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Owners' perceptions of the health and performance of Pony Club horses in Australia

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Abstract

Pony Club is one of the leading junior equestrian organisations in the world, and was established to teach young people the many aspects of horsemanship. The aim of this study was to gain an understanding of the health and performance of Pony Club horses from the perspective of their owners. In-depth interviews were conducted with Pony Club members at two sites in Australia, and topics relating to participants' background with horses, horse attributes valued by participants, horse health and performance, and Pony Club-related matters. The in-depth interviews were taped, transcribed and analysed, by describing the themes and issues recorded in the dialogue and conducting cross-case analysis (finding similarities and dissimilarities between participants with respect to each of the above-mentioned topics). A total of 32 interviews were conducted. The participants' background with horses varied greatly. The horse attributes valued by $\geq 59\%$ of participants included temperament, size, ability and suitability for riders. A range of issues relating to health and performance were important to $\geq 53\%$ of participants, including horse temperament, nutrition, internal parasites, lameness and foot-care, and colic. Soundness and preventive health measures were rarely mentioned ($\leq 16\%$ of participants). Friends or knowledgeable horse people were identified as the first point of contact for horse-health matters, and veterinarians were only used as a last resort or for serious problems. Members of Pony Club learned about their horses by trial and error. Optimal performance was described as a horse that was willing to do as the rider asked. Poor performance was usually the result of the horse misbehaving, and could include a resistance to rider commands, pigrooting¹ and bucking.

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Undesirable horse behaviour where the animal leaps forward with its head lowered; this can dislodge the rider.

1. Introduction

Pony Club is one of the leading junior equestrian organisations in the world, represented throughout 30 countries, including the United States of America, and was established to teach young people the many aspects of horsemanship (Pony Club Association of Australia, Personal communications, 1999). The Pony Club movement in Australia closely follows the standards, aims and objectives of the inaugural body—The Pony Club of England (The Pony Club Association of NSW, 1993).

There have been few studies investigating health issues in pleasure horses (Kaneene et al., 1997). Despite the importance of recreational equestrian pursuits in Australia (Pilkington and Wilson, 1993), information about health in pleasure horses is lacking. The risk factors for sub-optimal health and performance in pleasure horses might be quite different from those important in race-horses (Kaneene et al., 1997). Furthermore, the underlying reasons for sub-optimal health care of pleasure horses, when benchmarked against recommendations in the scientific literature, are not well understood (Kaneene et al., 1996).

Anecdotal evidence suggests that equine veterinarians and researchers concede low adoption rates of ‘best practices’ in equestrian communities in Australia. An understanding of how pleasure-horse owners view and learn about horse health will greatly assist in our communications with them.

In-depth interviews are a type of qualitative enquiry suited to exploration of topics that are not well understood (in this case, health and performance (H & P) of Pony Club horses). These interviews capture information as told by the participant, creating non-numerical data in the process (Patton, 1990). Participatory methods (actively involving rural people in identifying their problems, seeking solutions and evaluating results) were used successfully elsewhere to obtain animal-health information to guide more-extensive studies (Catley and Aden, 1996; Lans and Brown, 1998).

We aimed to gain an understanding of H & P of Pony Club horses from the perspective of their owners. This information then would be used to guide the design and implementation of a more-extensive study on Pony Club horses.

2. Methods

2.1. Study population

Pony Club Membership is divided into about 100 regional zones within Australia. Zone 12 of New South Wales (NSW) is a rural zone centred on the city of Wagga Wagga, with a population of 60,000 people. Zone 1 of Queensland (Qld) is a metropolitan zone centred on Brisbane, with a population of 1.6 million people. Participants belonging to all nine Pony Clubs in regional zone 12 of NSW and three clubs in zone 1 of Qld were included. Pony Clubs within a 100 km radius of Wagga Wagga, who volunteered to participate, were eligible for selection. Eight clubs met these criteria. The ninth (a small club with three members) initially was excluded due to its distance from Wagga Wagga; however, its volunteers travelled to Wagga Wagga and participated. The selection of Qld Pony Clubs was based on their willingness to participate and their availability during a 3-week visit by the first author. There are 19 Pony Clubs in zone 1 of Qld, and 3 Pony Clubs were included.

