

Original Research

Not just a fisherman's wife: Women's contribution to health and wellbeing in commercial fishing

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Abstract

Objective: To explore the role of women in fishing industry organisations and communities in promoting best-practice health behaviours among fishers in Australia.

Design: This paper reports aspects of research that examined how the fishing industry can best support physical health and mental well-being of fishers. The study employed a mixed-methods, multisite case study approach. Data were gathered from face-to-face and phone interactions.

Setting: Two sites in Victoria and one in Western Australia.

Participants: Thirty-one male fishers, including commercial licence owners, skippers, deckhands, three female family members, three fishing association representatives, one local government representative, two health care providers, and three regional health planning and funding bodies.

Interventions: Not applicable.

Main outcome measures: Not applicable.

Results: Often unrecognised, women associated with the fishing industry are integral to the promotion of good health for fishers. They are key to identifying health issues (particularly mental health issues) and proposing community-based health and well-being strategies. They often do so by incorporating health information and activities into 'soft entry points' – informal, non-health service mechanisms by which fishers can access health information and health services.

Conclusions: While not working at the industry coalface, women have a stake, and are key players, in the commercial fishing industry. Their knowledge of, and credibility within, fishing enterprises makes them

valuable sources of information about health issues facing the industry and effective strategies to address them. This expertise should be applied in conjunction with industry associations and health providers to achieve better health outcomes for fishers and their families.

KEY WORDS: fisher, fishing industry, industry associations, mental health, women.

Introduction

Jobs in primary industry are dominated by men, with only around 30% of those employed in these industries being women.¹ Women facilitate many vital and adjunct activities in primary industry communities; they maintain the community's social fabric, which includes advocating for the health of the members of their industry communities.^{2–6} Gender is thus an important variable when considering both the type of work undertaken and health-related behaviours. In commercial fishing, individuals are segregated by gender with men at the coalface of production catching fish and women often occupying administrative or value-adding roles, such as business managers or fish processors.⁷

The health of male fishers must be considered in the context of a tendency for men to delay seeking medical help for health issues,⁸ the impoverished health of rural and regional Australians relative to their urban counterparts and particularly the poor mental health of rural men.^{9,10} Despite the heightened health risk factors facing commercial fishers, including musculoskeletal injury, skin cancer and accident, only a small body of research has been dedicated to understanding the physical and mental health of fishers.¹¹

Recent Australian research has found that people in the fishing industry are less likely than farmers in particular to express a positive attitude to health, which indicates that they feel empowered to manage their own health. Fishers are also less likely than farmers to report that industry associations help them access health and

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What is already known on this subject:

- *Fishers are less likely than farmers to seek assistance for maintaining good health and well-being.*
- *Farmer uptake of health services is enhanced via the provision of 'soft entry points' facilitated by industry associations.*
- *The majority of those who actively fish are men.*

What this study adds:

- *Women in the fishing industry provide a key, but underrecognised link among male fishers, industry organisations and health providers.*
- *Health providers and industry associations should draw on the expertise of women in the fishing industry to identify health issues and design responses that will have a positive impact on fisher health and well-being.*

well-being information or programs. They experience greater challenges in, and are less willing to, access health services than their farming counterparts.^{12,13} Unlike the fishing industry, farming industry organisations facilitate 'soft entry points' where health information and services are integrated with industry advice and information, and social events.¹³ Soft entry points are informal, non-health service mechanisms by which people can access health information and health services. Industry associations have credibility with their members, which enables them to act as 'boundary crossers', bringing health services and industry communities together to address information and service needs.¹⁴

This paper reports aspects of research funded by the Fisheries Research and Development Corporation that examined how the fishing industry can best support the health and well-being of fishers, in particular the current and potential role of women associated with the industry in facilitating 'boundary crossing' among fishing communities, industry associations and health services.

Methods

The study employed a qualitative multisite case study approach.¹⁵ With the assistance of a project reference group, three sites were selected in two Australian states, differentiated by size, target fish species and fishing method, and level of remoteness. One of the sites is capped at 42 fishing licences, the second has approximately 40 fishing licence holders and the third is larger with over 200 vessels operating. There is an average of around three fishers (licence owners, skippers and deckhands) per fishing license in the sites.

