

# Understanding Aging Well in Culturally Diverse Australian Communities : The Case of Older Men Living in Rural Victoria

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## **Understanding Aging Well in Culturally Diverse Australian Communities: The Case of Older Men Living in Rural Victoria**

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The Australian population is aging. Thirteen percent of the population was aged 65 years and over in 2006 (Australian Bureau of Statistics (ABS) 2006), with this number projected to increase to 23% by 2026. While it is difficult to access specific numbers of older people from culturally and linguistically diverse backgrounds (CALD) living in rural areas, a substantial number of people are growing old outside of urban cities and towns.

This paper will report on a recent qualitative study that investigated the issues faced by aging men from four CALD communities in rural Australia. Specifically, we sought to understand the barriers and facilitators perceived by older men (and their families) in seeking support, assistance, and accessing health and well-being services in a rural area in the state of Victoria. This paper will address the following questions: What are the key health and well-being concerns for older CALD men? How do older men's attitudes and expectations about their traditional roles within their families impact their experience of aging well? Is the health and well-being of these men compromised due to their age, ethnicity, gender, and rural location? Or is there another part of the picture we are missing—a more positive account of resilience and strength in terms of understanding the perspectives of older rural CALD men?

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## 1. Introduction

In this chapter we will discuss findings from our recent study<sup>1)</sup>, which identified a number of key factors that older men from culturally and linguistically diverse backgrounds (CALD) described as having an impact on their quality of life as they grow older (Feldman, Radermacher and Petersen 2012), but first it is important to establish what we mean by “cultural diversity” and how this term has been defined within the Australian context. In the past, a range of terms have been used—often interchangeably—to describe people who have migrated to Australia from different countries and cultural backgrounds. In Victoria, for example, where we undertook our research, the preferred term currently used by government and policy makers is “culturally and linguistically diverse,” which replaced “Non-English Speaking Background” (NESB) in 1996 in acknowledgement that English-speaking people can still retain their cultural identities, which may be distinct from the mainstream population. For the purpose of our discussion, we will define older people from CALD backgrounds as persons aged 65 or over, born overseas in countries where English is not the primary spoken language. The term may include, but is not restricted to, differences arising from a person’s country of birth, culture, language, race, or religion.

Thirty percent of Australian men will be over 60 years of age in the year 2040 (Council on the Aging 2008). The proportion of persons 65 years and over is greater for the

overseas-born population (17.7%) than for the Australian-born population (10.9%), reflecting past immigration trends and policies (ABS 2006; Radermacher et al. 2009). In 2006, 35% (953, 702) of people over 65 years were born overseas, with 39% of these coming from English-speaking countries, and 61% from non-English-speaking countries (Australian Institute of Health and Welfare (AIHW) 2007). Of those from non-English-speaking backgrounds, 62% were between the ages of 65 and 74 years, 62% were 75–84 years of age, and 53% were aged 85 and over, indicating that the proportion of older people from non-English-speaking backgrounds is increasing as compared to those from English-speaking countries (AIHW 2007).

Currently CALD communities are spread across Australia, with the numbers varying across Australian States in both urban and rural settings. In 2006, the State with the largest proportion of people from CALD backgrounds was Western Australia (30%), followed by New South Wales (27%), Victoria (26%), and the lowest proportion was in Tasmania (11%) (ABS 2012b). Migrants predominantly reside in urban locations, and in 2011, 66% of the overseas-born population lived in capital cities (ABS 2012a), but even within metropolitan regions culturally diverse groups from particular ethnic communities tend to settle in particular city areas.

While it is difficult to calculate the specific numbers of older CALD men living outside of the cities in rural and regional towns and villages across Australia, a recent report indicates that the number of people from non-English-speaking backgrounds residing in regional areas in Victoria is 4.4% (Howe 2006). It is older men living in these rural areas who were of interest to us in this study.

Our study was undertaken in rural Victoria from 2009 to 2011, and involved the participation of men from Italian, Macedonian, Turkish, and Albanian backgrounds. Service providers and community leaders also contributed to our study, and their views enabled us to identify the challenges that health and service practitioners face when addressing the health and well-being needs of these particular groups of older men. Drawing on the results of this qualitative study about how older CALD men (and their families) living in a rural community perceive and make sense of their own health and well-being, our discussion focuses on the concept of aging well, and as such we also raise a number of questions about the complex and interconnecting experiences of growing old as a CALD man in rural Australia.

