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ORIGINAL RESEARCH

Brutal neglect: Australian rural women's access to health services

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ABSTRACT

Access to health services in rural Australia has been particularly problematic because of the vast geographical areas and the sparse population distribution across the inland. The focus on health servicing has been very much on primary health care with most attention being giving to the distribution of doctors in rural Australia. This study takes a closer look at rural health servicing through the eyes of women in rural Australia. Drawing on a survey of 820 women, the study revealed that a focus on primary health care may be resulting in a lack of attention to women's health in areas, such as maternity models of care, domestic violence and mental health. The study also reveals the disquiet of Australian rural women at the poor state of health services.

Key words: access, women's health.

Introduction

In rural areas the issue of access to, and quality of, health services has been a major cause for concern among rural dwellers[1]. Various strategies have been introduced by governments to assist in the development of health services and to solve access issues, one of the main strategies in recent times being the introduction of overseas trained doctors into rural communities. Yet it would seem that policy and political discourse concerning rural health, at least in the Australian context, relies on the disease model and fails to take adequate account of gender or the social experiences of rural women[2,3].

This article presents data from a national survey of Australian rural women undertaken in 2004 to assess various quality-of-life indicators and issues relating to health service access. We argue that a feminist perspective is essential to understanding the health of rural women because it centralises the concerns of women. Without this, women's issues disappear into a more general overview of rural health disadvantage and a focus on individual pathology and the medical model.

Background

Why gender is important

Feminist theorising has enabled a focus on women and their experiences. Drawing on the distinction between sex and gender, feminists argue that while sex is biologically determined, gender identity is socially constructed through the societal expectations placed on men and women in a relational context[4,5]. The way rural women and men live their lives is shaped by gender constructions and discourses[6-8] and, consequently, gender is a key determinant of health status[2]. Not only are women the most frequent users of health services, their often broader conceptualisation of health and wellbeing is framed by their biological role (for example in pregnancy), and their social or gendered roles (for example in caring)[9,10]. At the same time, women are more likely to take responsibility for the health of those closest to them, in the process often ignoring their own health status[1]. While a feminist perspective allows an exposure of these issues, it also enables a focus on the way health care and provision of health services is gendered. Thus, a feminist perspective provides a challenge to both medical discourse and the premises on which it is based[10].

The women's health movement developed as a response to the 'ideological and practical deficiencies within the medical approach to women's health care'[10], and pointed to ways the medical model has acted to reduce women's power around health decision-making[11]. The women's health movement allows an analysis of the way women's health is affected by social factors such as limited job opportunities, lack of public transport and other services, family transience and social isolation[12]. A failure to address these issues in relation to health results in a lack of attention to women's own health priorities. As Hunt[11] notes, mainstream health servicing 'rarely addresses quality of life issues and seldom accounts for difference in opportunity deriving from the social context of people's lives'. When we consider the Australian rural condition, this failure is a significant one[1].

Rural health

Rural Australia is as diverse geographically, economically and socially as urban Australia[12]. Nonetheless it is clear that health inequalities between rural and urban areas are significant - rural Australians have poorer health and less access to services than urban Australians, and lower life expectancies and higher disability rates[13]. Further, because socio-economic measures such as education, employment and the quality of the physical and social environment determine health status[14], rural people in general are particularly disadvantaged. In fact, the Australian Institute of Health and Welfare notes that health status decreases as distance from metropolitan areas increases[15]. Indigenous Australians living in rural Australia have the poorest health of any rural dwellers, indicated by lower life expectancies, higher rates of hospital admissions, and higher rates of health problems such as diabetes and ear infections[16].

Health risk factors such as smoking, drinking and environmental dangers are more prevalent in rural areas[2] with the result that there are some health problems, including injury (incorporating farm accidents), asthma and diabetes that are more prevalent in rural areas[15]. Additionally, the poor quality of roads, lack of public transport and length of time to get to treatment compromises treatment options.

