HEALTHY WOMEN – HEALTHY COMMUNITIES

This is an abridged version of a policy research paper prepared in February 2005 by the National Rural Women's Coalition. The full report can be found at www.ruralwomen.org.au.

The National Rural Women's Coalition (NRWC) was formed in June 2002 and comprises the following member organisations:

- A Rural Indigenous Woman
- Australian Local Government Women's Association
- Australian Women in Agriculture Ltd
- Country Women's Association of Australia
- Foundation for Australian Agricultural Women
- National Rural Health Alliance
- Rural Doctors Association of Australia (Women's Section)
- Women's Industry Network Seafood Community

The NRWC is funded through the Office for Women (OFW). A key element of our contract with the OFW is to provide policy advice to the Australian Government. As rural women, our objective is to ensure better social and economic outcomes for women living in regional, remote and rural Australia.

Consultation with rural women has been the primary driver of all NRWC activity since its inception in 2002. The NRWC prides itself on the robustness of these consultations and the variety of strategies undertaken to capture the voice of women in rural, regional and remote Australia.

In the following report, the NRWC presents the key recommendations from rural women which have arisen through our consultations, surveys and the NRWC national forum addressing the health and well-being of rural women. The recommendations are supported by the above research and will be advocated by the NRWC through the appropriate departments, stakeholders and Ministers.

The issues raised in the following paper reflect the most common concerns highlighted through NRWC consultations and research. These include:

- Depression and Mental Health
- Healthy Communities
- Access to Services
- Maternity Services
- Foetal Alcohol Syndrome
- Family Violence and
- Women as Agents for Change

Depression and Mental Health

One of the key issues identified through the NRWC consultations and the national forum, was that of mental well-being in rural areas. The direct and indirect nature of depression and mental health on rural women is particularly concerning. Recent stressors such as commodity prices and the drought have caused immeasurable stress on rural women and their families, which in turn has an adverse effect on their ability to contribute to rural communities.

It is important to consider the social determinants of health when looking at mental health in the rural context. Socioeconomic factors impacting on health include income levels, education, employment and the quality of the physical and social environment. Whilst access to services and the importance of communities in rural Australia will be considered in this paper, it is important to note that rural women listed depression as one of the key issues of concern. Rural women have identified their own stress and mental health as an issue. However, as the primary carer in families, rural women have also identified the mental health of their loved ones as a major concern for them.

Research conducted through CSU indicates that 53% of rural women felt that mental health services in their area are difficult to access and 43% found it difficult to access counselling in their area. This reflects the findings of the NRWC Forum where rural women identified the following specific concerns:

- the impact of mental and emotional health problems on physical health;
- the lack of mental health practitioners in rural and remote areas;
- the lack of information and knowledge about how to get help;
- pre-teen and teenage mental health issues; and
- women as caregivers will often put their own needs second to the needs of other family members.

During the NRWC Health Forum, the participants were particularly disturbed by statistics provided through beyondblue: a national depression initiative. Statistically there is a significant rising trend towards depression in the 15–24 year old age range, particularly in young males. For rural mothers, sisters and wives this can impact on their own well-being, particularly where access to services and information is poor. Further, rural women have less access to post-natal depression services and information.

A recent study comparing service access by rural or urban adolescents, found that structural disadvantage in rural areas had most impact on health status and also limited service use, particularly of mental health services.

Rural women have identified social isolation as a major issue in rural areas. Whilst isolation may be real in a geographical sense, many rural women reported their concerns for those who become socially isolated in rural areas. During the NRWC Health Forum, the importance of community, and contributing in community

activities, was raised consistently in conjunction with discussion on mental health and well-being in rural areas.

A survey of rural General Practitioners (GPs) by the Hunter Valley Mental Health Service identified depression as the most commonly seen mental disorder in general practice and that GPs felt there was a lack of psychological services to deal with depression in rural areas. (Media Release Hunter Health 13/2/04).

