

## Access to Healthcare Services

The survey asked women about their access to healthcare and whether they had access to, or knowledge about, a range of health-related services such as alcohol and drug services, mental health services, trauma counselling, sexual or reproductive health services, and other physical health services.

### General/Physical Health

Women aged 65 or over who responded to the survey were less likely than younger women to know how to access health services. 55% (n=11) of older women said they knew how to access mental health services, 15% (n=5) said that they knew how to access sexual and reproductive health services, and 50% (n=10) said that they knew how to access other physical healthcare. This could be because services are hard to access or inadequate.<sup>3</sup>

Women who identified as having a disability were more likely to have had difficulty accessing general healthcare services than women without disabilities. Of those women who identified as having a disability, 69% (n=9) reported that they had difficulty accessing healthcare services at least once in the past year. 44% (n=47) of women who identified as not having a disability reported that they had difficulty accessing healthcare services at least once in the past year.

### Alcohol and Drug Services

Development projects tend to increase addictions and substance use in affected communities. Community organizations have long pointed out that HV-GB does not have enough substance use services and have raised concerns about how these service shortages will get worse because of the dam.<sup>4</sup> Fortunately, 55% (n=67) of women reported that they knew how to access drug or alcohol services, but everyone should be able to access these services when they are needed.

**47%**  
(n=60)

had difficulty meeting their general and physical healthcare needs

**2%**  
(n=3)

needed drug/alcohol services and could not get them

**55%**  
(n=67)

knew how to access drug/alcohol services

<sup>3</sup>Susan Manning et al. "A literature synthesis report on the impacts of resource extraction for Indigenous women". *Canadian Research Institute for the Advancement of Women*, (2018).

<sup>4</sup>Mokami Status of Women Council and FemNorthNet. "Out of the rhetoric and into the reality of local women's lives". *Canadian Research Institute for the Advancement of Women*, (2011).

## Mental Health Services

**30%**  
(n=39)

needed mental services and could not get them

**66%**  
(n=80)

knew how to access mental health services

**10%**  
(n=13)

needed sexual/reproductive health services and could not get them

**40%**  
(n=49)

knew how to access sexual/reproductive health services

**1 in 10**  
(11%; n=14)

needed mental services and could not get them

Mental health services are important in communities and should be available to everyone who needs them. Northern populations have high rates of mental health challenges such as anxiety, depression, and suicide.<sup>5</sup> In resource extraction-affected communities, mental health services are often put under strain at the same time as levels of stress, substance use, and depression increase.<sup>6</sup> While 66% (n=80) of women knew how to access mental health services, 30% (n=39) indicated they were unable to get them when required.

## Sexual and Reproductive Health

Access to sexual and reproductive health services is important in communities with resource projects, where increases in sexually transmitted infections (STIs) and sex work have been documented.<sup>7</sup> Young women are particularly at risk as they are less likely to seek an STI clinic for fear of being seen as promiscuous.<sup>8</sup> Previous studies have also shown that with resource extraction projects, there is an increase in transient male populations which can increase the incidents of sexual violence in communities.<sup>9</sup>

In the survey, respondents who identified with the LGBTQIA2S+ community (15%; n=4) had more difficulty than did those who identified as heterosexual (10%; n=9) when it came to accessing sexual and reproductive healthcare services in the previous year. Other research shows that those who identify with the LGBTQIA2S+ community are less likely to access health services, particularly sexual and reproductive health services.<sup>10</sup> Good access to sexual and reproductive health means good access for all.

Healthcare directly affects the physical and mental wellbeing of women. **34% (n=41) of survey respondents indicated that their health is making them feel stressed.** Good health is important for women's ability to work and care for others.<sup>11</sup> Inuit women in northern communities can face challenges in maintaining good health because they may have more serious sexual and reproductive health problems, increased mental health challenges, and higher rates of substance use.<sup>12</sup>

<sup>5</sup> Josh Snodgrass. "Health of Indigenous Circumpolar Populations." *Annual Review of Anthropology*, 42, no. 1 (2013): 69-87. <https://doi.org/10.1146/annurev-anthro-092412-155517>

<sup>6</sup> Deborah Stienstra et al. "Gendered and intersectional implications of energy and resource extraction in resource-based communities in Canada's North." *Canadian Research Institute for the Advancement of Women*. (2016).

<sup>7</sup> Mark Buell. "Resource extraction development and well-being in the north: A scan of the unique challenges of development in Inuit communities." *National Aboriginal Health Organization*. (2006).

<sup>8</sup> Ibid

<sup>9</sup> Mokami Status of Women Council and FemNorthNet. (2011).