A total of 32 in-depth interviews were conducted (24 in Wagga Wagga and 8 in Brisbane). The aim was to conduct 3–4 interviews during a single visit to each Pony Club. The visits coincided with a weekend Pony Club meeting.

We were interested in a diverse participant sample to yield a range of responses and data on the topics of interest. Participants thus were selected purposefully, based on differences in the length of their Pony Club membership and their family background with horses.

Participants constituted one or both parents and their child(-ren), who was an active member of Pony Club. All participants were volunteers.

2.2. Sample size

Sample-size calculations were not made using statistical methods. Three or four families from each club were asked for their voluntary participation. This number was based on the time available at each Pony Club meeting (=site for interviews) and reflected the number of interviews the first author reasonably could conduct in one sitting without affecting interview quality. At a stage when no new information was collected, interviews were discontinued (in other words, central issues started to repeat themselves). At this stage, we considered that the breadth of that particular issue had been explored adequately.

We further chose to include all Pony Clubs in the Wagga Wagga region for two reasons: it was likely that each club was in one way or other unique and would add new information, and we needed to build a rapport with all clubs for a subsequent more-extensive study. The three clubs in metropolitan Brisbane were added to provide a climatic contrast (temperate Wagga Wagga versus sub-tropical Brisbane) and add information about metropolitan Pony Clubs as compared to rural clubs in Wagga Wagga.

2.3. In-depth interviews

Participants were interviewed as a family on Pony Club grounds during their regular Sunday meeting in a setting that was familiar to them and conducive to talking about horses. Approval for the use of humans as participants in research was obtained and participants were required to understand and sign a written consent form prior to the interview. Young Pony Club riders were always accompanied by their parents for the duration of the interview, but either was able to answer questions or make comments.

Each interview took 20–40 min. Interviews were knowingly tape-recorded, but written back-up notes also were taken. A quiet location in the Pony Club grounds was used to minimise distractions during interviewing and background noise on the tape. Only the researcher and participating family were present during the interview. The questions used in the interviews (Table 1) were open-ended, and began with a ‘how’ or ‘what’ to encourage elaboration. The questions were tested in a pilot study conducted by Clegg (1999, unpublished) and subsequently modified. Each interview began with the same initial question (question 1 in Table 1). Subsequently, the direction of each interview (and ordering of the questions in Table 1) was guided by the responses of each participant. Each interview was concluded when the investigator was confident that all topics of interest (which included participants’ background with horses, the value of the horse to participants, horse health and performance, and the role of the Pony Club) had been covered.

Table 1

Questions asked of participants about four topics relating to the health and performance of their horses (during in-depth interviews^a on Pony Club grounds during a regular weekend meeting)

Research topic of interest	Questions
Topic 1: Participants' background with horses	1. Tell me how you got involved with horses?
Topic 2: Value of the horse to participants	2. Tell me about the horse(s) you have now?
Topic 3: Horse health and performance	3. What was important in deciding to buy this horse? How did you choose this horse? What do you like about your horse?
	4. How do you keep your horse(s)? How do you ensure your horse's health?
	5. What does horse health mean to you? What's a healthy horse? How do you know your horse is healthy?
	6. How do you know if something's wrong with your horse?
Topic 4: Role of Pony Club	7. What do you do when there is a problem?
	8. What kind of health problems have your horses had?
	9. What does horse performance mean to you? And, if your horse performs well, what does he do?
	10. What do you tell your friends about Pony Club?
	11. How does Pony Club help you with your horse(s)?
	12. What do you (parent) get out of Pony Club?
	13. What would you like to get out of this study? What do you wish you knew more about in terms of horse health & performance?