## 2. Background

The health and well-being of CALD communities in Australia has been well documented (Nimri 2007; Orb 2002; Rao et al. 2006), and the literature highlights the range of physical, social, and support needs of CALD communities in Australia. In a recent review of the literature, Orb (2002) and Thomas (2007) reported that while the circumstances of individuals do vary, they identified three areas of particular relevance for older people from CALD communities, including their physical health, mental and psychological well-being, and socioeconomic security. The Australian *National Men's Health Policy*, however, has specifically highlighted the neglected health needs of a

number of groups, including men in rural communities (Department of Health and Aging 2008). While this policy document also reported that men who live in rural communities are subject to a number of disadvantages, sparse attention was paid to the health of older men from CALD backgrounds.

## **2.1 Health in Rural Communities**

Compared to their mainstream compatriots, older people from CALD backgrounds who have lived in Australia for a long period of time are disadvantaged on a number of levels in relation to health status, health outcomes, and access to services (Migliorino 2010; Rao et al. 2006). Furthermore, older migrants may be further disadvantaged on account of a range of demographic factors, including their sex, age, English proficiency, education, income, and geographic location. Compared to those older people in urban areas, those who live in rural locations are more likely to be vulnerable to a range of diseases and premature death, and to engage in behaviors that put their health at risk (AIHW 2010), such as smoking, poor diet, and lack of regular exercise (Jensen et al. 2010).

Other risks to the health of older men in general who live and work in rural settings include the use of agricultural chemicals and sprays without protective safeguards, continuing to undertake hard physical labor despite the presence of work-related injuries, and suffering from a range of untreated and complex chronic health issues (e.g., diabetes, high blood pressure, and musculoskeletal and cardiovascular issues). For rural men, additional risk factors may include social isolation, high unemployment, and economic hardship, combined with poor access to health, mental health, and support services as compared to those available to their metropolitan counterparts (Department of Health and Aging 2008). As a result of these risk factors, it has been reported that high rates of suicide exist amongst rural men (Department of Health and Aging 2008, Jensen et al. 2010, West and Zimmerman 1987).

This study focused on understanding the health and well-being of older men aged over 60 years from each of the four cultural groups previously mentioned. Statistical data indicated that, although small in number, the communities designated for inclusion in our study were the most prevalent cultural groups in the geographic region chosen. In addition, older CALD men from these groups are considered to be particularly at risk of poor health due to a number of related factors, including poor English language skills, a history of hard physical work, and resistance to engaging in health prevention and promotion activities.

Of particular relevance to our study is that older people with poor English language skills, low education levels, and who live in rural areas may also have a lower level of health literacy than their urban counterparts (AIHW 2010). Health literacy has been described as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services they might need so that they can make appropriate health decisions (Fineberg 2004, Ratzan and Parker 2000). Levels of health literacy are especially low in CALD men who do not read or write English—or their own languages—and for rural CALD men in particular.

## 2.2 What Is Aging Well?

To date, growing old and the study of aging has mostly been conceptualised as a period of life dominated necessarily by loss and decline in physical health and mental and emotional capacity, along with the potential for erosion of personal independence and autonomy. Furthermore, the study of aging has on the whole been dominated by a biomedical perspective that has not necessarily taken into account the potential for growth and continuing contribution of older people. Regardless of the changes associated with growing older, including the social, economic, and emotional well-being of family and community, Feldman, Radermacher and Petersen (2012) suggest the following:

We do not of course argue that there are no medical implications of growing old and increasing longevity, but would advocate the importance of distinguishing between changes that tend to accompany the process of biological aging and those that are linked to the disease process. (Feldman et al. 2012: 89)

The World Health Organization (WHO) has defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO 1948: 100). While we acknowledge that this is a useful definition when thinking about aging, it must be said that “it is not without its limitations” (Feldman et al. 2012). The concept of healthy aging that informed our study extends the WHO’s perspective, and provides a more dynamic way to explore important dimensions of aging well. Browning and Thomas (2007) propose that a more inclusive definition for understanding aging well might be to consider aging as follows:

