



**WHAT DO RURAL WOMEN WANT?
AN ANALYSIS OF SOCIAL PROTECTIONS AND
INFRASTRUCTURE SURVEY FINDINGS.**

April 2019.

Report by



Prepared for:
National Rural Women's
Coalition

Amina Keygan Consulting
ABN: 69143754140
0438 168 258

Amina.Keygan@gmail.com
www.aminakeygan.com

About the author:

Amina Keygan is a consulting demographer and an affiliated researcher with the Institute for the Study of Social Change at the University of Tasmania. Amina is also a National Council Member, and Editor of Demoz with the Australian Population Association.

Amina has extensive experience in the interrelated areas of fertility, migration and population ageing, and their combined effects on population structures, the labour market and workforce participation. Most recently she has used this expertise to deliver a strategic workforce plan for a leading Tasmanian health provider, as well as aiding in the development of a regional 'futures plan' for the North West of Tasmania.

Amina has completed a PhD in Demography at the Australian National University and she holds a Bachelor of Arts with First Class Honours Degree in Sociology.

She is also the recipient of the Australian Population Association's Borrie Prize, and the ANU's Charles Price Award.



This report has been prepared for National Rural Women's Coalition. All due care has been taken in the preparation of this report, however, Amina Keygan Consulting is not liable to any person or entity for any damage or loss that has occurred, or may occur in relation to that person or entity taking or not taking action in respect to any representation, statement, advice, or opinion referred to within.

CONTENTS

Executive Summary.....	4
Key Findings	4
Background	6
1. Demographic information.....	6
2. Public Services and Assistance	10
3. Social protections for women’s empowerment	15

EXECUTIVE SUMMARY

National Rural Women's Coalition routinely collects quantitative and qualitative data that speaks to the key issues facing remote, rural and regional women across Australia. Previously, NRWC has collected general information on what rural women want, as well as most recently, on barriers to achieving gender equality in remote and regional parts of Australia. Their current survey, the topic of this report, 'what do rural women want: social protections and infrastructure' was launched in January 2019 and received 853 responses before its close at late March 2019.

The survey collected information across a range of demographic measures, as well as data on social protection systems, public infrastructure and access to a range of services in rural, regional and remote Australia.

The purpose of this report is to provide analyses of the collected data, and, importantly, to ensure that the voices of those participants who took the time to complete the survey, are heard. The report provides quantitative analyses on a range of demographic and socio-economic measures, as well as exploring participants' experiences in access public services such as transportation, health care, public assistance and education.

The report finds that a lack of access to services for remote, rural and regional women constrains their ability to achieve empowerment, particularly in relation to health services, education (for themselves and their children) and telecommunications. The role of telecommunications in obtaining equity of access to other services such as mental health practitioners, plays an important role in rural, remote and regional women's lives and was one of the key themes borne out of the data. Relatedly, improved access to, and better public transportation networks were also raised repeatedly as a pre-requisite to accessing other, equally important public services.

While telecommunications and public transport networks are not social protections per se, their importance in accessing other social protection systems cannot be discounted, particularly for women in this survey.

KEY FINDINGS

1. The survey remained open for approximately 11 weeks. It had a sample size of 853 respondents and was a completely online survey.
2. Response rates varied over time—most likely in response to social media campaigns and the sharing of the survey link. Most responses were received at the launch of the survey (n=206) and declined from then, with a significant increase in responses on March 11 (n=194).
3. A quarter of respondents (26%, n=226) lived in rural centres with a population between 200-9,999. One in five respondents (20%, n=169) lived in a rural area with between 10,000-50,000 people. A third of respondents (30%, n= 258) lived in NSW.
4. Slightly over half of the participants were aged between 45-64 years, cumulatively, with three quarters employed (73%)—a third of whom were employed full time. Unexpectedly, the largest proportion of participants worked in the health care and social assistance industry (22%, n=186).

5. The sample was highly educated, with almost half of all respondents (47%) having completed a bachelor's degree or higher qualification, and 88% of participants were born in Australia.
6. Respondents frequently reported that access to telecommunications, health services, and education were amongst the most important public services to them in their daily lives. They were also the services that participants most frequently reported being unsatisfied with their ability to access.
7. Participants also noted that improved access to services, particularly health services, as well as improved telecommunications access were vitally important to achieving women's empowerment for remote, rural and regional communities.

BACKGROUND

The National Rural Women's Coalition originally collected data on rural, regional and remote Australian women's views in 2015. Since then, the NRWC routinely collects information on the experiences of Australian women on a range of topics. The current survey builds on the cumulative work of NRWC and gathered information on rural, remote and regional women's views on access to services and infrastructure, particularly those provided by the Government—sometimes referred to as social protection systems. This survey also sought to better understand how access, or lack thereof, promotes or constrains women's empowerment in regional Australia.

Social protection systems refer broadly to the socially constructed public and private systems of 'protection' or 'safety' that provide payments or services to those who are marginalised or vulnerable. For example, those with disabilities, the unemployed or women and children. Social protection is primarily provided by the state and considered to be part of the social contract, or 'safety net' that citizens can rely on. It is a social security system.