Despite the clear evidence of reduced rates of health and wellbeing in rural areas, services are clearly lacking to meet the need, and those that are available are often inadequately funded[2,17]. Areas that are relatively inaccessible and have small populations are more likely to have limited services

and a poor standard of facilities[14]. Problems with rural health service delivery include limited funds for services, a lack of access to specialist services, and, where travel to services is the only alternative, a lack of access to public transport or affordable private transport[12,17]. While access to specialists is a critical issue for most rural Australians, access to GPs is also problematic[18]. Australian Bureau of Statistics figures reveal that the number of doctors per head of population varies from 308 per 100 000 in major cities to 77 per 100 000 in very remote areas, creating further problems related to access and transport[19]. In addition, access is complicated by cost, with GPs far less likely to bulk bill in rural areas making out of pocket expenses higher for rural people[20]. (Bulk-billing refers to the Australian practice of doctors providing a medical service at no cost to the patient).

Further complications for rural health provision arise from the imposition of corporate values on funding allocations, a lack of revenue from smaller populations, a lack of consensus on what is adequate health servicing, the application of urban strategies to rural health provision, and a lack of research on rural health[17,21].

Rural women's health

We have demonstrated that there is widespread evidence that rural Australians suffer disadvantage in relation to health and infirmity. Adopting a feminist perspective, where women are centralised and gender is a key analytical construct, may allow a more searching appraisal of rural health disadvantage and a broader understanding of the emotional, social and spiritual wellbeing of rural Australian women.

Masculine hegemony is dominant in small town rural Australia with men controlling significant sites of power as well as the resources on which rural industries are based[7,22]. The stereotypical view of rural women is that they are stoical, used to adversity and self-reliant[2]. As overseers of the family's finances, education and general wellbeing, women see themselves as responsible for caring for those family members who are ill or in need of care, often to the detriment of their own health[1,2,9,23]. Rural women's health status is likely to differ depending on where they live and according to their environment, and their ability to access support, information and services[24]. Further, women are more likely to discuss broader issues relating to health such as isolation, availability of transport, child care and counselling[1].

Women's health status may vary by age. For example, the ageing of the rural population, and the dominance of women in the older rural age groups, suggests that specific aged care needs of this group will become problematic in future[25]. Additional issues surround mid-life women who are often too busy to travel to access services for their own health and wellbeing[1,26], while younger women needing access to ante- and post-natal health services, and adolescent women with an unplanned pregnancy face their own particular health issues[27].

Drought

During much of the 2000s, vast areas of rural landscape have been devastated by drought conditions[28]. For those rural Australians dependent on agriculture, the resulting stresses have been significant[1]. Women report their wellbeing is compromised by the additional stresses associated with loss of income, increased workloads both on and off farms, issues relating to the health and welfare of family members, caring for others who are themselves stressed, a lack of income thereby reducing options to get away, and barriers to health service access including transport difficulties, a lack of bulk-billing and the need to travel[1]. For many women in rural areas, the drought has come on top of existing problems of health service availability and access. It is in this context that the study on which this article is based took place.

Methods

Members of the Gender, Women and Social Policy Community of Scholars (COS) undertook to assess issues of importance to rural women in areas served by Charles Sturt

University (CSU) (the Central West and Riverina areas of New South Wales). The rationale was to develop a research agenda for the group that was grounded in local area issues. A series of qualitative focus groups were held in Wagga Wagga, Bathurst and Cowra with women in key service or representative positions. These focus groups generated similar but extensive issues, many of which related to health and wellbeing indicators and service access. So strong was the feeling in the groups about declining access to health care services that the COS group felt the need to test these issues more widely.

Initially a small CSU grant was obtained to conduct a quantitative survey through randomised telephone surveys in the CSU catchment area, testing wellbeing and access issues. Members of the group who conducted the telephone interviews were overwhelmed with the response by women about their lack of access to critical services, including basic maternity and aged care. After 70 telephone interviews were completed, the group sought further funding to extend the survey.

