

Staying healthy: how farmers and fishers maintain good health in difficult times

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Introduction

The notion of idyllic rural communities has long been dispelled. Rural people are more likely to be overweight, to eat an unhealthy diet and to be physically inactive than their urban counterparts.^{1,2} Rural males have poorer outcomes from chronic disease and higher levels of suicide and depression than urban males.³⁻⁵ They are also more likely to be regular smokers and to engage in risky or high risk alcohol consumption.^{1,2}

The factors which influence rural health are exacerbated when times are tough, and good health becomes harder to achieve. Farmers and fishers have always been vulnerable to the effects of climate and global economic forces. However, in recent years there has been an accumulation of adverse factors which include the global financial crisis, extended periods of drought and other climatic extremes, and increasing industry regulation. Staying healthy in the context of difficult times is both important and challenging.

Literature review

Positive health behaviours of farmers

A small number of recent studies has used a strengths-based approach to examine the impact of difficult times on rural communities^{6,7} and on farmers in particular.⁸⁻¹¹ These studies indicate that farmers are proactive in managing their physical health, with most reporting regular health check-ups⁹, and self-care activities including diet and physical activity.^{7,9} In terms of mental health, farmers utilise a range of coping strategies: social interaction^{7,9,11} and community connection and support⁶⁻⁸; professional assistance⁹; mental disengagement from the farm^{7,9}; recognition of comparative advantage^{8,9}; family support^{8,9,12}; and spirituality or a sense of wellbeing and life meaning.^{6,9} Problem-based strategies adopted by farmers include business planning decisions such as expansion and diversification⁹. King et al.⁹ identified a positive link between mental health strategies and broader livelihood strategies such as drought preparedness, cost containment, diversified income source and confidence as business managers. Personal barriers that prevent farmers from seeking help are a strong sense of self-reliance and belief in self-help.^{10,11}

Health behaviours differ according to gender and age. Male farmers are more resistant than female farmers to help-seeking behaviour in relation to mental health^{9,13} and prefer problem-based approaches related to better business management and comparing themselves to others in a worse situation.^{9,13} Females tend to drive many health maintenance activities including monitoring family health and arranging time off⁹. They are also more likely to recover from psychological distress and increase their capacity for resilience.⁹ Farmers with young families are more likely than other farmers to consider exiting farming as a solution to the stress of difficult times.¹¹ Older rural adults seek formal medical care in relation to specific illness rather than as a health maintenance strategy.¹⁴

Factors influencing farmer health behaviours

Positive attitudes have been identified as central to resilience in difficult times.^{8,10,11} Attitudes are shaped by a positive construction of self⁹, optimism^{6,8,9} and active decision making.⁹ Research indicates that the extent to which individuals have an internal control orientation in relation to their health contributes to adoption of positive health-related behaviours^{12,15} such as positive thinking and help seeking.¹⁶

Individual attitudes to help-seeking are shaped by rural culture and societal expectations. Behaviours such as excessive alcohol consumption are an integral part of community culture in some rural communities.⁷ Hegemonic masculinity has a negative influence on farmer help-seeking behaviours.^{5,9,13} Male farmers are more likely to ignore early symptoms of coronary artery disease and not continue with health-enhancing behaviours beyond early diagnosis⁹. While rural women value their identity and see their self-reliance and ability to cope as important to health and wellbeing, unrealistic or stereotypical expectations may also compromise their health behaviours.¹⁷

Contextual factors that influence the health behaviours of farmers and fishers are identified at the micro (family), meso (regional) and macro (government, economy and society) levels.⁹ The family is consistently identified as a key source of strength.⁹ Meso level factors directly influence farmer health and wellbeing, including levels of community and industry social capital such as industry communities of practice; location and access to resources and services; levels of political activity; and the nature and vitality of agricultural industry in the region.⁹ Macro level factors such as the regulatory environment and service have an indirect influence on farmer resilience and mental health⁹. Decisions about health service use are influenced by rural location¹⁸ and by associated issues of availability, suitability, cost and mode of delivery.^{7,11}

Methods

The project design was qualitative and took a multiple case study approach. Five sites with a population of between 1000 and 5000 people were selected with input from the project steering committee. Each site had a different industry base and was experiencing a different set of difficulties. With the exception of the grains site, each has some health services on site, including a GP and hospital, as well as a mix of local and visiting community health, allied health, alternative therapy and specialist services.

