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ABSTRACT

This research aimed to evaluate the benefits of the community gardening program called ‘Magic Harvest (MH)’ with respect to its key elements: social interaction; gardening skills; and, healthier eating. The MH program supports community participants to grow food, share produce, prepare and preserve food.

Methods

Two focus groups were conducted with participants in MH programs in the south of Adelaide, South Australia. The MH programs were located in lower socio-economic areas. Focus group interviews were recorded, transcribed verbatim, coded and analysed thematically.

Results

Thirteen participants took part in the focus groups and reported gains in community connectedness and shared learning, skills for growing food and healthy eating, and making more sustainable food choices.

Conclusion: This study highlights the social and nutritional benefits that can be derived from a community gardening program in low income communities. Health practitioners and policy-makers should consider community gardening as an effective health promotion strategy that can address physical and social determinants of health and nutrition for low-income communities.
INTRODUCTION

Community gardening is a popular strategy to promote social cohesion, provide opportunities for people to learn gardening and food skills, and improve health through greater access to fruit and vegetables. Community gardening exemplifies health promotion principles by addressing social, emotional and physical aspects of health. In developed countries such as Australia, community gardening is mostly focussed in low socio-economic communities where social isolation can be a health risk, which community gardening can mitigate by enabling a sense of belonging to a social group, and providing a sense of self-worth through participation in purposeful activities. Community gardening can also contribute to nutritional health and food security by supporting people to learn about growing fruits and vegetables and enabling greater access to these foods.

The Magic Harvest (MH) program (see Footnote at end of paper) is a community gardening program initiated in outer metropolitan South Australia in 2010. The MH program provides education and support for community members to grow fruits and vegetables in their backyards or community spaces.

There is considerable research documenting the benefits of community gardening for adult population groups however, most of this has emanated from the United States with limited contribution from Australia. This research aimed to evaluate the benefits of community gardening from an Australian context and with respect to its key elements: social interaction; gardening skills; and, healthier eating.
METHODS

Overall design

The research employed qualitative methods to investigate participants’ perceptions about the benefits they derived from participating in the Magic Harvest program. Magic Harvest was chosen as the case study because it was a popular community gardening program in South Australia at the time and the authors undertook to evaluate its impact on participants. The two variants (local community centre and home-gardening were chosen because they were the most established programs at the time and therefore likely to have good informants for a qualitative evaluation).

Recruitment and sample

Two well-established and long-running (more than two years) MH groups were selected for this study – a community garden at a local community centre and a home-gardening group that met at a local primary school. Both these programs were located in lower socio-economic communities in southern Adelaide11 where the program began. Recruitment of participants was organised through the local program facilitators. Each participant provided informed consent to engage in the research. Ethics approval was obtained from xxxx [removed for blind peer review].

Data collection

Qualitative methodology was chosen to investigate the subjective experiences of the program participants because it allows for exploratory inquiry, clarification of ambiguities, discovery of unanticipated findings and information-rich material to enable a deep understanding of the phenomenon under investigation.12 Participants’ perspectives on their experience of
the program was obtained through focus group interviews which were held in the respective meeting places for each MH program in order to maximise participation. Each focus group lasted approximately 60 minutes, was audio-taped and transcribed verbatim. Focus group interviews were the chosen method because the informal and dynamic nature of focus groups allows for a conversational style of data collection that facilitates interactions among participants and provides a supportive environment for respondents who are known to each other. Focus groups were conducted in each setting in November of 2014.

Data analysis

The data was coded deductively against the research questions, and inductively against the literature. Codes were combined into categories and further refined into themes. These underwent constant comparison to ensure internal consistency, and themes were examined against the literature to verify the emerging concepts, with reflective comments by researchers providing additional data.

FINDINGS

A total of 13 participants from two MH programs took part in the focus groups, 4 from the local community centre and 9 from the home-gardening group. Social connection was the most strongly reported benefit, and this comprised friendship, mutual support and shared learning. Other benefits included increased knowledge and skills about food production, as well as healthier and more sustainable food choices.

Improvements in quality of life through community cohesion was an important benefit of the program for many participants. They described how MH facilitated a sense of community
connectedness and inclusiveness; ‘it’s the joy that this diverse group gets from getting together, I think has been at the heart of all of this’ (Participant 13).

The value of friendships and supportive social networks was emphasised and participants described calling upon these friendships in times of personal need; ‘this group’s actually come to a stage where it’s extended family it’s not just a group’ (Participant 6).