This includes systems such as welfare payments, universal health care, housing and employment/education opportunities. The purpose of social protection can vary widely, but includes the reduction of poverty, increasing human and social capital and empowerment of the vulnerable.

Like other NRWC surveys, the sample is a convenience sample—that is, respondents are not a representative sample from the Australian population, and the sample itself contains a certain level of bias. This acknowledgement is not to discount the importance of the results contained within this report. The survey was offered primarily online.

One of the strengths of this survey is the qualitative data collected, although the findings are not able to be generalised to the broader population. However, these responses represent the lived experiences of numerous generations of women living in regional, remote and rural Australia. The stories shared outline respondents' struggles, and their aspirations, and often, provide practical solutions to the issues they outline. The responses provide incredible insight into the complexities of everyday life for women living in remote, regional and rural Australia.

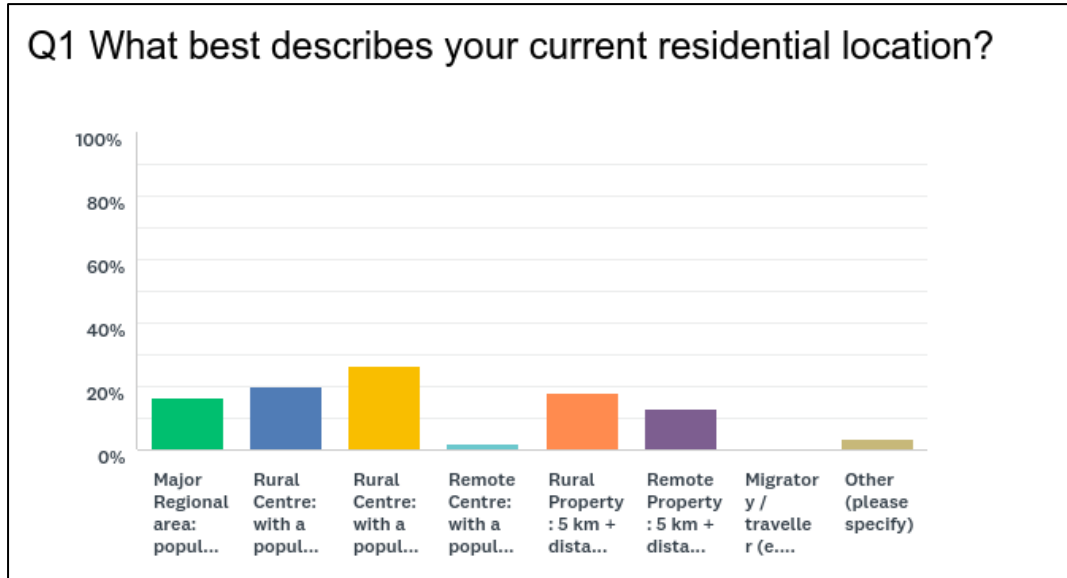
1. DEMOGRAPHIC INFORMATION

The overall sample size for the survey was 853 respondents. The demographic information collected as part of the current survey had a particularly high response rate. Notably some of the more 'sensitive' questions had a slightly higher skip rate than other demographic questions. For example, questions that collected information on whether respondents identified as Aboriginal or Torres St. Islander, or lesbian, gay, bi-sexual or transgender both had 15 respondents decline to answer. However, to place these responses in context—Question 14—the first question to include an importance rating scale, had almost a skip rate of 26.

The data analyses contained in this section of the report below are drawn from the quantitative responses to the survey. Section Two of this report provides analyses of the more qualitative responses. a more in-depth analytical comparison

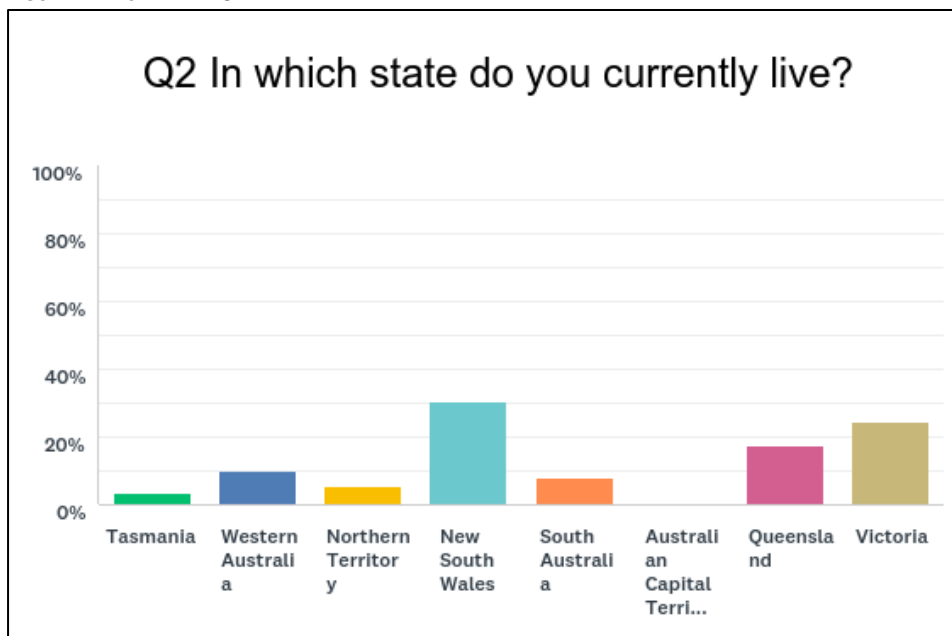
As indicated in Figure 1 below, the residential location of respondents was quite varied¹. A quarter of respondents (26%, n=226) lived in rural centres with a population between 200-9,999. One in five respondents (20%, n=169) lived in a rural area with between 10,000- 50,000 people. Surprisingly, 16% of respondents (n=138) lived in a major regional area with a population of over 50,000 people.

