Achieving good health and wellbeing in rural Australia: perceptions of older men

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In Australia, disease risk factors, mortality rates and degrees of illness are positively associated with increased distance from major cities. It is well known that men often do not live as long as women, and that the challenges that face rural health service delivery may further exacerbate this issue for rural men. Men are also known to attend doctors less often and are less likely than women to report efforts aimed at improving their health. It has been suggested that expectation to be ‘tough’ is stronger among rural men than their city counterparts, which also has implications for health and wellbeing outcomes. This research aimed to explore the perceptions of health and wellbeing needs of older men in rural and regional Queensland in order to understand avenues for strengthening services for men in rural areas.

Method: Three focus groups and six in-depth interviews were completed with older men (>50 years old) from three different rural and regional shires of Queensland as part of a larger community health and wellbeing study. Men were recruited via word of mouth and expression of interest through a health survey that was sent to a random selection of community participants through the Queensland electoral role in each of the shires. Thematic analysis was conducted to explore health and wellbeing perceptions.

Results: Although men from rural and remote areas in Queensland might face particular challenges in achieving good health and wellbeing status due to reduced access and a culture of stoicism, small communities offer opportunities for increasing men’s access to social health networks. However accessing these social health networks are often triggered by illness. The men identified that lack of purpose has a particular impact on achieving overall health and wellbeing. They also noted that a ‘bullet proof’ attitude in younger years meant they did not consider any need to invest in health and wellbeing activities. Word of mouth and support from peers is the major channel of communication for older country men.

Conclusion: The findings of this study suggest that addressing health and wellbeing issues are often achieved through informal settings for older rural men. This study identifies that it is critical for individual health workers, organisations and policy makers to be aware of the social conduits for supporting acceptability of health and wellbeing activities for older rural men.