

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

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### Abstract

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 (>50years 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 in 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

### Background

Approximately one-third of Australian men live in rural areas (1). For this population group, the likelihood of experiencing chronic disease, hospitalisation, injury and psychological distress is higher than for men living in major cities (1-3). Higher death rates are also reported for men living in rural and remote areas compared to their city counterparts (1).

Socioeconomic disadvantage alongside higher cost of and difficulties in sourcing fresh food, harsher environmental conditions and relative social isolation have been cited as key determinants attributing to poorer health outcomes for rural men (1, 4). Accessing health services is also a well known key issue with regional and remote areas having proportionally fewer doctors, nurses, specialists and allied health professionals per person compared to major cities (1). Rural people often have to travel great distances to access such services. The cost of travel and accommodation, time taken away from work and isolation from family and friends can also directly and indirectly impact their health outcomes. These factors are further exacerbated for older rural men who are at additional risk of chronic disease, injury and poorer health functioning and mobility (1).

While it is well known that men utilise health services less often than women and are generally more reluctant to seek help, some studies suggest rural men are even less likely to do so compared to their city counterparts (5, 6). Age; discomfort in the waiting room environment; privacy issues relating to

others knowing they have visited a service; and a fear of knowing their true health status; have been reported as barriers specific to rural men accessing health services (7). It has been further suggested that rural men who adopt more traditional masculine roles are less receptive to health promotion messages, more involved in health risk behaviours and typically engaged in masculine myths of how men should behave (8, 9) These included a reluctance to talk about health issues; visiting a health professional as a last resort; maintaining a 'big bloke' image as an advantage to social standing; and drinking plenty of 'grog' indicative of the Australian male domain (10, 11). In further examining lifestyle behaviours and attitudes to health, O'Kane and colleagues found almost 35% of rural men in their study stated they needed a health scare to change their diet and exercise behaviours; more than one quarter felt they 'had to die of something, so they might as well enjoy what they are eating'; and approximately 12% took the attitude that they were 'bullet-proof' and did not need to look after their health (12).

Such notions of masculinity and stoicism contribute to the complexities of men's use of health services and help-seeking behaviour, and it has been suggested that expectation to be 'tough' is stronger among rural men than men living in major cities (13, 14). This culture of stoicism is commonly linked to rural communities' values of self-reliance and self-sufficiency which may influence rural dwellers' conceptions of their own health and wellbeing (15). Weinert and Long suggest that rural people's perception of health tends to focus on the ability or lack of ability to perform key roles, especially those associated with work and family responsibilities (16). These attitudes to productivity and stoicism are more apparent among rural communities and not surprising given the adversities often facing these communities such as tougher environmental conditions, financial pressures and physical and social isolation (17).

With increasing evidence of the health disparities between rural men and their city counterparts, improving health outcomes for this population group has become a priority for researchers and policy makers. 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.

## Methodology

### Study design

#### *Theoretical framework and study sites*

Qualitative research methodology using grounded theory was used to explore the perceptions of health and wellbeing among older rural men. In-depth interviews (IDIs) and focus group discussions (FGDs) were completed with men aged 50 years and above from three different local government areas (LGAs) in Queensland. The study sites included one inner regional LGA as defined by the accessibility/remoteness index of Australia (or ARIA) and two other LGAs considered mostly outer regional but with some areas within the shire considered remote.

#### *Participant selection and study sites*

Participants were initially recruited via expression of interest provided through a health and wellbeing survey that was part of a larger study investigating the health and wellbeing needs of rural and regional communities. Snowball sampling was then completed by asking screened participants and key community leaders to recommend other people who would be interested in participating in any of the research activities.

### Data collection

The initial themes for the FGDs were developed through a review of the literature and consultation with the entire research team. The interview schedule for IDIs was developed from the FGD schedule and modified to suit the situation. Digital recordings were taken of all IDIs and FGDS and later transcribed by a member of the research team. Field notes were also taken during and after IDIs and FGDs to describe further observations and to ensure a record was kept if the recordings fail. Each interview and FGD took around one hour to complete. Data analysis occurred alongside the data collection period of the study. Data collection was completed when all research team members agreed that thematic saturation had been reached.

