



Flex Assessment Cover Sheet

Student Section *

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Assessment Type:

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Lecturer/Tutor/Tute Group Wendy Hillman

Student Remarks:

Extension Information:

Extension granted No Yes ‡

Revised due date _____

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Approval date _____

DECLARATION

I certify that this assignment is my own work, based on my own personal study and/or research, and that I have acknowledged all material and sources used in the preparation of this assignment/report whether they be books, articles, reports, lecture notes, any other kind of document, electronic or personal communication.

I also certify that this assignment has not been previously submitted for assessment in any other course or at any other time in this course, unless by negotiation, and that I have not copied in part or whole or otherwise plagiarised the work of other students and/or persons. I have read the CQU policy on plagiarism and understand its implications.

Signed: Nina

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Faculty of Sciences, Engineering and Health
School of Sciences, Engineering and Health
Flexible Learning

Administration Section



Marker Section

Mark/Grade: HD

Marker's Initial: WJH

Marker's Comments

Hi Jennifer,
A well written, well presented essay on an interesting topic
a few very minor problems with grammar & references.
But overall, excellent work
Well done!
Wendy

SOCL19065



Jennie Vira

S0116339

SOCL 19065

Rural Sociology & Social Services

ABSTRACT

The social issues confronting rural and remote Australia are unique. This paper looks specifically at the issue of health in rural and remote Australia, with an additional focus on Indigenous Australians. A wide variety of statistics are drawn from the Australian Bureau of Statistics to help emphasise this issue. A definition of rural and remote has been provided, with statistics provided in this paper being classified as capital city and the rest of Australia. Further, implications for service providers running programs in rural and remote Australia has been discussed.



Good Abstract

Are the social issues confronting rural and remote communities unique? What are the implications for service delivery?

INTRODUCTION

The purpose of this essay is to examine the social issues facing rural and remote communities. This paper looks specifically at health in general and health and the Indigenous population. Firstly a definition of rural and remote will be provided. This will follow with an overview of the issue of health in rural and remote Australia and health in the Indigenous population, highlighting the implications for service providers in the health sector. Other social issues faced by the rural and remote population will be identified, but not expanded upon. The final part of this paper will be a general discussion of the implication for service delivery within rural and remote areas. ✓ *Good introduction.*

RURAL AND REMOTE

Firstly, it is necessary to understand what is meant by the term rural and remote. In Australia, around two thirds of the population live in one of the capital cities. Leaving roughly only one third of Australias population of over 20 000 000 people living in non capital cities. (ABS 2008). Rousseaux, (1994, cited in Share, Lawrence & Gray, 2000), has ✓ identified three ways in which the rural and remote can be conceptualised, being the socio-cultural, the social representational and the descriptive. The descriptive approach is based ✓ on statistics, such as population density or its distance from a capital city. The socio-cultural approach looks at rurality as a way of life and the experiences, values and behaviours of those who dwell in these areas. Finally, the social representational approach focuses on how rurality is expressed through such things as communication, history and media. (Share, ✓ Lawrence & Gray, 2000). For the purpose of this essay, the descriptive approach has been used, and statistics used will be based on capital city and non capital city populations. ✓

HEALTH

The general health and wellbeing of those people living in rural and remote Australia will generally be worse than the health of their city counterparts. Mortality rates for people in rural and remote communities are up to 20% higher than those living in capital cities (Jirojwong & MacLennan, 2002). The health needs of those people living in rural and remote Australia is one social issue unique to this area. Distances to travel to see their GP, the absence of available GPs, ageing population or the inability to pay medical bills are all factors that influence the health issue in rural and remote areas. It can be seen as a vicious circle – with less ability to pay for services in rural and remote Australia, doctors are leaving as they are not making the money necessary to remain open in these areas. The study by Jirojwong & MacLennan (2002) suggests that increasing availability and accessibility of medical resources will help with the health status of those in rural and remote Australia, and that the introduction of alternative methods of delivery may be one means by which to do so. The implication for service providers here then, is the need to be flexible and creative in their service delivery. Travel in rural and remote areas to any kind of service provider can be a long, enduring process, and may result in clients not wanting to pursue the service. Alternative methods of delivery can be the answer. ✓ Yes.