The National Rural Women's Coalition (NRWC) was successfully approached for additional funding. The member organisations of the NRWC include the Local Government Women's Association, Australian Women in Agriculture, Country Women's Association, the Foundation for Australian Agricultural Women, the National Rural Health Alliance, the Rural Doctor's Association – Female Doctor's Group, Women's Industry Network Seafood Community and an Indigenous Women's representative. Because of budgetary constraints a decision was made to conduct the national survey by mail. The survey (Appendix I) sought information on personal factors such as age, marital and work status, whether services are difficult to access and whether they are adequate. Over 1500 paper-based surveys were distributed through the women's groups represented by the NRWC and two of the groups put the survey on their members-only websites. It is difficult to assess a response rate because of the web-based element of the survey, however 820 returned surveys were received by the cut-off date in October (and several more trickled in for an additional 3 months) suggesting a response rate of 50%. This article reports on the national mailed survey only.

Limitations

There is no claim that this group is representative of all rural women, and the survey results reflect this with a bias to women over 40 years who are married and working. There is also a bias to women in organisations, women who are literate and women with internet access. The survey administration method also made determination of a precise response rate difficult. These factors reduce the generalisability of this study. There is also no comparative urban data, nor comparison with the views of rural men. These could be opportunities for further study. Nonetheless, it was apparent that the issue of rural health service access touched a nerve with rural women and the responses often included extensive hand-written comments.

Results

Demographics

Eight hundred and twenty women responded to the survey, 98% (790) of whom had English as their first language, and less than 2% of whom identified as Indigenous (1.1% [9] Aboriginal, 0.2% [2] Torres Strait Islander and 0.4% [3] both). Most respondents were living with their husband (73% or 585) or a male partner (6% or 45), 0.5% (4) were living with their female partner, 4% (32) were divorced, 5% (42) widowed, 3% (26) separated and 8% (67) were single. Figure 1 illustrates the states where respondents resided indicating that while NSW respondents dominated, the survey was completed by a significant number of people across the other states. Figure 2 indicates age levels of respondents suggesting a bias to mid-life women.

Indicating that rural women are entering the workforce in large numbers, 79% of our respondents were in paid work (51% of these full-time). A further 10% were looking for work at the time they completed the survey.

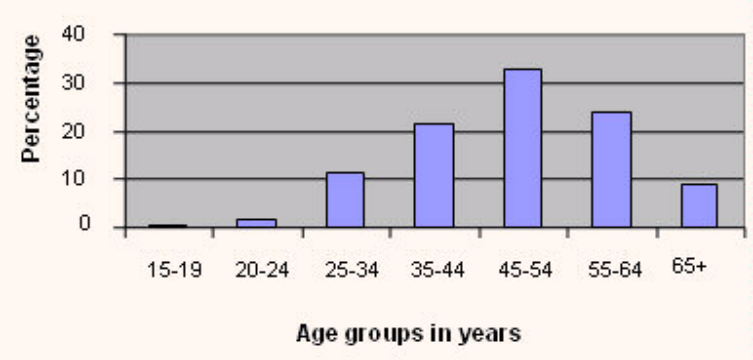

Figure 1: Australian home states of respondents.

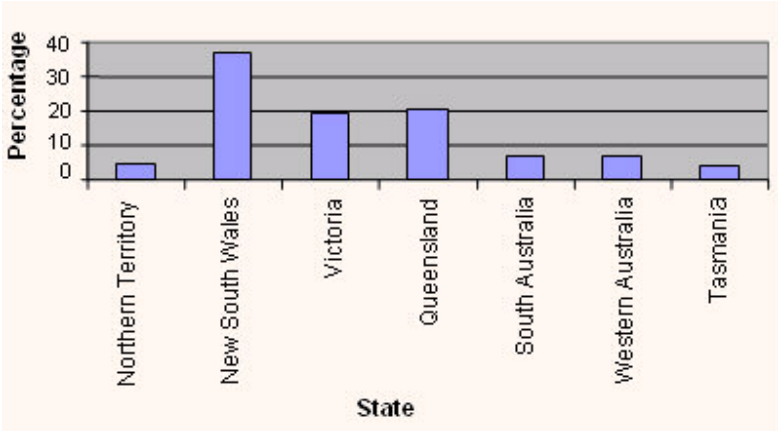

Figure 2: Age of respondents.

