

Chapter 1.3.2

GENDER AND CULTURE IN AGRICULTURAL COMMUNITIES

Susan Brumby¹

Deakin University, Australia

Introduction

'More than 3 billion people – almost half of the world's population – live in rural areas and roughly 2,5 billion of these rural people derive their livelihoods from agriculture.'¹

Wherever health practitioners are working, it is vital that they are aware of the local cultures as well as have insights into their own perceptions about farming populations and how these may affect their work. As noted by Mahoney, Fox and Chheda² there are growing societal expectations that health professionals are more knowledgeable about specific population-based issues and that they make prevention a higher priority. To do this successfully, they must be aware of, and work with, local cultures – while not being complicit in practices that continue to harm, injure or discriminate.

This chapter focuses particularly on agricultural communities and the role of culture and gender.

Evidence

Agriculture is the largest employer globally – and a greater proportion of employed women (38%) are directly involved with agricultural production compared with men, 33% of whom are involved in this sector.¹ The role of women in agriculture is particularly evident in developing countries – while in developed western countries like the USA, Australia, Canada and various countries in Europe, the majority of farmers and agricultural workers are men.³⁻⁵ A large proportion of the working poor are also found in agricultural and rural communities.

¹ Prof Susan Brumby is the Director of the National Centre for Farmer Health, School of Medicine, Deakin University, Waurn Ponds, Australia. She is also an executive member of the regional Western District Health Service, Hamilton, Australia.

In both developed and developing countries, farming remains one of the most dangerous occupations⁶ – though it is usually men who are more likely to be maimed or killed while working on farms⁷⁻¹⁰ as they are more likely to be operating machinery, to be working longer hours outside of the home, and to take risks; also they tend to not use personal protective equipment.¹¹⁻¹³ Whilst other industries have managed to significantly reduce workplace fatality rates, agriculture death rates have remained relatively unchanged over the last decade.

Gender and equality

Even though many women have assumed leading positions in many societies, statistical data show that property ownership continues to be registered in men's names, particularly in rural areas.¹⁴ This is due to the strong history and continuing culture of patrilineal inheritance and, in some areas, customary laws which ensure that the ownership of land is generally passed on to a man.¹⁵ Patriarchy is defined as the system whereby men have greater power and economic privilege relative to women, for no other reason than their maleness.¹⁶ The registration of farmlands in the names of husbands, business partners, brothers or sons, often financially disadvantages women as wives, daughters and sisters by excluding them from land ownership of the farm.

Finding women to marry the sons of farmers has become a succession issue in some contexts and is a concern in these farming communities. The reality TV programme "Farmer wants a Wife" which commenced in 2001 has been successfully run in over 30 countries.¹⁷ Women marrying into farming families find themselves in similar situations to those born into these families; they are expected to live within social mores which require them to be compliant, to be 'as good as gold' and not upset the status quo. Research has suggested that the very survival of family farms relies on this compliance.

If marital difficulties or separations occur, women who pursue their economic entitlements are seen to threaten the sanctity of the family farm – as illustrated in *From 'As Good as Gold' to 'Gold Diggers'* by Price and Evans.¹⁸ As the farm is seen to 'belong to the male side of the family', the women and children usually have to vacate the family home and leave the farm, relocating children. Whilst laws in developed countries may recognise equal contributions, the social mores that characterise women unfairly as 'gold diggers' means that they may leave the family farms with significant economic disadvantage.

The culture of work, families and farm labour

In both developed and developing countries many farms are family businesses; the practice of children and members of the extended family working on farms is part of the tradition and culture, and is often also an economic reality. Not surprisingly, the agricultural sector accounts for the largest share of child labour (129 million boys and girls) working on subsistence, commercial and family farms.¹

As part of working in the family enterprise, most children are not in an employment relationship. In many developed countries children are exempt from Child Employment Acts if they are employed in a family business, such as farms. According to the International Labour Organisation (ILO), more than half of these children engage in hazardous work²⁰ making agriculture a common setting for fatal and disabling non-fatal injuries in children²¹ – in both developed and developing countries. The challenge is keeping children safe and checking that chores and farm work are physically and cognitively suitable for them. Child labour on farms varies from offensive slavery to simple tasks such as bringing in firewood or feeding chickens. Where the situation is not necessarily exploitative and does not interfere with their education, most children are compliant and might enjoy being involved in agricultural work, illustrating the positive attributes of this reality.¹⁹

Partners (usually wives) actively assist on the farm and/or work off the farm to provide additional income. While this work has been described as ‘invisible’, some projects have recently started creating new histories of rural life and are documenting the contribution of women to agriculture.²²

In addition, elderly parents and grandparents often continue to assist and work on the farm until they die. Their loss of physical functionality and increasing frailty often means they are at increased risk of accident and injury.⁸

In summary, in many situations on farms, children, women and older people can be vulnerable parties in need of special consideration when seeking medical advice.

