

Listening to a Silent Crisis: Men's Suicide in Rural and Farming Communities in Slovenia

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The rate of suicide remains high in Slovenia, particularly in rural settings and among farmers. As is the case with many issues faced by rural people, few social responses are developed in terms of political action, health and social services and research. In this article, the severity of farmers' suicide in Slovenia is detailed and analysed as a social problem based on the following criteria: first, the scope of the situation is considered worrying and unequal; second, normative structures are abnormally or harmfully connected to the situation; third, there is a will and a power to transform the situation because it is found unacceptable according to social ethics and values; and fourth, the implementation of social responses such as intervention programmes and collective actions. This framework enables to highlight the importance of gender (masculinities), location (rural settings), local culture (agrarian values) and occupation (farming). Priority for future policies, practice and research should focus on these social determinants of health and wellbeing in support of farming people, communities and associations.

Key words: farming, rural, masculinities, gender, suicide, Slovenia.

INTRODUCTION

Slovenia still belongs to the group of countries with the highest suicide rate in Europe despite its significant but gradual drop in the last two decades from approximately an average of 30 to 20 per 100,000 people.¹ Suicide behaviour has merited abundant interest in academic research in Slovenia since the previous century; howev-

er, geographic and occupational dimensions of suicide were under-researched. Such is the case of farmers and farm workers who have been globally recognized as one of the riskiest occupational groups in terms of suicide in the last decades (Alston, 2012; Canadian Agricultural Safety Association, 2005; Hawton, Simkin, & Malmberg, 1998; Hirsch & Cukrowicz, 2014; Judd et al., 2006a; Kennedy, Maple, McKay, &

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¹ This significant drop notwithstanding, it is worth mentioning that the standardised suicide rate of 20.27 in 2015, which is still almost twice as high as the standardized suicide rate of 10.91 for the EU-28, ranks Slovenia in second place in the EU-28 member-states (Eurostat, 2016).

Brumby, 2014; Merriott, 2016). Slovenia is not an exception, although the situation has not been systematically investigated. This article highlights how the situation emerges as a social problem under the following criteria provided by Dorvil and Mayer (2001): 1) the evidence of a problematic situation; 2) the connections with abnormal or harmful normative structures; 3) the unacceptable status of the situation, the will and power to change it; 4) current and future strategies for intervention and social change.

EVIDENCE OF A PROBLEMATIC SITUATION: UNDER-RESEARCHED SUICIDE IN RURAL SLOVENIA

In Slovenia, suicidal behaviour has been relatively long the focus of academic interest and public concern. According to Milčinski (1985),² the first evidence on suicide in Carniola³ was a rate of three suicides per 100,000 persons back in 1873. Successive evidence showed that in the decade from 1880 to 1890,⁴ the suicide rate increased to 6.8 while between 1931 and 1935 to 19.4, which ranked the then Slovenians among the most endangered European nations in terms of suicide (Pirc and Pirc; in Marušič and Zorko, 2003).

After World War II, the suicide rate in Slovenia constantly rose and in 1984 reached its peak with 35.8 per 100,000 persons. This evidence motivated social scientists to explain the phenomenon with assumptions of the theory of modernization. Referring to Durkheim's observation of increased "egoistic suicide" provoked by intensified economic progress, industrialisation, orientation towards success,

consumerism, secularisation, isolation and alienation of the individual, Kerševan (1983) insisted that the high suicide rate in Slovenia could be explained by the achieved socio-economic progress, whereby it remained relatively small, closed and traditional, as well. In this line, Milčinski (1987) reflected upon North–South suicide rates in socialist Yugoslavia. Drawing on vital statistics for 1982, Milčinski showed that at one end, in the North of Yugoslavia, there were Slovenians with a suicide rate of 32.7 and who lived in economically the most developed Republic, and at the other end, in the South, were Kosovars who lived in the least developed Autonomous Province of Yugoslavia and had the lowest suicide rate of 2.4. Also in line with contemporary European studies on suicide and "national character" or "culture", Milčinski speculated that Slovenians seemed to belong to the "western pattern" of Europeans with their prevailing ideology of "self-reliance", contrary to the "eastern" one, which is characterized by "being together with close relatives" (Milčinski 1987: 27). However, Milčinski strictly questioned any oversimplification which would connect suicide with an imagined national character as a kind of uniform national entity. Instead, he rather referred to statistical evidence about suicidal population, which offered only some general particularities shared by suicidal people worldwide. Analysing 100 persons who died by suicide in 1967 in Slovenia, for instance, Milčinski described the pattern of suicidality as mostly consisting of "men, aged 40 to 49, of peasant origin, employed as workers, having been raised in a poor family and material circumstances, ... one fifth had a father alcoholic ... and

² In 1970, Lev Milčinski established the first national Register of suicides and suicide attempts in Slovenia.

³ Carniola covered most of the present Slovenian territory as an Austrian part of the Austro-Hungarian Empire.

⁴ Yet these first data should be taken with caution. As Marušič and Zorko emphasized (2003), these more than hundred-year-old data could not be verified because of the frequent practice in the then Slovene culture of hiding or underreporting deaths by suicide.

more than half of them were alcoholics themselves” (Milčinski, 1987: 17).

Similarly, only general features of suicides in Slovenia in the observed period from 1970 to 1991, are offered by Virant-Jaklič (1995), who grounded her research in the register of suicides and suicide attempts in Slovenia. Besides the average high suicide rate of 31.8 also in the European context in the decade observed, men on average died by suicide three times more than women, and suicides occurred mostly in north-east Slovenia. This study is one of the few that discussed occupational suicides despite incomplete and unreliable data: farmers occupied the third position (14%) after the retired people (33.9%) and workers, i.e. all employed people (44%).

