

SOCIAL INFLUENCES ON THE HEALTH OF THE RURAL POPULATION IN NEW ZEALAND

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As a nurse living in a rural community I was interested to examine the effect of certain factors, especially policy decisions, on the health of rural communities. In this article I use the social model of health described by Raeburn (1987) to look at the relationship between health and social conditions. Social factors are crucial determinants of the health of the population. I assessed historical, political, economical and environmental perspectives including community and cultural expectations, and also health care organisations. I have identified several social factors which affect the health of rural people. These factors include isolation, a feeling of powerlessness in relation to urban people, lack of amenities including health services, changing farm lifestyles (with off-farm employment) and lack of community cohesion in some areas.

Rural people are subject to the same social problems as urban people, and they have the same needs for social services (McKay, 1984). However, the problems of rural living have generally received little attention, perhaps because less than one-fifth of the population is now found in the countryside. For 1987, the estimated total population of New Zealand included 2,779,100 urban dwellers, and 537,100 rural population (New Zealand Yearbook, 1987).

BRIEF OVERVIEW OF RURAL HISTORICAL TRENDS

Recent research has revealed that during the 1870's and then again during the periods 1904-1915 and 1922-1927 the deliberate bias in the New Zealand Government's policies on assisted immigration resulted in large numbers of rural labourers and domestic servants from rural areas entering New Zealand. This was also influenced by the depression in British agriculture which occurred around these times.

Originating from economically distressed areas where opportunities for land-holding were few, it is logical to expect that these people would have regarded land as a key source of social opportunity. Moreover, the tendency for the whole family to emigrate to New Zealand from rural areas, where the family was customarily used as an economic

unit, meant that the lower class rural immigrant had a strong sense of family cohesion which they transferred to New Zealand. Family sized farms became the heart of an expanding economy after the mid-1890's, however the number of farmers and family-sized farms compared to urban occupations decreased in the 1930's (Fairburn, 1975).

During the past twenty years new technology, different farming practices, fluctuations in the economy and changing values in society have all made their mark on rural life. These changes have contributed to changing population trends and their effect on social life, the changing nature of rural living and the expectations of rural people, and changes in the agricultural industry.

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Rural Population Trends

In the 1960's new farming practices and the introduction of more sophisticated technology resulted in widespread rural depopulation in New Zealand. Migration from rural areas was initially caused by the technological advances of the 1950's and 1960's in the farming industry. The simultaneous growth of manufacturing industries in the cities ensured a plentiful job market that quickly absorbed the rural workforce. The centralization of businesses, government and local authority offices followed and added to the decrease in employment. Farms became larger and employed more contract and casual labour, or even shared farm workers.

This trend continued at a slower rate until the mid-1970's when there was a gradual reverse flow of population from urban to rural areas. An increased popularity for rural living has resulted in many urban dwellers moving to country areas within commuting distance of their work in cities. More and more people have bought property in rural areas for recreation (second homes), retirement, part-time or hobby farming. This particularly applies to seaside, lakeside or alpine locations and warmer regions of New Zealand such as Northland and the Coromandel (MacKay, 1984).

Many Maori people are returning to the land, partly because of the difficulty of getting jobs in the cities, and partly for cultural reasons as they appraise their Maori values and way of life.

The growth in the horticultural and forestry industries in the North Island has attracted many seasonal workers to rural areas. In some areas the establishment of a major industrial development such as Marsden Point Oil Refinery has had a major effect on the rural community (MacKay, 1984). There are various identifiable social

factors that arose out of the history of rural population trends which affect the health of the rural population.

Rural depopulation brought depletion of work opportunities and thus it became more difficult for authorities to maintain and finance services. Gradually shops, schools and hospital services closed; rural deliveries of milk, mail and newspapers became more infrequent; public transport was withdrawn. Essential services - sewerage, water, electricity, telephone - became more expensive to maintain. The reduction and/or loss of services to the rural sector has had a negative influence adding to their feeling of "loss of power".