^a Question 1 always was asked first. The flow of conversation was often self-perpetuating; consequently the desired information often was obtained without having to ask every question. Depending on the direction the interview took, topics of interest were not covered in any particular order.

2.4. Interviewer

The first author conducted all interviews, and had been trained by an experienced social researcher (author 2).

2.5. Analysis

The taped records were transcribed in full by a professional word processor to yield an accurate written record of each interview. The written notes were consulted to clarify any points of confusion.

Data were analysed using a descriptive process called 'cross-case analysis' (Patton, 1990), which means grouping together answers from different people to common questions, or analysing different perspectives on central issues. This essentially involves finding patterns in what was said, and similarities and dissimilarities (Babbie, 2001).

The first analytical step was to become familiar with the data by listening to the taped interviews several times ('immersing oneself in the data'). Next, the participants' responses were grouped into the four topics of interest (see Table 1) that were identified as important at the outset of the study. To illustrate, all responses and comments about horse health and performance were grouped together and described in a summary paragraph based on patterns in what was said. Key issues within each topic of interest were noted if they were

Table 2
The Australian Pony Club participants' background with horses

Background	Interviews in which issue was raised	
	Number	%
No prior experience with horses	12/32	37
Several years experience owning/riding horses	20/32	63
Time children had been riding at Pony Club ^a	2 months to 20 years	

^a These responses relate to question 1 in Table 1.

repeated in different interviews, were mentioned without prompting (that is, the issue was mentioned first by participants in response to a non-leading question) and/or the context indicated importance. Obvious differences in response to a topic also were recorded (when comparing Qld and NSW data). Based on this descriptive analysis, hypotheses and putative webs of causation were generated about H & P in Pony Club horses.

3. Results

3.1. Study population

The age of young riders interviewed ranged from 2 to 23 years old. In most cases, the mother (rather than the father) accompanied the riders to Pony Club, and most of the young riders were girls. The mean age of children interviewed was 9.2 years. The age was obtained either during the interview or from Pony Club membership records. The ages for children of two families were not obtained.

3.2. Participants' background with horses

The background participants had with horses varied greatly, reflecting diversity in our sample. One-third of participants had no equine background prior to their involvement with Pony Club, while others had a family tradition with horses (Table 2).

3.3. Horse attributes valued by participants

The horse attributes valued by study participants included the temperament of the horse, the size of the horse and the ability and suitability of the horse for riders. Soundness and purchase price rarely were mentioned during the interviews (Table 3).

3.4. Horse health and performance

The responses to questions about horse health and performance were grouped into themes that emerged from the interview data (Table 4), including horse-health problems, decisions about horse health and sources of advice, horse-health professionals, and learning about

Table 3

The horse attributes that were valued by the study participants (Australian Pony Club members)^a

Horse attributes	Interviews in which issue was raised	
	Number	%
Quiet, safe temperament	31/32	97
Size	27/32	84
Ability and suitability for riders	19/32	59
Horse seen as a companion by rider	8/32	25
Soundness	5/32	16
Purchase price	3/32	9

^a These responses relate to questions 2 and 3 in Table 1.

horse H & P. Differences in participants' responses to horse H & P between the two study sites are presented in Table 5. Although participants readily would describe what a healthy horse looked like, it appeared, that they had never actually given *horse health or performance as such* much thought (they never mentioned H & P until asked).

Table 4

The perception of study participants (Australian Pony Club members) concerning horse health and performance (H & P)^a