Level of general wellbeing

Respondents were asked to comment on their level of wellbeing and on things that would improve, or have hindered, their wellbeing. Fifty-five percent of respondents felt their level of wellbeing was excellent while 25% felt it was poor. Things that would improve levels of wellbeing can be summarised into the following categories: less stress and more time; better working conditions; better financial circumstances; a breaking of the drought; greater access to health, mental health, welfare and telecommunications services; more access to leisure facilities and time; better relationships and a holiday. A significant number noted the drought conditions caused stress, relationship difficulties and an increased need for women to work.

Things that hindered wellbeing fall into the following categories: family relationship problems; health factors; high costs/low income; the drought; being tired; having no time for leisure; being overworked; losing services; distance to facilities; being overweight/having poor diet; lack of exercise; having no time. Asked to comment on what might make the biggest difference to wellbeing right now, 33% nominated money, 23% health, 27% less work and 2% more work.

Access to services

Respondents were asked to comment on access to a range of listed services. Table 1 shows the percentages of respondents who had difficulty accessing the listed services.

Table 1: Access to services

Service	Difficulty accessing *n* (%)
Home births	534 (68)
Medical specialists	521 (65)
Bulk-billing†	479 (60)
Birthing centre	462 (58)
Mental health services	429 (53)
Adolescent services	414 (52)
Hospital close by to give birth	408 (51)
Cancer care	363 (45)
Terminations	340 (44)
Gyms/ leisure facilities	353 (44)
Counselling	343 (43)
Palliative care	332 (42)
Older women's health services	325 (41)
Mid-life services	329 (41)
Aged care	315 (39)
Nutrition services	310 (39)
Preventative health	312 (39)
General practitioners	270 (34)
Emergency services	240 (30)
Family planning	236 (30)
Health information	191 (24)
Community nursing	187 (24)

† Bulk-billing is the Australian practice of doctors providing a medical service at no cost to the patient.

Respondents were also asked for open-ended qualitative responses on the most available, and the least available health services in their area. Respondents were given the option of nominating four services in each category. Tables 2 and 3 summarise these responses. Note that not all respondents chose to nominate four options so percentages listed in the tables are based on the respondents who did choose to address the particular question not the total sample.

These qualitative responses indicate that the main focus of health care for respondents is general practitioner basic medical services. By contrast, women noted in their qualitative responses that the least available services are in areas of birthing, mental health, women's health, and counselling. Women also noted the lack of aged care, women's health services and domestic violence services.

Service adequacy

While *service access* was difficult for many women, *service adequacy* was also problematic. Table 4 indicates the percentages of women who view their services as adequate and inadequate. Not all women responded to this question and the authors are unsure whether they did not know or chose not to respond to these questions.

Table 2: Most available services

Most available (1st option) 627 responses *n* (%)	**Most available (2nd option) 412 responses *n* (%)**	**Most available (3rd option) 265 responses *n* (%)**	**Most available (4th option) 154 responses *n* (%)**
Doctor 295 (47)	Screening 76 (18)	Screening 48 (18)	Screening 17 (11)
Breast screening 81 (13)	Doctor 50 (12)	Hospital 20 (7.5)	–
Community health 44 (7)	Hospital 30 (7)	Baby health 19 (7)	–
–	Community nurse 24 (6)	–	–

Table 3: Least available services

Least available (1st option) 604 responses *n* (%)	**Least available (2nd option) 427 responses *n* (%)**	**Least available (3rd option) 302 responses *n* (%)**	**Least available (4th option) 178 responses *n* (%)**
Mental health services 44 (7)	Specialists 47 (11)	Specialists 34 (11.2)	Counselling 28 (15.7)
Birthing services 41 (6.8)	Mental health services 33 (7.7)	Mental health services 24 (8)	Mental health services 17 (9.5)
Counselling 35 (5.8)	Cancer care 33 (7.7)	Counselling 23 (7.5)	Specialists 17 (9.5)
Obstetrics/ gynaecology 35 (5.8)	Birthing services 25 (5.8)	–	–
Female GPs 34 (5.6)	Breast screening 25 (5.8)	–	–
–	Obstetrics/ gynaecology (5.2)	–	–

Table 4: Adequacy of services available in local area

Service	View the service as adequate *n* (%)	View the service as inadequate *n* (%)
Domestic violence services	131 (17)	279 (35)
Disability services	141 (18)	397 (50)
Rail services	220 (30)	512 (69)
Child care	286 (36)	286 (36)
Aged care	302 (38)	354 (44)
Health services	336 (42)	413 (52)
Air services	314 (43)	417 (56)
Bus services	333 (44)	416 (54)
Telecommunications	372 (46)	387 (48)
Roads	386 (49)	404 (51)
Internet services	397 (50)	348 (44)
Education	521 (65)	228 (29)

Private health insurance

Respondents were asked to comment on the cost-effectiveness of their holding private health insurance and 52% (405) felt that private health insurance is not cost effective in rural areas because, as they indicated, of a lack of services.