## Data analysis

Qualitative thematic analysis of the transcripts and field notes was undertaken on completion of the data collection phase and triangulated with themes identified as emerging during the data collection period. All transcriptions were then coded with assistance from NVIVO qualitative software (QSR International Pty Ltd, Australia) and reviewed by a second researcher. In cases of discrepancy in coding, a third researcher reviewed the selected text in question. Any further emerging themes were also continually discussed and codes were adjusted accordingly throughout the process.

## Ethical considerations

This study was granted ethics approval by the Wesley Hospital Human Research Ethics Committee. Reference number 1410.

## Results

Three focus groups and six in-depth interviews were completed with older men (>50 years) from the different rural and regional shires of Queensland as part of a larger community health and wellbeing study. Details and composition of the groups are provided in Table 1. The men discussed a range of issues that they believed contributed to or threatened the achievement of health and wellbeing as men in rural and regional Queensland. Underpinning these issues were their own interpretations of what it means to have good health and wellbeing as an older rural Australian man and the external prompts that cause men to think more about their own health and wellbeing.

Table 1 Details and Composition of Focus Group Discussions and In-depth interviews

	LGA	Town	Age range	Occupation history summary
FGD 1	1	A	60-69	Grazier, Minister, Sales
FGD 2	2	B	60 - 80 +	Bus Driver, Principal, Cleaner, Tafe Teacher
FGD 3	3	C	60 - 79	Civil engineer, Manager, Printer, System Specialist
IDI 1	2	D	70-79	Handyman
IDI 2	2	E	50-59	Project Manager
IDI 3	2	E	80 +	Grazier
IDI 4	3	F	60-69	Justice Department
IDI5	3	G	70-79	Truck Driver
IDI6	3	G	70-79	Electronics Technician

\*LGA: Local Government Area. FGD: Focus Group Discussion. IDI: In-depth Interview

## Perception of what helps rural older men achieve health and wellbeing

Exercise and food choice were a commonly reported belief among all respondents of what made people healthy. Some also considered that knowledge of food and what was in food assisted people in maintaining health. For a few, there was a perception that health was really underpinned by good genes and that some people were just luckier than others. Many respondents also believed that the environment around you, including the environment that you were brought up in, had an important impact on your success in being healthy. Having good discipline and a sense of personal responsibility for health was considered by most as an integral part of maintaining good health. Many of the respondents also considered that good health was typically the responsibility of the individual and that it was derived from self-respect. As one informant advised:

Well you see it depends on how you feel in yourself. Some people have got no respect for themselves... I do respect myself like, you know I try to eat healthy (IDI, Town D)

Respect for self was considered to dissipate with age with many considering that “being old” was seen as an excuse for not needing to care about health. Many of the respondents acknowledged that there were many older men in their community that behaved this way.

I think ... particularly with some of the older guys, they're quite happy to let things roll along themselves ... (they) are just quite happy to just poke along and not worry about anything. They've reached a certain age and are just going to let things happen. Let life go by. I can

understand that to a point but hey I don't want to die sick, if I'm going to die, I want to die healthy, you know. (FGD, Town A)

However, most seemed to agree that there was not one thing that created good health and that it was typically a combination of things which included a balanced lifestyle which resulted in a balance of body, mind and spirit. Wellbeing was considered to be an integral part of maintaining health. Without wellbeing, it would be difficult to achieve a good health status. Wellbeing was linked to contentment, work life balance, and a connection to your social surroundings.

I think wellbeing for me would be contentment with my life and my situation in life. I'm very content at the moment that I'm retired, very content. My wellbeing has gone through the roof in the last couple of years because I've been there, I've done it, I've come through. Now I'm enjoying the fruit of my labours and I'm leading a very contented life and I guess wellbeing for me is content in my place, my station in life, know who I am, know where I've been, know what I've done, I've been a success, I am a success. (FGD, Town A)

However, for all the respondents, there was a strong belief that "having purpose" was integral for maintaining overall health and wellbeing.