Healthy Communities

The concept of place and community are extremely important in rural women's health self-assessments. Consistently rural women place importance on social and environmental conditions in their health self-assessments and the rural context is an important factor in satisfaction, dissatisfaction and well-being.

The role of rural women in their communities is one of reciprocity and inter-connectedness. High levels of social capital have been linked with a general feeling of well-being. Importantly, low levels of community participation are linked with low incomes and low self-assessed mental and physical health. It has been reported that social capital, once established, crosses barriers of disadvantage, gender and class and has the capacity to increase the well-being in all sectors of the community.

Invariably women volunteer in greater numbers than men in support of community programs and this is often in addition to their other employment and family responsibilities. The responsibility for community sustainability and support therefore becomes the responsibility of women.

The level of support provided to communities through volunteer work has been widely reported. The CSO Research has highlighted that, whilst 79% of respondents were in the paid workforce, 66% of respondents noted that they volunteer in some capacity in their community.

This enthusiasm of rural women to keep their communities and community services functional conveys the value of rural communities to the residents. Rural women attending the NRWC Health Forum strongly recommended that the NRWC advocate for improved funding of rural community services. It was strongly recommended that government should focus on developing rural community capacity and services through integrated and multi-faceted solutions.

Rural women felt that a holistic approach to building rural workforces and supporting rural community capacity should be a primary aim of government in considering the health and well-being of rural Australians.

Approximately 30% of rural women volunteer over 5 hours a week in their rural communities. (CSU 'Rural Women's Indicator Project' 2004)

Access to Services

The NRWC's extensive consultations with rural women identified access to services possibly the most significant issue of concern when considering health and well-being

in rural areas. The inadequate funding of services in rural areas has resulted in limited facilities that offer restricted services. Whilst the people working in these health facilities are dedicated professionals coping as well as they can, lack of funding is impacting on the services they can provide.

Rural women have reported that accessing services, particularly specialist services, is a major impediment in maintaining optimal health and well-being in rural areas. Treatment often necessitates staying away from home to receive specialist services, often without family support, and incurring financial costs. A lack of public transport and affordable private transport has been consistently noted as a significant factor in access to health services for rural dwellers.

It has been reported that rural women have fewer visits to General Practitioners (GPs) and specialists, a greater likelihood of being overweight, a higher level of alcohol consumption and a greater likelihood of gynaecological surgery. Locally available services tend to be more expensive in rural than urban areas and GP consultations are less likely to be bulk-billed.

Throughout the NRWC Health Forum, rural women also identified the need for greater communication and information about existing services. Whilst telecommunication services have improved access to information for all Australians, geographical remoteness and lower income levels continue to impact on access in rural areas.

Transport difficulties are a substantial barrier for all rural communities. The CSU Research highlighted that a high 66% of respondents noted that they need to travel to a regional centre to access health services but 84% stated that public transport is not available to this centre. Transport is a particularly serious issue in Indigenous rural communities. Older, less educated and Indigenous rural dwellers are the least likely to access health services, particularly if they have low incomes and restricted transportation.

Many rural women stated the perceived lack of confidentiality as an issue affecting the access of services in rural areas. Many women felt uncomfortable discussing private medical issues with a service provider that they know on a social basis in their community. Many women also perceived that confidentiality in rural areas as tenuous in very small communities.

Services for the aged and for carers in rural Australia seemed to be particularly lacking. The CSU Research indicates that 72% of respondents have the responsibility for caring for a child, aged person, disabled person or someone with special needs. The research goes on to show that 31% of these found caring information is hard to access in rural areas and 51% are not able to access respite care. Importantly only 32% felt that there were adequate services to support mothers.

Social conditions affecting health and well-being in rural areas are often exacerbated by the stereotypical views of rural people, particularly men. Injury and illness is often managed at home and consultations with medical practitioners are delayed. The statistically later presentation for treatment amongst rural dwellers, compared to urban dwellers, often results in poorer outcomes. Whilst this statistic may be more

reflective of rural men, the worry and stress of an untended illness often falls on the female carer.