Site liaison officers, all women with family links to the fishing industry, assisted in the recruitment of participants. Face-to-face interviews were conducted either individually or in groups. The three groups, one per site, included a total of 31 male fishers, three female family members, two fishing association representatives and one local government representative. The fishers were commercial licence owners, skippers and deckhands,

and were broadly representative of the demographic profile of Australian fishers. Individual interviews included two fishing industry association representatives, two health care providers and one industry office bearer. Questions focused on physical and mental health issues, the nature of stressors, use of health resources, role of industry organisations, and characteristics of preferred services and information sources. Data were supplemented by telephone interviews and other information from health service providers and Medicare Locals (regional health planning and funding bodies) in the case study sites.

The interviews and group discussions were transcribed verbatim. The transcripts along with notes and other data gathered about health services available to fishers in the sites from desk top research were read and re-read by all investigators who coded parts of text that illustrated key ideas, thoughts and actions. These coded segments were then grouped together into 'categories' of similar codes. This enabled the generation of themes from the data, consistent with an inductive analytic approach and with exploratory case study.¹⁶⁻¹⁸

The study received ethics approval from the Faculty of Arts and Education Human Ethics Advisory Group, Deakin University.

Results

Physical health issues associated with working as a fisher were identified and classified into three groups: environmental, lifestyle and long-term physical health risks. However, fishers identified mental health or 'stress'-related issues as being the key challenge to their health and well-being. Multiple causes of stress were identified. Stressors presented in two categories: the more *traditional risks* or 'calculated odds' that fishers had some day-to-day control over through fisher skill and knowledge; and *modern uncertainties* that fishers could neither predict nor control. These findings have been reported elsewhere.¹⁹ The focus in this paper is on the role of women in responding to the identified health issues.

It was the female partners of fishers who talked most openly about health issues. They were directly affected by the stress caused by the *modern uncertainties* of fishing. Examples of stressors included navigating government bureaucracy, lack of control over livelihoods due to insecure fishing licenses and quotas, and the associated limited capacity to secure finances and make long-term business and life plans. The wife of a fisher and partner in the family fishing business described her experience of the extreme risk faced by fishers from government fisheries management decisions:

When I look back at the scallop industry when they closed there was no compensation . . . we had to sell everything, the home, the car. . . We moved in with my mum [and] . . . we ended up staying at my mum's for thirteen years.

This woman went on to explain how this and other government management decisions, including the decision not to provide financial support for affected fishers, have frustrated her efforts to maintain an acceptable lifestyle for herself and her family, and the associated negative impact on her self-esteem. Women, generally, were more candid than men about the impact of stress on their lives and those of their families. Men were more likely to talk about the perceived stressors themselves, and particularly those we have classified as 'modern uncertainties', rather than any problems they have encountered as a result. Illustrative is the following exchange between two male fishers:

. . . to just get . . . a bunch of blokes together every now and then to talk about mental health issue just won't happen.
No, we'll sit and whinge about the fisheries [government management agencies] and bank managers and things like that, but you're not going to [talk about mental health] . . . you vent your spleen and then away you go.

Women were more likely to name the mental health issues facing fishers as those requiring treatment and to link mental health issues such as stress to policy changes, as in this example:

As you can see the mental health is much more – it overrides the physical. But . . . what causes the mental health? I mean what can we do to prevent the mental health because we like prevention better than cure. . . And if there's financial impact they [policy makers] need to address that, because at the end of the day it's the financial impact that creates the stress. I mean if it's going to cause them losing money as a result that increases that stress level like tenfold. Because fishermen can see ahead and they can view things down the track.

Women's involvement in facilitating fishers' use of health services was a recurring theme in the data. While it was evident that many fisher participants were proactive about physical health, participants acknowledged that this was not the norm within the industry. Fishers' unpredictable hours of work were a particular barrier to accessing health services as these male fishers explained:

It's goin' back to that access the doctors: well then they've got to make an appointment, they lose a day's fishing.

You make a doctor's appointment, especially in [Town] it's really hard to get to see a doctor, they're that busy – and you can make a doctor's appointment, the next thing you've got to go to sea so you miss out. So you say, 'Oh bugger it, I won't worry about it.' So you know like you might have a blood pressure problem or something that mightn't be picked up for quite a while.