FIGURE 1: RESIDENTIAL LOCATION



Cumulatively, over half the respondents live in New South Wales (30%) and Victoria (25%), followed by almost 18% in Queensland (see Figure 2).

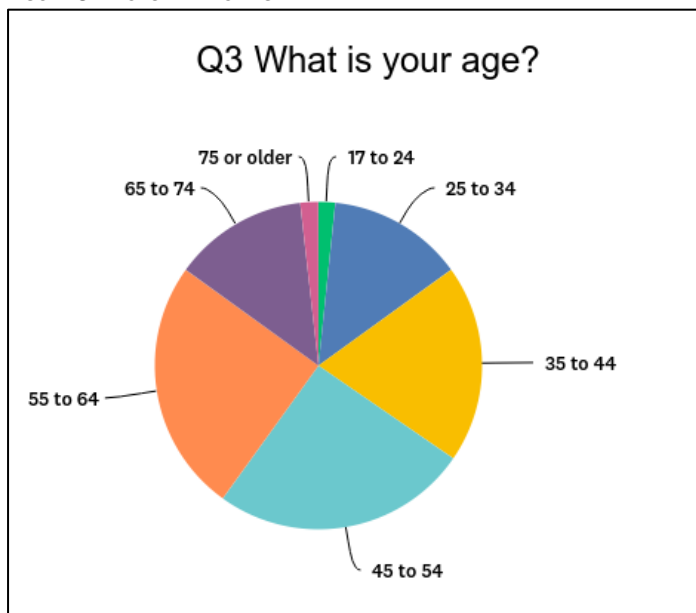
FIGURE 2: RESIDENTIAL STATE



¹ The total response rate for this question was 848 however, 31 responses (3%) were excluded from analysis given the response category of 'other'. Most of the 'other' answer responses were already provided in the survey question (i.e. rural population). One respondent noted she was homeless.

Cumulatively, over half the respondents were between the ages of 45-54 (25%) and 55-64 years old (25%) (see Figure 3 below). Almost one in five respondents were aged 35-44 years old (19.5%). Like in other surveys, women in the youngest and oldest cohorts were under-represented with only 1.6% of respondents aged 17-24 years, and 1.7% of respondents aged 75+ years.

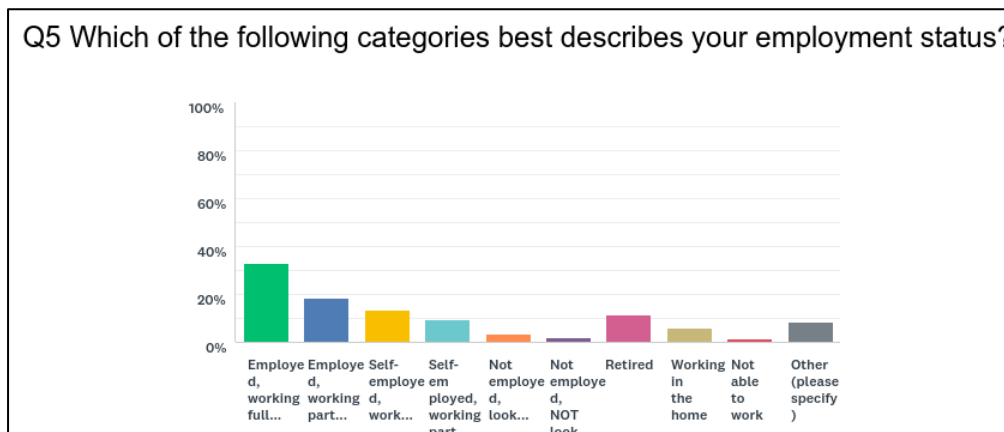
FIGURE 3: RESPONDENTS' AGE



The majority of respondents (60%, n=510) were legally married, followed by those who were single (16.8%, n=142). Women in de-facto relationships accounted for 12.5% (n=105) of the sample. Fourteen respondents preferred not to disclose their relationship status.