Travelling for health service access

Two-thirds (66% or 525) of respondents noted that they needed to travel to a regional centre for health services, and yet 84% (664) noted that public transport was not available to travel to this centre. Asked to comment on the issues this raises, 65% (349) noted the additional costs associated with travel, accommodation and loss of work time, 15% (79) noted the problems associated with child care and 82% (435) noted the additional burden of travel. A further 37% (194) noted other issues, including the need to find accommodation, needing to take leave, being away from home, the time factor involved and tiredness.

Caring and support

Respondents were asked to nominate their caring roles. A significant percentage of the respondents were carers with 38% (306) caring for a child/children, 16% (131) for an aged person, 10% (78) for someone with a disability and 6% (52) for someone with other special needs. Despite their caring roles, 31% (95) of carers noted it was not easy to gain information on caring, 50% (154) that it was not easy finding resources to assist with caring, 48% (149) that it was not easy to find emergency assistance and 51% (153) that they could not access respite.

Respondents were asked to comment on personal support available to them in their areas. Half (50% or 386) noted that they had extended family in their local area. Nonetheless, only 32% (246) felt there was adequate support for mothers in their area, and only 40% (311) noted that they had assistance with housework from someone in their household.

Discussion

While there is no claim that this study reflects the views of all rural women, it does extend our understanding of health service access for rural Australians. The women who responded were from across Australia, suggesting that rural health disadvantage and a lack of attention to rural women's health is endemic. Using a feminist analysis to expose issues of relevance to women, this study suggests that rural health service provision is focused on the medical model of care in

its approach to rural health disadvantage. First, it is clear that there is a general paucity of health and wellbeing services; second, women respondents see health servicing as extending far beyond the primary health care provided by doctors; third, women responding to this survey note the lack of support for women/mothers/carers in rural Australia; and services dealing with issues relating specifically to women's health and wellbeing, such as maternity services, mental health services, care and respite services and domestic violence services are clearly lacking.

There is no doubt that both women and men receive inadequate service support, and this article is not attempting to overshadow this obvious fact. However, in undertaking an analysis focused on women's concerns, we note that the rural services that are available are focused on primary health care and not on the services needed to ensure the health and wellbeing of women. Our analysis revealed that there are not enough critical services for women – there are few birthing services, no model that supports homebirths and no attempt to address the issue of distance so that women do not have to travel so much for services. Following publicity of our results in media interviews, women have come forward in the media revealing horror stories about their experiences in childbirth – long trips in labour on dangerous roads, being turned away by local hospitals or being forced to leave their communities and families for several weeks around the time of their labour (see, for example, Daily Telegraph, 6 October 2004, p.1). Fifty-one percent of our respondents noted there was no hospital in their local area where women can give birth. Yet even in the area of primary care, it would appear that services are lacking with 34% noting they have limited access to GPs, 65% limited access to specialists, and 60% not having access to bulk-billing.

By focusing on primary health care as the sole issue relating to rural health disadvantage, policy makers may be overlooking the problems arising in relation to service access including limited attempts to develop new models of care that provide women with safe, affordable and adequate access to a variety of care services.

Conclusion

This study revealed that a focus on primary health care servicing to rural areas may be overshadowing the needs of women for a variety of additional services. The lack of safe, affordable and adequate services in a variety of areas continues to put women's health, and that of their families, at risk in rural areas. This study revealed the need for a wider conceptualisation of health care in rural areas and the need to consider the health concerns of rural women.