Migrant and refugee labour

Agriculture also provides jobs and wages for workers and in many countries, the workforce demand for international migrants to undertake farm work is rising. As such, immigrant and refugee communities have played a central role in the development of the agricultural sector in filling labour gaps, while bringing new agricultural foods and practices, innovation and knowledge transfer.²³ Numerous countries now have seasonal worker programmes and longer-term backpacker visas to allow people to enter the country provided they spend a proportion of their time undertaking farm work or working in rural areas.²⁴

Migrant workers are recognised as being among the most vulnerable members of society, as they often engage in dirty, dangerous, and demanding tasks.²⁵ In addition, transient workers can be subject to exploitation including poor working environments (dust, heat, cold), inadequate living conditions and the risk of sexual assault. As such, these populations experience high rates of occupational exposure and injuries and have specific and unique health needs. Not only is this due to the physically hard and dangerous nature of the work but also, in part, to language or cultural barriers and reduced access (geographically, economically) to health care and information.

As reported in various countries, migrant women are especially vulnerable. They are disadvantaged by multiple simultaneous sources of oppression: by their 'race', class, gender and other identity markers like religion, cultural practices, language and sexual orientation – as well as by a number of structural factors in the agricultural industry. Being female in a male-dominated industry, living in poverty, and being an immigrant often without work authorisation or visas²⁶ compounds the challenges for women working in the agricultural sector.

Rural health practice realities

Being a rural health practitioner entails providing care for children, men and women and older people who work on farms, as well as transient workers. It entails working within extended family dynamics, unequal ownership and people inhabiting a workplace that is also a home.

A response to the challenges: The Sustainable Farm Families™ Programme

The vision for the Sustainable Farm Families™ programme – initiated in Australia in 2003 – was to improve the health, wellbeing and safety of farm families. This is a major issue facing agricultural businesses in Australia and developed countries as farmers are getting older, working harder and longer, are experiencing poor health outcomes, have high rates of injury, workplace death and suicide.²⁷ Most farms rely on all family members for extra labour.

The SFF™ programme fits into the primary health and community health portfolio as it

- integrates health promotion with improved outcomes for the farming community;
- creates supportive environments for health as a result of personal skills development and strengthened community action;
- expands service options and access to information to support self-management;
- works across diverse sectors – health and agriculture; and
- values and encourages the participation of farm families (men and women).

Recognising the family farm as a partnership, the SFF™ programme has engaged with both men and women and with the extended family; of those participating, 54% have been men and 46% women. Over 2,500 farmers across every state and mainland territory in Australia have participated. In 2014 the SFF™ programme was successfully piloted in Alberta, Canada where similar health and safety issues were found among farmers; it continues there to this day.²⁸



Source: <https://www.farmerhealth.org.au/sustainable-farm-families/sff-programs>

The programme has been showcased as an innovative approach to long-standing rural health issues and, over the decades, has been recognised with numerous awards. The SFF participants showed statistical improvement in most health indicators for cardiovascular disease, diabetes, obesity, mental health and improved safety behaviours.²⁷

Through cross-sector collaboration, the SFF™ programme has built capacity through training and research in both the health and agricultural workforces, as well as in local communities and individuals. The research data and information collected have provided critical insights into the relationships between the farmer, their health, their farm, the family and farming sustainability.

The health and agricultural professionals who deliver the SFF™ programme are intentional in avoiding perpetuating the myth of farmers as being fit, physically able and mentally robust; rather they recognise the complexity involved in farming and the families involved.