[A] process whereby people can achieve or maintain the best possible state of physical, cognitive, and mental health and well-being, meaningful and positive engagement with people, community, and institutions, and a personal sense of security, choice, and autonomy, with active adaptation to aging processes from the individual, familial, and societal perspectives. (Browning and Thomas 2007: 72)

In our view, this all-encompassing definition encourages a more inclusive and holistic view of aging, and by doing so, raises questions about the relationship between healthy aging and factors such as gender, culture, ethnicity, the migration experience, and geographic location of residence. We suggest that integrating the concepts of healthy aging into our thinking about growing old also has the capacity to challenge the damaging stereotypes and ageist attitudes about older people being a homogenous group, attitudes which ignore the variation and differences between older people, who are often portrayed as a burden on society (Angus and Reeve 2006; Larkin 2001). Healthy aging is in active opposition to “ageism”—a perspective that associates older age with physical and mental decline and views older people as obnoxious complainers, “bed blockers” in public hospitals, and an inconvenience to society (Angus and Reeve 2006; Larkin 2001).

### 3. Who Were the Men in Our Study?

Over the past 100 years, Australia has experienced waves of migration. Following the Second World War, these waves of post-war immigration began predominantly with Southern Europeans in the 1950s and 1960s (e.g., Italians, Greeks, Macedonians) (Photo 1). Anglo-Celtic groups were then followed by Asians (e.g., Vietnamese, Chinese) and people from Middle Eastern countries in the 1970s and 1980s (e.g., Lebanese), and Africans in the last two decades (e.g., Somalis, Ethiopians). In the period following the Second World War, young men from predominantly Southern European backgrounds often traveled to Australia alone or with young families. Most of these young people were responding to the Australian post-war economic boom and demand for unskilled labour, leaving their homeland in search of a life of greater stability and prosperity.

Despite their diversity of country of origin, many of these immigrants shared a common experience of fleeing conflict, poverty, or both. As reported elsewhere, “these men commonly had minimal academic schooling, came from low economic and social backgrounds, poor English proficiency, and more often than not had poor understanding about how to take care of their physical and mental health and well-being” (Feldman et al. 2012: 97). As we discuss in this paper, the lack of spoken or written English, combined with the lack of opportunity to practice and learn the language—as well as an



**Photo 1** Migrant arrivals in Australia: Italian canecutters arrive at Cairns aboard the *Aurelia*  
(Photo from National Archives of Australia: A12111, 1/1956/4/10)



**Photo 2** Immigrant family, 1930s: Wheat farmers in Western Australia  
(Photo from author's private collection)

inability to read or write in one's mother language—presents particular problems in relation to ensuring optimal quality of life, health, and well-being for CALD men as they grow older.

On arrival in Australia—which was a very different world from the one they left behind—the young men, and often their wives, worked in physically demanding circumstances in rural areas, many in the agricultural industry (Photo 2). Despite their harsh working conditions, Australia had provided them with economic and educational opportunities unavailable to them at home, and as one service provider in our study described it, Australia had provided these men with a “handle for their shovels.” They were, as young immigrants, prepared to work especially hard, often in isolated and remote areas, because they believed Australia was a land of opportunity and that through hard work they would reap the rewards both for themselves and their families. It is these men and other older family members who make up the increasing number of older people in Australia over 65 who are the focus of this paper.

## **4. Why Older CALD Men?**

### **4.1 A Gendered Approach**

In our view, taking a gendered approach to exploring the life experiences of older men and women will necessarily provide a better understanding of growing older as a complex process which affects all human beings. In particular, a gendered view highlights important life transitions and changes as well as revealing inequalities that exist in particular between people from CALD backgrounds. As other writers have indicated, it is

important to note that the intersection of aging and gender in social terms does make a difference in the way life is experienced, and that men and women are socialized “into gender-related patterns of emotional response” (Thompson 1997, Feldman et al. 2012) across the life course. Including gender in research which explores the lives of older people enables us to examine the social and structural factors that shed more light on the aging experience—consideration of gender, according to a number of writers, being more important than chronological age (Arber et al. 2003; Arber and Ginn 1995). Considering gender, therefore, is central to exploring the complexities of the aging experience as well as age-based relations between women and men of different ethnic and socioeconomic backgrounds (Arber et al. 2003; Arber and Ginn 1995; Ray 1996; Feldman and Radermacher 2011; Feldman et al. 2012). In addition, thinking about gender is basic to any understanding of how life is experienced by older people and of particular relevance to our study, which involves older men from diverse ethnic backgrounds who have different cultural traditions and values. Ray (1996), like other authors (e.g., Calasanti and Slevin 2006), suggests that taking a gendered view can also be an appropriate response to understanding cultural values and constraints, as well as “social inequities and work to change attitudes that construct older people’s position in society through restrictive roles, beliefs, and stereotypes” (Ray 1996: 675).

