

The Single Rural Woman: Invisible Struggles

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AS THE HEALTH CARE profession gives increased attention to the changing nature of rural America, it is beginning to analyze in new ways the role and status of women in that segment of our society.¹ Rural women are increasingly demanding equal rights and recognition of their needs and problems. They are seeking ways to validate their existence as individuals. They are moving into roles previously denied them and are seeking to legitimize the contributions of their more traditional roles.

Role redefinition is particularly obvious in the area of women's occupational roles. Women are beginning to demand recognition for their long, significant roles as farmers in the rural economy. In nonfarming areas they are seeking new and nontraditional training and employment opportunities. The term *farmwife*, synonymous with the more urban and suburban *housewife*, is becoming less and less acceptable to rural women. A farm women's caucus was formed in the 1977 International

Women's Year Conference in Houston. One of its aims was to abolish the use of the term. The caucus reported: "You can't possibly understand the need we feel to be identified as farmers in our own right, rather than as farmwives. After all, we did not marry the farm!"^{2(p132)}

However, despite significant shifts and changes, rural women continue to be stereotyped—especially by nonrural dwellers. They are viewed as ignorant, barefoot, and pregnant, or, in contrast, as strong, resilient, and self-reliant—paradoxical stereotypes that nevertheless seem to coexist peacefully. In either case the rural woman is viewed primarily within the context of the family, more specifically, in relation to "her man."

If the married rural woman is thus limited in her identity except through the legitimized role of wife, how much more invisible must the single rural woman be? What does society know about single women in rural areas? If divorced or widowed women, as well as women who have never married are included, few generalizations apply to them as a group. However, one generalization true for most rural women is that they live largely unrecognized and invisible lives in their communities.

COMMON SOURCES OF STRESS

Despite the differences in the lives of single rural women, similar factors are likely to result in stress. In a society where recognized identity is linked to a husband, mothering, or a productive job, the single rural woman is most often deprived of two or perhaps all of these sources. Her sense of identity and self-worth is clearly at risk.

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Furthermore, many single women with children face the daily stress of trying to balance employment and family responsibilities.

Social structure

The structure of rural society may be the most frequent reason for stress. In the family-oriented rural society the single woman is often isolated from the social life of the community. Opportunities to fulfill social and sexual needs are severely limited. "Like her sisters of yesteryear, the single woman in rural society today finds herself surrounded by many marriageable men; because rural life's occupational opportunities are largely for men. The rural normative order typically not only stresses the primary importance of marriage and family for her but also strongly warns about sexual transgressions on the wrong side of the marital fence."^{1(p169)} Younger single and divorced women are probably viewed as threats to the prevailing family norm more often than older or widowed women. As a result these younger women may feel more acutely the isolation imposed on them by the community, as well as the pressure to marry or remarry to legitimize their position in society. A study done in rural Tennessee supported this possibility with the following conclusions:

Our findings of marital status transformations indirectly suggest that greater institutional support is given to the married status in the rural context than in the urban . . . Among the divorced and widowed persons, those residing in rural areas are more likely to remarry than those residing in urban areas. Thus in rural areas there appears to be greater social pressure to marry, to remain married, and to remarry following a divorce or widowhood.^{3(p79)}

Lack of jobs

The lack of available jobs and job training for women in rural areas is a continual source of stress. Although some progress has been made, women are still often excluded from the few available higher paying jobs because of tradition and discrimination. In the coal-mining industry, for example, only 1% of the work force is women, including office and clerical workers, and in areas such as Appalachia few other jobs are available.⁴ Further, available work in rural areas is often far from home. Many women cannot drive or lack access to a car, and driver's training for adults is practically nonexistent.

Lack of child care facilities

For employed single women with children, the scarcity of jobs paying enough to support a family is compounded by the lack of child care facilities. Most child care in rural regions is provided through members of the extended family; those without this network are left with few alternatives.

Public versus private lives

Despite all of these problems, many single rural women have achieved an envi-

able sense of independence and control over their lives. However, this inevitably creates stress when they are faced with the sharp contrast between the independence and power in their private lives and the lack of influence, status, and even visibility in their public lives. Schutzman describes a scene typical of those faced by rural women daily^{5(p8)}:

The experience of feeling out of place recurs frequently as I deal in the world of agriculture. I shrug it off with difficulty, find it far harder to cope with than with the heavy physical work of country life. The agricultural industry is as male centered as any there is, and because much of the work is heavy and hard, derision is a major element in the various uncomplimentary looks most agricultural workers aim at a woman who is trespassing into their domain.