For more information see <https://www.farmerhealth.org.au/sustainable-farm-families/sff-programs>

Broader applicability: The agrarian myth and the culture of seeking help

The agrarian myth of an idealistic life on the land pervades images and perceptions of farming and agricultural communities and is often promulgated in marketing and advertising campaigns. These typically portray fit, independent, handsome and strong men with supportive wives and families. This self-sufficient and utopian image may prevent health practitioners from seeing, understanding and engaging with important facts, as well as from really hearing what people in rural communities are seeing or doing to themselves and each other.

This myth can also act as a barrier to people seeking medical help when they need it, as evidenced in the poorer health outcomes and shorter life expectancies of rural populations compared with those living in cities.²⁹ This reluctance to seek assistance includes acute emergencies. For example, contrary to logic, among people who are experiencing chest pain, the further away they are from medical assistance, the longer they wait at home, risking further harm.³⁰

Globally, high suicide rates among farmers and agricultural workers are also reported; a recent systematic review noted an excess of suicide risk among agricultural, forestry, and fishery workers.³¹ Numerous studies report that rather than seek assistance, people in rural communities will conceal their distress and pain or have limited capacity and social competence to express or identify their stressors.³² To gain relief from stress or normalised body pain they may self-medicate with alcohol, and only access mental health and health services after a crisis occurs.

Apart from an increased risk of preventable lifestyle diseases and workplace injuries, studies show there is also increased levels of alcohol consumption in some farming and rural communities.^{32,34} Given the strong cultural element of alcohol consumption in the history of some countries' settlement, this is not surprising. A particularly strong reliance on alcohol as part of any rural social interaction has been nurtured by the tradition of bootlegging, making local brews, and the payment for farm work with 'dop' (wine) in South Africa and rum in Australia.³⁴⁻³⁶

Educational suggestions for approaching these issues with students

1. To raise awareness of **stereotypes and assumptions**, here is a simple exercise.
 - Ask students to jot down five words to describe a farmer.
 - Collate the responses on a white board, or with a web-based Wordcloud such as (<https://www.wordclouds.com/>)
 - Use these for the basis for discussion on who 'a farmer' is generally thought to be; allow the group to reflect on their assumptions.
(In the experience of the author, the words to describe a farmer tend to be overwhelmingly male, white, physically strong, weathered, independent and so on. If a farm family is imagined, it is a heterosexual nuclear family.)
2. Get students thinking about some of the cognitive skills and physical abilities young people need to undertake farm work in relation to the normal development milestones of children and young people. Ask them the following:
 - From what age might children drive heavy machinery, or handle livestock?
 - Are children being kept home from school to assist with farm tasks?
 - If children present from a farm incident, how you would ascertain what activities they were doing on the farm?
3. To highlight that many accidents occur to older farmers, particularly slips, trips and falls, ask students what questions they should be asking when older patients present with farm injuries?
4. Students should be encouraged to undertake home visits, as these provide the opportunity to develop a deeper understanding of the many issue that impact on health in agricultural communities. It would be a valuable learning experience to

write case reports, and reflect more deeply on any underlying socio-cultural and family issues.

Conclusion

Health among farming communities is affected by a range of factors: the division of labour; family and societal traditions including land ownership; the employment of family and migrant labour; high risks of injury and disease; and access to services.

History and established traditions are a strong predictor of attitudes, habits and behaviours that continue in contemporary farming and rural communities, despite their approach seeming anachronistic.²⁷ The effects of these habits and cultures are reflected in the current health, wellbeing and safety of all those who work and live in agricultural communities today and who will seek the advice and services of rural health practitioners.

Practice pearls

- Beware of stereotypes as they can obscure opportunities to understand people who are different from ourselves. While stereotypes supposedly give us a general overview of whole groups of people so we know what to expect and how to act, we need to be aware that they can, in fact, blind us to reality and what is obvious.
- If possible, follow up on injuries by undertaking a home visit to a farmer or a farm family, as these provide the opportunity to develop an understanding of the nature of farming in family businesses.
- Ask children about the chores and farm tasks they undertake and consider the suitability of these tasks.
- If anyone is injured or hurt, discuss how they may prevent these incident/accidents or injuries happening in the future.

What to do

- When men or women who work on farms come for health care visits, take time to undertake a general health assessment and find out what is happening on the farm.
- Develop an interest in agricultural issues as a means of building rapport with patients and families from agricultural communities.