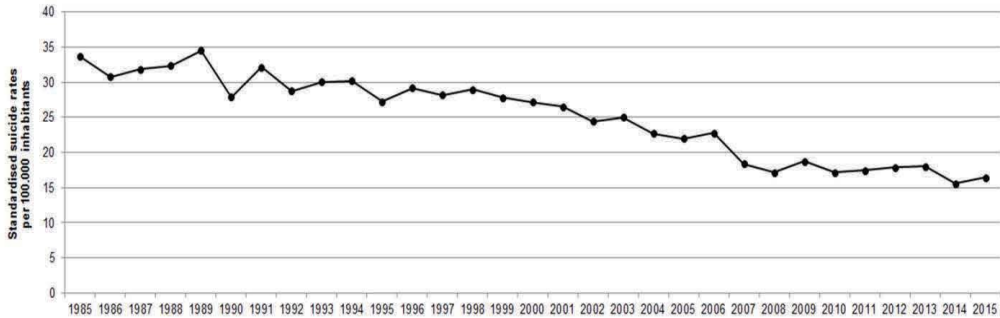
A similar but upgraded picture on the issue was described by Marušič (1999), who in his research on deaths by suicide in Slovenia from 1985 to 1994 employed the register of all deaths, which has been computerized since 1985. The average suicide rate of 31 per 100,000 inhabitants per year still conveyed that in Slovenia, of almost two million people, statistically two people died by suicide per day. Beside the confirmed male-female ratio of around 3:1, Marušič additionally emphasized that suicide remained largely a problem of older age groups with suicide rates of 113 for the age group 70-79 and 160 for the over-90 age group. Low education and single marital status in all age groups remained risk factors for suicide; however, Marušič

also emphasized the regional prevalence of alcohol-related psychiatric diagnoses for north-eastern Slovenia, which, compared to the west side of the country, was comprised of mostly rural and economically underdeveloped counties (Leskošek, 2001). Finally, the unexpected result of his study was a “stable trend” of the suicide rate in the studied decade also characterized by the independence of Slovenia in 1991, and a remarkable drop of the suicide rate in 1990 to 27.7 which was, according to Marušič, prematurely recognized by Tekavčič-Grad as “the political spring and opening of new perspectives with democratic changes on the horizon” (Tekavčič-Grad; in Marušič, 1999: 214). It is not a surprise that the still high suicide rate after the proclamation of independent Slovenia in 1991 re-activated academic discussions about suicide and “national character” as a necessary effort in the nation-building process by psychologists (Trstenjak, 1991; Musek, 1994), who insisted on studying features of Slovenians’ personality that might have affected the high suicidality of a small sovereign nation.

A study by Roškar, Roškar & Podlesek (2015) provided the overview of suicide and its characteristics in Slovenia in the following decade of 1997 to 2010 (see Graph 1 below). It was the first one about the impact of the suicide preventive activities in the country, because in this period, the average suicide rate dropped gradually from around 30 to 20.3 per 100,000 people.⁵

⁵ Differences in calculated standardised suicide rates for the same year (e.g., in 2010, 20.3 per 100,000 people, calculated by the NIJZ, and 17.17 per 100,000 people, calculated by the WHO) occur due to variously calculated standardised populations by organisations which collect national data (personal communication with Metka Zaletel, 31 August 2018).

Graph 1
Standardised suicide rates in Slovenia between 1985 and 2015



Source of data: WHO European Data Warehouse 2018, https://dw.euro.who.int/api/v3/export?code=HFA_176

The authors hypothetically ascribed this drop to the suicide preventive activities, mostly launched regionally as individual projects because of the then non-existent national suicide prevention program. Yet the study showed that the drop in suicide rate did not prove to be statistically dependent on the diversity of preventive activities; therefore, the authors rather concluded that “in the regions with a higher initial suicide rate the need for preventive activities was greater and consequently led to the implementation of more diverse preventive activities” (Roškar, et al. 2015: 7). In accordance with the previous research by Virant-Jaklič (1995) and Marušič (1998 and 1999), this study evidenced again that mostly rural eastern Slovenia remained the region with a higher suicide rate compared to the western one despite gradually smaller inter-regional differences in time.

Recently, this observation was corroborated by the main finding of a nationwide ecology study about the availability of mental health service providers and suicide rates in Slovenia (Korošec Jagodič et al., 2013). The study showed that regional differences might be influenced by unequal availability of mental health services and the efficiency of depressive disorder treatment. The study

proved that people from the north-eastern region, with a higher suicide rate around 30 suicides per 100,000 inhabitants in 2000-2009, had a higher need for mental health care but a lower access to it, compared to the other regions of Slovenia (with rates from 20 to 24). Shortage of psychiatrists working at outpatient clinics was one of the main issue according to Korošec Jagodič et al. (2013). Yet the persistent higher suicide rate in north-eastern rural Slovenia was additionally explained by a recent survey (N =594), the first one about the attitudes towards help-seeking in the general population, conducted in 2016 (Roškar et al., 2017). In general, the survey showed that more stigmatized attitudes towards help-seeking were found in men, single persons, those of younger age and lower education and those respondents who came from eastern rural regions. Despite uniform organisation of mental health services in the country, results proved that regional differences in attitudes might be the result of both the accessibility and “indifference to stigma” or “concerns about what important others might think of an individual should they find out that the individual is seeking professional help for their problems” (Roškar et al., 2017: 3).

In short, this evidence shows many inequalities of health and wellbeing affecting rural population to a high degree and men in particular. But within rural population in Slovenia, some challenges are specific to farmers, their families and communities. Agriculture has become the second most hazardous sector in terms of reported work-related accidents and health difficulties behind only the processing industry (SURS, 2014). Despite limited data, which include only officially registered farmers in the group of “Skilled Agricultural, Forestry and Fishery Workers” without aged, retired or even non-registered farmers and farm workers on family farms and in agricultural firms, this group occupies the first position among the other occupational groups with a crude suicide rate of 57 per 100,000 employed persons, which is four times as high as the total crude rate of 13.8 in 2016 (see Table 1 below).