## **5. Study Design**

The study described herein was qualitative, comprising face-to-face interviews in stages as follows:

Stage 1: Individual/small group interviews with service providers and community leaders

Stage 2: Small focus group and individual interviews with older men and/or their families

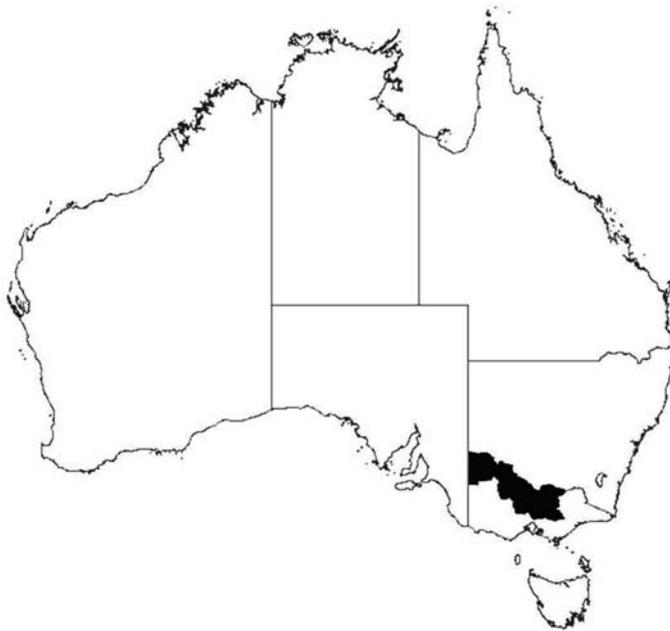
Data from Stage 1 interviews were used to organize, inform the development of questions, and guide the Stage 2 interviews.

### **5.1 Sampling and Recruitment**

Under the guidance of the research team, identification and targeted recruitment of eligible participants was coordinated by the community service provider group Rural Information and Advocacy Council (RIAC), located in the region indicated in Map. Information about the study was distributed to potential participants in written form, word of mouth, or community presentations particularly for those potential participants for whom English was not a first language. All participants were recruited from the Greater Shepparton region of Victoria, including Shepparton, Cobram, and Tatura.

#### **5.1.1 Service Providers**

At the first stage in this research undertaking we sought to interview key service providers, including general medical practitioners, allied health workers, and Home and Community Care (HACC) workers, with key expertise and relevant knowledge about the



**Map** Map of Australia indicating participant recruitment location

older population and, in particular, CALD communities. Our interviews also targeted individuals who represented both large and small health service providers in the local area.

### **5.1.2 Community Leaders**

An additional research strategy was to interview community leaders or key individuals from each of the four cultural groups (Italian, Macedonian, Albanian, and Turkish). These community leaders and community representatives have the trust of community members, as well as insights into the community concerns regarding the health and well-being of its older members. In addition, we appreciated the fact that community leaders could assist us in identifying older men who might agree to be approached as potential participants in our research.

### **5.1.3 Older Men and/or Family Members**

We also sought to interview men from each of the four cultural groups, as well as—when appropriate—family members, particularly women and children, as their views would add depth to our information about the health and well-being of the older men.

## **5.2 Data Collection**

All focus groups and individual interviews were coordinated and conducted by the researchers. Interviews took place between June and December 2010. The interviews

were generally conducted in local community-based meeting places and centers (e.g., residential aged care center, local mosque, premises of service organisations). Each interview lasted between 30 and 90 minutes and was audio recorded, and trained bilingual interpreters were present at all the interviews.

