The Social Construction of Place and Identity as Obstacles to Male Students from Rural and Remote Areas Choosing Health Careers

Angela Durey, Bev McNamara, Juli Coffin

6th National Rural Health Conference
Canberra, Australian Capital Territory, 4-7 March 2001
The social construction of place and identity as obstacles to male students from rural and remote areas choosing health careers

Angela Durey, Combined Universities Centre for Rural Health, Bev McNamara, Department of Anthropology, University of Western Australia, Juli Coffin, Combined Universities Centre for Rural Health

ABSTRACT

This paper considers how the social construction of place and identity acts as an obstacle to Indigenous and non-Indigenous male secondary students from rural and remote areas choosing to study health-related courses at tertiary level. These obstacles are particularly relevant given that students from rural and remote areas of Western Australia (WA) are under-represented in health-related courses at university. The paper draws on data from an inter-collaborative research project that was carried out in WA in 2000 and literature that considers the significance of place in the representation of rural identities.

Twelve rural high schools were randomly selected in two stages throughout WA. Semi-structured interviews were conducted with students in years 10, 11 and 12, teachers, Aboriginal and Island Education Officers (AIEOs) and parents.

Results show that the social construction of place and identity underpin career choices of young males from rural and remote areas, and that constraining structural factors inform this construction. Predominant ideologies associated with rural Australia that inform the nature of social and self-identity support images of a frontier built upon mateship, masculine ideals and a sense of belonging and obligation to the community. However, the declining role of agricultural and extractive production in Australia also impacts upon the everyday lives of rural people. Within this context, young rural males are socialised to a strongly masculinist and anti-urban culture, yet may also be constrained by the lack of opportunities provided for them within local communities. The project upon which this paper is based, identified that gender stereotyping of many health professions, cultural influences of local industry and a perceived lack of academic ability all contributed to an unwillingness to consider health as a career. Indigenous males were also disinterested in pursuing health careers due to specific cultural factors. The prohibitive cost for some families of students relocating to Perth and the anticipated social dislocation associated with relocation also contributed to obstacles faced by young rural males when considering career choices.

The results of this project acknowledge the complex interplay between cultural and structural factors that should be considered in developing a framework for the appropriate promotion of health careers to young males in rural and remote areas.
INTRODUCTION

Australia is a country that is ideologically driven by notions of egalitarianism and fairness\(^1\). Despite this, there are many instances of inequality that undermine the abilities of young people to achieve their intellectual potential and serve their communities in the best way possible. According to the 1999 Tertiary Entrance Examination (TEE) results from the Tertiary Institute Services Centre (TISC) in Western Australia (WA), young males from rural and remote areas, for example, do not choose to enter university in the same numbers as rural females or male and female students from metropolitan areas. The under representation of young rural males in health-related university courses is of particular concern when considering the health needs of rural communities. These needs, especially those related to the poor state of rural health, have been the focus of media attention for many years. Yet, while the need for health services in rural and remote areas increases, including the need to access general practitioners and mental health care, their availability decreases, particularly in Indigenous communities\(^2\). By encouraging Indigenous and non-Indigenous young males to break traditional stereotypes and pursue a career in health, greater opportunities will be created for them to remain in rural areas to work.

An analysis of the 1999 TEE results from the TISC in WA showed that only 44% of students from rural and remote areas graduating from Year 12 in 1999 applied to university compared to 57% of metropolitan students. Among rural Year 12 students, 28% of females and 22% of males entered university in 2000 compared to 39% of female students and 35% of male students from metropolitan areas. While discrepancies in these general figures are troubling, it appears that under representation in health-related courses is an issue for additional concern. In the TISC results, rural and remote Year 12 students were under represented in several health-related fields including medicine, dentistry and speech therapy. Only 15 males from rural and remote areas graduating from Year 12 in 1999 enrolled in a tertiary health course the following year compared with 96 female rural graduates, 44% of whom chose nursing (personal communication L. Money, WA Office of Higher Education, 9.11.2000).

The disparity in numbers between rural and metropolitan students in health-related university courses needs to be understood in the light of sociocultural influences and economic constraints which inform the decisions made by young people in the declining rural sector. This paper proposes that young rural males in particular, are less likely to enter health-related university courses due to their exposure to a strongly masculinist and anti-urban culture, their lack of belief in their academic abilities, and their allegiance to their local communities. In this context we propose two themes which inform young rural males’ decisions to enter health-related courses: first, social constructions of place and the predominant ideologies that support notions of the rural sector; and second, gender biases which influence choices of occupation and location for work.