Slovenia monitors farmers within “Skilled agricultural, forestry and fishery workers” while some countries use a specific category for them. With this limit in mind, the excess mortality by suicide of Slovenian skilled agricultural, forestry and fishery workers is higher than the excess observed in other countries for farmers only. Farmers’ suicide rate is 1.5 to 2.5 times higher than among the general population in the United Kingdom (Department for Environment Food and Rural Affairs, 2010), in Queensland, Australia (Andersen, Hawgood, Klieve, Kølves, & De Leo, 2010) and France (0.5 times higher for dairy farmers and 1.27 higher for livestock farmers) (Magnin et al., 2017). The World Health Organization (2014) estimates that “around 30% of global suicides are due to pesticide self-poisoning, most of which occur in rural agricultural areas in low- and

Table 1
Suicides by occupation, 2016, Slovenia⁶

Number of suicides by occupation and crude rate of suicide, 2016			
Occupational group	No. of suicides	No. of the employed	No. of suicides per 100,000 employees
Managers	4	47,404	8.4
Professionals	13	166,039	7.8
Technicians and Associate Professionals	10	130,884	7.6
Clerical Support Workers	5	63,007	7.9
Services and Sales Workers	11	113,927	9.7
Skilled Agricultural, Forestry and Fishery Workers	12	20,709	57.9
Craft and Related Trades Workers	30	116,016	25.9
Plant and Machine Operators and Assemblers	18	78,493	22.9
Elementary Occupations	10	81,884	12.2
Total	113	818,363	13.8

Source of data: NIJZ (National Institute of Public Health of the Republic of Slovenia), the national mortality database, 2016 and SURS (Statistical Office of the Republic of Slovenia), employed persons by occupational groups, 2016.

⁶ Included are only active working population and those persons who are officially registered as employed persons.

middle-income countries". Farmers' suicide is a major public health concern in countries like India, Sri Lanka and China, but with variable social responses to it (Hirsch & Cukrowicz, 2014; Merriott, 2016; Wang, Chan, & Yip, 2014). Establishing international comparison is challenging given that many countries, like Canada and Switzerland, do not systematically collect suicide rates by occupation (Lafleur, 2013). Most of the data available focus on urban/rural difference or farm-specific psychosocial issues related to suicide. Many literature reviews suggest suicide rates of men living in rural areas tend to be 2 to 5 times higher than national averages (Courtenay, 2011; Hirsch & Cukrowicz, 2014; Kölves, Milner, McKay, & De Leo, 2012). China stands as an exception where women living in rural areas have higher suicide rates than their male counterparts (Phillips et al., 2009; Qin, Jin, Zhan, Yu, & Huang, 2016; Yang et al., 2005).

These evidences support the assessment of a problematic situation in regard with farming men's suicide in Slovenia and in many countries as well. Moreover, the high suicide rates of Slovenian farmers compared to other countries suggests an excessive burden not only for Slovenian farmers themselves but for their families and community who are particularly at risk of suicide bereavement and the psychosocial consequences it may bring such as post-traumatic stress syndrome, psychological distress, stigma, "copycat" suicide contagion and so on (Kennedy, 2015; Linde, Tremblay, Steinig, Nagl, & Kersting, 2017). Evidence emerging from social sciences suggests many connections with normative structures in terms of gender norms and practices in farming context.

CONNECTION WITH NORMATIVE STRUCTURES: TRADITIONAL MASCULINITY AND AGRARIAN VALUES AS RISK FACTORS

Farmers and particularly farming men, are likely to experience excessive burden of adversity, stress factors and mental health issues, as demonstrated worldwide (Alston, 2012; Hirsch & Cukrowicz, 2014; Kennedy et al., 2014; Kölves et al., 2012; Robertson, Elder, & Coombs, 2010; Roy, Tremblay, Oliffe, Jbilou, & Robertson, 2013). Research based on social determinants of health provides key elements related to normative structures. Traditional masculinity (gender), agrarian values (local cultures), rural environment (location) and farming (occupation) may constitute amalgamation of high risk of suicide that must be considered carefully, in interaction with other social determinants such as age, education, income and sexual orientation. Masculinities consist of a constellation – or model - of social practices used to demonstrate alignment (conformity or resistance) with dominant models of masculinity in a given time and place (Robertson, 2007). In rural and farming context, the dominant model is often referred to as "traditional", "conservative" or "monologic" (Brandth & Haugen, 2016; Cambell, Mayerfeld Bell, & Finney, 2006; Levant & Habben, 2003; Pleck, 1995). These labels are constructed around the values of autonomy or self-reliance, strength, stoicism, hard physical work, heterosexual family, control over land, competition and individualism (i.e. achieving farm financial success over other farmers) (Brandth & Haugen, 2016; Courtenay, 2006; Peter, Mayerfeld Bell, & Jarnagin, 2006). Table 1 summarizes the intersection of traditional masculinity and agrarian values, based on the authors mentioned in this section.

Table 1
Intersection of traditional masculinity and agrarian values

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- Pride based on hard physical labour, relentless work and financial success;
 - Control;
 - Endurance, stoicism;
 - Autonomy, self-reliance;
 - Preference for natural networks and suspicion for health and social service professionals;
 - Limited social acceptability of help seeking for psychosocial reasons;
 - Preoccupation for public image;
 - Heterosexual intimacy;
 - Homosocial life (same-sex friends).
-

Other characteristics includes the social acceptance of heavy alcohol use (alone or combined with), high risk activities such as hunting, fishing, extreme outdoor/motor sports and boys operating motor vehicle (i.e. tractor, all terrains vehicle) before they are old enough to do it safely (Courtenay, 2011). But in rural areas, men are not the only ones to undertake these social practices. For example, in Australia, farming men and women are more prone to engage in high alcohol consumption than the general population (Brumby, Kennedy, & Chandrasekara, 2013). It suggests social practices considered masculine are not exclusively demonstrated by men. Accordingly, intersection of gender and place must be considered carefully.