Horse H & P issues	Interviews in which issue was raised	
	Number	%
A healthy horse		
A healthy horse had "bright eyes, shiny coat" and was in good body condition	16/32	50
A healthy horse behaved normally	5/32	16
Horse health problems		
Participants just "knew" when something was wrong	9/32	29
Problems existed if the horse was "too fat or too skinny"	3/32	9
Sources of advice on horse health		
A friend or knowledgeable person was consulted	18/32	56
A veterinarian was always consulted	3/32	9
Horse health professionals		
Veterinarians mentioned in negative context (called as a "last resort", "vet could not fix it", "too expensive", associated with a traumatic horse health experience or death of a horse)	17/32	53
Chiropractors were consulted about horses' backs	9/32	28
Veterinarian held in high regard	5/32	16
Farriers were consulted about horse feet	5/32	16
Learning about horse health		
Participants learnt by trial and error	6/32	19
Horse performance		
A well performing horse did as asked of it by the rider	15/32	47
A horse performed poorly if it misbehaved	12/32	38

^a These responses relate to questions 4–9 in Table 1.

Table 5

Key issues relating to horse health and performance (H & P), as raised by study participants (Australian Pony Club) in Wagga Wagga (rural, temperate New South Wales) and Brisbane (sub-tropical, metropolitan Queensland)

Issues relating to horse health and performance	Frequency			
	Wagga Wagga, NSW		Brisbane, Qld	
	Number	%	Number	%
Horse temperament	23/24	96	8/8	100
Nutrition	23/24	96	8/8	100
Body condition	20/24	83	7/8	88
Veterinarian	19/24	79	8/8	100
Lameness	15/24	63	7/8	88
Feet/shoeing	12/24	50	8/8	100
Internal parasites	14/24	58	5/8	63
Colic	11/24	46	6/8	75
Laminitis	12/24	50	2/8	25
Dental care	9/24	38	5/8	63
Sore backs	7/24	29	6/8	75
Chiropractic	7/24	29	6/8	75
Skin problems	2/24	8	7/8	88
Eye problems	2/24	8	5/8	63
Vaccination	2/24	8	3/8	38
Soundness	1/24	4	2/8	25
Annual veterinary check-up	00	3/8	3/8	

3.5. Pony Club-related matters

Based on responses from study participants, Pony Club was lots of fun and boosted participants' confidence with riding and their ability with horses (Table 6). Horse health rarely was mentioned in this context.

3.6. Differences between Wagga Wagga and Brisbane

Responses varied in the type of horse health problem encountered. Skin conditions and eye problems were more frequently mentioned in Brisbane. Participants from two Pony Clubs in Brisbane mentioned annual veterinary health checks for their horses. This was the only mention of veterinarians in a preventive-health-care role.

Table 6

What participants (Australian Pony Club members) said about Pony Club, in response to questions 10 to 12 of Table 1

Pony Club-related matters	Interviews in which issue was raised	
	Number	%
Pony Club was fun for riders	23/32	72
Pony Club boosted horse-riding and handling-skills	18/32	56
Pony Club helped participants "look after their horses"	4/32	13
Pony Club provided horse health education/information	2/32	6

Table 7

Hypotheses about health and performance (H & P) in Pony Club (PC) horses generated from interview data (Australian Pony Club members)

Hypotheses	Questions (Table 1) from which hypotheses emerged
1. PC members learn about horses by trial and error	7
2. Word-of-mouth is an important means of information transfer among horse owners	7
3. Horse owners mean well for their horses and are concerned about their horses' welfare	4, 5, 6
4. The veterinarian is seen as a disease expert, not an animal-health expert	5, 7, 8
5. Veterinarians have minimal impact on H & P of Pony Club horses due to 2 above	7
6. The PC horse is a companion to its rider. It is not kept for financial gain	2, 3
7. The performance of a PC horse is defined as its ability to perform the tasks asked of it	9
8. 'Poor performance' means a horse misbehaves when being asked to respond to riders' commands	9
9. Horse health is defined as the administration of basic health care to a horse. This includes nutrition, routine vaccination, foot care, and teeth care	4, 5
10. Body condition is an important indicator of horse H & P	5
11. Horse temperament and appearance are the most-important purchase criteria (surpassing soundness)	2, 3
12. Horse temperament is the most-important issue affecting the owners of PC horses, followed by nutrition, the horses' body condition and others including lameness, laminitis, colic, feet, teeth and sore backs	1–9

3.7. Webs of causation

As a result of the interviews, we constructed putative webs of causation for H & P of Pony Club horses (Figs. 1 and 2). Several hypotheses were generated for H & P in Pony Club horses (Table 7).