An original focus on home food production for one group, transformed into creating a community garden and sharing the produce with the local community; ‘we were individual at the beginning but then I think we saw the opportunity for it to become much more, a real truly community focus’ (Participant 10).

Exchange of knowledge, skills and ideas were benefits repeatedly expressed by participants; ‘help in the garden and ideas, good ideas coming from other people. Things I never even thought of’ (Participant 2). Participants reported learning about plant propagation, composting, companion planting, soil preparation and harvesting; ‘planting companion plants to keep the insects away instead of getting the white oil out...that’s helped me too, and getting out of what we’ve produced to put on the plate’ (Participant 12).

A number of participants recognised the holistic benefits of being involved in their own food production; ‘it’s not just the gardening per say it’s the eating of the food, the cooking, the preserving, the whole range where different people have different ideas’ (Participant 11).
Many participants reported positive dietary changes as a result of their participation in the MH program. This included consuming a wider variety of fruit and vegetables and greater willingness to try new foods; ‘I never used to eat vegetables and now I like them because I get them out of the bush’ (Participant 8). The sharing of surplus produce provided participants with greater access to a diverse range of fruit and vegetables; ‘you share around, and somebody else may be growing something that you haven’t grown so you extend your range of vegies’ (Participant 1).

Several participants noticed changes in their food purchasing behaviours as they grew more discerning about food quality and more critical about food production methods. They reported that home grown food tasted better and that they had more trust in their home-grown food compared to store-bought food because they knew more about the production methods; ‘you know it’s chemical free you know it’s all plus, plus, plus’ (Participant 11); ‘makes you more aware when you go to the shop, what you buy. Just before, you would buy things and now it’s like, that looks really crap’ (Participant 6).

DISCUSSION

Participants in this qualitative evaluation of the Magic Harvest program reported gains in community connectedness and shared learning, skills for growing food and healthy eating, and making more sustainable food choices.

The increased feeling of connection and belonging to their local community, contributed to participants feeling less isolated and more supported. This attribute of community gardening is well documented by other studies.16,17 Community gardening is recognised as conferring
collective efficacy whereby the benefits extend beyond the gardening experience and the garden setting to positively impact broader aspects of individual and community life.2,3 The social connectedness, reciprocal relationships of trust, respect, sharing and care, reported by participants is captured by the concept of social capital which is known to be protective for health.18,19

Through their involvement in growing and sharing food, participants reported higher levels of household fruit and vegetable consumption. This has also been reported by Noy et al17 and Barnidge et al.20 Programs like MH can therefore be said to have contributed to improving food and nutrition security,21 defined as adequate access to safe, nutritious and socially acceptable food.22 This is particularly salient because the two MH programs are located in areas of relative socio-economic disadvantage 11 where residents are considered to be at greater risk of poor nutrition and associated chronic diseases.23 Low socio-economic communities are often assessed as hard-to-reach by primary health care services, and requiring programs of high relevance and trust in order to elicit community engagement.24,25 It would seem that the MH program using a community development approach whereby participants had strong involvement in shaping the program26 offers potential for improving healthy eating.

Apart from enhancing fruit and vegetable consumption, the MH program also influenced participants to be more aware about the food system and sustainability. In this way, they became more conscious food citizens,27 making active and thoughtful food choices rather than passively consuming what was available in the stores. Through the sharing of food with each other and their wider community, participants engaged in food democracy whereby a
more sustainable and community-centred food system is created.28 The MH program therefore afforded participants some empowerment to shape their food environment through engaging in an alternative, local food production system, albeit at a micro-level. As a community gardening initiative, the MH program offers a holistic approach to health and creates opportunities for health promotion as outlined in the Ottawa Charter for Health Promotion such as a) creating supportive environments, b) strengthening community action and c) developing personal skills.17,29

This evaluation of the benefits of the MH program is a small study comprising two focus groups which nevertheless, highlights the public health value of this program. Further research should investigate the program’s influence on participants’ health over a longer term, and program effects for different population groups. Focus group methodology was appropriate because the conversational nature of focus groups enabled the social value of the MH program to be revealed in an authentic convivial environment.12 Focus groups do present a risk of inhibiting divergent views through the mechanism of ‘group think’,30 however, this problem was not detected in either focus group, through careful facilitation to encourage diverse views.

Conclusion
This small study evaluating participant perspectives of a community gardening program in low income communities in southern Adelaide, highlights the social and nutritional benefits that can be derived from such an approach. Health practitioners and policy-makers should consider community gardening as an effective health promotion strategy that can address physical and social determinants of health and nutrition for low-income communities.
The authors declare no conflicts of interest.

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