In Slovenia, dominant gender norms of masculinity are “defined through work and support of the family as well as through power, authority and control over the wife and children. The father–breadwinner model was in fact short-lived and never fully implemented” (Hrženjak, 2017: 211) mostly because of socialist legacy of fully participating women in the labour market coupled with many social provisions such as public kindergartens, health insurance, maternal and parental leave, etc. (Švab and Humer, 2013). However, changes in the public sphere with almost equal share of employed men and women in socialism were not followed by changes in the private sphere. It is not a sur-

prise that family and care remain a domain of women’s labour in Slovenia, and rural and farming settings are by no means an exception (Černič Istenič, 2007; Černič Istenič and Knežević Hočevar, 2013). Moreover, in rural/farming environments, dominant gender norms of masculinity are still deeply rooted in practices of ownership, inheritance and transfer of a farm to a male successor (Černič Istenič, 2015), and are also mirrored in persistent social distance towards homosexuals (Kuhar and Švab, 2014). Wars, high male mortality rate, economic migrations and poverty were all circumstances that challenged the ability of Slovenian men to live up to the dominant norms of masculinity. In many Eastern European countries, the collapse of the Soviet union generated the resurgence of nationalism based on agrarian tradition (Novikova & al., 2005), which is likely to reinforce social pressure towards monologic masculinity, a concept similar to traditional masculinity. In short, monologic masculinity implies there is one way to be a man and act masculine, under rigid expectations (Peter et al., 2006). Dialogic masculinities are based on the idea that there are many ways to be a man and to engage in practices of masculinity.

Discourses promoting monologic masculinity find echo in Slovenia, where “homey-nationalist political masculinity” re-emerged in the very nation-building process after the proclamation of independence from socialist Yugoslavia in 1991. Addressing “peasant ethos”, grounded in “traditional Slovenian Christian values”, the carriers of homey political masculinity emphasized their peasant origin, love for the Church, home and a family (Antić Gaber et al. 2017: 51).

This particular configuration provides cultural gendered norms on how farming men should deal with health and social matters. Experts argue that the emphasis on autonomy, stoicism and self-reliance fuels farming men’s negative attitudes towards emotional expression and help-seeking (Judd

et al., 2006b; Komiti, Judd, & Jackson, 2006; Roy, Tremblay, & Robertson, 2014; Sturgeon & Morrissette, 2010). As such, these men are likely to use “drugs and alcohol as a means to temporarily escape the pressures to be stoic about mental health issues rather than seek outside supports” (Creighton, Oliffe, Ogrodniczuk, & Frank, 2017: 6).

But engaging in health practices is not always aligned with the ideals of monologic masculinity. Not all men, all the time align their health and social practices in concordance with monologic masculinity. As such, fatherhood practices are a key element for exploring the plurality and changing nature of masculinities. Many Slovenian men distanced themselves from the emotionally detached, often absent breadwinner model to “caring, emotional and intimate fatherhood, and to their involvement in everyday routines of children’s care” (Hrženjak, 2017: 226). Fatherhood involvement is a crucial source of social support and can provide a strong barrier to suicide among men (Oliffe, Han, Ogrodniczuk, Phillips, & Roy, 2011) and particularly farmers (McLaren & Challis, 2009; Roy et al., 2014). But so far, no study investigates the construction of farming men’s masculinities and its association with health and social practices in Slovenia. Therefore, it is hard to attest how transformation of fatherhood practices occurs in farming contexts and its connections with farming men’s mental health and wellbeing.

Thus, social pressures towards and against monologic masculinity are understood as ways by which normative structures can influence farming men’s health practices. It can eventually prevent or exacerbate suicide risk among this group. While evidence is available for farming men in international contexts and for Slovenian men (non farming), a knowledge gap can be

traced on Slovenian farming men’s health and social practices related to suicide prevention. Evidence from studies mentioned above raises many concerns under the light of social ethics and values.

FARMING MEN’S HEALTH AND SOCIAL STATUS: AN UNACCEPTABLE SITUATION

The third step to identify a social problem is the making of a judgement of the situation and social responses to it, based on human rights and humanistic values (Dorvil & Mayer, 2001). There is a gap between the severity of farmers’ suicide risk in Slovenia⁷ and the lack of specific policies, intervention and research on the issue. This is consistent with global marginalisation and neglect of rural people’s concern (Pugh & Cheers, 2010). The high rate of suicide among this group, along with the mental health problems and adversity related to suicide, can be understood as a major inequality of health. Suicide is not merely the result of mental illness, although closely related. Unequal distribution of social determinants generates different access to privileges and resources, such as the shortage of mental health services and limited access to psychiatrists in rural parts of Slovenia, let alone the question of whether these services are appropriate for people in farming areas or if they are simply a direct translation of urban services. It can generate marginalization and vulnerabilities facing adversity which can exacerbate mental illness, social role dysfunction and suicide risk. Thus, social groups are not equal in life and death and this situation poses a threat in terms of social justice and equality.

Farming men’s concerns and issues remain largely invisible or unheard, which impede actions of solidarity. Because of masculine ideals based on stoicism and

⁷ This risk is additionally marked by estimated 1,000 farms which have stopped farming per year since 1991, and by the most rapid decline of medium-size farms since 2004, which have been “too small to be economically efficient, but too large to be profitable” (Bojnec and Latruffe, 2013: 216).

self-reliance, many farming men may be uncomfortable to seek help or disclose their situation. Thus, normative structures may influence farming men to remain silenced about the adversity they face. The invisibility can also be exacerbated by geographic distance between farming communities and policy makers, health and social service providers and researchers, mostly located in urban settings. The distance is likely to reduce opportunities for contact between these actors. A “double solitude” is created by farming men’s reluctance to talk about their issues and the apparent lack of specific responses by policy makers, service providers and researchers. In other countries, farmers’ associations raised the alarm about suicide and its relation to the lack of recognition of their social role, feeding people. It suggests a lack of solidarity that could be addressed with greater social responses.