The Western Australian qualitative research which informs this paper was conducted during 2000 amongst secondary students from Years 10, 11 and 12, parents, teachers and Aboriginal and Islander Education Officers (AIEOs) in 15 schools throughout the state. Individual and group discussions reflected the centrality of place to the formation of identity. These discussions illustrate how social constructions of place, informed by
rural and masculine ideologies, serve as significant barriers to young males from rural areas choosing health as a career. As the following discussion elaborates, health professions were viewed in a narrowly defined context. Apart from medicine, they were associated predominantly with women and were usually confined to the hospital setting. Importantly, access to health professions sought through tertiary study usually involved students leaving rural areas and moving to the city\(^3\). These results reflect a rural/urban dichotomy in terms of educational opportunities that contribute to the inequalities suffered by rural students and the subsequent disadvantage for their local communities.

**BACKGROUND**

**The project**

During 2000, the Combined Universities Centre for Rural Health in Geraldton, in collaboration with health-related organisations, rural government and non-government health and educational services, conducted a State-wide consultation project promoting health careers to young people from rural and remote areas. The goal was to consult with local communities throughout these areas of Western Australia in order to:

- gain an understanding of the needs of rural and remote secondary school students, teachers, AIEOs and parents; and
- develop effective strategies to increase the number of young people from these areas undertaking tertiary studies in health-related fields\(^3\).

Three schools were chosen in the pretest and twelve government and non-government schools were randomly selected to participate in the research. Semi-structured individual and group interviews with students, parents, teachers, and AIEOs were conducted with questions focusing on:

- barriers to students choosing health as a career;
- pathways other rural and remote students had used that were successful;
- strategies to overcome the barriers; and
- the applicability of strategies for young Aboriginal students and young males from these areas.

Data were collected from schools in the south-west of Western Australia, including communities involved in tourism, forestry and coal mining; the Central Wheatbelt; the Midwest region; and the Pilbara.

The data were reviewed several times, and detailed summaries for each question for students, teachers, parents and AIEOs at each school were coded into dominant, emerging themes for each question and compared within groups and between groups for similarities and differences. The themes evident within the data can be further understood within the context of a literature drawn from the social sciences.
Situating place and identity in a theoretical framework

Places occur at all levels of identity, my place, your place, street, community, town, county, region, country and continent, but places never conform to tidy hierarchies of classification. They all overlap and interpenetrate one another and are wide open to a variety of interpretation.4

Within the context of rural communities place takes on a key role in the formation of identity because the boundaries of geographical space are defined with greater precision than in urban settings. Solidarity is built through greater reliance on institutions, organisations and activities which are all carried out within a certain geographical locale. As such, community is built on a sense of neighbourliness5. Place is inseparable from the lives people lead in terms of a sense of belonging and identity6. It contributes to different identities for different people, where individuals construct place in diverse ways based on their own experiences, emotion, memory, imagination, current situation and intention:

By taking place as a multi-faceted phenomenon of experience and examining the various properties of place, such as location, landscape and personal involvement, some assessment can be made of the degree to which these are essential to our experience and sense of place. In this way, the sources of meaning, or essence of place, can be revealed4.

We suggest that place forms a significant part of identity in young males from rural areas in terms of a sense of belonging, social context and lifestyle. This raises the issue of difference in the urban and rural dichotomy that is prevalent not just in geographic location, but also in the definition of identity in terms of cultural oppositions7. This is further illustrated in priorities that underlie access to services in urban and rural areas. Withdrawal of services and infrastructure from rural areas highlights the inequity and demonstrates relationships of power underlying the rural/urban distinction which shape people’s experiences in most cultures. Ching and Creed7 note that “many cultural activities operate to keep people in their places even in the face of global demographic and economic dislocations, such as rural to urban migration and industrialisation”. Many people living in rural communities perceive that “rural” fares second best when it comes to status, services and opportunities and this reinforces the perception for many young rural males that their academic ability is not good enough to achieve the desired results for tertiary entrance into health courses7.

Australian myth and masculinity

Predominant ideologies associated with rural Australia inform the nature of social and self-identity. These notions of identity support images of a frontier built on mateship, masculine ideals and a sense of belonging and obligation to the community8. The link between the bush worker’s experience, mateship and manly independence has been evident in social sciences and historical literature since Russell Ward’s influential book The Australian Legend published in 19589. However, it appears that the hegemonic form of masculinity evident within a rural context contributes to both cohesion and conflict. As Dempsey5 notes in his rural community study, the mechanisms that are used to reinforce the cohesion within the masculine community often are based upon pressures from outside. These pressures can be seen in the context of the separation between men and women within the rural community and the separation between rural and urban communities. Both of these observations are pertinent to our study where we
see young rural males reluctant to enter health-related university courses they see as feminine and conducted within an urban context.

