CHAPTER 1
What is rurality?

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Britain is primarily a country of urban dwellers. For many, rural areas are seen as an idyll, the antithesis of the ills of urban life. The countryside is a place 'to get away from it all' – a weekend retreat, or somewhere where one might aspire to live. People have images of rolling landscapes or bleak moors, complete with smiling farmers leaning on farm gates. The country air is seen as recuperative, and the environment generally beneficial. McLaren in 1951 argued that city children should be encouraged to go hill walking; today young offenders are sometimes sent on hiking expeditions.

Jones and Eyles (1977), in An Introduction to Social Geography, stated:

"This book is largely about urban society . . . this does not unduly distort the real situation because we live in a predominantly urban society and most of our problems lie in the city."

Their view is reflected in the fact that recent interest in health inequalities has tended to be centred on the inner cities.

Definitions of rurality in a health care context

Definitions of rurality have been neglected in health research. Definitions of deprivation attract frequent papers, with debate over the 'best' definition (Campbell et al., 1991; Morris and Carstairs, 1991; Ben-Shlomo et al., 1992). Researchers into deprivation and health generally choose to use one of two or three main indices of deprivation, such as that described by Townsend et al. (1986), or Jarman (1983; 1984), and seldom omit to specify the definition of deprivation which has been chosen. In contrast, where research has been carried out into rural issues in health, the definition of rurality has attracted less attention.

Definitions of rurality vary widely (Table 1) and in some papers no mention is made of how areas have been identified as 'rural'. This lack of consistency, and failure to state explicitly what is meant by 'rural', makes comparisons between different studies difficult.

The definition of rurality used to allocate rural practice payments to rural general practitioners has stimulated little debate compared to the use of Jarman's underprivileged area index to allocate 'deprivation payments'. This is despite the fact that for many family health services authorities, rural practice payments account for a significantly larger expenditure than deprivation payments. Little research has been done to assess where the additional costs of rural practice lie, and to what extent the rural practice payments target effectively practices experiencing the greatest costs.

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There have been few attempts to include rurality in deprivation indices (Jarman, 1983, 1984; Townsend et al., 1986). The most commonly used such index of rurality is that of Cloke (1977; see Table 2).

Rurality

How to describe it?

These problems with a definition may appear strange when 'rural' and 'urban' are concepts that most people understand. However, Moseley (1979) said that "There is no unambiguous way of defining 'rural areas'..." This has not prevented people since then from striving to achieve an understanding of 'the rural', drawing on areas such as postmodernism to assist them in their search (Hoggart, 1988, 1990; Halfacree, 1993; Murdock and Pratt, 1993; Philo, 1993); see also (Frankenberg, 1966; Pahl, 1966; Bell and Newby, 1971).

As part of our study of rural health and health care we held discussion groups with patients and health professionals in which perceptions of rurality were discussed (McCull, 1993). Most people found it easy to categorize their homes as being in a rural or urban area. However, there was more difficulty at the boundary between urban and rural. One patient said:

"I know what rural means in terms of a village or hamlet but I am not sure where it stops being rural and becomes urban."

When questioned about what made them describe the area they lived in as rural or urban, people used varying and often quite sophisticated criteria. Though based around population size, they also took into account the general 'feel' of a settlement. For example, two comments from rural patients were:

"I feel if you've got no facilities then you are definitely rural."
"It's your own perception of where you live."
People's views are slanted by their own experiences; someone from an inner city is likely to have a different perception of what 'rural' means than someone from a small farming community. Internationally, Robinson (1990) found that criteria used to classify settlements as rural varied internationally from localities of fewer than 200 inhabitants in some countries to areas with fewer than 10,000 inhabitants in others.

One view is that rural-urban differences are not a useful basis for discussion, and that particular rural communities will have more in common with urban communities with a similar employment base than with other rural communities with a different employment base (Hoggart, 1988). Indeed some health researchers have chosen to use socio-economic clusters, where rurality is just one of a number of criteria used, to differentiate areas (Haynes, 1991; Reading et al., 1990). However, in investigating problems such as physical accessibility of services, the need for a rural-urban differentiation is likely to remain.

This then is the problem. Although 'rural' and 'urban' are terms in common use, current criteria for including a place in one or other category are subjective. To allow comparison between different areas more explicit definitions are needed.

Population density?

Some researchers into health and health care differences between rural and urban areas identify rural areas as those with a relatively low population density. In such areas general practitioner lists tend to be smaller than average with the practice population dispersed over a wide area. Areas of low population density also tend to have a low general practitioner density, so that general practitioners are less likely to be able to share rotas for out-of-hours duties.

Population densities are relatively easy to calculate, and correlate well with more complex definitions such as Cloke's index (Craig, 1988). A disadvantage of using population densities is that they represent average figures and may be distorted by the presence of a town within an essentially rural area. In contrast, some inner city areas with a high proportion of business premises may actually have low population densities. For these reasons, inclusion of a population threshold definition may be preferable. In this approach a ward or enumeration district which is not part of a town of a certain size (for example, with a population of 5000 or more) is defined as rural.

Either way, definitions of rurality by population density give little information about the nature of rural communities. Whilst 'inner city' implies a certain type of environment, an affluent rural south eastern commuter belt village may have little in common with an ex-mining village in the north of England. Rural areas seem to display greater heterogeneity than do urban areas. This can make it difficult to generalize from rural-urban comparisons. For example, in their study of regional differences in mental health in Great Britain, Lewis and Booth (1992) found that north-south differences in psychiatric morbidity were less marked between urban areas than between rural areas.