### **5.2.1 Interview Questions**

Qualitative interviews with service providers and community leaders were guided by the following questions: What are the key socio-cultural influences that impact this group of older rural men's health and well-being? What are the barriers and facilitators for older rural CALD men seeking assistance or support for health issues? What are the barriers and facilitators to the provision of support and services for this group of older men? What training and information do service providers and community leaders need in order to better address the health issues of older men?

Qualitative interviews with the older men and their family members were guided by a different set of questions (and adapted accordingly for family members): What affects how well you live your life now as an older man? What life experiences, factors, or events impact your aging experience/aging well? With whom do you talk when things are tough? Have you sought assistance for life- and health-related issues, and from what services? How could current services be improved to be more useful or relevant to you?

## **5.3 Analysis and Report Writing**

Participant demographic information was entered into a statistical software package (SPSS) and analyzed using descriptive statistics. The interviews were transcribed in full and translated into English when necessary. In addition, the researchers listened to the audio recordings and read the transcripts several times in order to assure the quality of the transcription, including the research questions, which were often asked in English before being translated by the interpreter. The qualitative data were subjected to a systematic thematic analysis to identify major themes and sub-themes. As part of the qualitative thematic data analysis, the interviewers drew together a list of preliminary themes based on their field notes, impressions, and direct observations. A thematic map was created and reviewed by all the researchers, with continual re-checking of themes against the transcripts and initial field notes. All data were de-identified to retain anonymity and confidentiality of all participants and their organizations.

## **5.4 Profile of Participants**

### **5.4.1 Service Providers/Community Leaders**

We conducted individual and group interviews with 12 participants (7 males, 5 females), who included the following:

6 service providers/practitioners. Participants represented organizations including community health services and centers, HACC services, residential aged care services, and community support and advocacy services. Participants' roles included generalist counselor, HACC cultural diversity worker, nurse practitioner, and program coordinator.

1) 4 community leaders (Albanian, Italian, Macedonian)

- 2) 1 industry employer
- 3) 1 volunteer men's group leader

#### **5.4.2 Older CALD Men and their Families**

We conducted individual and group interviews with 30 people:

- 1) 25 older men (6 Italian, 8 Macedonian, 3 Albanian, 8 Turkish)
- 2) 5 older women (2 Italian, 3 Albanian)

#### **5.5 Ethics Approval**

Monash University ethical approval was obtained for this study, and all informative letters and informed consent materials for the participants were produced and, where appropriate, translated by accredited translators. This information was read by interpreters when necessary, and especially in the case of people who were not literate in their first language.

### **6. Research Findings**

#### **6.1 Older Men Are Neglecting their Health**

Many of the service providers, community leaders, and family members alike reported that these older men in large part did not have an understanding of what constitutes health, or of the range of health services and support available to them. In addition, many men neglected their health despite their complex health needs (which included conditions such as diabetes, high blood pressure, and old musculoskeletal injuries), often until they reached crisis point and needed to seek medical attention in an emergency situation. As a manager of an orchard who works alongside older CALD men reflected:

They'll say 'I feel crook, my leg's not going too well, my back is sore,' but they're not going to say, 'do you see anyone for your back,' they won't ask that question because the bloke there is not going to know because he doesn't do anything himself. (Orchard manager, male)

In addition, some service providers were also of the view that the men did not take preventative steps by having regular health checks and follow-ups, and in particular did not take part in health promotion activities. A community leader indicated that in his opinion, this lack of health-seeking behavior included not asking for support for mental and emotional conditions before a critical situation arose:

It's very hard to pinpoint why there's a percentage that won't do anything about it until it really affects them. It's their thinking too that they don't look at preventative medicine. Now they can understand if you break a finger there's blood rushing from your hand because you cut it. But they can't see depression until it's too late. (Italian community leader, male)

It was possible that health providers were perhaps overestimating the men's ability to understand health messages or to understand how the health system works, and as a number of service providers indicated, many of the men relied significantly on family for support with regard to health information, often only seeking medical attention at the insistence of wives or other family members.