From an Indigenous perspective, perceptions of masculinity expect young males to conform to the demands placed on them by their communities where they are treated as “men” from the time they are initiated. There is an expectation to continue family tradition rather than to do something different.

Due to health professions being seen as occupations for women, few young males choose health as a career. Lack of appropriate educational opportunities, in part due to the lack of support structures, mobility of families, poverty and peer pressure also impacts on their future choices. This dilemma is compounded by the belief in many Indigenous communities that secondary students who excel academically bring “shame” on themselves by setting themselves apart from their peers because of their success. It is considered socially unacceptable for students to stand out from their peers.

**Results of the study**

The results of our study confirm that many rural male students thought that most health courses were beyond their reach academically and therefore not worth considering. Some teachers and students thought academic success was more likely if students attended city schools. One teacher interviewed, claimed that his colleague advised a student to go to school in Perth in order to do well in English literature even though the rural school at which he worked achieved results in the top ten per cent in the state for English literature. The teacher felt that a tendency among some teachers was to “talk the school down” because it was in a rural area. He suggested a need to need to “talk the school up” and to “talk up” students belief in their ability to achieve success.

There was an underlying belief amongst the study participants in some rural communities that tertiary education for young males was unnecessary because most would either work on the farm, gain apprenticeships, or go into Technical and Further Education (TAFE) prior to employment. One teacher from a remote school thought there was a disincentive for many young males to apply for tertiary education rather than a trade:

> If someone works here and drives a truck, they get $70 000. If you do an apprenticeship and do a job offshore [you can earn] over $100 000 a year. It is a huge disincentive to leave and go back to the city and study at uni.

Added to this, many young males wanted to stay in a rural area rather than pursue tertiary education.

> At the risk of sounding like a bit of a “souk”, for me moving away from my parents for the first time and not being able to run back to mum is pretty daunting. Year 12 male student, Mid-West region.

---

* Information from field notes taken at interviews with AIEO on 26 May and 12 June 2000 revealed the notion of shame as a constraining factor to the academic success of Indigenous students.

† Information acquired from field notes taken during an interview with a teacher on 30 May 2000.
Access to tertiary education for Indigenous students is difficult, particularly for those living in remote communities. To attend university means dislocation from “place” which involves moving to urban or regional centres. This creates isolation from the land and community which results in a loss of identity. Identification of Indigenous communities with the land is strong, highlighting the significance of place informing identity.

In addition, retention rates for Indigenous students are poor with fewer than 31% remaining till Year 12 compared with over 72% non-Indigenous students. Many Indigenous families in rural and remote areas were not aware of equity scholarships, heard “horror stories” of the city or had bad experiences there themselves so were reluctant to leave their communities and relocate.

We suggest that the preference to remain in a rural area, find employment and draw high wages influences career choices for young males regardless of their academic ability. Many saw studying at university for four years as unappealing, and studying health as something that girls do.

Other constraining factors to male students pursuing health careers that illustrate the significance of place include the cost to families of sending a child to Perth for tertiary education and the emotional and social impact of leaving home and relocating to the city with few perceived support systems. These examples highlight the differences rural students face compared with their urban counterparts. This is particularly noticeable when addressing sociostructural issues where inequalities in the rural/urban dichotomy prevail. Differences are noted in rural areas in the limited opportunities for tertiary education locally, little exposure to the range of health professions and few male role models who challenge traditional stereotypes of health professions. According to several participants in the project, many job opportunities for young people reflect a gender bias in terms of socially acceptable employment within rural communities. At present young males who do enter health professions, risk ridicule from the local community:

"The boy that might look like a “poofter” is in big trouble down here. Boys that went into [health fields] may feel that they will be ridiculed and labelled." Female teacher, forestry community

PLACE AND IDENTITY IN A RURAL CONTEXT

In order to understand the concept of place as a social construction and address how it relates to gender, it is helpful to take a phenomenological approach where place is viewed as a lived experience. In the context of male students from rural and remote areas, this enables us to gain some understanding of how this informs their career choice and reflects the profound links that occur between people and place. Poole proposed four reasons for gender differentiation in the workplace: the structures which determine the opportunities available, discrimination, socialisation and value orientations. We add the notion of place to these variables in informing the career choice of young males.

Many young males in the project envisaged working outside, carrying out manual labour in areas including farming, forestry and mining. In this context, dichotomies in
relation to place such as indoors/outdoors, rural/urban are metaphoric of identity and informed by gender expectations in relation to employment. In many rural communities involved in the project, manual labour outdoors for men implies that outdoor work is the domain of men. Most professions in rural and remote Western Australia are conducted outdoors, including mining, agriculture, forestry and coal mining, and are dominated by men. This reflects community perception of rural males being “tough and rugged”\(^3\). Specific location also informed career choice where young male participants in the project who lived in mining areas were more likely to choose mining than farming, and young males living in a farming area were more likely to choose farming\(^3\). It appears that employment in health-related fields is seen by young males from rural communities as being indoors which is perceived as the traditional space of women. This suggests that health professions occupying traditionally female space would be less likely to appeal to young males in rural areas.