↳ Problems of unemployment, increasing levels of alcohol and other drug consumption, breakdown of the family unit, suicide, and family violence rates are higher in remote and rural areas than in the major metropolitan areas² (Fanning, 1993 cited in Gething, 1997, p. 4). Increased level of alcohol and other drugs could also have an impact on the health situation within rural and remote areas. Further, it has been identified that there is a greater exodus of youth leaving rural and remote Australia for urban living. (Gething, 1997). This could be based on such factors as having more access to education and employment in cities, or droughts and other weather conditions causing youth to not want to, or not be able to take over the family farm. ✓ Good point.

At June 2006, the Indigenous population of Australia was just over 500,000. Only 31% of the Indigenous population resides in capital cities, leaving the majority populated in rural and

remote Australia. The Australian Bureau of Statistics (ABS) divides Australia into five regions - these being major cities, inner regional, outer regional, remote and very remote. Nearly one quarter of the Indigenous population dwells in remote or very remote Australia (ABS 2007). As identified in the earlier paragraph, the health of the rural and remote population is worse than their city counterparts, and health services less accessible and available. The study by Andreyan, Hoy and Kondalsamy-Chennakesavan (2007) showed that mortality rates for Indigenous people rose in remote areas. In addition to this, mortality rates for Indigenous people in remote areas was higher than non Indigenous people in the same area. The ABS (2005) outlines some further characteristics of the Indigenous population. This includes such things as unemployment being nearly three times higher than the non Indigenous population, median household gross incomes are just over half that of the non indigenous population, ^{the Indigenous population} were more likely to rent than own their own home and only half as likely to complete year 12 compared with the rest of the population. ✓ Good work!

Service providers in this instance need to not only understand the issues of health in rural and remote areas, but need also be aware of the issues surrounding the Indigenous population and the injustice and discrimination they face simply for being Indigenous. ✓ Yes!

Research by Larson, Gillies, Howard & Coffin (2007) looked at the impact of racism on health in the Indigenous population. Conclusions from this research has been that changes or initiatives to the health care system may not necessarily improve the health inequalities faced by the Indigenous population, and instead, addressing the areas of injustice and racism and how the non Indigenous population acts towards the Indigenous population may be a better solution to this social issue in rural and remote Australia. Further to this, the ABS (2005) has outlined other factors that will impact on those seeking health services. This includes such things as location of the service, transport availability, understanding health service practitioners and the availability of a culturally diverse practice. It has further been identified that 39% of Indigenous people in remote Australia speak an Indigenous language at home, compared with only 2% of the Indigenous population living in capital cities. (ABS, 2005 p. 32). A higher proportion of Indigenous workers available then in rural and remote areas could help alleviate the health concerns within this region. ✓ Yes.

IMPLICATIONS FOR SERVICE PROVIDERS

Any service providers within rural and remote communities will find it necessary to understand all the above. Based simply on population statistics alone, it can be understood that at times, employees of service providers will be faced with the issue of having to support someone in the community who is well known to them. Boundaries, ethical issues and confidentiality then become the issue at hand. Simply being able to distinguish home and work life becomes another issue in sparsely populated centres where a community service worker knows everyone as she walks down the street. Another implication for service providers is the need to become a one stop shop. With funding for services being cut in many areas, the various forms of assistance available in capital cities ^{are} simply not found in rural areas. The availability of skilled workers is a final implication for service providers in rural and remote areas. As noted earlier, the majority of the population lives in capital cities, hence, more skilled workers will be available. As areas become more rural and remote, the incentives needed to lure those workers to the area become larger – going full circle then back to the issue of less funding. ✓

CONCLUSION

The purpose of this essay was to show the uniqueness of the social issues facing rural and remote communities. The focus has been on the area of health both with the Indigenous and non Indigenous populations. The use of statistics has highlighted the poorer health faced by dwellers in rural and remote Australia compared with their city counterparts. Possible reasons for the lower health standards have also been discussed. The implication for service providers within these rural and remote areas finalised this paper. ✓

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Please single space
references.