- Understand the culture and perpetuation of stereotypes and myths around the rural farming community in which you are working.
- Make everyone responsible for farm health, wellbeing and safety.
- Remember that farmers are often the first to offer help, but the last to seek it.
- Intentionally value and affirm men, women and children who work on farms as core contributors to society; the world relies on farmers.

What not to do

- Do not assume farmers are fit, physically able, heterosexual and mentally robust.
- Do not presume that all children are happy and safe working on farms.
- Do not presume that women can easily leave a relationship when they are working and living in a farming and rural community.

References

1. Food and Agriculture Organization of the United Nations. *Statistical yearbook 2013: World Food and Agriculture*. Rome: Food and Agriculture Organization of the United Nations; 2013.
2. Mahoney JF, Fox MD, Chheda SG. Overcoming challenges to integrating public and population health into medical curricula. *American Journal of Preventive Medicine*. 2011;41(4):S170-S5.
3. Binks B, Stenekes, N, Kruger, H, Kancans, R. *Snapshot of Australia's agricultural workforce*. Canberra, Australia: Australian Bureau of Agricultural and Resource Economics and Sciences; 2018.
4. Statistical Office of the European Communities. *Eurostat: Agriculture statistics - Farmers in the EU*. Luxembourg: Eurostat; 2017.
5. *2017 Census of agriculture data now available* [press release]. Washington DC, U.S. Department of Agriculture, 11 April 2019.
6. Byard RW. Farming deaths – an ongoing problem. *Forensic Science, Medicine, and Pathology*. 2017; 13(1):1-3.
7. Tiesman HM, Konda S, Bell JL. The epidemiology of fatal occupational traumatic brain injury in the U.S. *American Journal of Preventive Medicine*. 2011;41(1):61-7.
8. Safe Work Australia. *Work-related traumatic injury fatalities, 2017*. Canberra: Safe Work Australia; 2018. Contract No: ISSN 2209-9190.
9. Health and Safety Authority. *Summary of workplace injury, illness and fatality statistics*. Dublin: HSA; 2015.
10. *National census of fatal occupational injuries in 2017* [press release]. US Department of Labor, 18 December 2018.
11. Safe Work Australia. *Work-related injuries and fatalities on Australian farms*. Canberra, Australia: Safe Work Australia; 2013.
12. Rorat M, Thannhauser A, Jurek T. Analysis of injuries and causes of death in fatal farm-related incidents in Lower Silesia, Poland. *Annals of Agricultural and Environmental Medicine*. 2015;22(2):271-4.
13. Dimich-Ward H, Guernsey JR, Pickett W, Rennie D, Hartling L, Brison RJ. Gender differences in the occurrence of farm related injuries. *Occupational and Environmental Medicine*. 2004;61(1):52.
14. De la O Campos P, Warring N, Brunelli C, Doss C, Kieran C. *Gender and land rights database/technical note*. Rome; 2015.