CURRENT AND FUTURE STRATEGIES FOR INTERVENTION AND SOCIAL CHANGE

So far it seems there is no specific program to prevent suicide in rural or farming communities in Slovenia. Suicide prevention activities and programmes are usually targeted at the general population (e.g. emergency phones, addiction prevention activities, programme for the promotion of mental health among adolescents, free counselling for persons in distress, etc.). Only two running projects within the Slovene Centre for Suicide Prevention are potentially relevant for rural/farming men. These are: *Slovenski moški ranljivi za samomorilno vedenje: duševno zdravje, kvaliteta življenja, socialna povezanost, iskanje pomoči* (Slovene men

vulnerable for suicide behaviour: Mental health, quality of life, social connection, help-seeking), and *A (se) štekaš? Integriran pristop krepitev duševnega zdravja in primarne preventivne samomorilnega vedenja za mladostnike* (Do you understand (yourself)? An integrative approach to strengthen mental health and primary prevention of suicide behaviour for adolescents).⁸ While the first project addresses men from various urban/rural settings in the country, the second one is also conducted in remote rural schools where researchers/providers contact with rural/farming parents who rarely seek help for their children if they suffer from mental disorders.⁹ Farming population are addressed as one of the vulnerable groups in forthcoming (2018-2019) activities within the Programme *Z večjo pismenostjo o duševnem zdravju do obvladovanja motenj razpoloženja* (With raised mental health literacy to better managing mood disorders), conducted by the Research Centre of the Slovenian Academy of Science & Arts and the Institute Karakter.¹⁰ This is the only programme, which focuses on rural north-east Slovenia, characterized with markedly unfavourable indicators of health inequalities and with high suicide rates. These examples notwithstanding, the adversity faced by rural and farming men in Slovenia seems to emerge as a public health issue generating social responses.

Some initiatives implemented throughout the world provide interesting directions. In Scotland, a national guide was published with a series of evidence-based recommendation for suicide prevention in rural areas (NHS Health Scotland, 2013). The guide suggests that suicide prevention awareness and training must be offered to health and social services providers. Such strategy is supported by a Canadian study which

⁸ <http://www.iam.upr.si/sl/oddelki/scsr/projekti/>

⁹ Personal communication with the Deputy Head of the Slovene Centre for Suicide Research, Dr. Anita Poštuvan, on 29 August 2018.

¹⁰ <https://www.omra.si/>

reveals people with combined problems associated to depression, substance abuse, suicide ideations/attempts are less likely to receive appropriate services, compared to other problems. This study recommends a better training to improve screening, treatment and follow-up capacity (Séguin, Lesage, Turecki, Guy, & Daigle, 2005). Another strategy supported by evidence is community-based suicide prevention training (Gatekeepers in UK and Canada). In Canada, the Quebec's Farming Union and Quebec's Suicide Prevention Association collaborated to offer a specific version of the training for farming context. People in the community (farmers or people around them) are trained to identify signs of distress, engage the conversation with the person and accompany them to the community or public services. A third strategy focus on means restriction, like pesticides and firearms (NHS Health Scotland, 2013). Given the close connection between substance abuse and suicide, it is relevant to note public health programmes based on access restriction to alcohol has been found to have a positive effect on male suicide rates in Slovenia (Pridemore & Snowden, 2009).

These strategies have been evaluated positively in their respective settings, most of them outside Slovenia. While they can be a source of inspiration, the group directly touched by suicide remain largely unheard. The challenge is to make the voice of farming men heard about their conception of this social problem and which course of action makes sense for them. This challenge is addressed by the Australian peer-support program *The Ripple effect*, based on the voice of farmers bereaved by suicide (National Centre for Farmer Health, 2016).

Practices of masculinity are changing in many rural regions throughout the world (Brandth & Haugen, 2016; Peter et al., 2006; Roy, Tremblay, Robertson, & Houle, 2015). Simultaneously, change is also observed and promoted in Slovenia around new and active

fatherhood in the processes of relocation of care (Hrženjak, 2017). Yet, change among farmers in Slovenia remains unknown. Efforts are needed in this regard with collaboration between farmers' associations and community leaders, policy makers, health and social service providers and researchers.

CONCLUSION

Farming men's suicide in Slovenia meet the criteria to pursue its understanding as a social problem and a public health issue: evidence-based observation of health and well-being disparity; connection with normative structures and social determinants of health; the will and power to change this unequal and unacceptable situation; and, the need to develop social responses in collaboration with farming communities. Because suicide is a multidimensional problem, a strong focus on social determinants of health should guide future research, policies and practice. Gender norms, roles, and relations must be considered in priority. A special attention must be devoted to harmful aspects of masculinities but also positive aspects that can generate or promote health, wellbeing and equality.

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REFERENCES

- Alston, M. (2012). Rural male suicide in Australia. *Social Science & Medicine*, 74(4), 515-522. <https://doi.org/10.1016/j.socscimed.2010.04.036>