Health is not a “boy” thing to do. They might look effeminate if they decide to go into nursing

*Female teacher, wheatbelt community*\(^3\)

**Exposure to the range of health careers**

Johnston\(^17\), in her study on girls making choices about careers found that those from lower socioeconomic backgrounds, had contact with people in a more limited range of careers which led to a more restricted range of career options for students. We suggest that place, used here in terms of a rural setting, limits the options of health careers for young males as exposure to the range of health professions in a rural context is, at best, limited; at worst, non-existent. Most young males have seldom considered health professions, apart from medicine, which, for many young males, is attractive in terms of status and income, but is generally not considered seriously because of tertiary entry requirements.

Distance of many rural communities from urban centres and the reluctance of many health professionals to work outside the metropolitan area are significant contributors to rural students’ lack of exposure to role models in health and reinforces the perception that rural is second best in terms of location for employment in health\(^3\).

**CONCLUSION**

The significance of place in informing the identity of young males living in rural and remote areas is clearly demonstrated when addressing career choices. Many young males aspired to remaining in their local community rather than pursuing a tertiary education. This choice was partly informed by the desire to work locally, the disinclination to relocate to the city for tertiary study and the perception that they were not academically able to attain the necessary scores for entry into health courses. This sense of “not being good enough” reflected the community perception held by many participants in the project that rural services were relegated to second best when compared with those available in urban settings. This is evidenced in poorer results of rural students in Tertiary Entrance Scores and the tendency of students to “talk themselves down” when compared to metropolitan students.

Studying health as a career does not adhere to current notions of masculinity held by many young males where working outdoors doing manual labour conformed to the
socially sanctioned image of men being “tough and rugged”. A young male challenging these norms, for example, by working as a nurse, risked ridicule and was a threat to their socially constructed identity. The duties of health professionals were generally considered to be women’s work which is performed indoors. This implicitly classified it as female space thereby discouraging many young rural males from considering it as a career.

To change community perceptions about young males from rural areas entering health careers, attention must be given to the sociocultural context in which young Indigenous and non-Indigenous males live, in order to encourage them to choose health as a career. This raises the question of promoting health careers in a way that reflects their notions of identity in relation to place, a sense of belonging and obligation to the community. For this to be successful, the complex interplay between cultural and structural factors should be considered in developing a framework for the appropriate promotion of health careers to young males in rural and remote areas.

REFERENCES


AUTHORS

Angela Durey is currently working as a Research Officer for the Combined Universities Centre for Rural Health in Geraldton, WA. She is an Honours Graduate in Anthropology from the University of Western Australia and is also a registered nurse. Her interests are in the field of medical anthropology and include exploring the role of place and identity in relation to career choices.

Beverley McNamara is a medical anthropologist who combines her interests in teaching and health research by working as a lecturer in the Department of Anthropology at The University of Western Australia. She has carried out extensive research in Western Australian hospices and palliative care services with terminally ill people, their families and with the health professionals who care for dying people. Her published work reflects her interests in the organisation of dying and death in contemporary Australia and in cross-cultural settings and the experience and embodiment of dying. More recently she has extended her research interests to other issues associated with ageing, mental health and rural health.

Juli Coffin is lecturer on Aboriginal health at the Combined University Centre For Rural Health. Juli studied Teaching and majored in Health and Physical Education. She taught health and physical education in schools throughout the Pilbara for several years, then was seconded to Hedland District Education Office for four years on an Aboriginal health curriculum development and implementation project K-12, titled “Staying Healthy — Aboriginal Health Curriculum”. Juli was co-writer of this highly awarded curriculum.

Juli taught Nyangumarta language throughout Hedland schools as a language specialist for several years, before going into public health. She began in the first Aboriginal health promotion position specifically for a public health unit in WA, and worked in the Pilbara Public Health Unit for several years. She developed resources and supporting materials for women’s health, smoking and diabetes in particular. Juli wrote the educational component for the Canning Stock Route Challenge and for other health education-related projects.

More recently, Juli completed a Masters in Public Health and Tropical Medicine. She gained the Lecturer, Aboriginal Health position with Combined University Centre For Rural Health and is now based in Geraldton. He main duties include Aboriginal health worker enhancement through specific course matching/development and implementation, promoting health careers to Aboriginal youth, representing the centre in community and wider Aboriginal health issues, and negotiating with universities in WA to include more Aboriginal health curriculum for all health professions.