



# WOMEN'S HEALTH IN RURAL AUSTRALIA

...good health and wellbeing in rural and remote Australia

Rural women have poorer health and worse access to health services than those in cities. They have higher rates of obesity and overweight, which leads to higher rates of diabetes and other conditions. Women of child-bearing age and their families bear the brunt of the closure of maternity facilities. Nevertheless, they face adversity with greater levels of resilience.



Women's health is particularly important because it is a determinant of the health and wellbeing of their children and their communities. There are major inequalities in the health of women living in rural or remote areas, Aboriginal and Torres Strait Islander women, immigrant and refugee women, women from disadvantaged backgrounds and women with a disability.

The Government's National Women's Health Policy (2010) aims to improve the health and wellbeing of women in Australia, especially those at greatest risk of poor health. The policy aims to reduce health inequities by addressing the social determinants of health, particularly those that have the greatest impact on women's lives.

## The Australian Longitudinal Study on Women's Health (ALSWH)

The Australian Longitudinal Study on Women's Health (ALSWH) is based at the Universities of Newcastle and Queensland. The ALSWH conducts surveys with three cohorts of Australian women who were aged 18-23, 45-50 and 70-75 when the study began in 1996. It is the largest study of women's health in Australia, with over 40,000 participants in total.

### Poorer health of rural women

In 2011 the ALSWH produced a special report on rural-urban differences which highlights the generally poorer health of women living in rural, regional and remote areas, differences in access to and use of a wide range of services, and the resilience of rural women. Findings indicate that women who live in regional and remote areas have higher death rates than those in major cities. In particular, older rural women are more likely to die from lung cancer, chronic obstructive pulmonary disease and ischaemic heart disease than women in major cities. While these would appear to

be smoking-related conditions, no differences were found between rural and city women for current or past smoking.

### Access to and use of health services

Women in rural areas are less likely to obtain health care from medical specialists and more likely to rely on hospital care. Being unable to access experienced specialists is likely to be part of the reason underlying the higher death rates in rural areas. However the study showed that women in rural areas respond well to public health strategies and policy changes to improve their access to healthcare; they were more likely to have mammograms than women in major cities, and Pap test rates were highest in regional areas.

From 1995 to 2001 bulk billing for women was substantially lower in rural areas than in cities, and in decline. The introduction in 2004 of targeted rural Medicare rebates resulted in increased bulk billing and some reduction in out-of-pocket costs, particularly for older women in remote areas. However women living in Inner regional areas are still less likely to have zero out-of-pocket costs.

### Resilience and life in rural communities

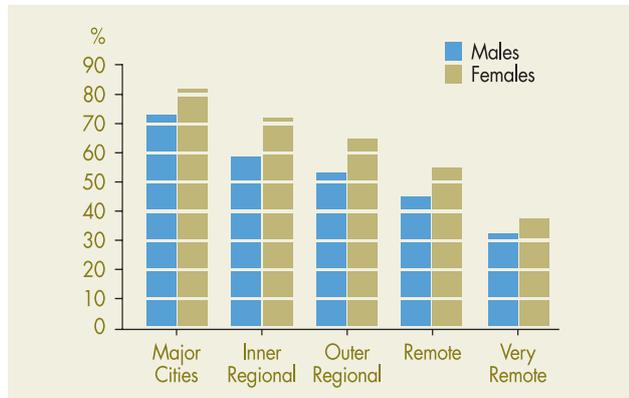
Drought is a heavy burden for rural women yet women's comments during surveys pointed to their resilience and adaptability in dealing with adversity (perhaps strengthened by government support, eg for drought) and no evidence was found of adverse effects from drought on women's mental or physical health. Neighbours and social networks are important for women living in rural areas and driving is essential for maintaining these connections.

### Women's health and educational attainment

Educational attainment contributes to economic security, social cohesiveness and individual health and wellbeing. In

2006, there were higher rates of school completion among females than males, but the proportion of students who completed year 12 declined substantially with increasing remoteness.