Rurality is about more than population density. Phillimore and Reading (1992) found that contrary to expectations there was little difference between urban and rural health (using a population threshold type definition) and suggested that this was because some of the rural areas they studied were "microcosms of urban living patterns". This again suggests that areas classified as rural on population density criteria could still be in some way 'urban'. One rural patient said:

"There’s several estates round here, it’s as if you’d taken it out of the town and just dropped it into the countryside."
Remote areas?

Rurality can also be defined in terms of remoteness from major centres of population (Haynes and Bentham, 1982; Trent RHA, 1991). As hospitals tend to be in larger towns, the degree of remoteness has an effect on access to secondary services. This has implications for remote general practitioners who are likely to be the first port of call in an emergency. Rural general practitioners frequently work alongside ambulance services in providing emergency care to victims of road traffic accidents and other emergencies.

The most remote communities are not always those with lowest population density or an agricultural economic base. There are small towns which are further away from hospital care than farming communities on the edge of cities.

Bound up with agriculture?

The British rural landscape is sculpted by farming, whether lowland arable or upland grazing. To this extent, agriculture is an important facet of perceptions of rurality. Agriculture workers have specific health needs; farm accidents are a particular problem. On the health care side, health professionals in agricultural areas may need to be aware of the farming calendar, and plan services around events such as market days. However, in most rural areas today, only a minority of the workforce is employed in agriculture (Archbishops' Commission on Rural Areas, 1990). Perhaps for this reason, agriculture does not often feature in the definition of rurality in health research.

The recent spate of agricultural suicides has attracted press attention (Erlichman, 1994). However, researchers are not always clear about exactly what they are investigating. If the problem is linked with farming, perhaps brought on by the economic problems of agriculture, then research could be concentrated on agricultural communities. However, the problem may be related to isolation, in which case it will affect other people living remote from centres of population as well as farmers. Investigations which target remote or sparsely populated populations might identify cases which would be missed if only agricultural populations were considered. However, suicide figures might include town dwellers who have travelled to remote areas to end their lives (Carstairs, 1991; Crombie, 1991; Douglas, 1991).

A particular type of society?

Much debate about rurality centres upon whether rural areas have a different society and culture from urban areas; are there differences between rural and urban dwellers in terms of their lifestyles and attitudes? One of the most influential concepts in this debate has been of Gemeinschaft (the 'community', found in rural areas) (Tonnes, 1963), and Gesellschaft ('association', found in urban areas). Gemeinschaft was characterized by close human relationships based on "kinship, locality and neighbourliness, fellowship, a sharing of responsibilities and a furthering of mutual good through familiarity and understanding" (Robinson, 1990; p. 37). Gesellschaft were contrasting communities based around impersonal ties and relationships (Murdoch and Pratt, 1993).

Supposing these distinct communities do exist; why have they formed? Dennis and Clout (1980) argue that individuals develop a 'shared behaviour' with the people living in the same area. Spatial factors (where one lives) may affect behaviour and attitudes just as do socio-economic factors. Are communities affected by the space they occupy (countryside and village) or are they merely the sum of their inhabitants? Would the same rural people have the same lifestyle and behaviour if they lived in the city? Certainly people appear to behave differently in different areas. For example, a rural patient who thought that urban areas were unfriendly, said:

"It's surprising you know... when they [urban dwellers] come here they are quite happy to stand and talk to you."

The culture of villages is subject to change as different people move in. 'Pressed' rural areas close to cities experience an influx of people from the urban areas. Such incomers, attracted in part by the idea of a friendly, close-knit community, are often accused of changing the nature of the community they move into. Incomers frequently look outside the village for work and leisure. They may be highly mobile and, by going outside the village for shopping and recreation, may contribute to the demise of village services. This suggests that the rural culture may have been created by the relative isolation of the community which looked inward for most of its needs.

In our discussions with health professionals and patients in rural areas, we explored some of these ideas about rural lifestyles. The views expressed by many of the people living and working in rural areas seemed to support the established image of rural communities. Many people referred to the strong sense of community and to the self-sufficiency and stoicism of rural dwellers. For example, a rural health visitor said:

"You might also find that you go in there [paper shop] and somebody says 'have you seen little so and so with an awful bruise on her leg? Now I just thought I'd better mention it...'. You get a lot of information because it is such a close community."

"When I came here [from city] I found a very independent lot of people who at 79 were still getting the chickens in at night."

A rural health professional said:

"I think the new housing estate scene or the commuter belt... seem to provide us with a much higher demand than I have been used to."

Comments from rural general practitioners included:

"They ['yuppies' moving into the rural area] bring a lack of family support and a lack of ability to cope with loneliness which they often suffer from because they often become socially isolated."

Conclusion

'Rural' does not imply a single community but a wide range of communities: affluent, deprived, agricultural, industrial, stable, mobile, and so on. It is difficult to choose any one feature which captures the essence of rurality. Many features of rurality are interdependent. It is difficult to farm in an area of high population density. Any culture is affected by population size and remoteness from other centres of population.

For most people 'rural' and 'urban' have a meaning and comparisons of geographic areas will continue. Study of rurality is important, not least to counteract the urban bias of research and political power in Britain today. Researchers should choose a definition of rurality most suited to the issue under investigation.
Acknowledgement

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