

Submission to the Senate Select Committee on Men's Health

The National LGBT Health Alliance welcomes the Committee's investigation into education, supports and services for men's health in Australia. We call on the Committee to explicitly address

- the specific needs of gay, bisexual and other men who have sex with men
- issues faced by trans people in relation to gender-specific health policy.

Summary

Evidence indicates that there are significant disparities in the health and wellbeing of Australian men that relate to their sexual orientation and gender identities. Gay men, bisexual men and other men who have sex with men (msm), and trans people tend to have disproportionately negative health outcomes. Research suggests that this is related to social determinants, such as experience of discrimination, which is also related to reduced access to appropriate health care.

To improve the availability and effectiveness of education, supports and services for men's health and thereby improve the health outcomes of all Australian men, men's health policy and services need to

- ensure that all men's health education, supports and services are explicitly inclusive of the needs of gay/msm and trans people, including initiatives targeting specific population groups and issues, and provide additional funding to support this where required
- take into account that some men may have physicalities that are at least partially female and some women may have physicalities and face health issues that are commonly regarded as male-specific
- proactively engage with intersex and trans people in the development of policy, education and services to ensure that their needs and issues are appropriately addressed
- make Gardasil freely available to young gay men through a targeted vaccination program
- conduct more research, including among gay men, to explore the prevalence and treatment options for anal cancer and prostate cancer
- include sexual and gender identity in concepts of the social determinants of health and social inclusion
- take into account the specific needs and health issues of gay men/msm and trans people in all education, supports and services for men's health
- ensure education and awareness campaigns regarding men's health reach gay men/msm and trans people, eg by collaborating with LGBT organisations and by using targeted communication channels
- promote resilience and self-care attitudes among gay men/msm and trans people in conjunction with strategies to combat discrimination
- increase levels of Commonwealth, state and other funding addressing health issues

services and research relating to sexual and gender diversity

- maintain funding levels and sustain the partnership model between state and Commonwealth funding for HIV related research, programs and services
- specifically include gay men/msm and trans people as priority population groups in appropriate strategies, policies and plans
- provide specific and sustainable funding to LGBT community organisations to deliver health programs and services with gay men/msm and trans people
- improve the adequacy of services and general programs for men's health in rural and remote areas to support gay men/msm and trans people, eg by assisting them to work in partnership with dedicated LGBT organisations
- organise health service and program planning and delivery around 'communities of interest' as well as neighbourhoods, settings and specific health issues
- require that all major population based health research commissioned, funded or conducted by governments or related bodies routinely collect and report data on sexual and gender identity
- provide ongoing funding to specific gay/msm and trans health research, both quantitative and qualitative
- monitor and evaluate program implementation (at the federal, state and local levels) for how accessible it is to and inclusive of gay men/msm and trans people, and link this to funding.

The following paper provides you with some background information on these recommendations.

We would welcome the opportunity to provide you with further information.

About the National LGBT Health Alliance

The National LGBT Health Alliance is a newly formed alliance of organisations across Australia that provide programs, services and research in the areas of lesbian, gay, bisexual and transgender (LGBT) health.

The Alliance advocates on LGBT health issues at the national level, seeks commitment from all sides of politics to support and develop LGBT health through research and service development, and builds capacity among LGBT health organisations across the country.

The Alliance is governed by a Board of Directors, with representation from each state and territory. Key areas of work for the Alliance include alcohol, tobacco and other drugs, mental health, ageing, LGBT research, sexual health (including HIV and other STIs), violence, health and wellbeing of people living with HIV, relationship recognition and the link between health and human rights.

Gay Men/MSM in Australia

Gay, bisexual and other men who have sex with men live in all parts of Australia and come from all backgrounds.

The Australian Study of Health & Relationships found that 2.5% of men have a gay or bisexual identity and 9% have ever had a same sex experience or attraction (Smith et al. 2007). Based on the 2006 Census, there are thus between 194,000 to 700,000 gay and other men who have sex with men, 15 years and over living in Australia.

Sexual orientation can be seen as a series of continuums:

Attraction: Men ----- Women
Behaviour: Same Sex ----- Opposite Sex
Identity: Gay----- Straight

A man can be at different places on these continuums, for example identifying as 'straight' but having sex with both men and women. Men can also change their position on the continuum over time, for example as a young man being attracted to other men, but not being sexually active and identifying as 'straight' and later realising and exploring his sexual orientation and identifying as 'gay'.

In this paper the term 'gay men/msm' will be used to denote gay and bisexual identified men and those men who have sex with other men, but who may not identify as gay or bisexual.