I'm fully accepted in an agricultural co-op if dressed in street clothes and impractical footwear, and am purchasing pet food, or even a bag or two of fertilizer. Then I'm just a woman doing my woman's chores—tending the pets, even the rabbits, and working in the garden. But when the clothes change to practical ones designed for hard work, and the purchases to a large amount of an agricultural chemical, the looks sharpen, and my unease builds.

Advancing age

The stresses on single women in rural areas are likely to multiply with advancing age. Decreasing mobility may lead to increased social and physical isolation, often resulting in loneliness and depression. Economic pressures also affect single rural women. The dilemma of rising costs and fixed income is particularly acute for the older woman. The incidence of chronic disease rises sharply, and illness or

disability renders the older single woman less able to maintain an independent existence. The availability and accessibility of health care in rural areas is a universal problem, but its effect is felt especially by the elderly.

RESPONSES TO STRESS

The ability of single women to cope with the stresses of their lives varies greatly. Factors that play an important role include prevailing cultural attitudes, economic status, education, health status, community resources, availability of friends and extended family, and the nature of one's self-concept.

However, because of the stresses experienced by single rural women, there is a great risk of resulting mental health problems. Few data have been collected on the prevalence or incidence of mental health problems in this specific population, but clinical experience suggests that rural single women may be at high risk for developing some of the following problems.

Chronic depression

Chronic depression is often associated with loneliness and feelings of isolation and helplessness. Single women who find social isolation thrust on them by the community may develop lifestyles that further limit their contact with the outside world. Evans, in her analysis of depleted health potential, points out that: "Disengagement . . . is a mutual withdrawal resulting in decreased interaction between a person and others in the social system. This process limits one's ability to maintain a desired state by closing boundaries

and, consequently, limits resources at a time when needs for external resources may be increased."^(p70) As their withdrawal from the wider community increases, they may be cut off from necessary support systems.

Alcohol and drug abuse

Dependence on alcohol and drugs (especially over-the-counter and prescription drugs) is a readily available response to stress encouraged by society and is increasingly resorted to by women. Single women experiencing high degrees of social, psychologic, and economic stress may turn to drugs to reduce anxiety and dissonance.

Physical disorders

A wide variety of physical illnesses are known to be stress-linked—in younger as well as older women. Cardiovascular disorders, bowel disorders, pain, asthma, allergies, arthritis, headaches, endocrine disorders, and eating disorders—these are just a few areas in which social and psychological phenomena have a demonstrated intimate relationship with the identified physiologic problems. For many single rural women the stresses of life may contribute to the development of physiologic disorders, resulting in additional problems with which to cope.

Single rural women respond to the inherent stresses of their varied lives in many different ways. Although circumstances suggest that these women are at high risk for mental health problems, some women are able to cope with stress in ways that result in greater strength, independence, and self-fulfillment. Little is known

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about the critical factors influencing the development of various coping strategies in single women.

SUGGESTIONS FOR ACTION AND RESEARCH

Cultural attitudes and norms change slowly, and this seems especially true in rural areas. Because social and cultural pressures and expectations help perpetuate the stress experienced by single women, there is a need to search for and develop new strategies and methods to reduce or redefine the resulting struggles.

Existing resources and social support systems in rural areas are almost exclusively oriented toward the traditional family unit. Nurses have opportunities to educate the public, influence policy and legislation, and encourage the development of resources more responsive to single women. The effectiveness of nurses in this area will be severely limited without adequate nursing research. Research will need to take new directions and new designs that are free from the sex biases characterizing much of the existing research on women's health.

Certain questions seem critical to examine through research if nurses are to adequately understand the lives and strug-

gles of single rural women:

1. *How do single women in rural areas live?* Descriptive research on the lives of single women is practically nonexistent. An examination of their daily lives, work, leisure, support systems, relationships, health status, coping styles, use of resources, and other factors is essential.

2. *What are the characteristics of single women who are able to develop effective alternative lifestyles?* Some women are able to reject the apparent social labeling of their lifestyles as inferior or deviant and are able to develop interdependent relationships with people outside the traditional institution of marriage, while maintaining a primary independence and control over their own lives. These women may be pioneers in the development of alternative lifestyles that can serve as models for all women; however, we know little about those personal, social, and cultural factors that distinguish them from single women who are unable to cope effectively with similar stress.