- Andersen, K., Hawgood, J., Klieve, H., Kølves, K., & De Leo, D. (2010). Suicide in selected occupations in Queensland: evidence from the State suicide register. *Australian and New Zealand Journal of Psychiatry*, 44(3), 243-249. <https://doi.org/10.3109/00048670903487142>
- Antić Gaber, M., Crnović, D., & Selišnik, I. (2017). Politične moškosti v Sloveniji: kameradi, heroji in pravi dedci (Political masculinities in Slovenia: Comrades, heroes and real man). *Časopis za kritiko znanosti*, 45(267), 35-61.
- Brandth, B., & Haugen, M. (2016). Rural masculinity. In M. Shucksmith & D. Brown (Eds.), *Handbook of rural studies* (pp. 412-423). London: Routledge.
- Bojnec, Š., & Latruffe, L. (2013). Farm size, agricultural subsidies and farm performance in Slovenia. *Land use policy*, 32, 207-217. <https://doi.org/10.1016/j.landusepol.2012.09.016>
- Brumby, S., Kennedy, A., & Chandrasekara, A. (2013). Alcohol consumption, obesity, and psychological distress in farming communities-an Australian study. *The Journal of Rural Health*, 29(3), 311-319. <https://doi.org/10.1111/jrh.12001>
- Cambell, H., Mayerfeld Bell, M., & Finney, M. (2006). *Country boys: Masculinity and rural life*. University Park, PA: The Pennsylvania State University Press.
- Canadian Agricultural Safety Association. (2005). *National stress and mental survey of Canadian farmers*. Available at https://www.casa-acsa.ca/wp-content/uploads/2005-02_National_Stress_Survey_Results.pdf
- Courtenay, W. H. (2006). Rural men's health: Situating risk in the negotiation of masculinity. In H. Cambell, M. Mayerfeld Bell & M. Finney (Eds.), *Country boys: Masculinity and rural life*. University Park, PA: The Pennsylvania State University Press.
- Courtenay, W. H. (2011). *Dying to be men*. New York: Routledge.
- Creighton, G., Oliffe, J., Ogrodniczuk, J., & Frank, B. (2017). "You've gotta be that tough crust exterior man": Depression and suicide in rural-based men. *Qualitative Health Research*, 27(12), 1882-1891. <https://doi.org/10.1177/1049732317718148>
- Černič Istenič, M. (2007). Attitudes towards gender roles and gender role behaviour among urban, rural, and farm populations in Slovenia. *Journal of comparative family studies*, 38(3), 477-496. <https://doi.org/10.3138/jcfs.38.3.477>
- Černič Istenič, M., & Knežević Hočevar, D. (2013). Intergenerational assistance on family farms in Slovenia: expectations and practices. *Eastern European Countryside*, 19, 77-103. <https://doi.org/10.2478/eec-2013-0005>
- Černič Istenič, M. (2015). Do rural development programmes promote gender equality on farms? The case of Slovenia. *Gender, place and culture: A Journal of feminist geography*, 22(5), 670-684. <https://doi.org/10.1080/0966369X.2013.879102>
- Department for Environment Food and Rural Affairs. (2010). *Statistics digest 2008*. Available at <https://webarchive.nationalarchives.gov.uk/20100713211922/http://www.defra.gov.uk/evidence/statistics/foodfarm/general/indicators/documents/c704.pdf>
- Dorvil, H., & Mayer, R. (2001). *Problèmes sociaux (Social problems)*. Sainte-Foy: Presses de l'Université du Québec.
- Državni zbor. (2018). *Resolucija o nacionalnem programu duševnega zdravja 2018-2028 (ReNPDZ18-28)*. Available at http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/NOVICE/28032018_ReNPDZ18-28.pdf
- Eurostat (2016). *Death due to suicide, by sex. Standardised death rate by 100,000 inhabitants*. Available at <https://ec.europa.eu/eurostat/tgm/graph.do?tab=graph&plugin=1&language=en&pcode=tps00122&toolbox=type>
- Hawton, K., Simkin, S., & Malmberg, A. (1998). *Suicide and stress in farmers*. London: Stationery Office.
- Hirsch, J. K., & Cukrowicz, K. C. (2014). Suicide in rural areas: An updated review of the literature. *Journal of Rural Mental Health*, 38(2), 65-78. <https://doi.org/10.1037/rmh0000018>
- Hrženjak, M. (2017). A qualitative study of labour market precarisation and involved fatherhood in Slovenia. *Revija za sociologiju*, 47(2), 207-232. <https://doi.org/10.5613/rzs.47.2.4>
- Judd, F., Jackson, H., Fraser, C., Murray, G., Robins, G., & Komiti, A. (2006). Understanding suicide in Australian farmers. *Social Psychiatry and Psychiatric Epidemiology*, 41(1), 1-10. <https://doi.org/10.1007/s00127-005-0007-1>
- Judd, F., Jackson, H., Komiti, A., Murray, G., Fraser, C., Grieve, A., & Gomez, R. (2006). Help-seeking by rural residents for mental health problems: The importance of agrarian values. *Australian & New Zealand Journal of Psychiatry*, 40(9), 769-776. <https://doi.org/10.1111/j.1440-1614.2006.01882.x>
- Kennedy, A. (2015). *Life, death and the experience of suicide and accidental death bereavement for Australia's rural farming families* (Doctoral dissertation). University of New England, Melbourne, Australia.