- Site 1: Cotton

The cotton site is located in northern NSW and southern Queensland. There are three population centres totalling approximately 3500 people. This site is classified as remote¹⁹; the closest large regional service is nearly 400kms away. Cotton growers reported they were emerging from difficult times although there were still concerns over the uncertainty of water availability.

- Site 2: Cane

The cane site is located in northern Queensland and comprises a single population centre of approximately 4500 people. It is classified as moderately accessible¹⁹ and is just over 100 kms from the closest large regional service centre. Cane growers were emerging from nearly a decade of difficult times; however recently introduced environmental regulations regarding chemical and fertiliser use were causing some concern among growers.

- Site 3: Fishing

The fishing site in Western Australia comprises two small population centres located a short distance apart, with a total population of approximately 2000 people. The site is classified as moderately accessible.¹⁹ The nearest large regional service centre is just over 200 kms away. The population in both communities has declined due to a reduction in fishing quotas and employment opportunities. A number of the fishers operate on a drive in/drive out basis.

- Site 4: Mixed farming

The mixed farming site in north western Victoria comprises a population centre of approximately 4000 people and several small population centres. The site was classified as accessible¹⁹, and is 100kms from

the nearest regional service centre. This site is in a state of transition due to water shortages and the need to reduce its reliance on irrigation.

- Site 5: Grains

The grains site in western New South Wales comprises three very small population centres totalling less than 1000 people. It is classified as moderately accessible¹⁹, with two small service centres between 60-100 kms away. The site has experienced extended drought conditions for a decade with a rise in farm sales and a decrease in farmer population. There are virtually no on-site and few visiting health services.

Semi-structured interviews were conducted with up to 30 participants at each site (N=110) to explore how people access information and resources and make decisions about health behaviours. Approximately two thirds of participants were male. Just over one third of participants were in the 36-45 age group, and one half in the 46-65 age group. Most had been in farming or fishing for more than 20 years. The interview cohort was asked to keep a health journal for three months, recording behaviours, information sources and services accessed during the previous fortnight. Fifty four people self-selected to participate in the journal. The sample reflected a similar composition to the interview cohort. There were 294 separate fortnightly journal entries from a possible total of 324. To assist with analysis, interview data were transcribed and input into Nvivo data analysis software and journal data were input into SPSS data analysis software.

Findings

Awareness of the importance of health and wellbeing

Participants acknowledged the importance of good health which they defined in terms of both physical and mental health and wellbeing. Good health involved eating a balanced diet, having a positive attitude, being physically active and having self-discipline. Most participants assessed their own health as either good or very good during interviews, and in 81% of journal entries physical health during the past fortnight was reported to be good or better. This reflects a similarly positive rate of self-assessed general health status amongst the broader Australian population.²⁰ The link between good physical health and mental wellbeing was understood by most participants, as described by one female grain grower:

Mental health I think that's all—that is part of what started me running. I needed to get out and clear my head and that was part of it, so I think that activity of the physical part of it helps with the mental side of it too.

Being in control

A recurring theme through all interviews was the issue of control. Farmers and fishers are finding their lives increasingly affected by circumstances over which they have little or no control due to an accumulation of adverse factors. For example, the impact of drought at the mixed farming site was compounded when government regulations were introduced to control water allocations and has been further exacerbated by a strong Australian dollar. The majority of participants at all sites reported experiencing stress and anxiety and, in a smaller number of cases, diagnosed depression, which they attributed to those areas of life which were outside their control.

The things I haven't got control of, they seem to be the things that worry me. The things that you've got control of, you can do something about, but the things you haven't got control of, they get under your skin and you can't do anything about it. (male mixed farmer)

This view was supported by participants' journals in which mood was reported as only average or not good in over a quarter of entries, representing 50% of those who kept journals. Older participants (particularly those in the 65 plus age group) generally reported poorer mood than younger participants (40% compared with 14% of participants under 46 years). This finding is similar to trends identified amongst the broader Australian population regarding age and self-assessed health status.²⁰ Mixed enterprise farmers were most likely to report a less than good mood, with 78% reporting this at least once. For some, poor mood was ongoing, with ten individuals or 18.5% of all those who kept journals reporting their mood to be average or not good in two thirds or more of their entries.

