



WHAT RURAL WOMEN WANT

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About one-third of all Australian women live in rural areas.

We are not a special minority group – we are a basic component of the Australian population, and one which makes a very significant contribution to its economy. The demarcation between rural and urban women in Australia should be about geography not disadvantage. The difference lies in the distribution of resources and opportunities.

The NRWC provides a national voice for all rural women, including Indigenous women; young women; women from non-English-speaking backgrounds; women on the land, in rural and regional towns; professional and business women; socially isolated women; and women community volunteers. We have had working relationships with many other groups to ensure the rural perspective is reflected in all emerging policies and are keenly aware that women's perspectives, needs and aspirations vary between regional, rural and remote parts of the country. However, for convenience and brevity, the term rural is used here to refer to all non-metropolitan Australian locations.

Current key issues for women in rural Australia:

We know what rural communities want and we are happy to help and advise all those who support sustainable regional development and social equity. This document outlines 9 practical ways in which they can begin to do just that.

1. Rural proofing

Rural proofing is a process of checking the effect that all policies and programs could have on rural communities. It ensures that their implementation strategies are practicable in rural areas that the particular needs of people in rural areas are not overlooked and that policies and programs will not have an unintended negative impact on people who live outside metropolitan areas.

Nearly one-third of our population lives in a regional, rural or remote area, but a metropolitan mind-set dominates political decision making in spite of the disproportionate contribution non-metropolitan Australia makes to our national economy. Nor are those of us who live in the country all miners or farmers – we also run the businesses, provide the professional services and keep regional centres and rural communities running by our paid and volunteer work.

This work is often done without the resources, services and infrastructure that are taken for granted in major cities. The United Kingdom and New Zealand Rural have both introduced rural proofing and developed toolkits as part of best practice in policy development.

Rural women want a unit responsible for rural proofing established at a high level in the Department of Prime Minister and Cabinet.



2. More rural women accessing university education that prepares them for the health care professions.

As the Bradley Review and other reports[1] show, people from non-metropolitan Australia take up university education at significantly lower rates than those from urban areas, although those who do apply from rural Australia are at least as likely to gain a place.

At the same time, there is an urgent need for more health care professionals to work in rural areas. The health workforce is predominant female and research indicates that rural origin is a major factor in taking up country practice. Most regional universities offer courses in one or more of the health care professions, yet a number of these universities are unable to fill their places in these courses.

The NRWC believes that specially targeted strategies are needed to ensure women get their fair share of the new opportunities offered through recent funding initiatives.

Rural Women want exemption from HECS payments for all rural women studying for a degree in any health care profession at a regional university.

3. A Youth Allowance scheme that supports all students.

The NRWC worked closely with government and advocacy groups to develop modifications to the Youth Allowance Scheme that will benefit students all over the country. However, some further changes are needed so the currently arbitrary geographic boundaries in Outer Regional areas are more consistent and more equitable.

A second major area of concern involves family asset and income testing. While the recently announced higher income thresholds are welcome, they still do not take into account the financial position in many rural, regional and remote families that are more likely than their urban counterparts to be asset rich and cash poor. We need a more nuanced set of criteria based on a range of current data that reflects the real financial position of non-metropolitan families.

Rural women want a more insightful and detailed asset test regime to be developed to establish the eligibility of rural families for the Youth Allowance.

4. Urgent implementation of recommended strategies to diminish the impact of violence against women and children in rural areas.

Rates of violence against women are higher in rural and urban areas and indigenous women are 35 times more likely to suffer family violence than other Australian women. Numerous reports have come up with horrifying data, but many have also shown how some communities have developed practical ways of diminishing both the incidence and impact of interpersonal violence.

It may be more difficult to apply some of the principles in the National Plan to Reduce Violence against Women and their Children to the diverse conditions on rural Australia, but it is imperative that this begins now, particularly in the areas of community education and local safety provisions.



5. Better transport.

In 2007 the NRWC's priority consultation project asked rural women across the country about their transport needs. Our report to the Office for Women, *Transport: the fabric of rural & regional Australia*[2] emphasized that access to all services – health, education, professional and commercial - depends on affordable and reliable transport.

There are reports from drought stricken areas that some families have been unable to afford the fuel to get their children to the point where they can be picked up by the school bus. So the acknowledged lack of public transport, the high cost of fuel and the poor state of the roads are major impediments to individual health, community sustainability and regional development.

The problem is compounded by communications infrastructure that is often unreliable and usually expensive and the economic impact of drought and other natural disasters and fluctuations within particular rural industries.

Rural women want subsidise fuel for those who live and work in areas where public transport is not available.

6. A decent national Patient Assisted Travel Scheme.

We understand that all the health care and services a rural people may need from time to time can't always be available locally. We are told that patient assisted travel schemes are there so we can access them in the cities.

We held out hopes that the recommendations of the 2007 Senate Inquiry and the 2008 National Health and Hospitals Reform Commission would lead to a nationally consistent system of support generous enough to be meaningful and flexible enough to cover not only acute care but also preventive care like screening programs and routine ante- and postnatal care. Yet the old "Blame Game" continues, characterized by ludicrously inadequate subsidies and unrealistic restrictions.

The reform of the health care system will be incomplete until local services are complemented by effective ways to ensure rural people have equitable access to the services they need. Improved outreach services will help, but they won't cover everything.

Rural women want a patient travel scheme that provides a reasonable contribution to the cost of their accessing acute and routine health care.

7. Local maternity care.

Many small rural hospitals have lost their maternity units over the last 15 years. Despite repeated calls for decisions based on objective and comprehensive community impact statements, closures often seem arbitrary and more focused on budgetary considerations than health issues. We believe that all women have the right to give birth in their own communities supported by their family, friends and health care providers they know.



8. Health care reform

Health care reform that supports the health and well-being of everyone who lives in non-metropolitan Australia. Rural women heartily endorse the current emphasis on prevention and primary health care and applaud plans for local control. However, for us local control does not mean a distant body managing a vast area based on some arbitrary population figure. We mean control and leadership from women and men, community and health care professionals, who know and understand the needs, culture, hopes and resources of a specific area because they live and work there.

We recognise that smaller areas may not be able to provide all the administrative structure or clinical services the local community needs, but they could be linked into regional networks that can do so. We also remind government that local control implies that consumers, particularly women who usually carry responsibility for the health and care of their families, should have at least equal input into the way always scarce health resources are allocated.

Rural women want small, manageable Medicare Local and other primary health areas controlled by bodies 50% of whose professional members are women and 50% of whose consumer representatives are also women.

9. A new National Women's Health Policy

A new National Women's Health Policy to address the needs of Australian women in the 21st century is now overdue. In 2009, The NRWC, and many other women's organisations, made responses to government's call for input. Our submission is based on the latest qualitative and quantitative evidence, accepted good practice, consultations with women in regional, rural and remote Australia and our own practical experience as women who live and work in these areas.

Our submission[3] draws on seven years of consultations with women in regional, rural and remote Australia who understand very well the impact of social and economic conditions on health. Our position is based on the right of rural women to equitable access to the information; services and care they need to maintain and restore their health.

We applaud the government's focus on primary health care and reforms to the health system, but we need a robust women's health policy to make sure their benefits are realized for rural women.

Rural women want a new women's health policy that provides a framework to ensure rural women have equitable access to health services.

[1] E.g.: Australian Government. Dept of Education, Employment & Workplace Relations (2010) – Regional participation: the role of socioeconomic status and access. Canberra

[2] Available from the NRWC on request

[3] Copy available from the NRWC



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