Willingness to access services varied with gender, age, socioeconomic class and the different roles undertaken within fishing. Women, younger fishers, owners and skippers, who tended to be of higher socioeconomic status than crew, were more likely to be proactive in accessing services. Women in particular reported male fishers' reluctance to seek help for mental health issues.

Women made suggestions about how to provide services to men. For example, they argued that 'soft entry points' were a key way of providing health checks. As one said:

Even if it's simple heart checks or blood pressures or whatever, most of them, wherever they land their fish, which may be the new [fish] market, put a [health] van there.

Mental health-related activities tended to be local initiatives that were conceived of and run by women through soft entry points that did not carry the stigma associated with mental health concerns. For example, women in one site organised grassroots social interaction to help fishers and families deal with the stress of changes to quotas and regulations:

What I try to do is find ways how I can bring [fishers and their families] together. One [activity] was a clean-up day with *Ocean Watch*. But I thought it was an opportunity for not only the fishers to come down to visit where we meet down at the shed [but for] the families, and their kids to get down and get to see [other] kids.

The most forward-thinking and direct intervention was driven by a group of women who obtained funding from a national mental health organisation after a series of attempted and successful suicides. The women's

initiative brought external experts and health service providers to the community to discuss physical, mental, economic and social issues. The format of the day-long mental health event was a series of presentations and interactive workshop sessions. The organisers compiled extensive feedback on the day that indicated its effectiveness:

[The day] was well attended . . . with good feedback. The ladies all stated that the day made them realise they could get a lot from interacting with others who share the same or similar life issues.

One of the common laments of those involved in advocating for fishers' health was the lack of financial support for grass roots-targeted fisher community health programs. Male participants appreciated the value of the mental health event organised by women described above and noted the potential for industry association events to add such health information, thereby providing soft entry points:

they tend to find all the people that are funded to do anything within fishing, so the Fish Eye guy, the Safety guy, all those, they tend to jump on board. But if it was one-on-one education, screening. 'Come into the bus you're going to get your eyes checked, your ears checked, your skin checked, your blood pressure and your basic stuff – here's your information, and we'll tell you what you need to get checked further with your doctor.'

Fishers reported that that industry associations were aware of the stress that resulted from changes to quotas and other regulations and other health issues; however, apart from women's associations, health was not a priority for industry associations:

[Women Industry Network Seafood Community] is pretty out there. At one of their conferences, they had a professor in social sciences that actually spoke to them about their health and how to take care. The [National Seafood Industry Alliance] deal with so many issues as well and when they prioritise they may look at [health] as not as a priority.

Discussion

Women are vital points of contact and channels of communication with fishers; they receive and disseminate information about health and well-being issues and advocate effectively within communities, where others are at times disengaged from discussions of their own health and well-being. They understand the effectiveness of soft entry points as a non-threatening way of facilitating male fisher engagement with health services. Women

can act as boundary crossers, working with organisations outside the community to bring health information resources to fishers where they live and work.¹⁴

The research points to an untapped resource of passionate fisher health advocates, who have the knowledge and insight to plan site-specific programs to address the particular needs of fishing communities. In many cases, these women, often the wives, partners, mothers or daughters of fishermen, have first-hand experience of the modern stressors faced by fishers and so are highly attuned to the requirements of the community and the sensitivity required to approach vulnerable individuals. Importantly, women integrally involved in fishing tend to have industry credibility and networking capacity to implement programs and promote broad fisher participation.

To make the most of women as contributors to good health in fishing, there must be a structural response that supports women both in terms of recognition for their existing work and that links them with resources for action. The knowledge and credibility of women in their local industry community plus the credibility of industry associations at state and national levels is a powerful combination. Such a local-state/national coalition could work with health services at local, state and national levels to address the documented health issues in the commercial fishing industry.^{11,12} Fishing industry associations have much to learn from farming industry organisations about facilitating access to health and well-being information and services, particularly in relation to utilising the power of industry women to identify and establish effective soft entry points.¹³

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Author contributions

S.K.: project design and oversight, data collection, data analysis, lead writer of this paper.

T.K.: day to day project management, data collection, data analysis, contributing writer to this paper.

K.W.: project design, data analysis, contributing writer to this paper.

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