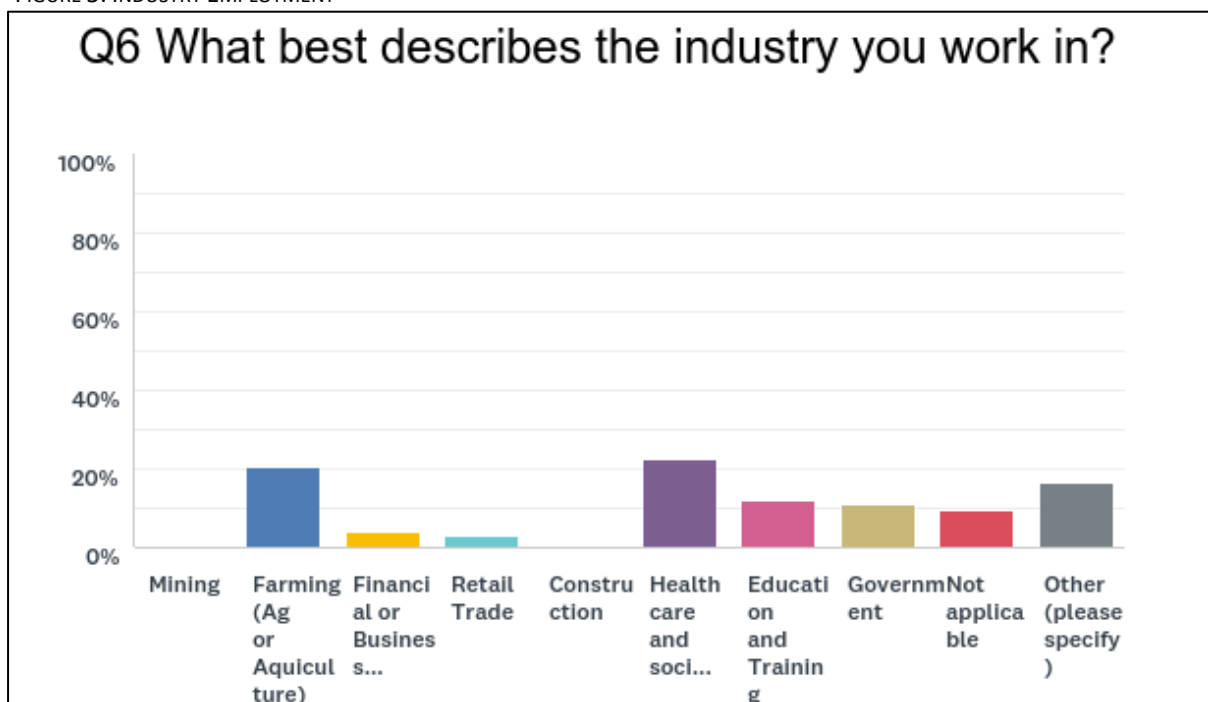
Almost three quarters of the sample were employed (71%), with a third (32%, n=278) employed full time (Figure 4 below) and 18.5% (n=156) employed part time. In interpreting these results, it should be noted that almost 9% of the sample (n=71) responded with 'other' as their answer. Most of these responses actually fit within the already provided answer categories. For example, 'retired and volunteer', 'self-employed' etc.

FIGURE 4: EMPLOYMENT STATUS



Quite surprisingly, and out of line with previous NRWC surveys, the primary industry of employment for respondents to the current survey was 'health and social assistance' (22%, n=186), and not 'agriculture' (although this accounted for one fifth of employment of the sample, 20%, n=173) (see Figure 5). Government and education and training accounted for 11% and 11.8% of industry employment, respectively. Roughly 16.5% (n=138) of participants indicated that they worked in 'other' industry. Again, many of the comments were explanations of the types of work that the respondents undertook, for example 'home duties', 'veterinary' and 'tourism'.

FIGURE 5: INDUSTRY EMPLOYMENT



As noted above, the participants in the survey were quite educated with close to half (49%, n=415) holding a bachelor degree or higher. Cumulatively, one in five had a year 12 equivalent or lower education. Similarly, 21% (n=183) had a vocational or associate level qualification.

Slightly over a third of participants had two children (32%, n=274), followed by those who had no children (22%, n=187). Almost one in five participants had three children (19.5%, n=168). Interestingly, respondents reported having no children more frequently (22.1%, n=187) than having only one child (12%, n=101). These survey results are broadly representative in the Australian population also.

Over three quarters of participants (77%, n=653) did not receive a family assistance payment or pension. One fifth, 20% (n=175) were in receipt of a payment, and 15 participants declined to answer. An additional ten respondents skipped this question.

The survey sought information on a range of diversity measures, for example, sexual orientation, country of birth and identification as an Aboriginal or Torres St. Islander. The response rate to the questions varied.

Primarily, participants were born in Australia (88%, n=748), with only 16 respondents having been born elsewhere. Countries of birth included the United Kingdom, New Zealand, Nauru, Egypt and South Africa.

Almost 94% of participants did not identify as Aboriginal or Torres Strait Islander (n=787). One participant identified as both, and two respondents as only a Torres Strait Islander. Almost 4% of the sample identified as Aboriginal (n=30). Two percent (n=18) of the sample preferred not to answer, and 15 skipped the question.

Almost thirteen percent of the sample (n=104) reported having a serious illness or disability, with 12 respondents preferring not to answer. An additional 12 participants skipped the question.