- Kennedy, A. J., Maple, M. J., McKay, K., & Brumby, S. A. (2014). Suicide and accidental death in Australia's rural farming communities: a review of the literature. *Rural Remote Health, 14*(1), 2517. Available at <https://www.rh.org.au/journal/article/2517>
- Kerševan, M. (1983). Sociologija in samomor. In J. Borštnar, L. Milčinski, N. Maher & M. Tomori (ur.), *Samomor in Slovenci* (str. 207–215). Ljubljana: SAZU, Inštitut za medicinske vede.
- Kölves, K., Milner, A., McKay, K., & De Leo, D. (2012). *Suicide in rural and remote areas of Australia*. Mount Gravatt, QLD: Australian Institute for Suicide Research and Prevention.
- Komiti, A., Judd, F., & Jackson, H. (2006). The influence of stigma and attitudes on seeking help from a GP for mental health problems: A rural context. *Social Psychiatry and Psychiatric Epidemiology, 41*(9), 738-745. <https://doi.org/10.1007/s00127-006-0089-4>
- Korošec Jagodič, H., Rokavec, T., Agius, M., & Pregelj, P. (2013). Availability of mental health service providers and suicide rates in Slovenia: A nationwide ecological study. *Croatian Medical Journal, 54*, 444-452. <https://doi.org/10.3325/cmj.2013.54.444>
- Kuhar, R., & Švab, A. (2014). The only gay in the village? Everyday life of gays and lesbians in rural Slovenia. *Journal of homosexuality, 61*(8), 1091-1116. <https://doi.org/10.1080/00918369.2014.872492>
- Lafleur, G. (2013). *Le grand silence des agriculteurs: Portrait de la détresse psychologique et du suicide en milieu agricole (Farmers' great silence: The portrait of psychological distress and suicide in rural settings)*. Paper presented at the Webinar series of CRISE (Research center on suicide and euthanasia), Montréal.
- Leskošek, F. (2001). Sociološki vidiki samomorilnosti v Sloveniji. *Zdravstveno varstvo, 40*(1-2), 41-50.
- Levant, R. F., & Habben, C. (2003). The new psychology of men: Application to rural men. In B. H. Stamm (Ed.), *Rural behavioral health care: An interdisciplinary guide* (pp. 171-180). Washington, DC: American Psychological Association.
- Linde, K., Trembl, J., Steinig, J., Nagl, M., & Kersting, A. (2017). Grief interventions for people bereaved by suicide: A systematic review. *PLoS One, 12*(6), 1-20. <https://doi.org/10.1371/journal.pone.0179496>
- Magnin, L., Chappuis, M., Normand, G., Pereira, B., Lezé, S., & Lesens, O. (2017). Health issues and mental distress in french active farmers: A quantitative and qualitative study. *International Journal of Environmental & Agriculture Research, 3*(9), 12-22. <https://doi.org/10.25125/agriculture-journal-IJOEAR-SEP-2017-2>
- Marušič, A. (1998). Suicide mortality in Slovenia: Regional variation. *Crisis, 19*, 159-166. <https://doi.org/10.1027/0227-5910.19.4.159>
- Marušič, A. (1999). Suicide in Slovenia: Lessons for cross-cultural psychiatry. *International Review of Psychiatry, 11*(2-3), 212-218. <https://doi.org/10.1080/09540269974393>
- Marušič, A., & Zorko, M. (2003). Slovenski samomor skozi prostor in čas. In A. Marušič & S. Roškar (ur.), *Slovenija s samomorom ali brez* (str. 10-20). Ljubljana: DZS.
- McLaren, S., & Challis, C. (2009). Resilience among men farmers: The protective roles of social support and sense of belonging in the depression-suicidal ideation relation. *Death Studies, 33*(3), 262-276. <https://doi.org/10.1080/07481180802671985>
- Merriott, D. (2016). Factors associated with the farmer suicide crisis in India. *Journal of Epidemiology and Global Health, 6*(4), 217-227. <https://doi.org/10.1016/j.jegh.2016.03.003>
- Milčinski, L. (1985). *Samomor in Slovenci; druga dopolnjena in predelana izdaja (Suicide and Slovenians; The second supplemented and rewritten issue)*. Ljubljana: Cankarjeva založba.
- Milčinski, L. (1987). Samomorilnost in slovenski narodni značaj: teze za pogovor. *Traditiones: zbornik Inštituta za slovensko narodopisje, 16*, 15-27.
- Musek, J. (1994). *Psihološki portret Slovencev*. Ljubljana: Znanstveno in publicistično središče.
- National Centre for Farmer Health. (2016). *The Ripple Effect*. Available at <https://therippleeffect.com.au/>
- National Health Service Scotland. (2013). *National guide on suicide prevention in rural areas. Part 2: Reference document Evidence-based approach and case study examples*. Edinburgh: NHS Health Scotland.
- Novikova, I. (2005). Men, masculinities and "Europe". In M. Kimmel, J. Hearn & J. W. Connell (Eds.), *Handbook of studies on men and masculinities* (pp. 141-162). Thousand Oaks, CA: Sage.
- Oliffe, J. L., Han, C., Ogradniczuk, J., Phillips, J., & Roy, P. (2011). Suicide from the perspectives of older men who experience depression: a gender analysis. *American Journal of Men's Health, 5*(5), 444-454. <https://doi.org/10.1177/1557988311408410>
- Peter, G., Mayerfeld Bell, M., & Jarnagin, S. (2006). Cultivating dialogue: Sustainable agriculture and masculinities. In H. Cambell, M. Mayerfeld Bell & M. Finney (Eds.), *Country Boys, Masculinity and Rural Life* (pp. 27-46). University Park: The Pennsylvania State University Press.