Although many health initiatives aim to promote the health and wellbeing of *all* men, assumptions of heterosexuality on the part of providers too often results in the exclusion of gay men/msm and their specific needs. The inclusion of diversity requires proactive efforts to reach marginalised groups and provide them with appropriate services. Health sector staff often benefit from training and other forms of support to build their capacity to be inclusive of gay men/msm.

It should be noted that gay men/msm are also part of all other populations of men, including young and older men, Aboriginal & Torres Strait Islander men, men from culturally and linguistically diverse backgrounds and men living in rural and isolated areas.

Recommendation:

- Ensure that all men's health education, supports and services are explicitly inclusive of the needs of gay men/msm, including initiatives targeting specific population groups (eg CALD, aged care, rural and isolated) and issues (eg alcohol, illicit drugs), and provide additional funding to support this where required

Trans People in Australia

Gender identity is an individual's internal sense of being male, female or other. It can be understood as their psychological sex. Gender identity may or may not correspond to a person's physical sex.

The concepts and language used to describe variations in gender identity differ significantly according to culture, generation and context.

Trans people are those whose gender identity is outside or crosses the social norms of 'man' or 'woman', including people identifying as transsexual, transgender, sistergirls, or genderqueer. Frequently the term trans man is used to denote a person who was born in a body defined as female but identifies as male, and trans woman to denote a person born in a body defined as male, but whose gender identity is female. We use the term 'trans people' in this paper in order to be as inclusive as possible.

Accurate estimates of the number of trans people is difficult to obtain, but some research suggests the prevalence is 1:4,500 assigned males and 1:8,000 assigned females (Olyslager 2007).

Some, but by no means all trans people have medical interventions to (re)align their physicality with their gender identity. This may include hormones, and/or surgery such as mastectomy or genital reconstruction. Thus, the physicality of a person's body does not necessarily correlate with their gender identity.

A person's sexual orientation cannot be assumed on the basis of their sex or gender identity.

Trans people are part of all other populations of men, including gay and bisexual men, young and older men, Aboriginal & Torres Strait Islander men, men from culturally and linguistically diverse backgrounds and men living in rural and isolated areas.

We also note the need to consider issues faced by intersex people in the development of any health policy, but in particular in the development of a gender based health policy. Intersex people are born with any of a number of variations in their sex development that means they do not fit expectations of either male or female physicality (e.g. they have genitals that are atypical, XXY chromosomes, etc). Estimates of the number of intersex people vary from 1:200 to 1:2000 depending on the types of conditions included (Blackless et.al., 2000, Diamond, 2004).

Recommendations:

- Ensure that all men's health education, supports and services are explicitly inclusive of the needs of trans and intersex people, including initiatives targeting specific population groups (eg gay men/msm, Aboriginal and Torres Strait Islanders, youth) and issues (eg cancer, diet and exercise), and provide additional funding to support this where required

- Health policy acknowledge that some men may have physicalities that are at least partially female and some women may have physicalities and face health issues that are commonly regarded as male-specific, and health services take this into account
- Intersex and trans people are proactively engaged with in the development of the health policy, education and services to ensure that their needs and issues are appropriately addressed.

Australian Evidence on Gay/MSM and Trans Health Status

The best source of evidence on LGBT health in Australia is the national 'Private Lives' survey, conducted by Gay and Lesbian Health Victoria and The Australian Research Centre in Sex, Healthy & Society at La Trobe University (Pitts et al. 2006). The survey recruited 5,476 LGBT people to a national internet based survey in 2005, including 3,429 men, 100 trans and 18 intersex respondents. Of the trans respondents 34 identified as trans men (ie assigned female sex at birth) and 66 identified as trans women (ie assigned male sex at birth).

General Health – Younger men in the Private Lives survey were less likely to rate their health as 'good' or 'excellent' compared to the general Australian male population in the National Health Survey (2001). This difference diminished with age.

The most commonly reported health conditions among gay men/msm were 'depression' (30%), 'asthma' (21%) and 'anxiety' (18%). For trans people the most common were 'depression' (59% for men, 49% for women), 'anxiety' (38% for both) and 'asthma' (32% of men and 30% of women)..

The 2206/2007 Transnation study also undertaken by the Australian Research Centre in Sex, Healthy & Society at La Trobe University in collaboration with Gay and Lesbian Health Victoria focussed specifically on trans health and wellbeing. It found that although most of the 253 participants reported they were happy about their life, their ratings of general health were comparably lower than those reported in the Australian National Health Survey. And on the SF36 scale, a standard measure of health, participants had poorer health ratings than the general population in Australia (Couch et al 2007).