Finally, 95% (n=800) of the sample did not identify as gay, lesbian, bi-sexual or transgendered. Slightly over 3% (n=26) did identify as such, and ten respondents preferred not to answer. Fifteen participants skipped this question. Notably, two respondents identified as 'asexual'.

2. PUBLIC SERVICES AND ASSISTANCE

As part of the survey, respondents were questioned on how important access to several public services were to their experiences of living in a rural, remote or regional community in Australia. Participants were also invited to respond to the accessibility (geographic or otherwise) of services in their local communities. As with any exercise in community capacity building, affected communities often hold the solutions to the issues that they face. To that end, participants were also asked to briefly explore what the availability of a key service would mean to their lives. The quantitative and qualitative responses outlined below provide a detailed tapestry of the ways in which the provision, or otherwise, of social protections and accessible infrastructure encourage and constrain women's empowerment in rural, regional and remote Australia.

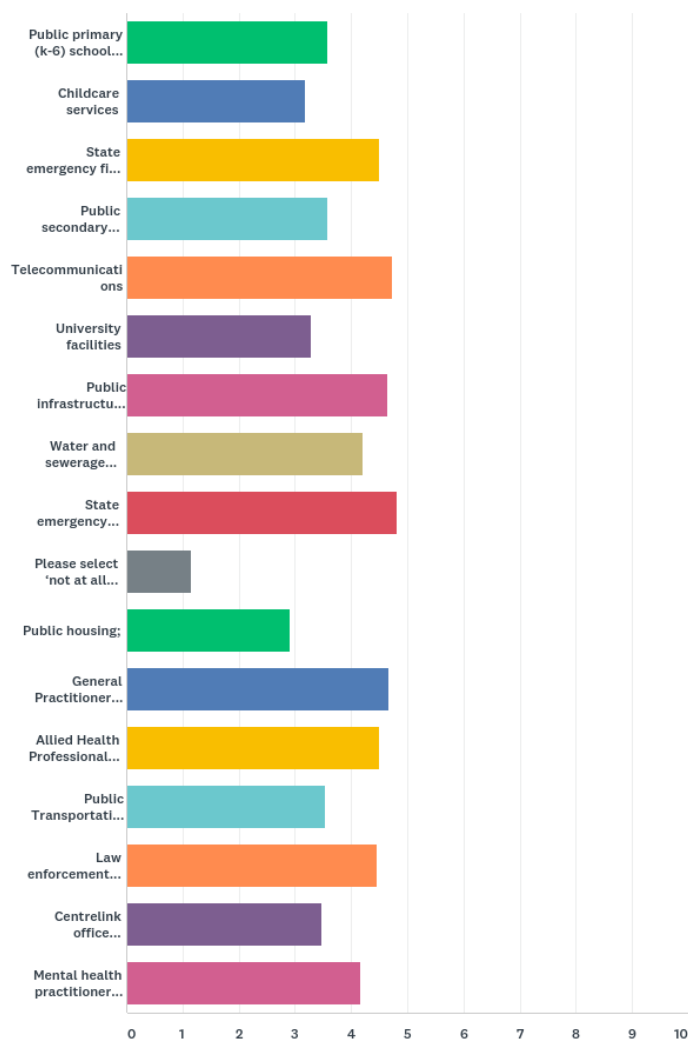
When questioned about the relative importance of access to several public services were to their everyday lives, responses were quite varied. Of the 827 responses, (Figure 6)², 86% (n=704) of respondents indicated that state emergency health services were extremely important, followed by 80% (n=653) who indicated that telecommunications were also extremely important. Three quarters of responses (75%, n=616) noted that access to GPs was extremely important, while 73% (n= 604) indicated that public infrastructure (e.g. roads) was also extremely important.

At the opposite end of the scale, one third of respondents (30%, n=236) indicated that child care services were not at all important, while one quarter (25%, n=191) responded that public primary school education was not at all important. The older age profile of the respondents more generally is likely a strong influence in these responses.

FIGURE 6: IMPORTANCE OF ACCESS TO PUBLIC SERVICES IN EVERYDAY LIFE

² The importance scale rating is as follows; 1= not at all important, 5= extremely important. X-axis of Figure 6 reports on the weighted average of responses.

Q14 Please indicate how important you feel access to the following public services are to your everyday life:

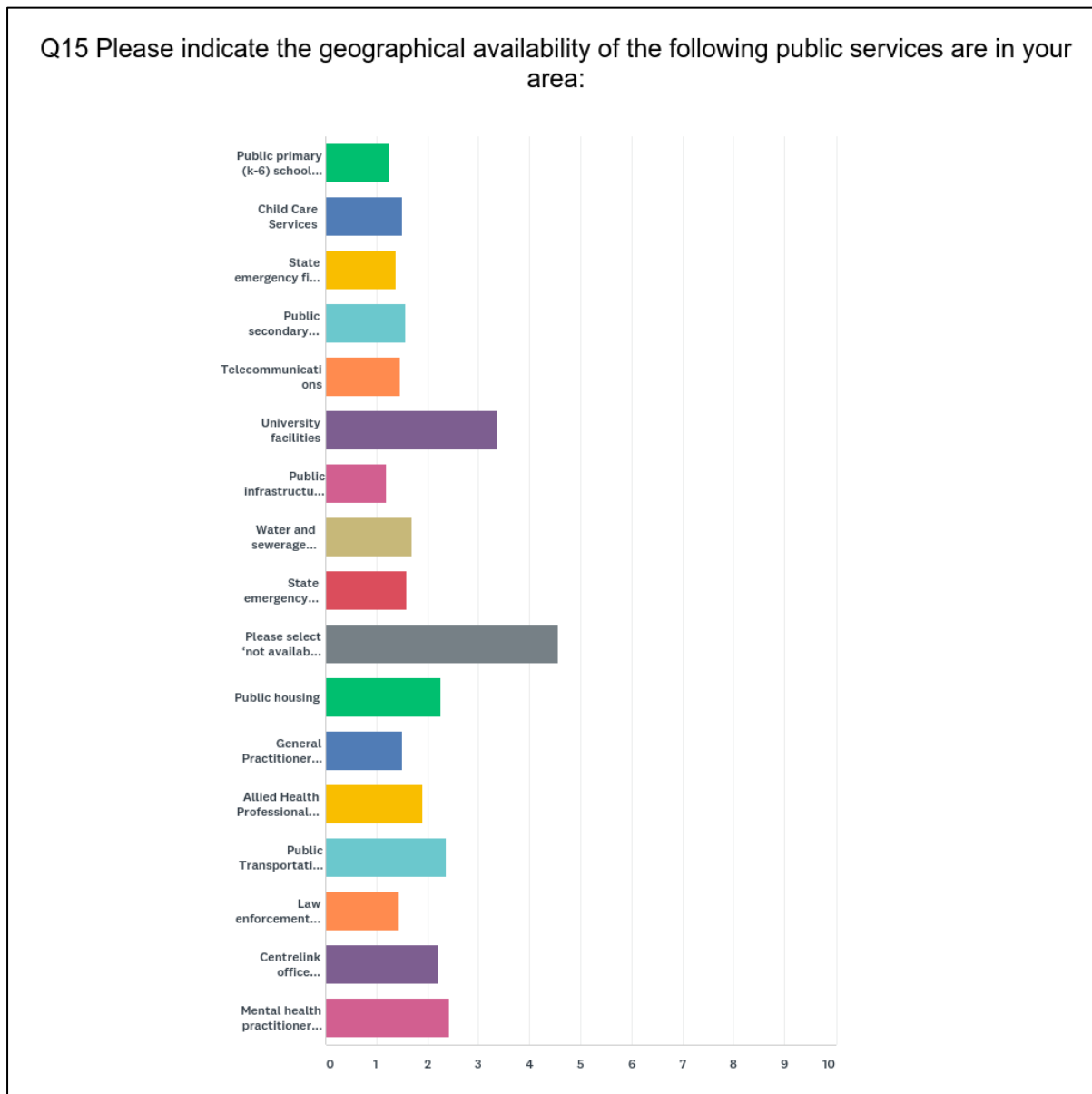


Respondents were questioned on the geographical availability of public services in their area (Figure 7 below)³. Unsurprisingly, results indicate that access to University facilities was the most geographically distant service from most participants. Close to 300 participants (n=293, 38%) noted that access to university facilities were more than 100km of where they lived. This is particularly problematic given that access to education continues to appear as a major theme throughout the survey findings—particularly as a means of achieving women’s empowerment in remote, rural and regional Australia (see Section 3 below).

Except for university facilities, the rest of the services were within 25km of where most participants lived. However, almost one in five participants (18%, n=141) only had access to mental health practitioners within 50km of where they lived. Of concern, almost one in five women (19%, n=144) had no access at all to public housing.

³ The X-axis of Figure 7 reports the weighted average of responses where 1= within 25km of where I live and 6= not available to me at all.

FIGURE 7: GEOGRAPHICAL AVAILABILITY OF SERVICES



For women who couldn't locally access services, 80% (n= 536) travelled to access them. Some 51 participants (8%) accessed services through telecommunications technologies (where appropriate, e.g. education services), and almost 7% (n=46) accessed services when they visited their local area. Slightly over 5% (n=34) of the sample did not have access to the services. It is likely that these women are very remotely located.

To provide a more comprehensive understanding of women's ability (or otherwise), participants were encouraged to describe how access to one service would make the biggest difference in their lives, if available locally. Of the 562 responses received, 36% (n=207) focussed around access to health services as making the biggest difference in rural and remote women's lives. Participants indicated that they sometimes had to access private services because locally health services, particularly mental health services, were not available. For example, 'I travel once a week to access private mental health services because locally this service is not available', and 'my GP moved from our area and I had to follow her. Being wheelchair bound, this is a full day of travel for any health

visit'. Relatedly, some participants noted that specialist women's health services were needed, as encompassed in comments such as 'women's health hospital specialist', 'women's reproductive services (termination services)' and 'more women's health services'.

A significant proportion (11%, n=60) of responses also focussed on improved access to services more generally as making the largest impact on rural, remote and regional women's lives. For example, participants made comments such as 'access to telecommunications', 'access to medical services', 'access to university would have the biggest difference to my life', 'access to bulk billing services' and 'access to child care facilities'.