4. Discussion

4.1. In-depth interviews

The information we obtained from in-depth interviews, such as that about veterinarians was often unexpected and differed from what could be obtained if a structured questionnaire was used, where respondents are limited in their answers.

Interviews were of a conversational style, as participants 'told the stories from their perspective'. The first question ("tell me how you got involved with horses") usually resulted in a steady flow of information. Comments from the investigator were restricted to

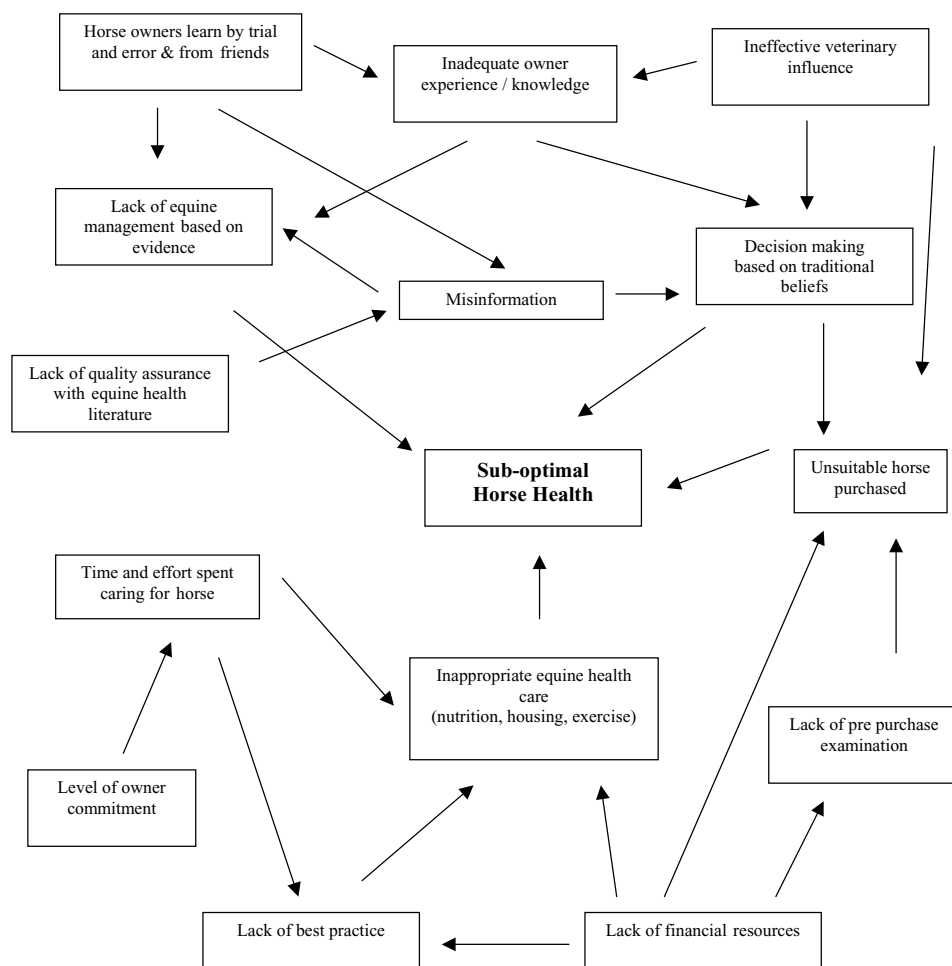
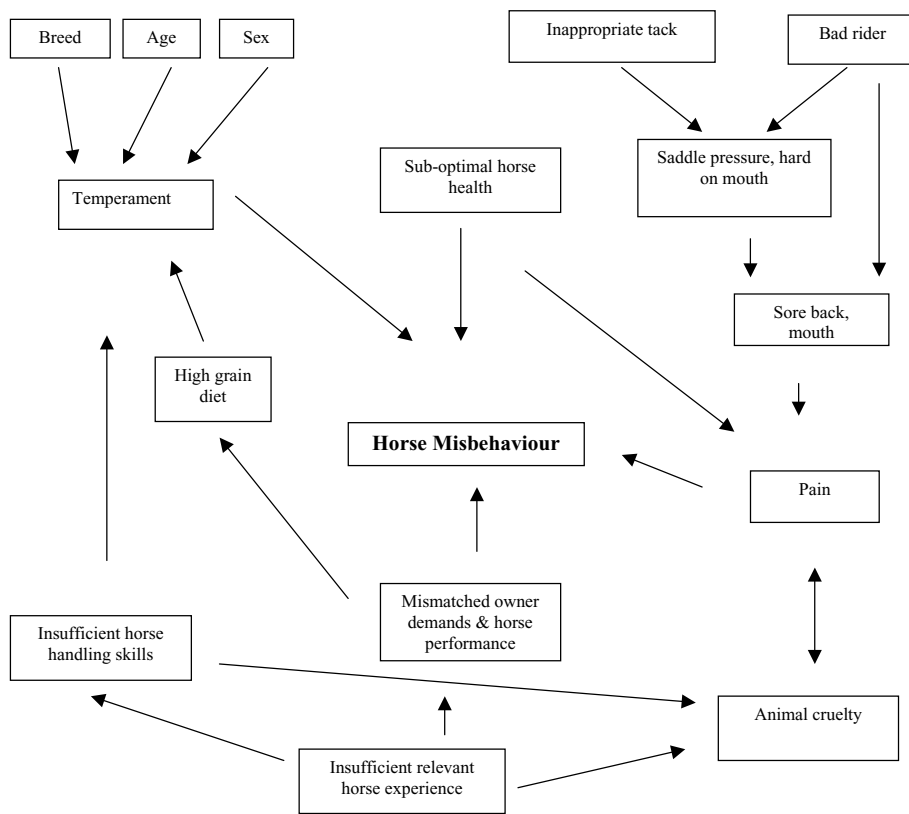