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Appendix I

Rural Women's Indicator Questionnaire
Gender, women and Social Policy Community of Scholars ©

Introduction
This survey has been organised by the Women, Gender and Social policy group of scholars at Charles Sturt University. We are aiming to get a picture of the quality of life of women in rural areas and service access. The survey will take about 20 minutes. The questions are very general as we hope to investigate various areas in greater depth at a later date. No names or identifying information will be collected or released. Results will be published so that issues affecting rural women are made clear to the rest of the community. Please feel free to give additional information on issues affecting the wellbeing of women in rural areas at the end of the survey.

Instructions
There are a series of questions. Please circle the most appropriate answer to each question.

1. Is English your first language? Yes / No

2. If no, is your access to services restricted by a lack of interpreters in rural areas
Yes / No

Education

3. Your highest level of education is:
    1. Primary school
    2. Some secondary school
    3. HSC or equivalent
    4. Trade or Apprenticeship
    5. TAFE Certificate or Diploma (includes Enrolled Nursing)
    6. University Degree (includes degree nursing)
    7. Post-graduate Qualification (Hons, Grad Dip etc)
    8. Other (please specify).....

4. Are you currently studying?
    School
    College
    University
    N/A

5. Do you want to further your studies?
Yes / No / Unsure

6. If yes, would you like to pursue further education -
    1. For your own interest
    2. To improve employment possibilities
    3. To realise your potential
    4. Other (please specify).....

7. Are there any difficulties for you if you wanted to do further study at a university or TAFE?
    1. cost
    2. distance
    3. time
    4. work responsibilities
    5. caring responsibilities
    6. other (please specify).....

8. The Federal government recently announced that universities can increase their fees by up to 25%. Is this likely to affect your, or your family's plans, for higher education?
    1. No one in my family plans to go to university
    2. No, my family will be able to afford the additional fees up-front
    3. No, my family will still go to university by deferring the payment of fees
    4. Yes, the new fees will affect the courses studied at university
    5. Yes, the new fees will make university study unaffordable

Work

9. What best describes your occupational status?
    1. Full-time paid work (permanent / casual)
    2. Part-time paid work (permanent / casual)
    3. Casual worker
    4. Full-time home duties
    5. Unemployed
    6. Retired
    7. Government benefits / pension

10. Are you currently looking for work? Yes / No

11. If you are currently looking for work, have you had trouble finding a job for the following reasons?
    1. N/A
    2. Ill-health / disability
    3. Hours of work not suitable
    4. Transport problems
    5. Lack of qualifications
    6. Lack of experience
    7. Language difficulties
    8. No jobs in my line of work
    9. Just no jobs at all
    10. Can't find child-care
    11. Difficulties finding care for another family member I care for

On a scale of 1 to 5 with 1 being strongly disagree, 3 being neither agree nor disagree and 5 being strongly agree please answer the following questions

12. If you needed to get a new job right now, it would be easy to find one

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

13. Combining work and family is easy in rural areas

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

14. It is easy for women to get into leadership roles in rural communities.

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

15. It is easy for women to get into senior positions in rural communities.

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

16. It is important for women to get into leadership roles in rural communities.

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

17. It is more difficult for women than men to get work outside of the home in rural communities

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

Health

The following questions relate to the availability of health services in rural areas.

On a scale of 1 to 5 with 1 being strongly disagree, 3 being neither agree or disagree and 5 being strongly agree please respond to the following statements on service availability

From your personal experience or that of the people you know - women in your area are able to access the following services easily

18.	Aged care services				
	1 Strongly disagree	2	3 neither agree nor disagree	4	5 strongly agree
19.	Counselling				
	1 Strongly disagree	2	3 neither agree nor disagree	4	5 strongly agree
20.	Mental health Services				
	1 Strongly disagree	2	3 neither agree nor disagree	4	5 strongly agree
21.	Health Information services				
	1 Strongly disagree	2	3 neither agree nor disagree	4	5 strongly agree
22.	Cancer care				
	1 Strongly disagree	2	3 neither agree nor disagree	4	5 strongly agree
23.	Medical Specialists				
	1 Strongly disagree	2	3 neither agree nor disagree	4	5 strongly agree
24.	General medical practitioners				
	1 Strongly disagree	2	3 neither agree nor disagree	4	5 strongly agree
25.	Emergency services				
	1 Strongly disagree	2	3 neither agree nor disagree	4	5 strongly agree
26.	Nutrition services				
	1 Strongly disagree	2	3 neither agree nor disagree	4	5 strongly agree
27.	Adolescent Services				
	1 Strongly disagree	2	3 neither agree nor disagree	4	5 strongly agree
28.	Older Women's health				
	1 Strongly disagree	2	3 neither agree nor disagree	4	5 strongly agree
29.	Palliative care				
	1 Strongly disagree	2	3 neither agree nor disagree	4	5 strongly agree