It was also the opinion of a number of service providers that the men's reluctance to seek medical help could be attributed to a number of issues including the older men's entrenched attitudes about keeping themselves going and working until they dropped, regardless of their physical condition, age, or illness. These men were described as coming from a generation driven by a sense of pride in their work and family, combined with a sense of fear about losing their worth and identity as head of the household. As reported elsewhere (Feldman et al. 2012), service providers also suggested that, when combined, the lack of English language skills, low education and literacy levels, the stress of long working hours, increasing costs of rural health services, and the need to travel long distances to obtain health services had a negative influence on the men's health and well-being. These factors were perceived as contributing to the unlikeliness of a situation in which the men would be able to take a proactive approach to seeking assistance and improving their health and well-being. When asked why older CALD men might be reluctant to take positive action and take care of their own health and well-being, a prominent community leader put it this way:

A lot of them still smoke heavily because that is part of the culture, and we've tried many times to provide service information for them. We've trained professionals at the club and they won't pick it up.... Because they don't want to. They just say 'I'm not going there. Why should I? I've been smoking for 30 or 40 years. I don't care'.... They don't understand the impact it will have on their family. (Italian community leader, male)

## **6.2 Language is a Barrier to Accessing Health and Support Services**

Our study indicated that these older men, similar to other people from CALD backgrounds, do encounter very specific barriers to maintaining their health and well-being, which include a lack of English language skills, the stigma associated with seeking support, lack of culturally appropriate information about available services, and inequitable access to community aged care services (Fuller et al. 2000; Kiropoulos et al. 2005; Radermacher et al. 2009).

Interpreters and translators are vital in any communication with CALD communities of older people, especially around issues relating to health and well-being. While the Australian government does provide professionally trained and accredited translators and interpreters in health settings, these services are limited, especially in rural settings. Additionally, the cost for people living outside of the cities in rural areas is expensive, as professionally trained experts often do not live in the area and travel long distances from major cities as required. As a consequence, there are limited numbers of professional interpreting and translating staffers available, and older people continue to rely on friends and family to interpret for them, a situation which is both inappropriate and inefficient.

Meeting the optimal health and service needs of any community is dependent on an individual's ability to communicate clearly with those people who provide services and support, regardless of culture or language. Older CALD men are no exception, and this emerged as a central issue for the men in our study. They often talked about how, because of their poor English language skills, they turn to others for assistance when attending health and support services.

Yes, especially boys help me ... for the doctor. All the time, doctor, letter comes from somewhere. He can explain to us what it says, what they want. (Turkish male)

Although family assistance is appreciated, the following observations of a Turkish interpreter indicate that it is often inappropriate for older men to ask family members, particularly females, to attend medical appointments with them:

There are some personal issues that he can't explain to his daughter and have his daughter hearing it. (Turkish interpreter)

This older man also added his views to those of the interpreter, and commented that he also did not want to share private matters with children; in addition, often younger family members do not have the skills to translate accurately, especially in discussions relating to specific health and medical conditions. In the words of one man:

With my son I can only speak to him 75 percent of my conditions, not everything I can share with him. (Turkish male)

When a group of Albanian women were asked whether it was harder for men than women to have to rely on younger family members as translators when discussing health matters, one woman confirmed the latter concerns:

Well, I know he would not take a child for that specific thing. He'd make sure that there would be an adult.... A man, yes. (Albanian woman, speaking on behalf of another woman with very poor English language skills)

### **6.3 Coping with Change**

As outlined earlier in this paper, the concept of healthy aging is based on the notion that the individual and the environment are interactive, and that positive behavioral outcomes are a direct result of the adaptations and negotiations that take place within this context (Baltes 1996, Baltes and Smith 1999, Vaillant 2002, Vaillant and Mukamal 2001). Many of the men accepted that their lives were different than they used to be, and that as they age there will naturally be changes in their working lives and family responsibilities. However, "in the face of these changes, questions arise about who they are and what they will become as they face changing roles and the aging process" (Feldman et al. 2012: 91).