Fig. 1. Putative risk factors for sub-optimal health in Pony Club horses generated from participants' responses to questions about horse health and performance.

in-depth explorations of issues already mentioned by the participants (e.g. "...you mentioned the chiropractor—could you please elaborate?") and asking the preset questions. This technique avoids asking leading questions and minimises other researcher-induced influences on participant responses. Considerable interviewing skills (such as resisting asking leading/probing questions on topics of interest, recording all data without bias and avoiding searching for responses of interest, and patience in listening to participants' responses) are required to achieve this and ensure validity and repeatability of data collected. The frequent use of horse-jargon necessitated some interviewer familiarity. The veterinary expertise of the interviewer was not volunteered at any stage to minimise 'participant reactivity' (Patton, 1990) to the interview process, but was given if asked directly. If this approach had not



* Note: 'Misbehaviour' appeared the single most important factor 'when a horse didn't perform well' and represents a surrogate measure for poor performance in Pony Club horses.

Fig. 2. Putative risk factors for misbehaviour (appeared the single most important factor 'when a horse did not perform well' and represents a surrogate measure for poor performance in Pony Club horses) in Pony Club horses.

been taken, we believe that much of the information collected about veterinarians would have been either withheld or modified. A certain degree of ignorance was pledged by the investigator to encourage detailed explanations of key issues.

4.2. Horse health issues of importance to participants

There were many different issues relating to horse H & P that appeared important to participants, and most related to a recent problem (e.g. "cut limb last week") or dramatic experience (e.g. "died from a blocked bowel") rather than preventive measures. However, when asked how they ensured their horses' health, participants said, "one had to look after their horse". Generally, this did not involve veterinary advice but consulting others for

advice and providing foot care, a diet that kept the horse in good condition, drenching against internal parasites and dental care.