Another negative influence is that as most of the young people migrate, the population becomes older and the elderly are adversely affected by the withdrawal of services.

Rural repopulation brought with it new demands on the rural communities. Some of these are positive and some are negative. One of the positive aspects is that increased population has at least ensured that the existing services will remain viable and make new ones possible and may even invite creativity and innovation from members of the rural community. However, in some areas the changes in the social structure of rural communities has resulted in an influx of urban dwellers which can create different demands on community life and this may ever raise difficulties of social integration (MacKay, 1984).

A POLITICAL AND ECONOMICAL ASSESSMENT

Due to their larger populations, cities tend to become the centres of political power. Because of this and because cities grow, they become increasingly the focus of concern for politicians. Thornton believes that rural areas are:

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1. subject to taxation, direct or indirect, which is then deployed by decision-makers located in the urban areas.
2. subject to political policies designated to stimulate appropriate contributions to national output.
3. often assisted in structural change by the pressure of urban political forces (Thornton, 1982:13)

State policy and economic events in New Zealand from 1984 have created an environment for the rural sector which seems to have led to the subsumption of family farms (Wallace & Lattimore, 1987, cited in Cloke, 1989).

The programme of Deregulation Reforms of 1984-1986, led to withdrawal of all subsidies to farmers, created high interest rates and caused variable commodity prices with especially low prices for sheep and beef meats. This has placed family farms under high levels of stress.

To enable identification of the social factors which I consider inhibit the achievement of health resulting from the Government's Deregulation Reforms I will refer to a documented comparative study designed to investigate the impact of deregulation on farming families and in rural communities (Cloke, 1989). My reasons for using this study are that it effectively portrays the social factors influencing the health of two rural communities and demonstrates how policy can have both positive and negative influences on the health of a population.

The following results highlight significant contrasts in the impact of policy between localities. The localities are Hororata on the Central Canterbury Plains, 56 km west of Christchurch, and Ahaura in the more marginal farming region of the West Coast, 45 km north-east of Greymouth.

The Ahaura area is recently settled through governmental schemes where land is marginally non-agricultural. Farming here is mainly dairying. Agriculture in the Hororata area is mainly livestock-fattening and is well established on good land, with several farms being passed down through the generations.

Whilst Hororata is primarily agricultural in nature, Ahaura has a greater variety of resource-based land uses including forestry and mining. Hororata farmers generally approved of the Labour Government's policy of deregulation, even though the constituency was a safe National Party seat. Ahaura farmers were less approving, although the West Coast is traditionally a Labour Party stronghold. They experienced a wider diversity of policy effects - for example, with the corporatisation of the State Forestry Department, there was an 80 percent reduction in the forestry employment in the West Coast area. Also, the new Department of Conservation was seen to be "locking up" local forests and so depriving the area of jobs. These varied and cumulative policy changes led to a common sense of powerlessness, victimization and hopelessness in Ahaura that was not experienced in Hororata.

Ahaura farmers traditionally employed little or no additional labour so following policy changes they suffered privations personally. In the Hororata area the impact of economic crisis could in some cases be handed down to farm workers through redundancy. Although out-migration occurred in both places, there was replacement - to Hororata came unemployed city people seeking cheap rental accommodation, and to Ahaura came retired people. Ahaura farms tended to remain in the same ownership between 1984 and 1987. This was due to lack of options - selling up was an unrealistic option declining land prices and the withdrawal of public sector support for farmers. By contrast, about one-quarter

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of Hororata farms changed ownership - such ownership changes involved Christchurch-based capitalists with interests in either agri-business or hobby-farming, instead of involving sales to traditional owner-occupier farmers.

Farm women were increasingly seeking off-farm work in both areas, however commuting to work in Christchurch was far more lucrative for Hororata residents than was equivalent work in Greymouth for Ahaura women. In both areas local shops, agricultural suppliers and contractors were severely affected by the down-turn in expenditure by farmers. In Hororata, there was a downward transfer of business from, for example, new tractor sales to more tractor repairs. In Ahaura, with a more marginal farming economy, such transfers had already occurred and the fall in income associated with policy changes meant that the local businesses lost trade altogether and had a poor outlook.