<sup>10</sup> Carmen H. Logie et al. "In the North You Can't Be Openly Gay': Contextualising Sexual Practices among Sexually and Gender Diverse Persons in Northern Canada." *Global Public Health* 13, no. 12 (2018): 1865-1877, <https://doi.org/10.1080/17441692.2018.1449881>.

<sup>11</sup> Gwen K. Healey and Lynn M. Meadows, "Inuit Women's Health in Nunavut, Canada: A Review of the Literature," *International Journal of Circumpolar Health* 66, no. 3 (2007): 199-214, <https://doi.org/10.3402/ijch.v66i3.18256>.

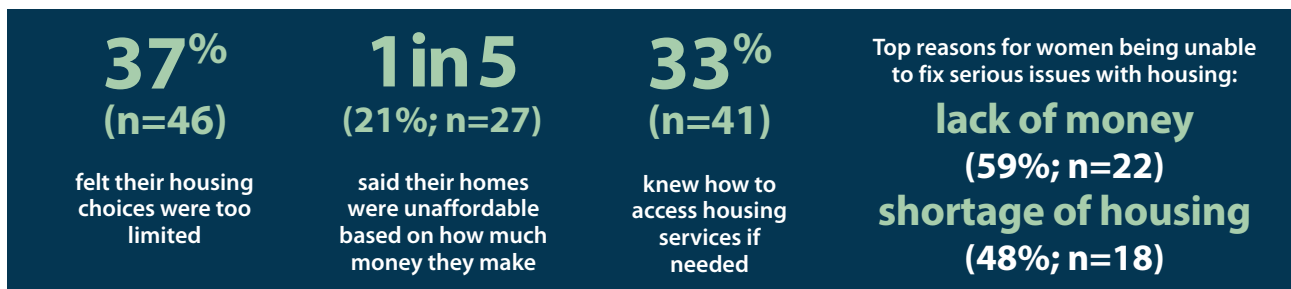
<sup>12</sup> Ibid

## Access to Good Housing

Housing choice, and the availability and accessibility of good quality, affordable housing is important for women's wellbeing. The survey shows that some women in HV-GB face difficulties finding or affording the housing they need. Women who had lived in HV-GB for less than five years were more likely to feel that they did not have a lot of choice in where they live (65%; n=13). Of the women who had lived in HV-GB for more than five years, 31% (n=32) felt that their housing choices had been too limited. Having children living with them did not seem to affect women's feelings about the housing choices available to them.

1 in 10 women said their homes needed major repairs, and women with disabilities more frequently identified that their housing needed major maintenance and/or repairs (21%; n=3) than respondents without disabilities (7%, n=8). 1 in 5 women said their homes – or repairs to their homes – were unaffordable.

There are many reasons to be concerned about housing challenges. Resource extraction projects, like the hydroelectric dam in HV-GB, can put a strain on local housing by raising the costs of purchasing and renting, and by reducing availability.<sup>13</sup> As well, poor quality housing can create health issues such as increases in infectious and respiratory diseases.<sup>14</sup> Community organizations noted concerns about housing availability and affordability before the development of the dam.<sup>15</sup> Our findings show that housing challenges persist for many women in the community.



## Caregiving and Interpersonal Support

### Caregiving

In most places in the global north, women in heterosexual relationships are more likely than their male partners to take on primary caregiving roles for children, older adults, and people with disabilities. This is also true in communities with resource extraction industries.<sup>16,17</sup> Participants indicated that they had substantial caregiving roles as 56% (n=69) indicated they regularly or almost always care for or assist family members. In general, these caregiving responsibilities are devalued, and those who provide care must often do paid work outside of the home as well. Those who take on caring roles are also less likely to feel socially supported, and likely to experience feelings of isolation.<sup>18,19</sup>

**35%**  
(n=44)

had children living with them at home

**56%**  
(n=69)

regularly or almost always care for/assist family members

<sup>13</sup> Susan Manning et al. (2018).

<sup>14</sup> Josh Snodgrass. (2013).

<sup>15</sup> Mokami Status of Women Council, and FemNorthNet. (2011).

<sup>16</sup> Susan Manning et al. (2018).