One-third of participating families had no prior horse experience when they joined Pony Club. This raises questions as to the quality of health care these families are able to provide for their horses, and whether veterinarians need to target first-time horse owners for advice on horse health.

It appeared that horse owners observed their horses closely and most were confident that they were able to correctly determine when a problem existed. Overt colic or skin lacerations are easily identified, however, it is reasonable to assume that more-subtle clinical signs (e.g. low-grade lameness) might be missed. Identifying these latter clinical signs could prove important in planning health-care programs that encourage early detection of disease.

The horse's body condition (especially, whether it was "too fat or too skinny") was mentioned as an important indicator of health. Many seemed conscious of keeping excess weight off their horses (especially when pastures were lush), and this appeared to be related to having either experienced or heard of laminitis. How well the owner's judgement of body condition relates to an objective measure (Huntington, 1991) is not known.

Health topics that kept recurring were horse temperament, nutrition, internal parasites, lameness and foot care, laminitis, colic, sore backs and dental care.

Somewhat unexpected were the comments about veterinarians. In all but two Pony Clubs, the veterinarian was mentioned in a negative context. This context was either the expense involved in consulting a veterinarian, failure to diagnose a problem, the inability to remedy a problem, or that the veterinarian was a last resort dealing with horse health (this included comments such as "I would probably ask a vet", but when further probed they either never had, or could not remember the last time). This is a matter of great concern to us, and quite removed from the ideal scenario (where equine veterinarians are seen as caring, competent advisors who are consulted in a regular preventive capacity, as well as in treating disease). Two Pony Clubs stood out from the remainder in their positive comments about veterinarians. This suggests that a 'better' situation can indeed exist.

4.3. Differences between clubs located in temperate and subtropical climatic zones

As illustrated in Table 5, responses to questions about health and performance (questions 6–8 in Table 1) differed between climatic zones. Skin conditions ("Queensland Itch" – a *Culicoides* spp. hypersensitivity, and "mud rash" and "greasy heel"—presumably dermatophilosis) and eye problems were more important in subtropical Brisbane than in temperate Wagga Wagga. "Queensland Itch" was only mentioned by Brisbane participants.

Three participating families in metropolitan Brisbane mentioned an annual veterinary health check for their horses. This was the only mention of a veterinary role in preventive horse health care in this study. It is the authors' impression that the veterinarians involved had gone to considerable lengths to establish a solid rapport with participants and Pony Club, above-and-beyond responding to calls to attend sick/injured horses. Increasing the level of preventive horse-health care in Pony Club horses seems desirable. This would involve additional studies to better understand the horse owner–veterinarian relationship,

as well as quantifying the existing health status of Pony Club horses and the health care provided by their owners.

4.4. Hypotheses and webs of causation

Generating hypotheses and webs of causation took the data beyond the descriptive stage ('where data speak for themselves') to include the authors' interpretation of what was said. The webs of causation were a logical conclusion to this process. We were interested in sub-optimal horse health and performance as outcomes; the risk factors were constructed in a brainstorming session guided by an equine veterinary focus, the interview data and anecdotal evidence about horse health in pleasure horses in Australia. The authors accept that this has introduced an inevitable 'veterinary' bias to the data-transformation process.

5. Conclusion

Participants enjoyed talking about their horses and seemed to care and wanted to learn more about them. Horse temperament (quiet, reliable, safe) was the most-important characteristic of a Pony Club horse and its body condition was believed to reflect its health status. A well performing horse "did as it was asked by its rider" and a horse did not perform well when it misbehaved. (This differs from our understanding of the term "performance" with respect to race-horses.) Pony Club was fun and improved riders' horse-handling and riding skills. However, horse health rarely was mentioned in that context. Pony Club is often a first experience with horse ownership and represents an ideal target audience for health-care advice. Unexpectedly to us, veterinarians were not an important source of information for Pony Club people and this concerned us.

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