In addition, it is the struggle to cope with significant life changes as well as those related to maintaining optimal health and well-being as they age that are reported as contributing to high levels of stress, anxiety, and increasing suicide rates in older men (Jensen et al. 2010). These factors are well-reflected in the following story:

An Italian man at 72 years of age broke up with his missus some time back with this lady. They had some fall out. On the Friday he went down the street and he talked to people and out of character he said them, "May God bless you." If I knew the man and someone said that to me I would've very quickly hit that there was some sort of very big problem. That night he went back home, got a pistol, went outside his house near the bush and shot himself. It hit the community pretty bad. We're still reeling from it. What made him do it? Loneliness. He saw that there was no purpose in life and so on. I suppose that the Italian community because it's fragmented and so on and they used to rely on their own resourcefulness their children don't respond the way they used to either and they get very, very upset. (Italian community leader)

It is reported elsewhere that older people who have experienced an accumulation of stressful events and daily hassles are also at greater risk of poor mental health (Kraaij et al. 2002); and the coping strategies commonly used by older men in stressful situations lead to poor psychological adjustment (Addis and Mahalik 2003; Jensen et al. 2010). The mental health of older CALD men is at further risk due to lack of local services or their being less likely to seek professional assistance for health disorders (Council on the Aging 2008). For example, many of the men in our study spoke about the stress and illness associated with no longer being seen as the head of their family or main financial provider through their continued work. This is illustrated in the following comment:

[T]hey've worked for a long time, they suddenly stop, that in their eyes it brings on diseases, a lot of the guys that I've known a bit older and they've retired and they get sick, and they say it's "because I'm not working." (Albanian community leader)

#### **6.4 Family Matters**

The importance of family featured significantly within the men's discussions, particularly around family roles and responsibilities, with men talking specifically about how their wives had provided constant emotional, physical, and practical support throughout their marriage. They emphasized that as younger migrants, women had worked alongside them on their farms, raising the children and taking care of the household. Australia has provided both them and their children with a better quality of life, education, and employment opportunities. The men also stressed the importance of maintaining a sense of family pride and honor, achieved through their own hard work and determination to succeed. Despite growing up in impoverished rural backgrounds and their lack of education, many of the men were of the opinion that they had done better than their fathers had in their home countries, and through their hard work were able to provide a higher standard of living for their family. This idea of improving their lives was relayed

by a work colleague, who said,

One explained to me very clearly, he goes, “When we came to Australia it was very hard work, very hard work, but it wasn’t as hard as it was in Italy, that was harder. But if you worked that hard you got food and you got paid for it, whereas in Italy you worked probably twice as hard and got nothing, you just lived on whatever you grew....” (Orchard manager, male)

Not surprisingly, the men in our study expressed a strong sense of personal achievement through their hard work.

The importance of maintaining a cohesive family was also connected to the seemingly high expectations that participants had about their children, particularly related to their educational levels and achievements, seeing them married to suitable partners as well as having ongoing positive relationships with them. Men were of the view that children also have the responsibility to provide care and support to their extended family members, particularly parents. This attitude is perhaps not surprising when one considers that many of these men migrated to Australia in their youth, seeking a better life not only for themselves, but also for their children. Although the men did acknowledge that life in Australia is different from the home country, and that younger people tend to make their own lives and sometimes move away from the rural area into urban centers, there was still an expectation and a hope that even in a changing world, a family would remain close and maintain traditional structures of family life:

The Albanian tradition is still to have the oldest son or one of the boys living with the parents, and the vast majority still do that.... Your responsibility is to be looked after by your parents to a certain age, you then get married have the kids live in the same household as the parents are. It is then to look after them, and then your kids will do the same for you and usual thing. Now I know that’s probably been diluted over the years and we’re losing that a bit. (Albanian man)

### **6.5 Continuing to Work**

For these men, maintaining a sense of purpose, place, and identity across the life course remained bound up with their long-established patterns of work, family, and community responsibilities. Despite their increasing age and changing physical capacities, some men expressed a desire to continue to be seen as contributing members of their families through their involvement in physical work related to the agricultural industry. As one Macedonian man said, “What am I supposed to do if I stop working? And it’s not good to stop working, because we’re used to working.”

Most of the older rural men in our study had worked in the physically demanding agricultural industry, and interestingly, a number of them expressed their determination to continue to do so, despite their significant aging or health problems. Working hard was a long-established way of life, and when a group of Macedonian men were asked to describe what was important in their lives now that they were older, all agreed that it

was “work, work, work.” As one of the men put it, “Every day. 24 hours. Day and night from 1957 up to now, seven days.” Giving up their work and retiring was not an option for some. The work environment provides the men with an ongoing sense of belonging and purpose, unlike other environments such as the town, and as another Macedonian man observed, “You can do something in orchard. When you have nothing to do you can go. Orchard is not like town.”