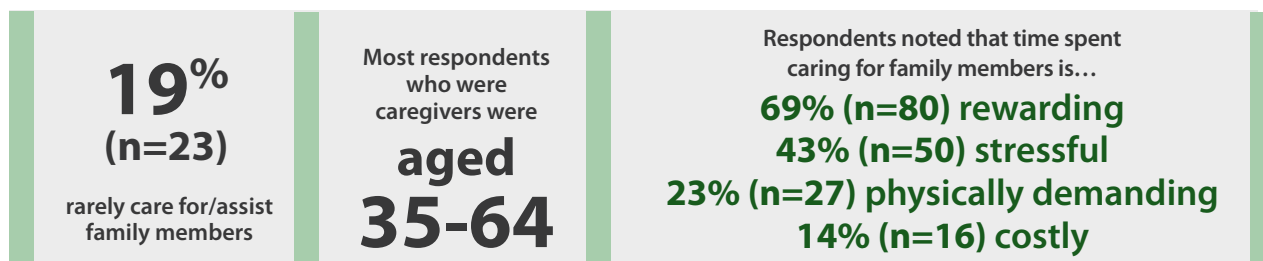
<sup>17</sup> Heather Peters et al. "Interweaving Caring and Economics in the Context of Place: Experiences of Northern and Rural Women Caregivers," *Ethics and Social Welfare* 4, no. 2 (2010): 172-187, <https://doi.org/10.1080/17496535.2010.484261>.

<sup>18</sup> Ibid

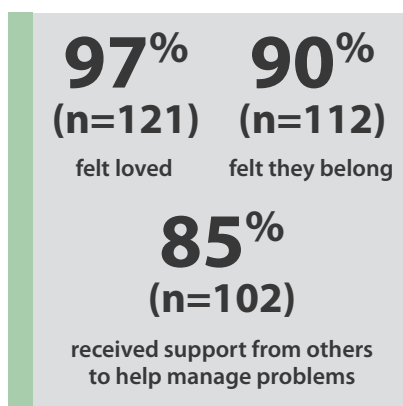
<sup>19</sup> Ibid



Additionally, there are physical and mental health issues related to being an unpaid caregiver, such as sleep deprivation and nutritional deficiencies.<sup>20</sup> Caregivers also experience more stress and poorer self-care than those without caregiving responsibilities, and this can impact their family members' stress and self-care as well.<sup>21</sup>

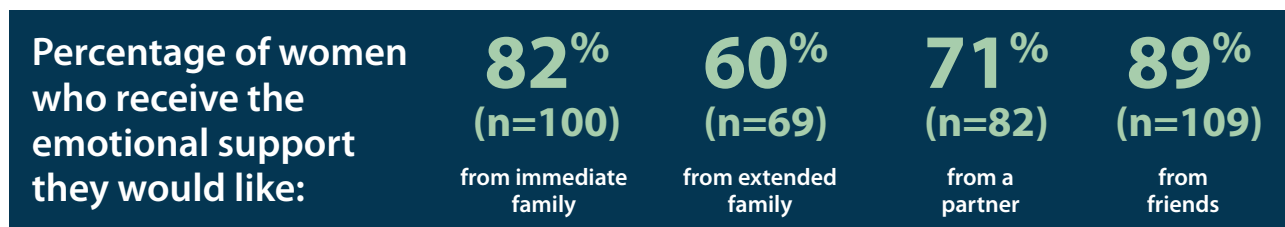


### Interpersonal Relationships



Being socially integrated with friends and family has a positive effect on health and can increase formal care through more connections to healthcare services.<sup>22</sup> Women are more likely than men to say that they have good social support networks.<sup>23</sup> These close-knit relationships with family and friends are essential for maintaining positive mental health.<sup>24</sup>

As indicated below, most respondents received emotional support from immediate family and friends. However, not all women felt strongly that they were loved, that they belonged, or that they received adequate social support.



### Age and Emotional Support

We asked women if they received the emotional support that they wanted from their immediate family, extended family, and friends. We worded the question like this to avoid the assumption that all women wanted this support.

Participants aged 65 and over more frequently reported receiving the emotional support they wanted from their immediate family. Those aged 55 and over more frequently reported getting

<sup>20</sup> Jacqueline Gahagan et al. "Far as I Get Is the Clothesline": The Impact of Leisure on Women's Health and Unpaid Caregiving Experiences in Nova Scotia, Canada," *Health Care for Women International* 28, no. 1 (2007): 47-68, <https://doi.org/10.1080/07399330601003408>.