Notably, slightly over 10% (n=58) of comments were focussed on public transport as the service that would have the biggest impact on rural, remote and regional women's lives. For example, participants commented 'the youth of the area have very limited public transport which limits their access to work', 'public transport access-rural living is very unforgiving and hard if you are unable to drive, it makes in near impossible' and 'better public transport would reduce costs and enable freedom'.

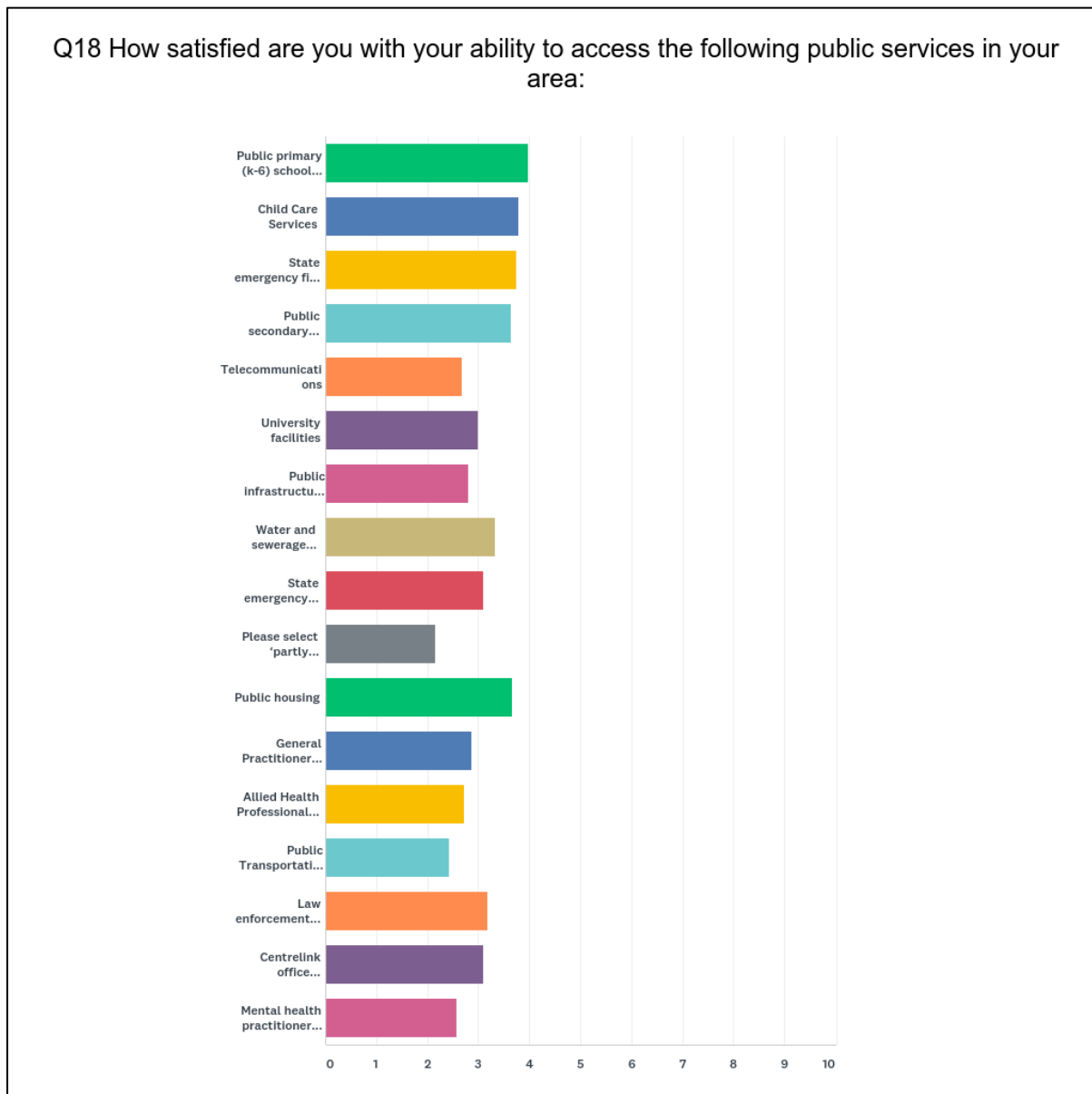
As with other NRWC surveys, participants were also invited to rate their satisfaction with their ability to access public services and social protections in their area. Unsurprisingly, many participants were not at all, or only partly satisfied with their access to a range of services, particularly telecommunications, public transportation, GP services and allied health professionals.

Of those participants who were not at all satisfied with access to services, the largest proportion of respondents reported being not at all satisfied with their ability to access public transportation (35%, n=249, Figure 8)⁴. Following, almost one in three participants (28%, n=197) were not at all satisfied with their access to mental health practitioners, and one fifth of respondents (20%, n=147) were not at all satisfied with their access to University facilities.