Agricultural work often required men to cope with the stress of physical work in socially isolated conditions, outside in extreme weather caused by long periods of drought or the risk of summer fires. Many of the self-employed men described how, many years earlier, they had established their own farms when they first settled in the region, and how they had continued to work each day, often alongside their now-adult children. As the wife of one of the Italian men put it, they work to help families: “Because we gave the orchards to the sons but still working to help them.” The men also talked about how they had taken the “breadwinner” role for as long as they could remember, and as such many expressed a resistance to retiring from the workforce, despite growing older and changes to their physical and mental capacity. Not all of the men, however, were self-employed, and as they aged and their health deteriorated, they were faced with the constant fear and worry of being dismissed from their jobs by their employers. As one man who worked alongside the older CALD men in the orchards observed,

They’ll prune all winter and then they’ll go and do summer pruning so they’re usually using their right hand or left hand more often than not, so the whole shoulder, the whole arm will pack up on them. So a lot of blokes are getting to the stage where the body is just not capable of keeping going and they’re looking for a way out, but they can’t find a way out, they feel like they’re trapped in the situation they are in. (Orchard manager, male)

In talking to the men, it became evident that for some, retirement from the workforce might also be accompanied by a severe disruption to their identity as financial providers and heads of the family since they were likely to lose their connections to significant work-based networks, as well as their status within their family and community (Granville and Evandrou 2010). The men and their families who contributed to our study confirmed that they attribute great importance to having a strong cultural identity, regardless of time spent in Australia. Other writers also note that older men, especially those from a non-dominant ethnic community, are likely to experience a threat to their identity and sense of well-being as they age, since they tend to encounter greater difficulty in maintaining cultural and social connections to their communities (Constant et al. 2006; Feldman et al. 2012). As a consequence, work had played a vital role over the following decades in not only shaping the economic direction of the course of their lives, but also in relation to their male identities, as men who could provide for the current generation through hard work and determination. The men talked about the expectation that each generation must provide for the next. This was closely associated

with the role they played in their families, as heads of the household, a position that brought with it a sense of respect and importance.

## **7. Discussion and Conclusion**

Our study has shown that, given the opportunity, older men can contribute substantially to an understanding about growing older as migrants in rural Victoria. The older men in this study were a resilient group who were more often than not determined to continue to engage with their working environment, family, and community regardless of their age or changes in their health and well-being circumstances. The accounts of all of the participants indicated that there were substantial barriers facing the men in relation to accessing appropriate health services. In addition, the central roles that work and family play in these men's lives presents a nuanced picture that reinforces the idea that ensuring the health of this group of older Australian men is a multifaceted task and dependent upon a range of elements that intersect with one another. The ideas that these men hold about health differ from those of service providers in that they have a very basic understanding of what constitutes health. Even though these men appear to lack an understanding of the complex nature of health and well-being, they have found strategies to maintain their quality of life as demonstrated through their continued engagement in work, family, and community activities. Crucial to the future health of these men however, particularly as they grow older, is their managing their own physical and mental health through proactive engagement with health practitioners and service providers. The findings of our study reinforce our position that there is a need for innovative, culturally and linguistically appropriate community-based models for engaging with older CALD men, particularly those residing in rural areas, about their health and well-being needs. As our findings also suggest, it is time to take a closer look at the lives of a neglected group in the community—older rural CALD men—and in particular, to pay attention to their quality of life. The findings of this study invite a re-assessment of the experience of growing older as a CALD man living in rural Victoria.

In conclusion, the men and their families who contributed to our study were keen to talk about the importance of having a strong cultural identity and their respect for the long-standing cultural traditions of their home country. They also indicated that migrating to Australia had provided them with the opportunity through hard work to provide a better future for themselves, their children, and following generations.

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## **Note**

1) This article is based on my lecture presented in the symposium "Living in a Community of

Resilience: A Comparative Study on the Search for Well-being in Multicultural Aging Societies,” held February 25, 2012, at the National Museum of Ethnology (NME). I have conducted the research for this paper partly as a member of the core research project of NME: “The Anthropology of Care and Education for Life,” 2011–2013 (representative: Nanami Suzuki).

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