Having some level of control over their lives was considered important and for some participants this was simply being able to plan the day's activities or to make routine decisions. Other participants tried to maintain a positive attitude by not focusing on problems over which they had no control. Stress and worry were viewed by some as being essential for building resilience and for providing an impetus to take control of their lives:

I think worry is good because it makes me move on and do something. But a lot of people become paralysed by it; you know it shouldn't be a paralysing force in your life. You think, "Oh shit, I've spent enough time worrying about this I'm going to do something about it." (male cotton grower)

Despite having little control at a macro level, many participants had adopted health maintenance strategies which encompassed a range of preventive behaviours and healthy lifestyle choices. These strategies provided participants with a sense of control at a time when external influences were adversely affecting their health and wellbeing and were congruent with the perception by most participants that health was an individual responsibility.

Health maintenance strategies

Health maintenance strategies were individually or community driven, and ranged from incidental to formal, depending on individual preferences and access to facilities and services. There were varying levels of awareness of available health and wellbeing services across sites. Most participants in the grains site were not aware of the existence of on-site services. A number of participants in other sites had limited knowledge of available on-site and visiting formal mental health services. Physical health-seeking activities were predominantly triggered by external events such as a family history of heart disease. Mental health-seeking activities were triggered because participants were experiencing difficult times.

For many farmers, physical exercise was predominantly an outcome of their daily work, with over 80% of male journal participants reporting sufficient exercise from work in all or most of their entries. Physical exercise also took place at weekends and evenings through participation in formal sporting activities such as football or golf. Female farmers were more likely to participate in structured exercise programs organised in their local communities such as fitness classes and walking groups. However, there was a general sense that it was easier to control physical health than mental health: 'Physical health is a personal choice; mental health is something that can sneak up on you'. (female grain grower).

Participants acknowledged the need for a healthy, balanced diet with fresh fruit and vegetables and alcohol in moderation. Many participants had regular check-ups which were considered an important part of maintaining good physical health and chose to include dietary supplements such as fish oil and glucosamine. Seventy per cent had taken a complementary or alternative medication and 20% had consulted an alternative practitioner at some time during the journal period.

Individual mental health strategies tended to be informal, such as making time to relax, spending time with family and socialising with friends. Seventy per cent of journal participants reported socialising with an industry-related group, although some participants found that friendship with someone from a different occupational group to be valuable:

But sometimes you talk to other people that are totally different, you know? And you get your mind off what you're doing, you know? And try and look at some of the positives, sort of thing. (male cane grower)

The importance of both formal and informal community-driven mental health strategies was noted although few farmers or fishers reported using the services of a mental health professional. Most agreed that it was important that such services exist although some participants at the fishing site viewed accessing mental health services as a sign of weakness. In the cane site, growers valued the way in which the local industry association raised awareness of mental health and promoted participation in health education programs. A farmer health education program delivered by the local health service in the mixed farming site provided farmers with strategies to help them cope with stress and anxiety:

... the first thing and the biggest thing they push was you have to have a plan, and even if it gets right down to the fact that you decide not to have a plan, then that's your plan. But you have to have a plan,

you have to, because you can wake up in the morning and you'll say right this is my direction and away I go. (male mixed farmer)

Although the number of male participants from each site who reported participating in formal mental health education programs was relatively small, there was some evidence that some of these were people who would not otherwise seek mental health assistance. Reasons for participation included legitimisation of the program by community or industry leaders, a personal invitation to attend, family involvement, and participation as a group (eg. Landcare group) in which relationships of trust already existed.