3. *What are the health practices, problems, and health care needs of rural single women?* Studies of rural health beliefs and practices and predominant health problems have been carried out largely within the framework of the traditional family unit, and programs and services designed to meet the health needs of women are almost all in prenatal care, childbearing, and early childrearing. We need studies that can expand or redefine definitions of health and provide adequate indicators of the health status of rural women.⁷

4. *What are the barriers and facilitators to effectively fulfilling dual roles in rural areas?* Many single rural women have dual work roles: employment in the community

and home management, childrearing, or care of elderly dependents at home. Although many married rural women also have dual roles, the stresses experienced by single women in this situation may be quantitatively or qualitatively different.

5. *What is the relationship between single women and the dominant social institutions in rural areas?* If more were known about single women's participation in social networks such as schools and churches, steps could be taken to maximize the mutual benefits inherent in such relationships.

6. *Do single rural women have a sense of identity as a group?* One of the significant outcomes of the women's movement is the realization of the importance of support in groups. Women who feel isolated or deviant, given the opportunity to share concerns or problems with other women, find that their problems are far from unique. They are able then to share not just problems, but solutions. Groups provide not only support, but also the strength and political clout necessary to bring about change in their situations. Numerous advocacy groups have emerged in the last few years that were designed to wield political and legislative influence in the area of rural women's problems. Research identifying those factors that promote or deter a sense of group identity among single rural women would aid in helping women to take group action in their own best interest.

7. *What are the most prevalent mental health problems among single rural women?* Adequate data are needed on the incidence and prevalence of mental health problems, and alcohol and drug use, as well as the relationships between these

conditions and the life patterns that contribute to their development. Further study is needed to determine what services women have used in coping with these problems and how effective health care professionals have been in providing appropriate help.

8. *What are the predictable crisis points in the life cycles of single women?* Predictable life crises are most often identified by events such as marriage, childbirth, last child leaving home, divorce, and widowhood. These events may have little meaning for a single woman. Longitudinal studies are needed to determine those life crises that have specific impact for single women in rural areas. Only then can nurses anticipate, educate, and intervene effectively at appropriate times in people's lives.

9. *In what ways do single women gain visibility and status in rural areas?* Little is known about the particular roles and behaviors that lead to greater visibility and status, nor about the political, institutional, or social factors that facilitate or support them. These are essential issues to understand if these women are to have opportunities to fulfill their potential as full participants in the community.

"TRIPLE JEOPARDY"

There are many areas in which greater attention to the problems of single rural women is needed and many ways in which greater support can be provided. The single rural woman faces a kind of "triple jeopardy." She is first subject to less status as a woman, further devalued as a single woman, and then subject to ridicule as a rural dweller. Jeopardy increases if the

women is poor, aged, or a member of a minority group.

It is time to recognize the invisible struggles of these women, to embark on systematic study of their lives, to push for changes that will reduce the unnecessary stress they experience, to create new opportunities, and to change stereotypes and negative attitudes often held by them-

selves, as well as others. Nurses are in a position to raise questions and generate research that can result in a better understanding of the problems of this group of women. Nurses can do much to influence programs and policies that will lead to more responsive and effective health care and greater efforts toward health promotion and education.

REFERENCES

1. Flora CB, Johnson S: Discarding the distaff: New roles for rural women, in Ford TR (ed): *Rural U.S.A.: Persistence and Change*. Ames, Iowa, Iowa State Press, 1978, pp 168-181.
2. *The Spirit of Houston*. Report of the National Commission on the Observance of International Women's Year. Washington, DC, US Government Printing Office, 1978.
3. Woodrow K, Hastings DW, Tu EG: Rural-urban patterns of marriage, divorce, and mortality. *Rural Sociol* 43:70-86, 1978.
4. Coal employment project reforms industry hiring practices. *Mountain Life Work* 55(7):10-13, 1979.
5. Schutzman J: Breaching the barrier. *Country Women*, November 1978, p 8.
6. Evans SK: Descriptive criteria for the concept of depleted health potential. *Adv Nurs Sci* 1(4):67-74, 1979.
7. Muller C: Women and health statistics: Areas of deficient data collection and integration. *Women Health* 4(1):37-59, Spring 1979.