15. Bahadur, D., (2016), Tribal women's land rights in India- A review of customary practices through the gender lens: Annual World Bank Conference on Land and Poverty, Washington DC, March 14-18, 2016
16. Alston M. *Women on the Land: The hidden heart of rural Australia*. 1st ed. Kensington: University of New South Wales; 1986.
17. Wikipedia contributors. *Farmer wants a wife* 2019. Available from: https://en.wikipedia.org/w/index.php?title=Farmer_Wants_a_Wife&oldid=901928529
18. Price L, Evans N. From 'As Good as Gold' to 'Gold Diggers': Farming women and the survival of British family farming. *Sociologia Ruralis*. 2006;46(4):280-98.
19. Donham K J, Thelin A. *Agricultural medicine: Rural occupational and environmental health, safety, and prevention*. 2nd ed. Iowa, USA: Blackwell Publishing; 2016.
20. International Labour Office. *Global estimates of child labour: Results and trends 2012-2016*. Geneva: ILO; 2017.
21. Peden M, Oyegbite K, Ozanne-Smith J, Hyder AA, Branche C, Rahman F, et al., editors. *World report on child injury prevention*. Geneva, Switzerland: WHO Press; 2008.
22. Museums Victoria. Invisible Farmer Project. 2019.
23. Collins J, Krivokapic-Skoko B, Monani D. *New immigrants improving productivity in Australian agriculture*. Canberra: Rural Industries Research and Development Corporation; 2016. Report No. 16/027.
24. Martin PL. *Migrant workers in commercial agriculture*. Geneva, Switzerland: International Labor Office, Sectoral Policies Dept; International Labour Office. Conditions of Work and Equality Dept; 2016. Report No. 14.09.2.
25. Moyce SC, Schenker M. Migrant workers and their occupational health and safety. *Annual Review of Public Health*. 2018;39(1):351-65.
26. Kominers, S. 2015. *Working in fear: Sexual violence against women farmworkers in the United States: A literature review*. Oxfam America
<https://www.northeastern.edu/law/pdfs/academics/phrge/kominers-report.pdf> (accessed February 28, 2020).
27. Brumby S. *Farm work and family health: A study on farming family health across selected agricultural industries in Australia* [Doctoral dissertation]: La Trobe University, Bendigo. Australia; 2013.
28. Brumby S, Hatherell T, Jensen J, Nelson L. Sustainable farm families across the globe – The most important part of any farm is a healthy farm family. *Occupational and Environmental Medicine*. 2018;75(Suppl 2):A466-A.
29. Australian Institute of Health and Welfare. *Australia's health 2016*. Australia's health series No. 15 Cat No. AUS 199. Canberra: AIHW; 2016.
30. Baker T, McCoombe S, Mercer-Grant C, Brumby S. Farmers with acute chest pain are uncertain how and when to seek help: A pilot study. *Emergency Medicine Australasia*. 2011;23(3).
31. Klingelschmidt J, Milner A, Khireddine-Medouni I, Witt K, Alexopoulos EC, Toivanen S, et al. Suicide among agricultural, forestry, and fishery workers: A systematic literature review and meta-analysis. *Scandinavian Journal of Work, Environment & Health*. 2018 Jan 1;44(1):3-15.
32. Hogan A, Scarr E, Lockie S, Chant B, Alston S. Ruptured identity of males farmers: Subjective crisis and the risk of suicide. *Journal of Rural Social Sciences*. 2012;27(3):118-40.

33. Miller P, Coomber K, Staiger P, Zinkiewicz L, Toumbourou JW. Review of rural and regional alcohol research in Australia. *Australian Journal Rural Health*. 2010;18(3):110-7.
34. Gossage JP, Snell CL, Parry CDH, Marais A-S, Barnard R, De Vries M, et al. Alcohol use, working conditions, job benefits, and the legacy of the "dop" system among farm workers in the Western Cape Province, South Africa: Hope despite high levels of risky drinking. *International Journal of Environmental Research and Public Health*. 2014;11(7):7406-24.
35. Fitzgerald R, Jordan T. *Under the influence: A history of alcohol in Australia*. Sydney: HarperCollins; 2009.
36. Brumby S, Kennedy A, Chandrasekara A. Alcohol consumption, obesity, and psychological distress in farming communities — An Australian study. *The Journal of Rural Health*. 2013;29(3):311-19.

This article is a chapter from the **Wonca Rural Medical Education Guidebook**.
It is available from www.globalfamilydoctor.com

Published by:

Wonca Working Party on Rural Practice

World Organisation of Family Doctors (Wonca)
12A-05 Chartered Square Building
152 North Sathon Road
Silom, Bangrak
Bangkok 10500
THAILAND



manager@wonca.net

© Brumby S, 2020.

The author has granted the World Organization of Family Doctors (Wonca) and the Wonca Working Party on Rural Practice permission for the reproduction of this chapter.

The views expressed in this chapter are those of the author and do not necessarily reflect the views and policies of the World Organization of Family Doctors (Wonca) and the Wonca Working Party on Rural Practice. Every effort has been made to ensure that the information in this chapter is accurate. This does not diminish the requirement to exercise clinical judgement, and neither the publisher nor the authors can accept any responsibility for its use in practice.

Requests for permission to reproduce or translate Wonca publications for commercial use or distribution should be addressed to the Wonca Secretariat at the address above.



Suggested citation: Brumby S. Gender and culture in agricultural communities. In Chater AB, Rourke J, Couper ID, Strasser RP (eds.) *Wonca Rural Medical Education Guidebook*. World Organisation of Family Doctors: Wonca Working Party on Rural Practice, 2020. www.globalfamilydoctor.com (accessed [date]).