...you've got a purpose in life and if you lose that purpose in life then things come and go very much pear shaped. (FGD, Town A)

For all, a sense of purpose had a strong link to work and employment, and the responsibilities the men believed they needed to have within the household throughout their working life. Work was considered as a way to feel validated and respected within society. Because "having purpose" had been so tied up with employment, maintaining a sense of worth was considered quite difficult when men retired, and needed significant attention and planning. Work automatically gave men purpose, and once it was finished some believed that men's health and wellbeing had potential to deteriorate.

A big thing is for most of your life you've been away 8, 9 hours a day 5 days a week and suddenly that's gone. You've got to get... and I keep saying this, you've got to get outside activities away from home and you don't want to sit around. And I've got friends who do exactly that, sitting there looking at four walls with nothing to do. It's not my scene. (FGD Town C).

The older men also respected that in the rural towns, many men retiring from being farmers had even greater difficulties with maintaining a sense of purpose.

I think most of the older people in our district ... are off the land, rural people and I think that it's been so tough for rural people for so long, their life is just a matter of survival. And they just get locked in you know ... and planning for the future has been thrown out the window so long ago that really the future for them is not bright, because the kids are not coming back to take over the farm, all of its going to have to be sold, and that's going to be a horrible part of their life and even if they do sell up and come to town they don't get suddenly a big burst of enthusiasm to get something new I think ... some of them really don't want to come to town. (FGD, Town A)

### Achieving good health and wellbeing as a man in a rural area

There was awareness among most respondents that men typically had worse health outcomes than women. There was also a sense of understanding of the disparities of achieving health and wellbeing as a rural older man acknowledging some of the disadvantages to health that came with living in rural and regional areas. For most of the men, the influence of "mates" was also important, however could result in positive or negative consequences. For example, many of the men suggested that sometimes the small town environment offered social activities that were counterproductive to managing health and wellbeing, particularly the drinking culture. Some of the men also considered that socialising and drinking at the pub were often confused as a positive social interaction. As this group explained:

P1: I think grog, I mean when I think of my rural community they enjoy getting together for social functions but there is far too much grog and most of them are sozzled before they go home and so most of the conversation is not to my way of thinking not particularly productive.

P2: Talking about the problems there are, when everybody knows the problems we've all got the same problems so they talk about them then and talking about them is not going to do anybody any good because they've got no control over it.

P1: And there's usually no answers

P3: I don't think they're looking for answers, they just think and you know you read about their social interaction and it's good to go and talk to your mates but it's not good if all you do is swap bad stories.

P2: Yeah swap negativity.

Interviewer: Ok, so you do see that they're swapping negativity and breeding it?

P1: And drinking way too much and I don't imagine they'd feel very inspired when they get up the next morning. (FGD, Town A)

However, the men also acknowledged that small towns offered important opportunities to support achievement of health and wellbeing, particularly through positive social connections, the ability to live a more stress free lifestyle and friendliness that smaller communities offered. Living in a small community also meant that you were not hidden away. It was reported to be easier to join groups and clubs when retired and therefore feel like an important member of the community.

(This town) is quite good in that regard, its small enough that we know different organisations around and if you've been in town longer, then you probably know people who are in different organisations. So when you come into retirement as you say you can't sit on your bum and do nothing. There's more than enough volunteer work that you can do to fill your days in twice over if you want. It's just a matter of you going out and networking and picking up the networks and it's easy to do in (this town). (FGD, Town C).

But most importantly, the men all agreed that small towns offered more opportunities to increase feelings of social connectedness that could have a positive influence on health and wellbeing.