Less formally, morning 'smoko' at the local garage at the grains site provided an opportunity for farmers to share their problems with other men:

And I think that's been a saving feature for a lot of the farmers. They just go in there, and it's just been somewhere to talk—not judgemental ... And there are some people who go there every day, they come in to town just to go. (female grain grower)

Discussion

Health maintenance strategies of farmers and fishers in difficult times are shaped by an awareness of the importance of good health and an understanding of the link between physical and mental health.^{7,9} Individual and community capacity plays an important role in influencing health maintenance actions. Individually, most respondents had some capacity to determine their health behaviours and nearly all described similar self-care strategies to those identified in other research, such as physical exercise and nutrition^{7,9}, and some form of social connection and support.^{8,9,11} However, the capacity of individuals differs and determines the extent of their strategies. For example, some participants devised an informal and incidental physical exercise program such as jogging around the farm to accommodate work and family commitments and to address issues of access and cost. Others participated in a range of more formal activities such as organised sport and consultations with a health professional and/or alternative practitioner. Consistent with the social and problem-based approaches to mental health identified in other research^{8,11}, some participants preferred informal or formal social connections, while others had implemented planning and decision making strategies learned at farmer health education programs.

The findings suggest that the health maintenance actions of farmers and fishers are shaped by the way in which they conceptualise and manage issues of control. The positive attitudes and proactive approaches described by a number of participants appear to be linked to perceptions of personal control, consistent with other research on internal control orientation.^{12,15,16} Developing a health maintenance strategy is a form of personal control in which participants are actively working towards improving and maintaining their own health. Although environmental, financial and regulatory issues are largely beyond their control, a number of participants described their proactive approach to identifying and managing aspects of the business over which they did have control (for example, their health and their business management strategies). This finding builds on earlier research which found that better farmer mental health occurred where mental health and broader livelihood strategies were linked.⁹

Individual capacity is also influenced by a range of contextual factors such as family and community support, and the impact of rural location on access to services. This is consistent with earlier research^{9,18} and reflective of the interrelationship between personal, social and contextual factors on farmer coping strategies in difficult times identified elsewhere.⁹ However, the findings show that just as individual capacity to implement health maintenance strategies differed across participants, community capacity also differed across sites.

An informal support group had developed in the grains site around the local garage, reflecting the community ethos of looking after one another in difficult times. In the cotton site, a group of female farmers living outside the main population centre met regularly through their local walking group. In the cane and mixed farming sites, the local industry organisation and local health service respectively supported and delivered farmer health education programs and encouraged farmer participation. The development of health maintenance strategies was influenced by the location of participants and access to appropriate services, and this issue has been identified elsewhere as impacting on farmer health behaviours.^{7,11} However, it is also clear that in some sites, restricted service provision had given rise to the development of a range of community-based initiatives which varied in scope, depending on community capacity. These initiatives were intended to complement

formalised service provision, providing additional opportunities to maintain farmer and fisher health and wellbeing in difficult times.

A limitation of the study is the lack of information on income and debt levels of participants. It is not clear from the data whether those in the most precarious positions due to reduced incomes and increased debt levels are least likely to have the capacity to implement a positive mental health strategy.

Conclusions and implications

While the impact of difficult times has clearly taken its toll, most of the farmers and fishers in this study are proactive in maintaining physical and mental health and wellbeing, although not without challenges. Accessibility of health services is an ever-present issue in rural communities. The study has implications for service delivery in terms of awareness of and access to on-site services, as well as the need for regular and well publicised visiting services.

Increased community-based strategies are required to help farmers and fishers maintain good health, and in particular mental health. These strategies need to actively engage farmers and fishers in developing their own health management strategies. This is consistent with the community capacity building recommendations in earlier research.^{8,9} These strategies would form part of the overall community capacity and should complement formal health services.

Strategies should be flexible enough to meet the changing needs of the community, and provide entry points for those less likely to access formal health services. These might include developing recreational and social facilities; establishing local support mechanisms, and actively brokering opportunities that target the health needs of the community. Community-based strategies should utilise the skills and capacities of local communities, consistent with the regional development recommendation by King et al.⁹ Community leadership may be drawn from a variety of sources, including individual opinion leaders, local health services and sporting clubs, local government, and industry organisations. Strategies should be supported at both State and Australian government levels through appropriate funding and resources, and provision of community leadership training. A clear implication of the study is the need for a collaborative approach to the issues of farmer and fisher health and wellbeing, involving all levels of government, industry, health services and the community.

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