The social response to the rural downturn was markedly different in each case. In Ahaura, there was an increase in community cohesiveness. The feeling that support was no longer available and the paucity of alternatives in this marginal economic area gave rise to the feeling that survival depended on mutual help. In Hororata, one response to deregulation was to abandon patronage of local services and facilities in favour of cheaper operations based in urban centres. The increase in perceptual and actual mobility seemed to nullify the need for local support and many organisations collapsed as the spare time of farmers and families began to be directed elsewhere (Cloke, 1989:45-46).

The social factors identified in this comparative study emphasize that rural areas stressed by government policy can be either seedbeds for innovation, thus stimulating mutual support and creativity, or they may succumb to a fragmented rural

community with a sense of loss, despair and hopelessness.

AN ASSESSMENT OF THE SOCIAL ENVIRONMENT: THE COMMUNITY AND THE CULTURAL EXPECTATIONS WITHIN IT

There are certain myths about rural living that have probably been promoted by urban dwellers. One is that people who live in the country are healthier. Another is that rural dwellers must be happy and relaxed because life in the country is so peaceful and tranquil. Rural communities may appear simple and static, but they contain many underlying forces which influence health behaviour.

The effects of loneliness and isolation in rural communities have not been studied to any extent but there is evidence to suggest that there is a good deal of loneliness and depression amongst rural people, especially amongst rural women. Isolation may not just exist in a geographical or physical sense, but in a social sense.

The reasons for social isolation for rural women may be many. City people often find it difficult to adjust to rural life and this is particularly so with women who have married farmers. A woman who works on a farm is placed in a very isolated position and this tends to reinforce her traditional role (Gasson, year unknown).

Off-farm employment of a husband or wife in a farming family is an example of change to a more modern and less traditional way of life. Off-farm employment challenges a number of traditional values and gender roles. It is generally taken because of economic necessity; it increases the family income so that the family can continue to farm. However, off-farm employment is likely to create a variety of tensions and frustrations for farm families. If the husband works off the farm, he has

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less time for farm work and so needs to depend on his wife and children to do more of the work. In addition, farm management decisions must sometimes be made by the wife or children when the husband is not available. Conflict about these decisions is likely. If the wife works off the farm, expectations about her role at home may however be unchanged, in that she is required to still do all the usual home and farm work. However, she now has a cash income. In a traditional family where the woman is subordinate to her husband, she would not usually decide how to spend the money. Regardless of what she does with the income, she now has a dilemma which did not exist before she had off-farm employment.

Some positive influences from off-farm employment may be shared family responsibility, and the husband and wife may become more equal partners with comparable rights in business and labour. Relationships between the genders and generations also become more egalitarian. An important negative influence arises where either partner or both partners have less available time for community concerns or for helping neighbours (Zook, 1988).

For some rural dwellers the community is the place of belonging and the base from which one operates. "Communities have to be created - they do not just happen. Each person within a community will only get back what they are prepared to put in" (Duncan, 1988:1).

Within this environment it is important to maintain and support rural services and facilities. The existence of services in a village influences the type of community it becomes, as certain groups are forced to move out or are discouraged from moving in. Particular facilities have a much wider function than that for which they are designed. The village school, for instance, binds the village together because it enables

people to meet and talk both casually at the school gate and more formally if the school is used for meetings or events. Equally the village shop, or garage, or New Zealand Post depot, provide a chance for social contact (Woollet, 1982).

Services and facilities are not isolated elements within a community. I believe that in order to maintain and retain these services it is necessary to provide employment opportunities and housing, thus offering incentives for people to stay.

Rural people have the same human fears, disappointments and anxieties as everyone else. The frustrations for rural dwellers when they are faced with closure of services quite often leads to inconvenience, dependence and hardship resulting in families moving out of the area. Closure of services can have a "domino effect"; for example, the loss of a social service may affect other services in the village. The closure of one facility undermines others as people find that, if they have to go to town, they might as well do all their shopping there (Woollet, 1982).