Overweight and Obese – gay men/msm and trans men are less likely than the general male population to be overweight or obese. 30% of the male sample in Private Lives were overweight and 12% obese, with 27% of trans males overweight and 17% obese.

Mental Health – 16% of gay men/msm in Private Lives indicated suicidal ideation in the two weeks prior to completing the survey. 49% of gay men/msm reported at least one of the two criteria for a current major depressive episode. 70% of gay men/msm reported ever feeling depressed. These depression ratings are significantly higher than those found in the general population. The rate of depression identified in Transnation was even higher, with 53% of respondents reporting at least one of the criteria for a current major depressive episode, with trans women being twice as likely to experience depression than trans men. Transnation identified a clear relationship between the experience of discrimination and depression (Couch et al. 2007). Private Lives found that 42% of gay men/msm, 88% of trans men and 80% of trans women had seen a counsellor or psychiatrist in the past five years.

Tobacco - 38% of gay men/msm, 44% of trans men and 35% of transwomen smoked tobacco on more than 5 occasions in the month prior to the Private Lives survey. This compares to 24% of all Australians who were 'current' smokers in the National Health Survey (2001).

Alcohol & Other Drugs - Private Lives did not ask about alcohol consumption. However use of illicit drugs is significantly higher in LGBT populations than the general Australian population. The drugs most commonly used on more than five occasions in the previous month (by gay men/msm) were 'marijuana' 17%, 'ecstasy' 12%, 'speed' 6% and 'crystal' 4%.

The National Drug Strategy Household Survey 2007 asked the sexual identity of respondents recruited through the telephone survey. An analysis by sexual orientation of alcohol and tobacco use has not been released to date.

Sexually Transmitted Infections – The most common lifetime diagnosis of an STI reported by gay men/msm in Private Lives was 'pubic lice' 39%, followed by 'gonorrhoea' 19%, 'NSU' 15% and 'HPV' 12%. 8% were HIV positive. Among trans men the most common was 'pubic lice' 12%, followed by 'HPV' 9% and 'herpes' 9%.

HIV - As the Department of Health and Aging notes, men are most affected by HIV (93.2%).¹ However, HIV disproportionately affects gay men/msm. In Australia, HIV transmission continues to occur primarily through sex between men. In 2007, for example, there were 1,051 new diagnoses of HIV. Some 68% of those diagnosed were men who reported a history of homosexual contact. Among those diagnosed with newly acquired HIV infection (that is, who had been infected in the 12 months prior to being diagnosed) this proportion rises to 86%. HIV diagnoses have been rising consistently for several years: from 718 new diagnoses in 1999 to 1,051 in 2007.

Health Service Use – 72% of gay men/msm and 77% of trans men indicated in Private Lives that they had a regular GP, however 23% of gay men/msm indicated that their GP did not know about their sexuality. 10% of gay men indicated that they always avoided disclosing their sexual identity for fear of discrimination. The most common health services used in the past year by gay men/msm were 'dentist' 60%, 'masseur' 31% and 'sexual health' 23%. For trans people it was 'dentist' 38% trans men, 39% trans women), 'hospital emergency' (21% trans men, 15% trans women) and 'hospital out-patients' (21% trans men) and hospital in-patients (23% trans women).

HPV & Anal Cancer – Vaccination for the Human Papilloma Virus (HPV), Gardasil, is currently available freely only to girls in Australia as part of a national vaccination program. We believe that Gardasil should also be provided to young gay men at the beginning of their sexual careers, through a targeted vaccination program in partnership with gay youth projects and high gay caseload general practices and government sexual health clinics.

Further research is needed in to the prevalence and treatment options for anal cancer. However some research shows that HIV positive men have higher rates of anal cancer. Screening for anal cancer should be incorporated into sexual health screens, especially for men with HIV. While treatment options are limited, emphasis needs to be placed on promoting preventative measure, including a healthy diet and condom use for anal sex.

Prostate Cancer – Again further research into the prevalence and treatment options for prostate cancer needs to occur, especially among gay men and trans people assigned male at birth. Anecdotal evidence suggests that the impact of prostate cancer on men's sexual functioning is poorly understood and that service providers do not acknowledge the role of the anus as a sexual organ in men's lives. Gay men and trans people need to be able to talk to service providers openly about their sexual activity.

Other Australian and overseas research supports these findings (eg Smith et al. 2007).

¹ See for example the Resource Kit *Developing a Men's Health Policy for Australia* (2008).