The issue of aged care is a serious one for rural women. Women statistically outlive men, making the care of the aged in rural areas predominantly a gendered issue. Compounding this, older women are one of the most socially and economically vulnerable demographics in Australia today. This is exacerbated in rural and remote areas. This social phenomenon requires specific services to address the needs of this group. The World Health Organisation (WHO) acknowledges the lower income levels, mobility issues and generally poorer health of older (over 70) women. WHO now uses terms such as 'healthy life expectancy' rather than life expectancy to reflect the different quality of life experienced by older people suffering poor health.

Community services make up the second largest industry group in regional cities with over 21% of the total workforce. However, the workforce is largely casualised, feminised and still relies heavily on voluntary efforts. The large-scale withdrawal of services in regional and rural Australia over recent years has resulted in a clear need for carefully targeted services as well as community development programs. The NRWC believes that this requires a 'whole of community' approach through the collaboration of service providers, consumers, government and community.

65% of rural women find it difficult to access medical specialists in their area and 60% find it difficult to access bulk billing in their area. (CSU 'Rural Women's Indicator Project' 2004).

Maternity Services

Whilst access to services in rural areas was an issue across many health concerns, the lack of maternal support was of particular concern to the rural women we consulted. The CSU research indicates that 51% of rural women report difficulty in accessing maternity services and 58% find it difficult to access birthing centre services.

Recent increases in medical indemnity costs has made it increasingly difficult and in many cases impossible for rural GPs to offer maternity services. Fewer rural GPs are delivering babies and fewer rural GPs are doing ante-natal care. Rural health issues significantly impact on ante- and post-natal care of the mother and baby. These include:

- higher rate of teenage pregnancies;
- poor access to perceived confidential health care;
- higher rates of smokers;
- lower access to ante-natal care;
- less ante-natal screening;
- social isolation;
- less access to post-natal home visits by midwives and family services; and
- less access to post-natal depression services.

Adolescent pregnancy is also a significant issue in rural areas. This may be due to the lack of contraceptive advice, limited or no abortion services, limited confidentiality from health workers because worker and client know each other in community

settings, and lack of health workers. High rates of adolescent pregnancies in remote areas are consistent with high rates in socially disadvantaged communities generally.

The rate of deaths related to complications from pregnancy is 3 to 4 times higher among women who receive no ante-natal care compared to women who do receive ante-natal care.

The NRWC was pleased to note the high profile activity occurring in the area of rural maternity services through such organisations as the National Rural Health Alliance and the Maternity Coalition. The NRWC is committed to supporting these organisations in promoting the needs of women and babies in rural Australia.

Foetal Alcohol Syndrome

The seriousness of Foetal Alcohol Syndrome (FAS) was highlighted through a moving presentation at the NRWC Health Forum by Lorian Hayes. Participants at the forum felt strongly that this is a serious issue for Indigenous and non-Indigenous communities. This was felt to be particularly important in rural communities where access to information and counselling is limited.

Studies have consistently identified the serious nature of the effects of alcohol on foetal development. These include intellectual disability, cognitive impairments, learning difficulties, speech and language delay, and behavioural and emotional problems.

During pregnancy alcohol is not only carried to all organs and tissues, it has the potential to cross the placental barrier and transfers from mother to foetus. The amniotic fluid is considered a reservoir for ethanol, which increases the availability of the drug to the foetus. When a pregnant woman drinks alcohol the concentration of alcohol in her unborn baby's bloodstream is the same level as her own. The liver of the developing foetus cannot process the alcohol at the same rate as the adult. High concentrations of alcohol stay in the foetus longer. The unborn baby's blood alcohol concentration is even higher than that of the mother's during the second and third hour after a drink is consumed by the mother.

Indigenous women are vulnerable for many reasons, particularly when their lives and social interaction are linked with alcohol use. It is vital that the relationship between alcohol use and pregnancy is explored from the viewpoint of health; and also the within the boundaries of a socio-cultural context that this relationship plays in women's lives.