Despite the difficulties of rural living, rural people generally have expressed satisfaction with country life (A National Survey of Rural Women by the University of Canterbury, 1975). There is a heightened awareness of the social influences which affect rural health. However, it is generally believed that New Zealand's rural areas are healthier places in which to live, and statistical information supports this belief with figures of consistently lower mortality rates compared to urban areas (Edmondston & Maskill, 1988).

AN ASSESSMENT OF HEALTH CARE ORGANISATIONS IN RURAL AREAS

Even though rural and urban people have many of the same social problems, the social service support for their needs is very

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different. Health care requirements in rural areas differ in character and degree from place to place. The fullest range of medical care is available in large urban centres, with a lesser range being available in small towns and villages which service rural areas. Rural depopulation and the declining birth rate have resulted in the closure of maternity hospitals and other secondary referral services. This policy has been justified by a concern to provide better obstetric or other care, as well as on economic grounds (Musgrove, 1978). Whilst the rural community may recognise that the fullest range of services can only be provided in hospitals located within larger centres and accepts the amount of travelling involved to obtain these services, it is less ready to accept that it should be necessary to travel long distances to obtain the services of a doctor. Rural practice incentives introduced by the Government in 1969 brought about a substantial improvement in the rural doctor shortage (Musgrove, 1978). The Government Incentive Scheme for rural medical practitioners includes loan finance to local authorities to provide housing and surgery accommodation for doctors in designated rural areas; rural practice bonuses; assistance towards employment of registered nursing staff in a paramedical capacity and subsidy towards employment of locums and other assistance. However, there is still a shortage of general practitioners in a number of rural areas.

A creative response to the disadvantages rural people face in access to health care is the Urenui and Districts Emergency and Health Group set up in Taranaki in 1988. This is a local organisation dedicated to caring for people in their community. It includes a number of trained professionals together with keen and motivated people of the community. Available services include: prompt first aid attention in emergencies; care of the elderly and disabled in their own homes; home help in cases of real need;

care of the terminally ill; provision of relief nursing at nights and weekends; family support in times of stress and information and referrals to other agencies (Urenui and Districts, 1988).

As a result of such services, an improved and safer health service has been made available for those rural people and the travelling public. It has reduced expectations for some hospital services and allowed the community to have some of the services previously only available to urban people. Self-responsibility aimed towards interdependence has built up community confidence in themselves and their rural situation.

Feedback from local rural communities to the Urenui and Districts Emergency and Health Group has indicated that the people feel reassured, secure and have access to a source of knowledge made available by the group. Also, skills of those within the community are being made available to the community, instead of being employed outside the area; and the Urenui Volunteer Fire Brigade's work-load at road accidents and rescues has lessened due to the back-up service and a well organised group.

This group is an example of other similar groups throughout the rural areas of New Zealand where there is a pooling of resources and liaison with other health professionals and local groups such as the Lions Club. In Urenui, in association with the local Lions, the group has distributed emergency information cards to all the elderly folk or those who live alone. These were provided in response to an emergency where an elderly person was overcome with panic when fire broke out near his house. Pressure is being put on Telecom to improve the unreliable telephone link with nearby inland areas. Pressure is also being put on Postbank and other money agencies to provide banking services for Urenui. In association with teaching staff at the Urenui

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school, assistance is provided as children with special needs are mainstreamed in the primary schools. Assistance is also being provided for class teachers in the implementation of some aspects of the health syllabus in schools, using the Practice Nurse's time when she is not at the clinic (Urenui & Districts, 1988).

CONCLUSION

Feuerstein (1976) believes that improvement of the health of rural people rests largely with the rural communities themselves. There have been some adverse effects resulting from government and local body policies, but there have also been positive effects for the rural population. This population is increasingly aware of its "unempowered" position in society and is becoming increasingly responsible for its social problems and their solution.

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