Recommendations:

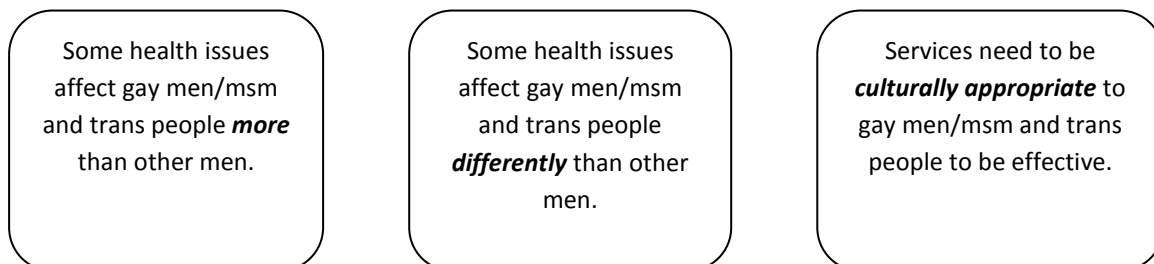
- Gardasil be made freely available to young gay men through a targeted vaccination program.
- More research, including among gay men, be conducted to explore the prevalence and treatments options for anal cancer and prostate cancer.

Why Does Sexual Orientation and Gender Identity Matter to Men’s Health?

Sexuality and gender identity should be recognised as social determinants of health, alongside other determinants including gender, indigenous, ethnic and socio-economic status. Research indicates that stigma, discrimination and other forms of exclusion experienced by sexual and gender diverse men have a detrimental impact on their health behaviours, health outcomes and access to health services.

Health promotion strategies that combat sources of discrimination and foster resilience, self esteem and an attitude of self-care among members of marginalised groups contribute to positive health outcomes.

Sexual orientation and/or gender identity can impact on the health of men in three main ways:



As reported above, there are a range of health behaviours and health outcomes that affect gay men/msm and trans people more than other men, including mental health, tobacco & other drugs and sexually transmitted diseases (including HIV). Health programs and services should prioritise the needs of gay men/msm and trans people in these areas.

Health issues can also affect gay men/msm and trans people differently than other men. Sexual health is an obvious example of where gay men/msm are different from heterosexual men. However, as much health behaviour is socially determined, the social context in which gay men/msm and trans people live will influence behaviour in ways different than other men. Health programs and services need to understand these differences and tailor services appropriately.

Health programs and services need to be delivered in a way that is culturally appropriate to gay men/msm and trans people, including:

- one size fits all
- niche marketing
- custom made
- gay/msm or trans specific services

One Size Fits All - As most gay men/msm and trans people access most health services from the mainstream, these mainstream services have a responsibility to ensure they are knowledgeable and respectful of gay men/msm and trans issues. Services should ensure staff are properly trained, that there are policies and procedures in place that are inclusive of gay men/msm and trans people and that they are able to make referrals to gay men/msm, or trans specific services/resources where appropriate.

Niche Marketing - Mainstream health programs and services should be promoted through communication channels that target sexual and gender diverse communities (e.g. press, websites, groups, venues) as well as in the mainstream, to send a clear message that these services are inclusive and welcoming of gay men/msm and trans people. Marketing should explicitly include images and text that 'speak' to gay men/msm and trans people.

Custom Made – Some mainstream services could be more effective by making adaptations to make them culturally appropriate to gay men/msm and trans people. This could include running the service in a gay/trans friendly setting, employing gay/trans workers and using language, printed resources and examples that gay men/msm and trans people can relate to.

Specific Services – There will also be issues and situations where a gay/msm or trans specific service is required or preferred. This may be because the issue is more significant or different for gay men/msm and/or trans people. LGBT community based services, known to be run by and for gay men/msm and/or trans people are often most effective as they have fewer barriers to access and an in-depth understanding of the issues at hand.

Recommendations:

- Include sexual and gender identity in concepts of the social determinants of health and social inclusion
- Take into account the specific needs and health issues of gay, bisexual and other men who have sex with men (msm) and of trans people in education, supports and services for men's health. In particular,
 - health programs and services should prioritise the needs of gay men/msm and trans people in areas where they are disproportionately affected
 - health programs and services should understand how certain health issues affect gay men/msm and/or trans people differently to other men and tailor services appropriately
 - health services should have properly trained staff, appropriate policies and procedures and be able to make referrals to gay men/msm or trans specific services/resources where appropriate
 - deliver specific gay men/msm or trans health services or programs where this is the most effective way of meeting health needs, in particular community based services
- Ensure education and awareness campaigns regarding men's health reach gay men/msm and trans people, eg by working in collaboration with LGBT organisations and by using targeted communication channels (including gay men/msm or trans community specific)
- Promote resilience and self-care attitudes among gay men/msm and trans people in conjunction with strategies to combat discrimination

The Department of Health in the UK has developed a series of briefing papers on LGBT health for health and social care staff. These papers cover health issues, population groups within the LGBT community (e.g. seniors) and access to services. See www.dh.gov.uk/equalityandhumanrights

Funding Gay/MSM & Trans Health Services

Apart from HIV prevention services there is very little national or state based funding for gay/msm or services responding to trans health needs. HIV funding has had to be used to address wider issues affecting sexual health, including drugs & alcohol, mental health and community development. HIV continues to be a major health issue for gay men/msm and this has stretched the HIV dollar even further.

