



Perceived barriers to health support seeking among rural men

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Background: There is substantial inequity in the quality of physical and mental ill health experienced by people who live in rural Australia when compared to their urban peers. Practitioner availability, cultural norms and stigma are barriers to accessing health services in rural areas and exacerbate poor health. It is often assumed these barriers are particularly problematic for farmers. However, little research has explored the differences between farmers and the non-farming rural population in regards to the specific barriers that impact their access to health care.

Objective: To identify attitudinal and concrete barriers to seeking support from health services among Australian farmers compared with other rural adults.

Methods: Adults from three rural regions in South Australia were randomly selected from the electronic White Pages to participate in a Computer Assisted Telephone Interview (CATI). The *Barriers to Help Seeking Scale* was adapted and measured participants' perceived barriers to seeking support from health professionals. Participants responded to either a physical or mental health scenario that was concerning but not incapacitating. Five domains comprising 39 individual items were assessed, with items rated from 1 (strongly disagree) to 5 (strongly agree). Item responses were averaged to form domain scores. Analysis of covariance, with age as the covariate, was used to compare domain responses between farmers and non-farmers for the mental and physical health contexts separately. To remove the likely confounding influences of gender and work status, only males in full- or part-time employment were considered for analysis.

Results: 406 adults (40% response rate) participated in the CATI (average age = 60.4±14.4y), of whom 64 were male farmers and 103 were non-farmer males and were included in this analysis. There were no significant main effects for any of the domains in either the mental or physical health contexts. There was a significant interaction effect between the Need for Control domain and age ($p=0.0006$), for the mental health context. A comparative analysis stratified by age showed that Need for Control was a larger barrier to seeking help for a mental health issue ($p=0.03$) among younger farmers and a smaller barrier ($p=0.02$) among older farmers, compared with their non-farming rural counterparts.

Conclusion: Along with the wider literature showing young males are at highest risk for suicide in rural Australia, our findings indicate that understanding attitudinal barriers to support seeking may be particularly important in the design and provision of acceptable and effective health services for younger male farmers.