30. Gyms/ recreation and leisure facilities

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

31. Health service for women in mid-life

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

32. Preventive health / screening services

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

33. Community Nursing

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

34. Family Planning

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

35. Termination of pregnancy

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

36. Hospital that allows women in your area to give birth in your local community

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

37. Fully equipped birthing centre

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

38. Home births

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

39. Bulk-billing GPs

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

On a scale of 1 to 5 with 1 being strongly disagree, 3 being neither agree nor disagree and 5 being strongly agree please comment on the following statement

40. In the last 6 months my overall level of well-being has been excellent

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

41. What are three things that would help or improve your well-being
1.
2.
3.

42. What are three things that have hindered your well-being
1.
2.
3.

43. What would make the biggest difference to your well-being right now?
Money Health Less work More work
Other _____

44. Is private health cost-effective for you? Yes/No

45. Do you have access to the doctor of your choice? Yes/No / DK

46. Do you need to travel to a regional centre for health services? Yes/No / DK

47. If so what issues does this raise for you –
Cost
Child care
Travel
Other _____

48. Is public transport available to allow you to easily access health services? Yes/No/DK

49. In your opinion what health services are the most available to women in rural areas?
1.
2.
3.
4.

50. In your opinion what health services are the least available to women in rural areas?
1.
2.
3.
4.

Answering either adequate or not adequate (or don't know), please comment on the adequacy of the following services in your area.

51.	Child care	Adequate / Not adequate / DK
52.	Education	Adequate / Not adequate / DK
53.	Health services	Adequate / Not adequate / DK
54.	Domestic violence services	Adequate / Not adequate / D/K
55.	Aged care	Adequate / Not adequate D/K
56.	Disability services	Adequate / Not adequate D/K
57.	Telecommunications	Adequate / Not adequate D/K
58.	Internet access	Adequate / Not adequate D/K

Transport

Please comment on the adequacy of the following services in your area

59.	Rail services	Adequate / Not adequate
	Cost effective?	Yes/No
60.	Air services	Adequate / Not adequate
	Cost effective?	Yes/No
61.	Bus services	Adequate / Not adequate
	Cost effective?	Yes/No
62.	Road infrastructure	Adequate / Not adequate

Telecommunications

63.	Do you have mobile phone coverage in your area?	Yes/ No
64.	Do you have internet access in your area?	Yes/No

65. Do you have internet access in your home? Yes/No

Caring

66. Do you currently receive a Carers Allowance? Yes/ No

67. Have you received the new $3000 grant for a new baby? Yes / No

Women sometimes find themselves caring for others. Do you care for:

68. A child (children including babies)? Yes / No
Full / part-time

69. An aged person? Yes / No
Full / part-time

70. Someone with a disability Yes / No
Full / part-time

71. Someone with special needs Yes / No
Full / part-time

72. Other (please specify)..... Yes / No
Full / part-time

73. What is your relationship with the person(s) you care for?

Person 1	**Person 2**
Parent(s)	Parent(s)
Partner	Partner
Child	Child
Grandchild	grandchild
Sibling	Sibling
Friend	Friend
Other relative (please specify).....	Other relative.....
Other (please specify).....	Other ……..

74. How long have you cared for this person/s?

75-81 for carers only!!

On a scale of 1 to 5 with 1 being strongly disagree, 3 being neither agree nor disagree and 5 being strongly agree please respond to the following statements

75. It is easy to get information to assist me in caring

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

76. It is easy to get resources to assist me with caring

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

77. It is easy to get emergency assistance to assist me with caring

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

78. It is easy to get respite care

1	2	3	4	5
Strongly disagree		neither agree nor disagree		strongly agree

79. Have you ever needed to seek respite care Yes/No

80. What improves your well-being as a carer?
Services Respite Financial support Family support
Other (please specify).....