Specific funding of other health issues affecting gay men/msm and trans people would allow HIV spending to better focus on HIV, in the context of wider gay men/msm and trans health and wellbeing services. Within a sustained state and federal partnership model of funding, HIV services could thus be revitalised, refining prevention initiatives and further improving their capacity to respond to a shift in focus from mortality to living with HIV as a chronic illness.

A holistic health model, providing funding on the basis of the whole person, rather than disease specific funding, would also be useful given challenges faced by services in relation to co-morbidity issues among clients.

One reason for the lack of funding is that gay men/msm and trans people are rarely identified in government strategy or policy. This absence or invisibility at the strategy level means that those in positions to make funding decisions do not include gay men/msm and trans people, as there is no requirement for them to do so and/or they fear they will not be supported in their funding decisions by those above.

As noted above, organisations anchored in the LGBT community often provide the most appropriate, accessible and skilled services addressing men's health for gay men/msm and trans people. Often, however, they are by nature small organisations that struggle to obtain competitive funding for health programs and/or are forced to invest significant resources into fundraising and grant applications. By prioritising funding for these organisations and providing long term funding models, their resources could be more effectively focused on their substantive work of health promotion.

Treatment services and general support programs for men's health in rural and remote areas are often challenged to respond to diverse health issues. Given the current lack of explicit Commonwealth inclusion of issues relating to gay men/msm and trans people, too often more isolated health services allocate these population groups a low priority or lack the resources to provide adequate service. In addition, in small communities there are particular problems relating to confidentiality. Strong messages from government and support to working in partnership with dedicated LGBT organisations can overcome some of these problems.

Recommendations:

- Increase levels of Commonwealth, state and other funding addressing health issues, services and research specific to sexual and gender diverse men

- Maintain funding levels and sustain the partnership model between state and Commonwealth funding for HIV related research, programs and services
- Specifically include gay men/msm and trans people as priority population groups in appropriate strategies, policies and plans
- Provide specific and sustainable funding to LGBT community organisations to deliver health programs and services with gay men/msm and trans people
- Improve the adequacy of services and general programs for men's health in rural and remote areas to support gay men/msm and trans people, eg by assisting them to work in partnership with dedicated LGBT organisations

Planning & Delivering Health Services

Much planning, consultation and delivery of health services and programs is based around local geographic areas or settings (e.g. neighbourhood, workplace). This has the effect of excluding gay men/msm and trans people who are usually minorities in these settings and may be fearful of being 'out' about their sexuality or gender identity.

A 'communities of interest' approach would be more suited to minorities (including gay men/msm, and trans people) but is likely to need to be organised at a larger geographical area than local neighbourhoods to be efficient and effective.

Recommendation:

- That health service and program planning and delivery be organised around 'communities of interest' as well as neighbourhoods, settings and specific health issues.

Research, Monitoring & Evaluation

Most population level research in Australia has not included questions on the sexual behaviour and/or sexual and gender identity of respondents. So while gay men/msm and trans people will have participated in this research, there is no way of analysing their responses compared to non-LGBT people. While there is a growing body of evidence to show that gay men/msm and trans people have higher risks and less access to health services, this is usually based on comparatively small community samples or on international research.

There is growing awareness internationally of the need to collect robust data on sexual orientation and gender identity in probability surveys within the official statistics system to inform policy development (eg Statistics New Zealand, UK Office for National Statistics). Examples both overseas and within Australia show that this is feasible and acceptable to respondents (eg the recent National Drug Household Survey and the National Survey of Mental Health & Wellbeing).

Recommendations:

- All major population based health research commissioned, funded or conducted by governments or related bodies (e.g. Australian Institute of Health and Welfare) should routinely collect and report data on sexual and gender identity

- Ongoing funding be provided to specific gay/msm and trans health research, both quantitative and qualitative
- Monitoring and evaluation of program implementation (at the federal, state and local levels) include assessment of how accessible it is to and inclusive of gay men/msm and trans people, and link this to funding

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- AIDS Council of New South Wales (ACON)
- South Australian AIDS Council (ACSA)
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