The National Drug Strategy FAS Literature Review acknowledges that FAS has not been the subject of national research or policy development in Australia. This makes Australia one of the few western countries that has not acted on this serious issue. With one child born in Canada every day with FAS, it is clear that the Australian Government has not done enough to investigate or act on FAS in Australia.

Raising the awareness of Foetal Alcohol Syndrome amongst women, community members, and health professionals in the community will make an important

contribution to the improvement in health and well-being of women and their babies in rural areas.

In the USA, Foetal Alcohol Syndrome is recognised as the leading preventable cause of mental retardation. (Institute of Medicine 1996).

Family Violence

Family violence in rural Australia has been a topic of concern for the NRWC since its inception in 2002. Consistently, rural women have raised their concern about the higher incidence and seriousness of domestic violence in non-urban areas compared to urban areas.

The Women's Services Network Report (WESNET) 2003 states the following:

- Compared to women living in metropolitan areas, women in regional, rural and remote areas were less likely to use crisis services or report to police.
- Women are subjected to high levels of violence and abuse at the hands of their spouses and other family members in rural and remote areas.
- Data shows disproportionately high rates of domestic and family violence in remote areas, which is three times the rate in other geographical areas. Rates in rural areas are also higher than metropolitan rates, as were rates in regional areas.
- The highest rates of apprehended violence orders (AVOs) or Intervention Orders (IOs) are in rural areas.
- In 1999, it was found that nationally 61% of women homicide victims were killed as a result of domestic and family violence. This rate is higher in rural and remote areas.
- There is a direct link between dominant rural ideologies and community acceptance of domestic violence. The complex interplay of community values and attitudes present in regional, rural and remote areas and its acceptance and condoning of domestic and family violence are directly linked to its increased incidence.

Rural women are also concerned with the issue of family violence in Indigenous communities. The physical, psychological and emotional repercussions of family violence are obvious. Healthy relationships and healthy partnerships are pivotal to the health and well-being of women in rural, remote and regional Australia.

The NRWC has previously identified the benefits of establishing a cross organisational approach to addressing the complexity of family violence in a rural community. However, the three tiers of government in Australia must look seriously at the resources devoted to family violence in rural communities.

The provision of services in rural areas must become a priority. Accessible safe houses, financial support and transport are essential to the safety of women and children at risk. Importantly, communities must be supported in a way that suits the local residents and community stakeholders.

There are estimates that one third of Aboriginal women in the Northern Territory are assaulted each year. In addition to this, 33% of all reports of violent crimes

experienced by Indigenous women were family violence, compared to a national average across all cultural groups of 9.5%. (WESNET Report 2003).

Women as Agents for Change

The most powerful outcome of NRWC's consultations was the overarching theme of the capacity of women to effect change. The themes of women in leadership and the contribution of women to balanced policy development have been consistent recommendations throughout NRWC's consultations across all projects.

The number of women in leadership positions in rural areas is an issue of great concern to rural women. It is felt that leadership opportunities are not as accessible to rural women due to infrastructural and social restrictions such as lack of accessible child-care, lack of mentoring or female role models and stereotypical issues in rural Australia.

Whilst it is recognised that women are targeted for leadership potential in a variety of rural programs, the rural women we consulted felt that these programs are poorly communicated. Women who are caring for children or other dependants find it difficult to access these programs. Also, lack of personal confidence, particularly in using information and communication technology, is a major barrier to women taking on more decision-making roles in rural areas.

Overwhelmingly, rural women want to influence policy that affects their quality of lives. Top heavy, silo-based service delivery models within government have resulted in 'grass roots' individuals having very limited access to real policy development. The people whose lives will be most affected by policy initiatives, particularly women, often have the least say in the development and implementation of these policies.

Since its inception in 2002, the NRWC has consulted rural women in a strategically developed program to develop bottom-up policy recommendations. We recognise the enormous value of grass roots input and the positive effect this has on making robust and balanced policy recommendations.