At the other end of the scale, one third of participants (30%, n=222) were completely satisfied with their access to state emergency fire services, 28% (n=204) were totally satisfied with their access to public primary school education, and relatedly, one in five participants (20%, 152) were completely satisfied with their access to public secondary education services. Of note, almost half of the sample (48%, n=349) had no opinion on their access to public housing.

⁴ The X-axis of Figure 8 reports the weighted average of the importance scale where 1=not at all satisfied and 6= completely satisfied.

FIGURE 8: SATISFACTION OF ACCESS TO SERVICES



In line with community capacity building frameworks, rural, remote and regional women were invited to provide feedback on how their access to public services and infrastructure could be improved. Overwhelmingly (25%, n=124), respondents reported that increasing the services on offer in their area was the best way to improve their access. For example, ‘access to these services on a regular basis rather than services only visiting periodically, and ‘bring these services to our town’ were indicative of the types of comments received.

One of the key recurring themes in the findings of this survey is that access to affordable, efficient and reliable internet services are incredibly important to rural, regional and remote women. Roughly 10% of respondents indicated that improved telecommunications services would improve their access to public services. For example, one participant noted ‘better telecommunications to increase educational opportunities and access to health professionals, especially allied health and psychologists’ would greatly improve her ability to access other services.

Again, improved access to public transport featured predominantly in participants' answers (9%, n=44). Like telecommunications, improved public transport was seen almost as a pre-requisite to improving access to other services such as educational facilities, employment and health services. For example, 'people require public transport to access hospital clinic, emergency departments and these are restricted on the weekends as no public buses run' and 'more public transport would increase access to doctors and medical professionals' were indicative of the comments received.

3. SOCIAL PROTECTIONS FOR WOMEN'S EMPOWERMENT

One of the main aims of the current survey was to canvas rural and regional women's experiences in relation to access to public services and the ways in which this access constrained or encouraged their empowerment.

As part of the latter half of the survey, women were asked to think about several public services, such as access to GPs, public housing, Centrelink/Medicare offices and public primary school education, and to list what they thought the three most important services were for women's empowerment. Interestingly, there was a quite high skip rate for the question with 257 respondents declining to answer the question. There was also a decline in responses between answer choices two and three with 15 respondents not providing an answer to rating three. Overall, the question had 591 responses.

The most frequently reported answer was 'education' with almost 22% of the sample (n=129) noting that access to education was the most important social protection that could deliver women's empowerment. Relatedly, respondents noted 'services' as the second most important aspect to achieving women's empowerment, with slightly over 14% (n=81) of participants noting its importance. Comments around 'services' focussed primarily on access to a range of different services including child care, mental health, general health and public transport. Finally, participants rated 'telecommunications' as the third most important service to achieving gender equity for women. Almost one quarter of respondents (24.5%, n=144) mentioned telecommunications as their third answer. Comments almost solely focussed on the importance of reliable and affordable access to telecommunications.

When participants were asked how access and availability of the public services in their area could be improved, the responses (n=478) indicated the myriad of different ways in which rural, remote and regional women in Australia interact with, and access public services. For example, a third (30%, n=140) of the responses focussed on the different services that rural, remote and regional women required equitable access to. Participants' comments were aptly summed up by the following; 'more money spent by the government on the essential services such as hospitals, law enforcement, GPs and allied health services will make a huge difference'. Further, many comments focussed on increasing access to telecommunications services. Importantly, telecommunications were a way of providing equitable and efficient access to services for rural and remote women, particularly when compared to their more urban counterparts. Many women felt as though the delivery of additional and better services could be offered using telecommunications. For example, one participant noted that 'better access to internet and telecommunications' would mean she could 'educate our children and access services without having to travel'. Additionally, another mentioned that access to services could be vastly improved by 'recognising that some public services can be delivered over the

internet and subsidising subscriptions can improve access to public services enjoyed by our city cousins’.

The final question of the survey provided respondents with an opportunity to make any final comments or suggestions in relation to the topics covered. Of the 260 responses received, a significant number of them were focussed around the absolute importance of women’s access to services to achieving women’s empowerment, and shifting toxic culture in rural, regional and remote Australia. Comments such as ‘women in the rural, regional and remote areas are penalised by lack of services that can be found in the big cities’, ‘a whole range of services are not available to women outside of large regional centres’ and ‘women’s community services in country areas are seriously underfunded by the government’ were indicative of the types of comments received. Furthermore, some participants also discussed the issue of family violence and the lack of support services that are available in remote and rural areas. Comments such as ‘domestic violence is rife here, there are no services and so few people report’ and ‘the government have not provided women’s health specialists, public housing or safe places to escape domestic violence’ summed up the general themes throughout the responses.

Several respondents noted the difficulty in getting their voices heard, summed up by comments such as ‘women need to be heard—too often we are laughed at or ignored completely’ and ‘rural areas are dominated by traditional male thinking and decision making—meaning women’s voices are not heard’. Finally, some participants commented on the survey itself and offered some suggestions for its improvement. For example, ‘you need to put in for ‘what purpose’ you are asking the questions’, and ‘aged care is a significant issue—not really covered in this survey’ were indicative of some of the comments received (n=5).