### Health and wellbeing seeking behaviour of rural men: What prompts men to care about health and wellbeing?

There was much reflection by the older men of the change in attitude and investment in health and wellbeing across their life span. As young men they considered themselves invincible and as a result engaged in a lot of risky behaviour. However during their younger years they were also more socially active in sporting activities. This engagement in physical activity decreased dramatically when they got married and had kids due to changing responsibilities and limitations on time. Life experience was therefore an important contributor to motivation for investing in health and wellbeing and typically came in the form of having someone close to you become sick or being faced with their own illness. As one respondent explained

...when you've been ill you get to understand yourself, you start to understand your body and what your body might tell you and especially when you've had certain illnesses... you actually start to recognise that doesn't look right to me I better go and see somebody about it you know that sort of stuff. But if you haven't been ill then you don't necessarily know (FGD, Town C).

Knowing and having access to health activities, the men all agreed would assist men to adjust early to looking after themselves. For the retired men, there was much admiration for initiatives that were directed at men only. Wives also had a place in being a conduit for health information among all men. They were the person commonly reported as being constantly trying to persuade the men to engage in healthy lifestyles, although not always effectively. Most of the men thought that health information was easily obtained from media, magazines and the internet. Only occasionally did the men suggest that their health information came purely from doctors. For many, peers played a key role in obtaining health and wellbeing information. Peers discussed their own experience with ill health, or advised on what could be done. There were some respondents that considered that information from peers did have to be carefully considered as they may often extend the truth or not be quite right. However, most considered that information about maintaining health was easily available and that searching for information about health was your own responsibility and that it was not that difficult to do.

Today you got to take responsibility yourself... there's a myriad of different sources of information about health and it doesn't matter what age you are there's support services and all that sort of thing but at the end of the day it's up to you to go and find out yourself. (FGD Town C)

## Discussion

This study investigated the perceptions of health and wellbeing of rural older men and how health services to this population may be strengthened. Overall there were a number of contributors to good health and wellbeing in rural areas which included the support of the community and access to positive social interactions.

Transition of working life to retirement was of particular concern and had significant perceived ramifications of maintaining health and wellbeing. This was heightened by the need to substantially adjust living situations such as when farmers retired and needed to move into town. Programs that adequately acknowledge these issues and that are implemented prior to retirement would assist in men making more conscious transitions that were still meaningful to them. Engagement in active preparation for retirement would work well through local peer networks within rural areas.

It has been suggested that men's social networks are more extensive but less intensive and significantly decrease as they grow older (18, 19). However, unlike other findings, this research suggested that men did talk about health and wellbeing issues informally in the rural settings visited. There was also significant concern about the effectiveness of this due to the typical association with drinking and expectation of the ingrained drinking culture in rural areas as part of socialisation. Efforts to provide alternative social activities that could promote more informal support for health and wellbeing would be a way to alleviate this.

The results substantiate previous findings of the value of group approaches such as community initiatives like men's sheds in providing positive social environments for encouraging good health and wellbeing behaviour. These approaches are not only cost effective as they may alleviate need for tertiary level intervention, but also provide informal social supports and networks which are highly valued among the men. Rural areas also appeared to offer more opportunities for men to engage in meaningful roles in the communities when retired and should be used to full advantage. The research also showed that men's only services or programs were seen as a positive step forward in engaging rural men.

The findings should however be considered in the context and are limited by the ability to generalise to the wider population. Participating men who took time to attend may have had more of a vested interest in health and wellbeing and therefore could have spent more time considering the issues. However, their thoughts provide some insights into behaviour and the observations of other men in the rural communities.

## Conclusion

Rural areas offer many opportunities for informal social interactions for men that can be vital in motivating and directing men in positive health and wellbeing activities. The research also suggests that key life transitions, particularly from work to retirement, have a significant impact on rural men. Individual health workers, organisations and policy makers need to be aware of the social conduits for supporting acceptability of health and wellbeing activities for older rural men as well as the need to focus on supporting older men through major life transitions. This study also confirms the critical need for specialised men's services in rural areas that will allow for better uptake and maintenance of effective health and wellbeing activities.

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## Presenter

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