81. What hinders your wellbeing as a carer?
Lack of services Lack of respite Lack of family support
Lack of financial support Other (please specify) .....

Social Networking

82. Is there adequate support for mothers in your community? Yes/No/DK

83. Do you have extended family in your area? Yes/No/DK

84. Do you have help at home with housework from other members of your household? Yes/No/DK

85. Do you have money to spend on your own leisure activities? Yes/No/DK

86. Are the following readily available to you:

Movie theatre	Yes/No / DK
Live theatre	Yes/No / DK
Museums	Yes/No / DK
Art Gallery	Yes/No / DK
Civic Centre	Yes/No / DK
Restaurants	Yes/No / DK
Take away meals	Yes/No / DK
Social Clubs	Yes/No / DK
Sporting activities	Yes/No / DK
Swimming pool	Yes/No / DK

The following questions address sensitive issues and you do not have to answer them if you feel uncomfortable. Your answers will however assist us to improve services for rural women.

VIOLENCE

In the last twelve months have you experienced:

87. Physical assault Yes/No

88. Sexual assault Yes/No

89. Verbal/emotional abuse Yes/No

90. Other form of violence (please specify) Yes/No

91. If you experienced any of the above who was the perpetrator?
N/A
Husband/partner
Other family member
Friend
Casual acquaintance
Stranger
Work colleague

92. If you experienced any of the above what did you do?
N/A
Said nothing
Discussed with family
Discussed with friend
Sought outside help
Reported to police

If necessary - Please note if you are feeling anxious that counselling services are available at community health and the sexual assault service at community health.

93. Do you worry about your personal safety?
Yes, often
Yes, sometimes
Very rarely
Never

Do you have access to:

94. A women's health centre Yes/No

95. Hospital unit for helping victims of sexual assault/violence Yes/No
96. Social worker Yes/No

Volunteering

97. Do you work as a volunteer? Yes/No

If yes:
98. How many hours a week do you volunteer?
None Less than 5 hours 5-less than 10 hours
10 - less than 15 hours more than 15 hours

If you do voluntary work, what type of organisation do you do voluntary work for?

99. Charity Yes/No
100. Sporting club Yes/No
101. Religious organisation Yes/No
102. Landcare Yes/No
103. Other Yes/No

104. Are there services provided by volunteers in your community that should be provided by government? Yes/No

Demographic information

105. How long have you lived in your present location?
Less than 2 years Less than 5 years 5 -<10 years
10-<20 years 20+ years

106. Why did you move there?
Lifestyle Partner's job My job Family reasons
Other

107. Which description fits you best?
Living with husband Living with male partner Living with female partner
Divorced Widowed Separated Single

108. What is your postcode? _____

109. How old are you?
15-19 years 20-24 years 25-34 years 35-44 years
45-54 years 55-64 years 65 years and over

108. Are you of Aboriginal or Torres Strait Islander descent?
No Yes, Aboriginal Yes, Torres Strait Islander Yes, both

109. Where were you born?
Australia New Zealand UK Canada / US
Europe (please specify) ….. Asia (please specify) ……. Other (please specify)

110. If from overseas, how long have you lived in Australia?
Less than 5 years 5-10 years 10-20 years over 20 years

111. Your religion is:
Protestant Catholic Other Christian
Non Christian No religion

112. How many dependent children are living with you?
None Three
One Four
Two More than four

113. How many children are not living with you?
None Three
One Four
Two More than four

114. If you have children, have any of them left the area? Yes/No/N/A

115. Which of these groups best describes your personal income before tax?
$1000 - $5000
$5001- $10000
$10001 - $15000
$15001 - $25000
$25001 - $50000
over $50 000

116. Which of these groups best describes your family household income before tax?
$1000 - $5000
$5001- $10000
$10001 - $15000
$15001 - $25000
$25001 - $50000
over $50 000

Is there anything you'd like to add?

Thank you for your participation

Please return to:
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