### Year 12 retention rate - 2006



Source: 2006 Census of Population and Housing.

There is a strong inverse relationship between female literacy and neonatal mortality due to low birth weight. Every extra year of education provided to a community of young mothers can add up to four extra years of life expectancy for their first child. Increasing an Aboriginal mother's education by a single year can reduce the probability of infant mortality for her baby by 7 to 10 per cent.

### Services for Aboriginal and Torres Strait Islander women

The so-called 'mainstream' health services, including antenatal and birthing services, should provide culturally safe care for Aboriginal women who otherwise may avoid them – with serious implications.

Through the Council of Australian Governments (COAG), all jurisdictions have agreed six core Service Delivery Principles to be applied when designing and delivering services for Indigenous people. The second of these is that "Engagement with Indigenous men, women and children and communities should be central to the design and delivery of programs and services".

A National Aboriginal and Torres Strait Islander Women's Health Strategy was developed in 2001 by the Australian Women's Health Network Aboriginal Women's Talking Circle.

There are numerous creative approaches to improving Indigenous women's health, including the use of community arts, sand-glass pictures, theatre and community yarning. Strong Women, Strong Babies is a community-based program controlled by local Strong Women workers who run community workshops every year.

### Maternity services

More than half of Australia's rural maternity units have closed over the last 15 years, with safety, cost and workforce shortages the main drivers. As a result, expectant mothers

and their families have incurred considerable costs in time, lifestyle disruption and relocation expenses for the mother's confinement away from home. Young families are bearing the brunt of the serious deterioration in the capacity of the national maternity service system in rural and remote areas.

The need for safe and accessible maternity care, which includes care before and after the birth of the baby as well as obstetric care, for teenage mothers is particularly high in rural and remote communities. Teenage birth rates are more than seven times higher in Very Remote areas (91.4 per 1,000 females aged 15-19) than in Major cities (12.3 per 1,000 females aged 15-19). There is a clear remoteness gradient from Inner regional (21.7 per 1,000), across Outer regional (29.6 per 1,000) and Remote (47.6 per 1,000 females aged 15-19).

In 2004, 51 per cent of respondents to a National Rural Women's Coalition survey said they had difficulty accessing maternity care and 84 per cent of them had no public transport to the centres they had to travel to for health services. In the NRWC's 2008 survey, 52 per cent of informants said health services in their community had been reduced in the previous two years.

A barrier to maintaining adequate local maternity services is the local shortage of procedural doctors and midwives. It is difficult to calculate the midwifery workforce accurately, but the number of specialised doctors available to provide birthing services in rural areas fell from 831 to 769 between 2005 and 2007. The number of rural births rose from 89,538 to 98,563 over the same period.

The implementation of the National Maternity Services Plan 2010 is underway, with a strong rural focus. Priorities include increasing access of rural women and their family members to high quality maternity care, and developing and supporting a rural and remote maternity workforce.

### FASD in rural Australia

Australian women are drinking more than in the past, and greater numbers are 'binge drinking'. Results from the 2010 National Drug Strategy show that the proportion of women drinking at risky levels increases with increasing remoteness.

Drinking alcohol during pregnancy can cause Foetal Alcohol Spectrum Disorder (FASD). The risk of damage to the foetus during pregnancy increases with the amount of alcohol consumed, and alcohol binges are particularly harmful. The impacts of FASD are greater in rural and remote areas because infrastructure, health workforce and opportunity for effective treatment and management are more limited there.

However FASD is 100 per cent preventable: if alcohol is not consumed during pregnancy, the baby will not have FASD. Even though the culture surrounding drinking can make it difficult for a woman to refuse to drink alcohol, every pregnant woman wants a healthy baby and the prospect of that baby's future being compromised provides a strong incentive for refusing to do what everyone else is doing.

This is another specific health topic where there is a current infrastructure and service deficit which could be made up through targeted programs.