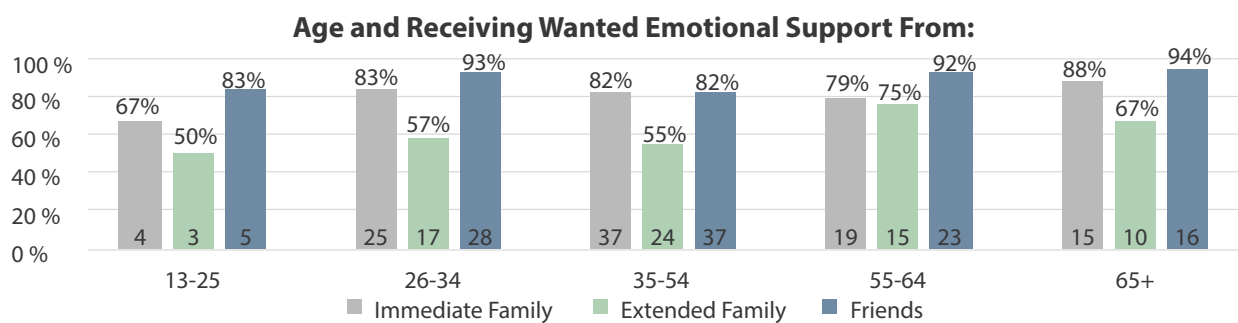
<sup>21</sup> Ibid

<sup>22</sup> Debbie Martin and Lois Jackson, "Young Women in Coastal Newfoundland and Labrador Talk About Their Social Relationships and Health," *Newfoundland Studies* 23, no. 1 (2008): 61-77.

<sup>23</sup> Michael G. Young and Kathleen Manion, "Harm Reduction through Housing First: An Assessment of the Emergency Warming Centre in Inuvik, Canada," *Harm Reduction Journal* 14, no. 1 (July 2017), <https://doi.org/10.1186/s12954-016-0128-8>.

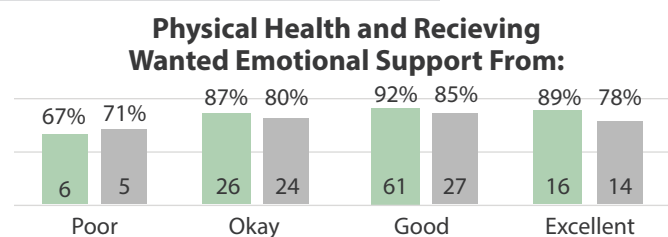
<sup>24</sup> Joanna Petrasek MacDonald et al., "Protective Factors for Mental Health and Well-Being in a Changing Climate: Perspectives from Inuit Youth in Nunatsiavut, Labrador," *Social Science & Medicine* 141 (2015): 133-141, <https://doi.org/10.1016/j.socscimed.2015.07.017>.

the support they wanted from extended family. Emotional support from friends was more frequent amongst 26 to 34-year-old respondents and those 55 and older.



## Physical Health and Emotional Support

Those who said that their overall physical health was poor were less likely to receive the emotional support they wanted from their friends or immediate family. This may show an interesting connection between physical health and emotional support.



## Monitoring Wellbeing

Further research could help shed light on:

- the extent of women's physical and mental health service needs that are unmet in HV-GB.
- where women access or encounter barriers to information on physical and mental health services.
- the housing needs of women in HV-GB, especially women with disabilities who more frequently noted issues with their housing.
- how to support the holistic wellbeing of women who provide (often unpaid) care to children, older adults, and people with disabilities (e.g., managing stress, alleviating financial costs).
- the relationship between emotional support and physical health and wellbeing.

## Closing Thoughts

Women's wellbeing is dynamic and impacted by many factors, including access to healthcare, quality housing and positive interpersonal relationships. Data from the Women's Wellbeing Survey show how age, sexual orientation, ability, having children at home, and length of time living in the community can influence different aspects of wellbeing.

This report is available at:

<https://ww.criaw-icref.ca/publications/social-supports-womens-wellbeing-in-hv-gb>.

To learn more about women's wellbeing in HV-GB, follow the same link to access the rest of the reports in this series: Food, Water & Women's Wellbeing; Environment & Women's Wellbeing; and Spirituality, Culture & Women's Wellbeing. Find out more about the project<sup>25</sup> at:

<https://ww.criaw-icref.ca/wp-content/uploads/2021/12/CVI-Overview-Dec.-2021.pdf>

<sup>25</sup>This research took place in the Upper Lake Melville region of Labrador. We acknowledge these lands as the homelands of the Inuit and Innu of Labrador and recognize their ancestral and continued ties to these lands and waters. We also acknowledge that members of the research team live and work across several Indigenous territories of present-day Canada. These reports were prepared by Annalise Kennedy, Amanda Buchnea, Leah Levac, and Olivia Flegg. They were reviewed by Sylvia Moore and Darlene Jacque. Tracey Doherty and Petrina Beals also provided valuable insights. These reports would not have been possible without the expertise and contributions of Indigenous and settler women in Labrador who conceived the wellbeing framework, developed and piloted the survey, helped gather survey data, and participated in collaborative analysis sessions. This research was funded by the Social Sciences and Humanities Research Council.