- Phillips, M. R., Zhang, J., Shi, Q., Song, Z., Ding, Z., Pang, S., Li, X., Zhang, Y., & Wang, Z. (2009). Prevalence, treatment, and associated disability of mental disorders in four provinces in China during 2001-05: An epidemiological survey. *Lancet*, 373(9680), 2041-2053. [https://doi.org/10.1016/s0140-6736\(09\)60660-7](https://doi.org/10.1016/s0140-6736(09)60660-7)
- Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 11-32). New York: Basic Books.
- Pridemore, W. A., & Snowden, A. J. (2009). Reduction in suicide mortality following a new national alcohol policy in Slovenia: An interrupted time-series analysis. *American Journal of Public Health*, 99(5), 915-920. <https://doi.org/10.2105/ajph.2008.146183>
- Research Centre of the Slovenian Academy of Sciences & Arts and Institute Karakter. (2018). *Program Z večjo pismenostjo o duševnem zdravju do obvladovanja motenj razpoloženja (Programme With raised mental health literacy to better managing of mood disorders)*. Available at <https://www.omra.si>
- Pugh, R., & Cheers, B. (2010). *Rural social work: An international perspective*. Bristol: Policy Press.
- Qin, Q., Jin, Y., Zhan, S., Yu, X., & Huang, F. (2016). Suicidal ideation among rural immigrant daughters-in-law with multi-roles as females, farmers and immigrants in China. *Psychology, Health & Medicine*, 21(5), 608-617. <https://doi.org/10.1080/13548506.2015.1112414>
- Robertson, S. (2007). *Understanding men and health: Masculinities, identity and well-being*. Breshire: Open University Press.
- Robertson, S., Elder, K., & Coombs, R. (2010). Rural men's mental health. In D. Conrad & A. White (Eds.), *Promoting men's mental health* (pp. 57-73). Oxford: Radcliff.
- Roškar, S., Bračič, M. F., Kolar, U., Lekić, K., Konec Juričič, N., Tančič Grum, A., Dobnik, B., Poštuvan, V., & Vatovec, M. (2017). Attitudes within the general population towards seeking professional help in cases of mental distress. *International Journal of Social Psychiatry*, 63(7), 614-621. <https://doi.org/10.1177/0020764017724819>
- Roškar, S., Roškar, M., & Podlesek, A. (2015). Suicide in Slovenia between 1997 and 2010: characteristics, trends, and preventive activities. *Crisis*, 36(2), 126-134. <https://doi.org/10.1027/0227-5910/a000298>
- Roy, P., Tremblay, G., Oliffe, J., Jbilou, J., & Robertson, S. (2013). Male farmers with mental health disorders: a scoping review. *Australian Journal of Rural Health*, 21(1), 3-7. <https://doi.org/10.1111/ajr.12008>
- Roy, P., Tremblay, G., & Robertson, S. (2014). Help-seeking among male farmers: Connecting masculinities and mental health. *Sociologia Ruralis*, 54(4), 460-476. <https://doi.org/10.1111/soru.12045>
- Roy, P., Tremblay, G., Robertson, S., & Houle, J. (2017). "Do it all by myself": A salutogenic approach of masculine health practice among farming men coping with stress. *American Journal of Men's Health*, 11(5), 1536-1546. <https://doi.org/10.1177/1557988315619677>
- Séguin, M., Lesage, A., Turecki, G., Guy, A., & Daigle, F. (2005). *Projet de recherche sur les décès par suicide au Nouveau-Brunswick entre avril 2002 et mai 2003 (Research project on death by suicide in New-Brunswick, april 2002-may 2003)*. Fredericton: Government of New-Brunswick Publications.
- Slovene Centre for Suicide Prevention. (2018). *Current projects and programmes*. Available at <http://www.iam.upr.si/sl/oddelki/scsr/projekti>
- Sturgeon, R., & Morrissette, P. J. (2010). A qualitative analysis of suicide ideation among Manitoban farmers. *Canadian Journal of Counselling and Psychotherapy*, 44(2), 191-207. Available at <https://files.eric.ed.gov/fulltext/EJ890432.pdf>
- Statistični urad Republike Slovenije. (2014). *Nezgode pri delu in z delom povezane zdravstvene težave, Slovenija, 2. četrtletje 2013*. Dostupno na <http://www.saop.si/poslovne-informacije/novice/statistika/nezgode-pri-delu-in-z-delom-povezane-zdravstvene-tezave-slovenija-2-cetrtletje-2013>
- Švab, A., & Humer, Ž. (2013). "I only have to ask him and he does it...": Active fatherhood and (perceptions of) division of family labour in Slovenia. *Journal of comparative family studies*, 44(1), 57-78. <https://doi.org/10.3138/jcfs.44.1.57>
- Trstenjak, A. (1991). *Misli o slovenskem človeku*. Ljubljana: Založništvo slovenske knjige.
- Virant-Jaklič, M. (1995). Samomor v Sloveniji med letoma 1970 in 1991. *Obzornik zdravstvene nege*, 29, 15-18.
- Wang, C.-W., Chan, C., & Yip, P. (2014). Suicide rates in China from 2002 to 2011: An update. *Social Psychiatry & Psychiatric Epidemiology*, 49(6), 929-941. <https://doi.org/10.1007/s00127-013-0789-5>
- World Health Organization. (2014). *Preventing suicide: A global imperative*. Geneva: WHO.
- World Health Organization. (2018). *WHO European Data Warehouse*. Available at https://dw.euro.who.int/api/v3/export?code=HFA_176
- Yang, G. H., Phillips, M. R., Zhou, M. G., Wang, L. J., Zhang, Y. P., & Xu, D. (2005). Understanding the unique characteristics of suicide in China: National psychological autopsy study. *Biomedical and Environmental Sciences*, 18(6), 379-389.

Sažetak

OSLUŠKIVANJE TIHE KRIZE: SAMOUBOJSTVO MUŠKARACA U RURALNIM I POLJOPRIVREDNIM ZAJEDNICAMA U SLOVENIJI

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Stopa samoubojstava i dalje je visoka u Sloveniji, pogotovo u ruralnim područjima i među poljoprivrednicima. Kao i u slučaju mnogih problema s kojima se suočava ruralno stanovništvo, vrlo je malo socijalnih odgovora u smislu političkog djelovanja, zdravstvenih i socijalnih usluga i istraživanja. U ovom se radu detaljno analizira samoubojstvo poljoprivrednika kao socijalni problem utemeljen na sljedećim kriterijima: prvo, opseg situacije smatra se zabrinjavajućim i nejednakim; drugo, normativne strukture su abnormalno ili štetno povezane sa situacijom; treće, postoji volja i moć da se izmijeni situacija jer se ista smatra neprihvatljivom u skladu sa društvenom etikom i vrijednostima; i četvrto, primjena socijalnih odgovora kao što su programi intervencije i zajedničko djelovanje. Ovaj okvir omogućuje naglašavanje roda (muški), lokacije (ruralna), lokalne kulture (agrarne vrijednosti) i zanimanje (poljoprivreda). Prioritet za buduće mjere, praksu i istraživanje treba usmjeriti na ove socijalne odrednice zdravlja i dobrobiti kako bi se pružila podrška poljoprivrednicima, zajednicama i udrugama.

Ključne riječi: poljoprivreda, ruralno, muški rod, rod, samoubojstvo, Slovenija.